



AUDIT REPORT

Park House

Date of Visit: 8th & 9th of September 2025

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Service Name: Park House

Provider: Liaise (London) Limited

Address of Service: 32 Ferme Park Road, Crouch End, London, N4 4ED

Date of Last CQC Inspection: 15th November 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 	71 (out of 100)
Effective	Good 	70 (out of 100)
Caring	Good 	75 (out of 100)
Responsive	Good 	75 (out of 100)
Well-Led	Good 	75 (out of 100)

Overall Service Commentary

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

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 8th & 9th September 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, deputy manager, support staff and some people using the service.

A review of key documentation was completed. This included 3 support plans, 2 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. Park House is a residential care home and provides accommodation for persons who require nursing or personal care. Park House has specialisms in, caring for adults under 65 years, eating disorders, learning disabilities, mental health conditions, physical disabilities, sensory impairments and substance misuse problems.

The service provides accommodation for up to 6 residents. At the time of this audit the home had full occupancy.

Staff were aware of their responsibility to safeguard people from abuse, and there was a culture of learning from incidents to prevent reoccurrence. There were enough staff to meet people's individual and often complex care and wellbeing needs. Staff were generally recruited safely and were provided with the training they required to provide safe care to people.

Risk assessments were reviewed following any accidents or incidents. Risk assessments identified individual risks; however, risk assessments reviewed or were updated, information was not always routinely transferred through to support plans.

Medicine management, storage and administration processes were safe, and there was not an overuse of medicine to manage people's behaviours or anxieties. The service worked effectively with the internal and external health and social care professionals.

MCA assessments were in place and evidenced that consideration was given to how the information was presented to people and what the best interest decision was.

Some improvements were needed to evidence some of the support provided, such as recording of medical reviews.

Staff felt well supported and valued by the management team. Staff said that equality and diversity matters were understood.

There were quality monitoring and governance systems in place which identified areas for improvement.

PEOPLE'S EXPERIENCE OF THIS SERVICE

People were supported by a staff team who knew them well and understood their individual needs. Staff spoken with knew and understood the individual needs of people using the service, with staff being able to describe people's preferences, likes and dislikes. Staff knew how people liked to spend their day and how to support people to make choices. Staff spoke positively of how they promoted people's independence.

People were supported to be part of the local community and attend activities and outings within the community.

People were supported with monthly house meetings and took part in helping with shopping.

Observations of interactions showed that staff treated people with respect and dignity. People were relaxed and at ease with staff. People were given choices, and their privacy was considered.

Where people chose to speak to us, they said that they could make choices and take part in activities they enjoyed. People said that staff were caring and kind.

Everyone spoken with said they felt safe.

A relative was complimentary about the service and felt previous challenges had been addressed. They said that staff treated their relative with dignity and respect.

