



# AUDIT REPORT

## Salcasa

**Date of Visit:** 24<sup>th</sup> & 25<sup>th</sup> of September 2025

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**Service Name:** Salcasa

**Provider:** Liaise (East Anglia) Limited

**Address of Service:** Coltishall Road, Buxton, Norwich, Norfolk, NR10 5HB

**Date of Last CQC Inspection:** 11<sup>th</sup> September 2021 (Previous Provider)

## Ratings

**CQC's Overall Rating for this Service:**






Requires Improvement



**SRG's Overall Rating for this Service:**

Good



Key Questions	Rating	Overall Score
Safe	Good 	75 (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)

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 24<sup>th</sup> & 25<sup>th</sup> 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. Some of the people who live at Salcasa have communication difficulties and/or cognitive impairments; therefore, we observed some interactions between staff and residents to ensure they were comfortable with the support/engagement that they were having.

We spoke with the registered manager, deputy manager, team leaders, support staff, and two people using the service. A tour of the building was conducted, along with a review of key documentation. 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

Salcasa is registered with CQC and provides accommodation for persons who require nursing or personal care. It's category of registration is a Care Home and has specialisms/services in, caring for adults over 65 yrs, under 65 yrs and Learning disabilities. The registered provider must not provide nursing care at Salcasa. The service is registered for 6 people and there were 5 people living at the service at the time of the visit.

Accidents and incident are managed and monitored with evidence of reviews and follow up actions. Incidents and lessons learnt were discussed at staff meetings. Staff understood safeguarding and people said they felt safe. People were supported to take responsible risks. There were enough staff, and this enabled people to take part in activities of their choice. Staff received training and supervision.

Staff knew people very well and were alert to any changes in people's well-being and health. If staff had any concerns they sought appropriate professional advice in a timely way. The service was well-led by a registered manager who knew and understood the needs of people using the service. There were clear governance processes in place.

## PEOPLE'S EXPERIENCE OF THIS SERVICE

Staff were kind and considerate and related to people using the service. Observations of interactions showed that staff treated people with respect and dignity. Staff communicated well with people. Feedback was positive with comments including:

*'Always professionals and know every resident very well'. 'Staff will often offer a solution to the problem which is usually spot on' 'Amazingly supportive and caring staff'. 'Very knowledgeable staff.' 'Good genuine care and empathy shown to everybody'.*