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>Incidents were recorded at different levels. A selection viewed showed that staff were completing these in detail. For example, there was a full explanation of the behaviour, how staff supported during the incident, and any follow up actions. Triggers, where known were identified along with the particular behaviours, where there were any restrictive or non-restrictive actions needed by staff. There was evidence that incidents were reviewed and investigated.</p> <p>Following any incidents of concern a debrief took place with staff. Debriefs gave staff the opportunity to review what happened, look at what was learned, and what needed to be done as a follow up. This could include, for example, a referral to the internal PBS team or more proactive ways of redirection.</p> <p>Following some incidents staff would involve people to talk through any incidents if they wanted in order to discuss their feelings and provide reassurance.</p> <p>Lessons learnt were in place, although sometimes lessons learnt were more of a reflection of the event than an actual lesson learnt. This was discussed with the registered manager at the time, who agreed that this was an area which could be developed. (SR 1)</p> <p>Safe systems, pathways and transitions – Score 3</p> <p>Good working relationships had been developed with external professionals to promote safe pathways of care. Reviews of care were undertaken.</p> <p>Systems were in place to ensure there was continuity of care. There were systems to ensure that people had referrals to other agencies as required. For example, people were referred to health professionals to support with meeting their health needs</p> <p>Safeguarding – Score 3</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Staff had received training in safeguarding and had the information they needed through policies and procedures, and contact details for internal and external support.</p> <p>Staff knew how to identify safeguarding concerns. Staff were able to describe how to identify safeguarding issues and the actions they would take to minimise harm to people. Staff knew who to report any concerns to and external agencies they could contact.</p> <p>People spoken with explained they felt safe. One relative also said their family member was safe living at Park House.</p> <p>The Registered Manager understood safeguarding matters and was proactive at raising concerns with the Local Authority. They worked alongside the local authority and in line with their procedures to investigate any concerns. They were currently waiting for responses from the local authority in relation to areas of concern they had raised.</p> <p>Involving people to manage risks – Score 2</p> <p>Individual risk assessments were in place, which included personal care, mental capacity, positive behaviour support, medication, medical support, communication and finances.</p> <p>Risk assessments were reviewed following any accidents or incidents. Risk assessments identified individual risks; however, when risk assessments were reviewed or were updated, information was not always routinely transferred through to support plans. (SR 2)</p> <p>Some areas of risk lacked detail, for example statements such as the person ‘needs full support’ with specific tasks but lacked detail on how to provide the support. (SR 3)</p> <p>Support plans included some historical information such as results of previous reviews or historical appointment dates, which did not give staff the most up to date information. (SR 4)</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Some of the information within the support plans was duplicated on more than one occasion, which made the risk assessments or support plans difficult to follow. (SR 5)</p> <p>PEEPs were in place and were detailed giving day and night procedures and strategies to use with regular reviews. In addition, where people used paraffin-based creams, these were included in most of the appropriate PEEPs. Where it was missing from one person's assessments, this was added at the time of the visit.</p> <p>Occasionally people expressed their anxiety in a physical way. Staff followed plans to de-escalate situations and to help people express their emotions in an appropriate way. Positive Behaviour Support (PBS) plans were in place. These described how to support and included information around triggers and staff interventions, with guidance around primary and secondary support.</p> <p>Safe environments – Score 3</p> <p>Checks and servicing took place on appliances and equipment along with supplies of gas and electrical safety.</p> <p>A legionnaire risk assessment had taken place in February 2025, with a fire and a health and safety risk assessment in June 2025. It was confirmed that the actions from the health and safety risk assessment had either been addressed or were in process.</p> <p>Chemicals were stored in locked cupboards. Up to date Control of Substance Hazardous to Health (COSHH) data sheets and risk assessments were available for staff, along with a CoSHH register.</p> <p>Daily fire patrol checks were completed along with weekly and monthly checks on fire equipment and fire safety, which included weekly emergency lighting, fire door checks and the fire alarm test. Monthly checks were carried out on the grab bag, and monthly fire drills took place.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Monthly internal and external lighting were completed. All checks found the service to be compliant in this area.</p> <p>Water safety was managed with weekly temperatures and flushing of outlets completed. Carbon monoxide checks, plug safety and window restrictor checks happened weekly.</p> <p>Quarterly checks on the extract fan and garden equipment had last been completed on 7 July and passed all checks.</p> <p>Safe and effective staffing – Score 3</p> <p>Staffing was arranged in accordance with assessed individual needs. Dependent on individual needs, there were some shared hours with some people being allocated one-to-one hours for either a specific number of hours during the day or for a 24-hour period. Additional two-to-one hours were also assigned for activities for some people.</p> <p>Rota planning was in place through the use of the Sona system, with bank staff providing additional support required. There was enough qualified, skilled and experienced staff on duty at all times.</p> <p>Checks were made to assess whether staff were being recruited in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two staff files were reviewed.</p> <p>Staff were generally recruited safely. Pre-employment checks such as gathering references, identity documents, including proof of I.D. and address, and obtaining a Disclosure and Barring Service (DBS) check were in place and this ensured potential staff members were of good character to be working with vulnerable people and have no previous convictions.</p> <p>However, there was a gap in employment history for one person. This was addressed at the time, but care needs to be taken to ensure gaps in employment are checked appropriately. (SR 6)</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<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. Practical and theoretical activities were completed to evidence competency, along with observations of practice. The Registered Manager confirmed this was in place. One staff member reported that the induction had been thorough, and they felt it had supported them when they had started work in Park House.</p> <p>Training was online through a recognised training company (Your-Hippo). Training included areas such as autism awareness, equality and diversity, fire safety, food safety, GDPR and data protection, health and safety, infection control, learning disabilities, MCA and DoLS, medication awareness, and safeguarding adults, for example.</p> <p>Training was at overall at 98%, with mandatory training at 99% and required training at 97%.</p> <p>Staff completed PROACT-scipr training which was a recognised model of support for people with learning disabilities and autism. New staff completed a three-day foundation course, which was refreshed annually, by way of a one-day workshop. Although it was noted that one new member of staff was still waiting to complete the foundation course. This was something the registered manager was aware of. (SR 7).</p> <p>Staff were supported with supervision and staff had opportunities to discuss their performance in their role, individual needs of people using the service, relationships with colleagues, wellbeing, training and development and any actions. Supervisions were carried out by the Registered Manager and Deputy Manager, and there were two which due, and were being arranged.</p> <p>Staff said they felt well supported and had opportunities to discuss their performance.</p> <p>Infection prevention and control – Score 3</p> <p>Observations of the home showed it was clean and generally well maintained. There was a small wire wall basket in the medication room, which was used to store boxes of gloves. This was rusted and pitted, once this was identified to the Registered Manager, a replacement was ordered.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Staff were trained in infection control and regular checks were undertaken of the environment.</p> <p>PPE was available as needed.</p> <p>Medicines optimisation – Score 3</p> <p>People were supported with their medicines. There were systems in place for the safe management of medicines and regular audits took place to ensure that medicines were managed safely.</p> <p>There were systems in place for collecting, recording and disposal of medicines. Medicines were stored in a locked clinical room, which was clean and tidy.</p> <p>Each person had a medication profile. This gave information about how to support the person, and included information about any allergies, medication preferences, and support networks.</p> <p>A check on a sample of MAR charts evidenced that that there were no gaps. A count was undertaken to check medication in the cupboard was correct and open boxes were labelled and dated.</p> <p>Cream charts were in place and were completed in line with guidance and prescribers' instructions.</p> <p>PRN protocols were in place for as and when medicines, and these included guidance on when to offer, and what else to try before using PRN.</p> <p>Where people needed PRN for behaviours that may challenge, the use of these were minimised. Advice sought from health care professionals for the use in relation to supporting with behaviours that may challenge.</p> <p>Investigations took place when things went wrong with medicines, with actions taken to improve how medicines were managed, and this made sure systems were in place to safeguard people in the future.</p> <p>The STOMP (Stopping the over medication of people with a learning disability, autism or both) initiative was maintained and people benefitted from regular medication reviews.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<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	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: Need for Consent</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 18: Staffing</p>	<p>Assessing needs – Score 3</p> <p>People’s needs had been assessed holistically and support plans developed. Care and support had been delivered in line with these plans, and in collaboration with other professionals, and people using the service.</p> <p>Peoples care needs were routinely reviewed on a regular basis, with planned review dates for each person’s support plan documented on the electronic system.</p> <p>Delivering evidence-based care and treatment – Score 3</p> <p>The service worked closely and regularly with health professionals, and this assisted in ensuring people’s care was consistent, joined up and coordinated.</p> <p>People had been included in discussions around their support and how this was to be delivered. There was evidence that this was based on good practice guidance to keep people safe and to provide effective care.</p> <p>Support plans identified individual support needs with health care such as skin care, oral care, and continence care, if support was needed.</p> <p>People’s communication needs were recorded and understood by staff. This allowed staff to communicate effectively with people.</p> <p>Where some people had specific conditions, there was information in the support plan to guide staff as to how this presented itself and affected the person in relation to their daily living.</p> <p>How staff, teams and services work together – Score 3</p> <p>Staff worked with family and others to ensure that people attended individual appointments and had regular health checks. People had access to the optician’s, dentists, District Nurses and G.P.’s as needed. Evidence was also seen of regular chiropody support and people were supported to attend blood tests.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The internal SALT and PBS teams visited the service on a regular basis. The PBS team visited every two weeks and was reviewing support plans. A full review had taken place for one person, with additional recommended actions from staff which enabled the person to attend activities they enjoyed.</p> <p>Hospital passports were seen in place. This is a document which goes with the person when they attend the hospital or other services. Information included within this passport supports other health or social care professionals to be aware of the most pertinent things they needed to know about the person.</p> <p>Supporting people to live healthier lives – Score 3</p> <p>Individual health care needs were well managed. People’s health care needs were included in the health support plan.</p> <p>Where people were at risk of constipation, information was included in risk assessments, which identified individual support needs.</p> <p>Monthly health checks were completed. These checks monitored people’s health including skin care, ears, hair and scalp, dental care and oral health, weight and BMI, and bowel management, for example.</p> <p>Individual checks were made on people’s weights to ensure they remained healthy. Where people were overweight, they were supported with a healthy eating regime.</p> <p>Where staff were concerned about individual health care needs, referrals were made to appropriate professionals.</p> <p>People were supported with annual reviews, which ensured that their physical and mental health needs were monitored.</p> <p>Monitoring and improving outcomes – Score 2</p> <p>Where medical advice was given, this was not always recorded. For example, as a result of incidents and behaviours, actions were to arrange for reviews with psychiatrist, psychologist, internal specialists for</p>

Key Question	Regulations	Quality Statements and Comments
		<p>example. Evidence of advice was not always added to the records. A referral had been made to the psychiatrist in relation to the use of PRN, staff were advised that this was fine and that could use PRN once or twice a week. This was not included in the medical history notes and not updated in the action plan or in the care plan. Discussions were held around this, and it was agreed that moving forward need to record these in the medical notes and make sure the action plan is updated. (ER 1)</p> <p>Body maps were completed on a daily basis, as staff routinely checked people for any unexplained bruises or marks during personal care. It was very clear that this only happened if people gave consent. Discussions around the reasons for these body checks were held. It was confirmed that this was because of some historical concerns where there had been unexplained bruising and allegations. This was clearly included in the support plan and risk assessment, and there was a mental capacity assessment, for one person. However, there was less clarity on other people's records. There may be reasons for this to be completed for everyone, but reasons should be recorded. (ER 2)</p> <p>Dependent on individual needs, a range of monitoring records were in place. These included food and fluid charts, bowel charts, oral hygiene charts, and general observations. A review of these identified that staff were recording these.</p> <p>Consent to care and treatment – Score 3</p> <p>People's views and wishes were respected in the planning of care. There were Mental Capacity Act (MCA) assessments in place which considered individual specific decisions in relation to capacity. Assessments included the management and use of finances, Medication management, medical treatments, fire safety, personal care, sharing of personal information, diet and nutrition, and support with PBS plans.</p> <p>There was detailed evidence that MCA assessments were carried out in line with best practice. Consideration was given to practical steps taken to help the person understand the decision, any aids which were used, and consideration of the location and when the meeting took place. A sample viewed showed</p>