## 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><b>Safe</b></p>	<p><b>Regulation 12: Safe Care and Treatment</b></p> <p><b>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 19: Fit and Proper persons employed</b></p> <p><b>Regulation 20: Duty of Candour</b></p> <p><b>Regulation 15: Premises and Equipment</b></p>	<p><b>Learning culture – Score 3</b></p> <p>Accidents and incidents were recorded on the RADAR system, with incident forms being used to record any untoward events. Incidents forms which identified behaviours of distress contained details such as the event, any known triggers, the behaviour and actions taken at the time. Evidence was seen that support provided matched the guidance in the support plans.</p> <p>Staff were not always using initials in the incident report as per policy and at times were using the persons first name. <b>(SR 1)</b></p> <p>Debriefs were undertaken when the staff member or the individual has a reaction to the event, or if the staff member felt the need for a debrief. Discussions evidenced that conversations were held after incidents but debriefs were not always formalised and recorded. For example, a long discussion was described following one incident, which resulted in a change in practice. Where debriefs were in place, these reviewed the incident and looked at way which it could have been handled better. However, consideration needs to be given to either evidencing where a debrief is not needed or that a formal process is in place. <b>(SR 2)</b></p> <p>Lessons learnt were considered and along with debriefs were discussed at staff meetings. There was also a folder in place which was used to share lessons learnt, although some of the information lacked detail about the actual lesson, and it would be good practice to further develop this. <b>(SR 3)</b></p> <p><b>Safe systems, pathways and transitions – Score 3</b></p> <p>Continuity of care was promoted. Staff at the service worked effectively with other health and social care professionals to ensure that information was shared including when people moved between different services. A good example of how the service worked with a school to facilitate a smooth transfer for one person who moved into the service was seen.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Referrals were made in response to people's changing needs to both health and social care agencies in a timely and effective way. This supported people's continued care, when individual needs changed.</p> <p><b>Safeguarding – Score 3</b></p> <p>Staff had undertaken training on safeguarding and understood their responsibilities to protect people from abuse and harm. Staff were confident to raise concerns with the management team. A staff member said, <i>'Any concerns are reported, and always acted on.'</i></p> <p>Safeguarding concerns were raised appropriately to the local authority, where needed. These included any untoward incidents, or unexplained bruising, for example, which demonstrated an open and transparent approach.</p> <p>The management team explained how they worked in line with the local authority protocols to ensure any investigations were carried out appropriately.</p> <p>One person said they felt safe living at Salcasa, and a relative reported that they were confident with the support provided and felt they family member was cared for safely.</p> <p><b>Involving people to manage risks – Score 3</b></p> <p>Risks associated with people's individual care and treatment needs had been assessed and were regularly reviewed.</p> <p>There were risk assessments in place for personal support, medical and health care including medication, decision making, activities, end of life, communication and positive behaviour support. Where additional risks were identified, individual risk assessments were implemented, for example, conditions such as epilepsy.</p> <p>Some of the information around the new admission had been slow to be implemented. Although most key details were in place, processes need to ensure that some of the key risks are identified earlier. <b>(SR 4)</b></p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Emollient cream risk assessments were in place where people were prescribed these, which identified the risks associated with paraffin-based creams and actions for staff to take.</p> <p>Where people were at risk of falls, assistive technology was used such as a monitor for epilepsy to alert staff if there were any concerns, enabling staff to respond and provider support.</p> <p>Where care plans were being reviewed additional risks were being identified and included.</p> <p>Some people could exhibit challenging behaviours. A behaviour support plan was in place, supported by a detailed PBS plan. These plans included the person's history, views, behaviours of concern, triggers, strategies, and support methods.</p> <p><b>Safe environments – Score 3</b></p> <p>People's bedrooms were decorated and were personalised with photographs, and personal items.</p> <p>Equipment was in place to help people safely. For example, one person had an overhead hoist, which enabled staff to support them in and out of bed safely and transfer directly in an adapted bath.</p> <p>The Safer Food, Better Care Folder was in place and appropriately completed with opening and closing checks, fridge and freezer checks were up to date, and food temperature checks. Food probing checks were seen. The kitchen was clean, tidy and safe to support people using the area with the support of staff.</p> <p>Fire safety was managed. Regular checks took place including a daily fire patrol, a weekly fire alarm test, weekly fire door checks, monthly fire extinguisher checks, a monthly fire door check, and regular monthly fire drills. PEEPs were in place which included safe routes from the building, and staffing levels for both day and night.</p> <p>PPM checks were made around the general safety of the building, which included water temperatures, flushing of water outlets, window restrictors, carbon monoxide and plug safety. Checks were seen to be up to date.</p>



Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Appliances and utilities were checked and/or serviced in line with health and safety schedules. Documentation had been uploaded to RADAR.</p> <p>In order to support the safe running of the service, there were generic risk assessments. These are assessments which identify a specific area such as infection control, emollient creams, emergency procedures, ligature risks and lone working, and guide staff how to ensure hazards are identified and safe working practices are implemented.</p> <p><b>Safe and effective staffing – Score 3</b></p> <p>There were enough staff to meet the needs of the people using the service. People were supported on a one-to-one or two-to-one basis, which was dependent on assessed levels of need. Staffing levels were maintained safely with enough on duty to meet individual needs and support them with their daily living activities.</p> <p>Recruitment was managed by a central team from head office. They carried out all checks as required by regulation. Evidence of recruitment was kept electronically on the SharePoint system. Two recruitment records were reviewed.</p> <p>On records viewed, information was in place as required, which included:</p> <p>A full employment history, with gaps identified and explanations recorded. Although it was noted that there was a difference in dates on the C.V. and application form for one person. <b>(SR 5)</b></p> <p>An appropriate DBS (Disclosure and Barring Service) check.</p> <p>References.</p> <p>Proof of identity and address.</p> <p>Proof of Right to Work.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>A health declaration.</p> <p>New staff were supported with an induction, which included an overview and the organisational mission and values, alongside a robust induction training programme which was based on Skills for Care and followed the Liaise training programme.</p> <p>Staff were supported with an ongoing training programme. This was primarily online through the training provider Your-Hippo. Training included safeguarding, medication awareness, Mental Capacity and Deprivation of Liberty Safeguards, health and safety, food safety, autism, equality and diversity, privacy and dignity, fire safety, infection control, manual handling, learning disability, Duty of Candour, Duty of Care, end-of-life, Mental Health, Nutrition, Oral Health, and IDDSI, for example. Overall training compliance was at 97% with 100% compliance in mandatory and 97% in required training courses.</p> <p>Staff said that the training was good.</p> <p>Staff meetings were happening and were primarily to be held on a monthly basis. The team meeting had not been held in August due to annual leave and school holidays. Team meetings were arranged so there were whole team meetings where all staff were involved and at other times smaller team meetings with specific staff.</p> <p><b>Infection prevention and control – Score 3</b></p> <p>There were cleaning schedules in place to help ensure the service remained safe and free from infection. A sample viewed showed that these were being completed on a regular basis.</p> <p>The environment was seen to be clean and tidy.</p> <p>Staff followed infection control procedures and used PPE effectively, when needed.</p> <p><b>Medicines optimisation – Score 3</b></p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Medicines were managed safely. Staff were seen to support people appropriately. Guidance was in place to help staff administer medicines safely.</p> <p>People had individual medicine care plans that provided staff with important information such as any allergies, and any associated risks, such as emollient creams.</p> <p>Protocols were in place for medicines which were prescribed for as and when needed. For example, to manage pain or support people during periods of distress and agitation. These were signed off by the G.P. to ensure they were correct.</p> <p>One person was prescribed PRN paracetamol for pain. The protocol stated that they were unable to tell staff when they were in pain, although they may say ‘feels terrible’ and point, or become unsettled. When staff completed a reason for why PRN paracetamol was administered, they tended to record ‘possible pain’, with no further reference to this, with a record of appears better. <b>(SR 6)</b></p> <p>Countdown sheets were in place, which monitored the number of medicines in stock. A spot check found that medicines were correct.</p> <p>Temperatures were taken.</p> <ul style="list-style-type: none"> <li>This service scored 75 (out of 100) for this area.</li> </ul>

**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
<b>Effective</b>	<b>Regulation 9: Person Centred Care</b>  <b>Regulation 11: Need for Consent</b>  <b>Regulation 14: Meeting Nutrition and Hydration Needs</b>  <b>Regulation 18: Staffing</b>	<p><b>Assessing needs – Score 3</b></p> <p>Prior to moving in a full assessment of need was completed for potential new service users.</p> <p>The pre-assessment included a review of compatibility to be able assess whether the person would be able to settle at Salcasa, and a full assessment of personal care, mobility, skin care, continence care, physical and mental health care, medication, eating and drinking, communication, any distressed behaviours, activities and daily routine. Alongside this consideration was given to whether staff would need any specialist training. An assessment for one person who had recently moved into the service demonstrated that this was detailed and included a full assessment of specific individual needs. For example, a full assessment of how any seizures affected the person.</p> <p>As part of the process of moving into Salcasa, people were supported with a transition process. This included arranging visits to the service to meet with people currently living in the home, including short</p>