Key Question	Regulations	Quality Statements and Comments
		<p>that staff considered where they met with a person, how they presented the information such as through practical guidance with objects of reference or now and next stories, or Makaton, for example.</p> <p>Consideration was also given to whether the person could understand the information, was able to retain the information, and whether they could weight up and communicate their decision.</p> <p>Best interest decisions were considered and recorded what these were. However, the actual best interest decision assessment within the Blyssful system was not completed. Discussions with the Registered Manager and a review of the action plan showed that this had been identified, however this is an area that needs addressing. (ER 3)</p> <p>Restrictive practices were understood. Staff confirmed that restrictive practices were minimised and only used as a last resort. One person had been assessed as needing the use of specific PROACT Scipr Interventions, which included assertive commands and a move known as a ‘hug’. There was information in the PBS plans for this, and incident reports identified where staff needed to use any restrictive interventions. Staff used ‘assertive commands’ more frequently than any other restrictive practices.</p> <p>There was a locked door policy due to the needs of people living in the home and considering people who had their liberties deprived. Areas within the home were only locked due to health and safety such as medicines, and the CoSHH materials. Some areas of the kitchen were locked due to items which could cause such as sharp knives, which was in line with health and safety.</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>		

Key Question	Regulations	Quality Statements and Comments
		<p>“Characteristics of services the CQC would rate as ‘Good’ People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflect these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work”.</p>

Key Question	Regulations	Quality Statements and Comments
Caring	Regulation 9: Person-centred Care Regulation 10: Dignity and Respect	<p>Kindness, compassion and dignity – Score 3</p> <p>Talking with staff it was clear that they showed kindness to people and understood how to treat people with dignity and respect.</p> <p>All staff spoken with showed a caring and compassionate attitude with staff speaking positively about the care and support they provided.</p> <p>People were supported to maintain family links and social contacts that were important to them. Families were encouraged to visit and be involved. Where needed, people were supported to contact relatives with the use of technology.</p> <p>Dignity was maintained throughout any support, and care records evidenced that consent was always gained.</p> <p>Treating people as individuals – Score 3</p> <p>People’s cultural, religious and lifestyle choices were respected and met. Care and support plans identified specific cultural or religious needs, and staff made culturally appropriate meals. A relative reported how staff ensured that the main staple of their culture was regularly included in their family member’s diet.</p> <p>Staff adapted their approach with different people to match people’s emotional state and interests, and worked well with people to understand their communication styles to support them to do activities they enjoyed and wanted to take part in.</p> <p>Staff knew people well and what activities they enjoyed taking part in each day.</p> <p>People’s care records included how they communicated and any specific support they required with their communication needs.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff explained peoples’ preferences. For example, one person needed a routine, and staff were able to explain how they presented if their routine changed and what they could do to support them. However, it was noted that this was not included in the support plan. (CR 1)</p> <p>Independence, choice and control – Score 3</p> <p>One person confirmed that they could make their own choices and choose what they wanted to do. They said how they enjoyed taking part in their college course and really liked taking photographs and videos. Another person said how much they liked their music course they took at college</p> <p>People were supported to maintain daily living skills and were supported with carrying out household tasks, such as cleaning their rooms, and making meals. One person described how they made breakfast and confirmed that staff supported them to make choices.</p> <p>Care records contained information about people's preferences, likes and dislikes and what things they could do for themselves or where they may need support. Staff were able to demonstrate they understood how to encourage people's independence and provide people with choices.</p> <p>Responding to people’s immediate needs – Score 3</p> <p>Staff worked with family members to improve the health and wellbeing of the lives of the people they supported.</p> <p>Staff reported any concerns about people to the appropriate health or social care professional. Evidence was seen of contact made with the health care professionals if there were concerns about individual immediate needs.</p> <p>Reviews of incidents were undertaken to assess how these were managed to ensure that people were supported appropriately.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Care records monitored ongoing individual needs, and these were reviewed by the management team, with actions identified, where needed.</p> <p>Workforce wellbeing and enablement – Score 3</p> <p>Staff said they felt supported. All staff said the Registered Manager was available at any time, and there was an open-door policy, which meant they felt they could seek support at any time.</p> <p>Wellbeing was discussed at supervision.</p> <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>There was an employee assistant programme in place, which included occupational health, to support staff.</p> <p>Following incidents of concern, the management team supported staff with debriefs.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.”</p>		