Key Question	Regulations	Quality Statements and Comments
		<p>overnight stays. During this period checks were made as to whether any adaptations were needed, such as equipment for moving and handling, any decorating to the individual rooms in consultation with the person, and the initial formulation of the support plan.</p> <p><b>Delivering evidence-based care and treatment – Score 3</b></p> <p>Where health professionals were involved with people’s care and support, their advice was included in people’s care plans. However, some of this lacked detail, for example key information from the NHS plan for epilepsy was not included in the actual epilepsy plan, as with IDDSI guidance, there was a lack of detail within the plan, although the SALT guidance was available. <b>(ER 1)</b></p> <p>Where people needed a modified diet, staff knew how to prepare meals in line with guidance and SALT recommendations.</p> <p>Guidance in relation to different conditions such as MUST, preventing pressure areas, constipation awareness, and oral health was in place to help staff understand the key aspects and how to support or prevent these occurring.</p> <p>Staff worked in line with STOMP, which is national best practice guidance on stopping the over-medication of people with a learning disability and or autistic people when distressed.</p> <p>Where people suffered with epilepsy, there was a detailed care plan in place with guidance on how to support the person.</p> <p>There was guidance for staff to follow such as emergency first aid procedures, so staff would know what to do in an emergency.</p> <p><b>How staff, teams and services work together – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff worked proactively with a range of social and health care professionals including the SALT team, O.T., the advanced nurse practitioner, consultant psychiatry, positive behaviour support team, epilepsy nurse and the dermatologist.</p> <p>Staff worked closely with the advanced nurse practitioner, who was the main point of contact at the G.P. surgery and weekly calls were held</p> <p>One person's mobility was deteriorating, and staff had reported through to the management team that they had identified that although the person was still able to have some mobility, they felt their needs were deteriorating and in order to ensure that the person was not left at risk, a referral was being to the O.T. for a tracking hoist.</p> <p><b>Supporting people to live healthier lives – Score 3</b></p> <p>MUST was completed and reviewed each month as were people's weights. If there were any concerns, then appropriate referrals to health care professionals such as dieticians was requested.</p> <p>People's health needs were clearly recorded, and evidence showed people had attended appointments with a range of health professionals, whose input was referenced in people's care documentation.</p> <p>People were involved in regularly monitoring their health, including health assessments and checks with health and care professionals. In addition, staff completed monthly health checks to ensure people remained healthy.</p> <p>Home visits were arranged with the chiropodist, optician, dentist and G.P.</p> <p><b>Monitoring and improving outcomes – Score 2</b></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>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff recorded interactions with health professionals in the medical records. However, where advice was given, this was not always recorded or identified as not being able to action straight away, so the care did not appear to be linked. For example, where advice was to give a medication as PRN, unless the person was asleep, this was not given until the next day, but with no record of why. Therefore, at times the daily notes were not accurately reflecting the care and support given could cause confusion. <b>(ER 2)</b></p> <p>At times, handovers lacked detail. For example, where one person had been vomiting, staff had not included this in the recorded handover. <b>(ER 3)</b></p> <p><b>Consent to care and treatment – Score 3</b></p> <p>Staff understood the importance of obtaining consent from people. Staff explained that they always checked with people and asked for their permission. Care records showed that staff asked for consent.</p> <p>Where people did not have capacity to consent to specific decisions, MCA assessments were in place. These were seen to be decision specific. MCA assessments viewed identified that a staff member had sat with the person and discussed the specific decision and used, where possible, visual aids to help prompt the person. In addition, they would return a later time to further discuss the subject to assess whether the person could retain the information. An assessment as to whether the person had capacity was made and where people were assessed as not having capacity, a best interest decision was recorded, which identified the support needs.</p> <p>People were included in decisions about the home, for example, where consideration was given to increasing the occupancy from 5 people to 6 people, everyone currently using the service was either asked or an MCA was completed to establish if they were able to consider this.</p> <p>People can only be deprived of their liberty for care and treatment purposes when it is in their best interests and legally authorised under the MCA. In care homes, this typically involves procedures known as</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Deprivation of Liberty Safeguards (DoLS). Applications for DoLS were made where individuals were subject to restrictions on their freedoms, and these were monitored where they had not yet been authorised.</p> <ul style="list-style-type: none"> <li>This service scored 70 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good</b></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><b>“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”.</b></p>		