Key Question	Regulations	Quality Statements and Comments
Responsive	<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>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>Staff described how they supported people by going out and about and activities in the home. They knew how to offer choices and understood individual communication needs.</p> <p>People were not always able to verbalise their wishes, but staff understood how people communicated and supported them to take part in activities whilst managing risks. Communication passports were in place. The communication passports included information about the person, what they did and did not like, how people communicated their feelings, how to communicate with me, and any communication tools. Alongside the passports there were communication support plans, which identified how people communicated.</p> <p>Staff provided examples of how they supported people to manage risks and were aware of what could cause people anxiety. They described different approaches they used to support people.</p> <p>Care provision, integration, and continuity – Score 3</p> <p>People received consistent care and support from a stable staff team that knew them well and understood their diverse needs.</p> <p>Staff supported people to integrate into the community and receive the support they needed from different services.</p> <p>People were encouraged to retain their daily activities whilst at the service, to promote continuity, such as attendance at college and regular activities in the community.</p> <p>One relative said that staff said that staff supported their family member to access the community and knew how to support with challenges when the person could display behaviours of concern.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People were supported to continue practising their faith and one person said they regularly went to church on a Sunday.</p> <p>Providing information – Score 3</p> <p>Information was available in a range of formats, including pictorial and easy read, where needed. Where needed people had planners, to help them organise or structure their time.</p> <p>Information on how people could raise a complaint if they wished to, was on display within the service.</p> <p>Monthly meetings were used to share information with people.</p> <p>Listening to and involving people – Score 3</p> <p>People were supported with monthly house meetings. Where discussions were held around activities, meals, how people were feeling, if there were any concerns and understanding of safeguarding. Minutes were seen from May, June and July, although it wasn't always clear what people had achieved. Although activities were discussed at the meeting and evidence was seen that many of these had been achieved, this was not reflected on at the next meeting. I do suggest that at the house meetings, a review of communal activities is undertaken and a reflection of activities undertaken is recorded. (RR 1)</p> <p>Staff held key worker meetings with people, and these were happening on a monthly basis. Staff were able to describe what their role as a key worker was and how they supported people. Key worker meetings gave people opportunities to discuss and identify any support needs and plans they had.</p> <p>People worked with staff to develop menus and the shopping list and went shopping with staff.</p> <p>The last survey had been completed in June 2025, where staff had supported people to fill in the questionnaire. Feedback was positive with people saying they were happy with the service and felt involved and could make choices.</p> <p>Equity in access – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The management and staff team understood the importance of people being a part of their local community. People were supported to access and be a part of the community on a daily basis to pursue their social interests and pastimes.</p> <p>People used regular and specialised healthcare services depending on their needs, and staff advocated for them where necessary to ensure they received the services they were entitled to.</p> <p>Discussions with the Registered Manager confirmed that they had advocated for people to help ensure that assessed hours were not reduced, by ensuring that incidents were recorded. In one case this had helped to increase one-to-one support hours.</p> <p>Equity in experiences and outcomes – Score 3</p> <p>During the last year, there had been an increase in community activities. Photographs showed people frequently going out and about during the summer months and taking part in a range of different pastimes. People were going out and about in the community</p> <p>Keyworkers were in place and monthly meetings were taking place. The reviewing of any goals lacked detail and often did not include actual detail of any goals. However, at times the keyworker meetings and other records clearly demonstrated progress people had made in different areas. (RR 2)</p> <p>People had opportunities to go out and about and had visited areas of interest. Outings included visits to the London Zoo, City of London, Tower Bridge, Buckingham Palace, Churchill War Rooms, the London Eye, O2 cable cars, Madam Tussauds and museums.</p> <p>People regularly attended cycling, bowling, swimming and visited an outdoor gym. There were plans to install gym equipment in the shed area in the garden. People also enjoyed playing basketball and table tennis in the garden. People had enjoyed a barbeque on one of the days of the visit.</p> <p>Two people attended college for courses they enjoyed.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>One family had requested that their relative developed more activities and relationship. Staff had contacted external agencies to seek additional support for them; however, there was no further update as to the progress of this. It was not included in the care plan and not within the key worker monthly meetings. (RR 3)</p> <p>Planning for the future – Score 3</p> <p>There was no-one receiving end-of-life support at the service.</p> <p>Some consideration was given to end-of-life matters. Although it was noted that some of them were repetitive and where there was some guidance, there was a lack of detail of actually how to provide the support. Although, it was noted that family involvement was encouraged. This is an area that still needs developing. (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 is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</p>		

Key Question	Regulations	Quality Statements and Comments
Well-Led	<p>Regulation 17: Good Governance</p> <p>Regulation 5: Fit and Proper Persons Employed - Directors</p> <p>Regulation 7: Requirements Relating to Registered Managers</p> <p>Regulation 18: Staffing</p> <p>Regulation 20A: Requirement as to Display of Performance Assessments</p>	<p>Shared direction and culture – Score 3</p> <p>There was a positive atmosphere and culture in the service which focused on people using the service. The staff and management team spoke positively of how they supported people. When speaking with staff, their descriptions of their understanding of people was positive, staff were able to describe what was in the support plans.</p> <p>As identified earlier in this report there was an open and transparent approach which acted on concerns raised and protected people in line with safeguarding and whistleblowing procedures.</p> <p>Staff champions were in place which meant that staff were responsible for certain areas and took responsibility for the management of these, such as activities, health and safety, PPM checks, and medication for example.</p> <p>Capable, compassionate and inclusive leaders – Score 3</p> <p>The Registered Manager was knowledgeable about their role and understood the challenges of being a Registered Manager.</p> <p>The Registered Manager stated that they felt well supported by the larger organisation.</p> <p>Feedback from staff was that the service was led well. Staff said that they felt that the management team did not expect them to carry out any tasks or duties that they would not undertake. Staff reported that they felt there was an inclusive team within the service, and they all worked together.</p> <p>The Registered Manager and Deputy Manager spoke positively and confidently about their expectations and were able to describe positive achievements which had been achieved by people.</p> <p>There was an operations manager who supported the service. It was reported that this support was positive.</p> <p>Freedom to speak up – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>There was a staff forum, where a staff champion represented all the staff at the service and enabled them to feed staff views into a wider forum, which was attended by senior management. This further supported staff to have a voice.</p> <p>Staff meetings were happening on a monthly basis. These gave staff to opportunity to discuss the experiences of people using the service including health, compliance with internal audits and CQC, Incidents/Safeguarding/Debriefing. (themes/learnings/actions), training, feedback from any internal and external professionals, training and any changes in practice or legislation.</p> <p>Staff felt appreciated by the management team and fully involved about decisions made within the home. All staff reported that there was positive culture that promoted inclusion for everyone.</p> <p>It was reported that a staff survey was currently in progress.</p> <p>Workforce equality, diversity and inclusion – Score 3</p> <p>Policies and procedures were in place for equality and diversity, and staff had completed training.</p> <p>Staff said that they felt that there was an inclusive culture within the home. Staff also said that they felt that the support systems in place from the management team were supportive, with one staff member saying that the management support was over and above.</p> <p>Governance, management and sustainability – Score 3</p> <p>There were structures in place to monitor and improve the quality of care that was delivered. Systems such as audits and quality monitoring were used to check the quality and safety of the service and actions noted to be in place to address issues highlighted.</p> <p>Records showed that these included areas such as health and safety, infection control and medication. The manager audits were supplemented by area and operation manager audits. This ensured that there was ongoing oversight.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Actions were identified through the audits and this ensured that improvements were implemented.</p> <p>Oversite was maintained by the senior management team through the TaMI (Trends and Monitoring Information). This reviewed data generated from RADAR, Blyssful, the training department and the quality team, for example. Overall, the service was at 93%.</p> <p>Internal mock inspections took place to help monitor quality.</p> <p>Partnerships and communities – Score 3</p> <p>Staff worked in partnership with key organisations, including the local authority and other health and social care professionals to provide joined-up care.</p> <p>Staff gave examples of how they worked with internal and external professionals in supporting people to achieve positive outcomes, such as the review of how staff supported one person to access specific activities.</p> <p>Learning, improving and innovation – Score 3</p> <p>Regular manager’s meetings took place where learning and updates were shared. The Registered Manager confirmed they were supported with updates and changes in practices. The management team were supported with ongoing learning through online workshops, such as carrying out investigations, and quality meetings.</p> <p>The Registered Manager also reported that the quality team shared learning and updates to practices with the individual services.</p> <p>Environmental sustainability – sustainable development – Score 3</p> <p>Consideration had been given to environmental sustainability. Where possible recycling was implemented and staff followed local authority procedures.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>There was an aim to reduce the use of paper through electronic systems such as the quality assurance systems, care planning and staff rostering.</p> <p>When printing documents, double sided and the use of black print only was encouraged.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities”.</p>		

ACTION PLAN:

CQC Key Question - SAFE By safe, we mean people are protected from abuse and avoidable harm.							
Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	<i>Further develop lessons learnt</i>						
SR2	<i>When reviewing and updating risk assessments update corresponding support plans.</i>						
SR3	<i>Include more detail where risk assessments and support plans record full support is needed.</i>						
SR4	<i>Remove historical information from support plans which is no longer applicable.</i>						
SR5	<i>Reduce duplication in support plans to ensure they are clear for staff to read.</i>						
SR6	<i>Care needs to be taken to ensure gaps in employment are checked appropriately</i>						
SR7	<i>New staff to complete the foundation PROACT-Scipr training</i>						

CQC Key Question - EFFECTIVE

By effective, we mean that people's care, treatment and support achieve good outcomes, promotes a good quality of life and is based on the best available evidence.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	Ensure that advice given from professionals is recorded in the medical history and updated into support plans.						
ER2	Ensure that reasons for daily body checks are recorded for everyone using the service.						
ER3	Complete and record best interest decisions in line with MCA best practice						

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	<i>Where people need specific routines, include this in the support plan to help guide staff</i>						

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>Record activities people have chosen and achieved in the monthly meetings to help evidence where these have happened</i>						
RR2	<i>Further evidence how people have achieved goals.</i>						
RR3	<i>Record the progress of the external referrals for activities for one person.</i>						
RR4	<i>Work with people and families, where possible to further develop plans for the future, if not possible, record</i>						

CQC Key Question - WELL-LED

By well-led, we mean that the leadership, management and governance of the organisation assure 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	NO RECOMMENDATIONS MADE						