Key Question	Regulations	Quality Statements and Comments
<b>Caring</b>	<p><b>Regulation 9: Person-centred Care</b></p> <p><b>Regulation 10: Dignity and Respect</b></p>	<p><b>Kindness, compassion and dignity – Score 3</b></p> <p>Observations of interactions between staff and people showed staff spoke to people with respect and promoted people's dignity and privacy.</p> <p>Staff ensured that they respected people's privacy and ensured doors were closed when providing care and support.</p> <p>When speaking with staff, they spoke about how they interacted. Staff described how they communicated with people. This included observing and monitoring body language. Staff knew people well and recognised when they needed support.</p> <p>Contact was maintained with people's families to keep them up to date. Families were encouraged to visit.</p> <p>Feedback indicated that staff were kind and caring with comments seen such as '<i>Staff handled family sensitively</i>', and '<i>Amazingly supportive and caring staff</i>'.</p> <p><b>Treating people as individuals – Score 3</b></p> <p>Support plans included information about people's preferences and routines and likes and dislikes.</p> <p>Staff knew people well. Discussions with staff evidenced their familiarity with people. Staff were able to explain how they supported people.</p> <p><b>Independence, choice and control – Score 3</b></p> <p>People were supported with their independence and encouraged to do as much for themselves as they could. However, staff always asked and when people requested support, staff were happy to provide this.</p> <p>People were given choices and observations showed people being asked what they wanted to their evening meal or lunch and if they preferred any variation on the meal on offer.</p>

Key Question	Regulations	Quality Statements and Comments
		<p><b>Responding to people’s immediate needs – Score 3</b></p> <p>Staff knew how to identify when people were distressed or upset and supported them to manage anxieties and change.</p> <p>People were listened to, and their opinions mattered. Observations showed that staff responded to any requests for assistance.</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> <p><b>Workforce wellbeing and enablement – Score 3</b></p> <p>Staff felt well supported and found the manager approachable. They reported an open and inclusive atmosphere within the service. Staff said that the management team ‘cared’ about them and regularly checked that there were no concerns.</p> <p>An employee assistance programme offered a confidential helpline for mental well-being support.</p> <p>Staff had access to the blue light card, providing discounts from various retailers.</p> <p>"Above and Beyond" nominations recognized staff who went the extra mile for people. One member of staff had been nominated for a national award.</p> <p>Wellbeing was discussed at supervision.</p> <ul style="list-style-type: none"> <li>• This service scored 75 (out of 100) for this area.</li> </ul>

Key Question	Regulations	Quality Statements and Comments
		<p><b>SRG RATING: Good</b></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><b>“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.”</b></p>

Key Question	Regulations	Quality Statements and Comments
<b>Responsive</b>	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 16: Receiving and Acting on Complaints</b></p>	<p><b>Person-centred Care – Score 3</b></p> <p>Observations of staff interactions with people demonstrated good communication skills, with staff taking time to hold conversations with people, and listening to what they had to say. Staff understood individual communication styles, for example, one person needed support to complete some words, where staff would assist by starting the word with the first letter or sound, which helped the person to then finish their words and their sentences.</p> <p>Communication was included in the support plans, and this was detailed. Communication passports were also in place which detailed the individual support needs and how to engage with people. For so people there was also additional information around individual impairment in relation to social understanding. However, it was noted that two of the profiles contained the same information, of which some was not relevant for one person. This had been copied and pasted and not amended accordingly. <b>(RR 1)</b></p> <p>All staff spoken with were clear and positive about promoting a person-centred approach. Observations showed that people were comfortable with staff, and there was a relaxed atmosphere.</p> <p>People were seen to move around and spend time where they wanted, where people were supported on a one-to-one basis, staff were not obtrusive. They were present and available but also supporting people to spend their time where they wanted.</p> <p>Feedback seen stated: <i>‘Engaged staff keen to ensure care is person-centred’</i>.</p> <p><b>Care provision, integration, and continuity – Score 3</b></p> <p>People received consistent care and support from a stable staff team that knew them well and understood individual needs. Feedback from people indicated that they felt well supported.</p> <p>Family involvement was supported and encouraged.</p> <p><b>Providing information – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>Observations showed that staff communicated with people in an easy and friendly manner, and they conversed with people in their preferred manner.</p> <p>There were a range of communication tools used including easy read information and social stories were used to aid communication.</p> <p>People had easy read pain profiles and medication profiles to help them understand information.</p> <p><b>Listening to and involving people – Score 3</b></p> <p>People were involved in decision making. For example, people had been supported to choose a member of staff to be a keyworker. One person using the service confirmed this and said, <i>'I chose [x] to be my keyworker because we like the same things.'</i> Where people did not have capacity to choose, staff recognised where people living in the home preferred certain staff members, and these were allocated as the key worker.</p> <p>Keyworker meetings were happening. These gave people opportunities to spend time with staff on a one-to-one basis, review experiences from the previous month and plan activities. Staff supported people with objects of reference to help them make decisions. In addition, staff used people's experiences to identify what they enjoyed doing.</p> <p>Weekly meetings took place with people using the service which were used to discuss menus for the following week and who would be visiting the home. People were asked about different items they would like on the menu for the following week, and evidence was seen that a selection of these meals was included on the menu. However, it was also noted that people were free to change their minds and have something different.</p> <p>I do suggest that further topics are added to these meetings such as if there have been any problems or concerns and if any activities or events planned. <b>(RR 2)</b></p> <p>Where one person was being supported with a review of their support plan, the key worker had discussed this with them and different elements in the individual wanted to be added were being included.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>One person had supported with a fire drill and checked the fire panel and went round the home to check the fire doors were working.</p> <p>Surveys had been completed for people using the service in June 2025. People were supported through different communication styles to complete these. The responses were positive but there were no outcomes to the report seen. Relatives of people had also responded to a quality assurance questionnaire. This was seen to be positive, with mainly complimentary remarks made. There was some minor concerns raised by two relatives in relation the environment. However, there was no record about how this was shared and fed back to people using the service, including positive feedback. <b>(RR 3)</b></p> <p><b>Equity in access – Score 3</b></p> <p>The management team strongly advocated for people using the service by ensuring they received appropriate funding, equipment and access to health care.</p> <p>Adaptations had been made to the environment to support new people moving into Salcasa. One person needed the use of a hoist, and their bedroom had been specially adapted with an overhead ceiling hoist, and a specialist adapted bath.</p> <p>An annex had been especially adapted in preparation for a new person to move in, with adjustments to be made to the kitchen and bathroom areas in accordance with the individual needs of the person moving in.</p> <p>Staff strongly advocated on behalf of people. Where one person had moved into the home, there had been challenges with obtaining information, equipment and items that the person needed. Staff had worked to contact others associated with the person to obtain the information they needed to help formulate a robust support plan.</p> <p>Staff were aware of potential challenges to areas of funding and were monitoring to ensure that the person was not at risk of not receiving appropriate money. One person had been at risk of losing their home, as the finding authority was refusing to fund them appropriately. Staff at the service worked in conjunction with the person’s family and legal representatives to challenge the local authority decision, with a positive</p>

Key Question	Regulations	Quality Statements and Comments
		<p>outcome of the funding being finally agreed and the person could remain the place they considered as home.</p> <p><b>Equity in experiences and outcomes – Score 3</b></p> <p>People were encouraged to take part in activities and to access the local community.</p> <p>Everyone but one person living in the home had their own vehicle, and because there is one to one support during the day, this enabled people to go out and about when they wanted. Where one person did not have a car, they shared a company vehicle with people living at the service down the road.</p> <p>People went out and about as they chose and visited shops, cafes, local attractions or often went for a drive. When people were at home they were supported with different pastimes of their choice, for example one person enjoyed films and playing on their iPad, another person liked Lego, and another person enjoyed being in the garden.</p> <p>One person had limited records of their activities, this was because due to their individual needs, if they took part in any level of activities, they then needed a low stimulus environment for a few days. So, although the activity records showed the activities, they took part in, when they were in a low stimulus environment, this was not being recorded, which made it look like they were not taking part in different activities. Staff need to be aware to record how a person spends their day and not just record different activities. <b>(RR 4)</b></p> <p>Feedback seen stated: <i>'Happy and well cared for and goes out into the community for activities and outings'</i></p> <p>Goals have been considered, and there was evidence that there was a person-centred approach. Consideration had been given to emotional wellbeing, community access and relationships in relation to goals.</p> <p>Goals were also considered in relation to individual capacity. For example, one person lacked capacity, but staff had identified previous interests and promoted these as goals. For example, one person really enjoys being in the garden and watching staff do things in the garden. They also enjoyed watching birds and had</p>

Key Question	Regulations	Quality Statements and Comments
		<p>one of the goals had been to buy a bird house, put this up in the garden and buy bird food on a regular basis. This was helping to promote their emotional wellbeing. Also to support with enhancing quality of life, goals around regular trips out were also promoted.</p> <p>Some of the goals for one person who had capacity, would not be considered as actual goals, as often these were around an actual activity rather than around a larger goal. Consideration needs to be given to identifying a goal rather than an activity. For example, where one had supported with the fire drill, a goal could be ‘to be more involved in the running of the home’, rather than an individual activity. <b>(RR 5)</b></p> <p><b>Planning for the future – Score 3</b></p> <p>No-one in the home was receiving end of life care at the time of the visit. However, consideration was given to end of life matters and where people wanted to discuss this, it was included in their care planning.</p> <ul style="list-style-type: none"> <li>• This service scored 75 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good</b></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><b>“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”.</b></p>		



Key Question	Regulations	Quality Statements and Comments
Well-Led	<p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 5: Fit and Proper Persons Employed - Directors</b></p> <p><b>Regulation 7: Requirements Relating to Registered Managers</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 20A: Requirement as to Display of Performance Assessments</b></p>	<p><b>Shared direction and culture – Score 3</b></p> <p>The atmosphere was homely and welcoming. Staff were consistently available to people and were polite and considerate in their approach.</p> <p>Staff spoke positively about their aims for people living in the home. Staff said they wanted to support people to have the best quality of life and enable them to have choices. One member of staff said, <i>‘It’s not about us as staff, it’s about the people living here, it is really important that they have a good quality of life’</i>.</p> <p>Staff were aware of their key-worker role and the responsibilities that went with this. Staff were able to describe how they supported people as a key worker.</p> <p>One member of staff has been shortlisted for the British care awards; due to the support and advocacy they had provided for a new person who had moved into the service.</p> <p>There was a transparent and open culture, where the management team took ownership of actions. They ensured apologies were made when things went wrong. A relative said that the management team told them about any concerns or changes.</p> <p>Relevant notifications had been submitted to external bodies including to CQC as required.</p> <p><b>Capable, compassionate and inclusive leaders – Score 3</b></p> <p>Staff spoke well of the management team. Staff said they were approachable, supportive and lead by example, by being available at different times including weekends.</p> <p>Staff spoke positively about support provided and said they felt listened to and that their opinions mattered.</p> <p>Staff were supported to take accountability and responsibility, for example two staff were champions for medication and infection control and led in relation to managing this within the home.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff and the management had a good understanding of equality, diversity and human rights, and prioritised safe, and effective care.</p> <p>Feedback seen stated: <i>'Management team is excellent with communication and organisation'</i>.</p> <p><b>Freedom to speak up – Score 3</b></p> <p>One member of staff was a service champion, who had been voted for by staff. They attended regular champion meetings within the wider provider setting and represented the home, which enabled them to share any issues or feedback.</p> <p>Staff were supported by regular monthly meetings, although one was missed in August due to many staff being on annual leave.</p> <p>Agenda items included a range of topics from reviews of incidents, lessons learnt, audits, sharing of compliments to practices with the home, audits and updates, for example. It might also be useful to include any plans for the future in the staff meetings to evidence that these are shared with staff. <b>(WR 1)</b></p> <p>Staff said the meetings were useful, and it gave them opportunities to have a say and be updated with information. Staff confirmed that meetings were used as opportunities to review incidents and lessons learnt. Staff also used meetings to report any concerns about people using the service.</p> <p>There was information available about how to raise a concern, staff said they were confident the management would take any action, and they also knew how to report concerns externally.</p> <p>The last staff survey was completed in 2023. From the staff survey last year, there was a 'you said – we listened' response in place to evidence actions taken from feedback.</p> <p>The current survey for 2025 was still in progress, and the service was awaiting the results.</p> <p><b>Workforce equality, diversity and inclusion – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>The management team worked with staff to arrange flexible working hours, and staff were supported with reasonable adjustments so they could balance their working and home life.</p> <p>Policies and procedures were in place for equality and diversity.</p> <p>Staff received training in equality and diversity.</p> <p><b>Governance, management and sustainability – Score 3</b></p> <p>Managers walk arounds were completed on a weekly basis. Observations were made in relation to communication/activities, safeguarding, infection control, health and safety, allocation, and positive observation.</p> <p>Regular audits of different aspects of the service took place. These included regular monthly checks on vehicle maintenance, health and safety and infection control, out of hours support, and the management of people's finances. Support plans and risk assessments were reviewed on a quarterly basis.</p> <p>A review of the audits evidenced that there were completed within timescales. There was evidence of compliance with the audit measures in place, such as photographs of findings. Actions and recommendations were made, where shortfalls were identified.</p> <p>In addition, the management team, monitored and maintained oversight for checks which needed to be completed such as mattress checks, monthly health checks, and key worker meetings to ensure that these were completed.</p> <p>Provider oversight was in place. The quality team had visited and carried out a mock CQC style inspection. Oversight was also maintained through a trends and monitoring information review, which monitored compliance with audits, care planning, and training, for example.</p> <p><b>Partnerships and communities – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>People were supported to be part of the local community and attend activities and outings within the community.</p> <p>People's care records demonstrated the team worked in partnership with numerous external professionals.</p> <p><b>Learning, improving and innovation – Score 3</b></p> <p>Actions were developed from accidents, incidents, safeguarding and audits. These were maintained on the RADAR system with a record of the action, who was responsible, when the action was due for completion and whether it had been completed.</p> <p>Actions identified on the action plan were in progress, for example, end of life planning for one person was being reviewed as to how to approach and discuss this with them. The action plan also identified additional MCA assessments, which were in progress and being completed by a senior member of staff.</p> <p>Weekly manager meetings were happening with the services in the locality, along with all area manager meetings which happened on a regular basis. These meetings gave opportunities to share ideas and any issues, which helped to identify areas of improvement</p> <p>The management team also attended local forums and worked closely with Local Authority to attend training and meetings.</p> <p><b>Environmental sustainability – sustainable development – Score 3</b></p> <p>There was a positive approach to maintaining environmental sustainability. The management team had developed an internal sustainability plan with a number of measures to help promote a greener culture.</p> <p>These included reducing the use of paper through the electronics systems, and the purchase of a better printer so less ink was used, digital photograph albums were in used and shredded paper was donated to an animal rescue centre, as was garden waste.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Purchases through on-line retailers were ordered so they were delivered in the same slot, and purchases were in bulk to reduce costs. Reusable containers were used rather than single use disposable items.</p> <p>A smart meter had been installed, LED lights were used, and electrical appliances were A rated.</p> <p>Recycling of items and waste, along with batteries was promoted.</p> <ul style="list-style-type: none"> <li>• This service scored 75 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good</b></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><b>“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”.</b></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>In order to maintain confidentiality, remind staff to use initials in the incident records.</i>						
SR2	<i>Review how and when debriefs are put into place, ensure they are in place following any untoward incidents</i>						
SR3	<i>Further develop the format of lessons learnt</i>						
SR4	<i>Ensure when new people move in, key risks are identified and implemented</i>						
SR5	<i>Ensure that dates are consistent on application records.</i>						
SR6	<i>Ensure there is clarity of why PRN paracetamol is administered for pain</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	<i>Ensure that condition led care plans include full details from health professionals' recommendations.</i>						
ER2	<i>Daily notes to ensure they accurately reflect care and support provided.</i>						
ER3	<i>Staff to record all pertinent details in the handovers.</i>						

### CQC Key Question - CARING

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
CR1	NO RECOMMENDATIONS MADE						

### CQC Key Question - RESPONSIVE

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



Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	Care needs to be taken to ensure that templates of documents are not copied and pasted to ensure that information is specific to the person.						
RR2	Further develop the weekly meetings to review additional areas, such as activities and if there are any concerns.						
RR3	Share feedback from surveys						
RR4	Staff to ensure that record how a person spends their day and not to rely on recording activities only.						
RR5	Consideration needs to be given to identifying a goal rather than an activity.						

### 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-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	<i>Include any plans for the future in the staff meetings to evidence that these are shared with staff</i>						