AUDIT REPORT

St James House

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

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Contents:

Service Name: St James House

Provider: Liaise (London) Limited

Address of Service: 53-55 Spital Street, Dartford, DA1 2DX

Date of Last CQC Inspection: 27th May 2022

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 	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)

Depending on what we find, we give a score for each evidence category that is part of the assessment of the quality statement. All evidence categories and quality statements are weighted equally.

Scores for evidence categories relate to the quality of care in a service or performance:

4 = Evidence shows an exceptional standard

3 = Evidence shows a good standard

2 = Evidence shows some shortfalls

1 = Evidence shows significant shortfalls

At key question level we translate this percentage into a rating rather than a score, using these thresholds:

- 38% or lower = Inadequate
- 39 to 62% = Requires improvement
- 63 to 87% = Good
- 88 to 100% = Outstanding

Overall Service Commentary

INTRODUCTION

An audit based on the CQC Key Questions and Quality Statements, aligned with the Single Assessment Framework, was conducted by an SRG Consultant over two days on 6th & 7th of October 2025. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

TYPE OF INSPECTION

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

METHODOLOGY

To gain an understanding of the experiences of people using the service, a variety of methods were employed. These included observing interactions between people and staff, speaking with the operations manager, a quality manager, registered manager, deputy manager, staff and 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

St James House is registered with CQC and provides accommodation for persons who require nursing or personal care It's category of registration is a residential home in, caring for adults under 65 years, 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 5 people were living in the home.

The service had sufficient numbers of staff to support people and assist with their care needs. Where people required 1:1 support this was provided. Recruitment procedures were sound, although more clarity on explanations around areas of self-employment needed to be expanded. Staff received training appropriate to the needs of people using the service.

People's needs were assessed prior to them coming to live at the home, and risks were overall identified and well-managed, some areas of risk around specific behaviours needed development, although PBS plans were in place. Safeguarding and untoward incident events were recorded, and action taken to ensure the local authority and CQC were informed. Lessons were learned from such incidents and shared with staff. Medicines were managed and administered safely and appropriately. Health care needs were monitored and appropriate referrals made where necessary.

Quality assurance processes were in place and oversight was maintained.

PEOPLE'S EXPERIENCE OF THIS SERVICE

people received care and support in accordance with the principles of the 'Right support, right care, right culture' guidance. People were supported to have choice and control in their daily lives, as far as possible. Families and friends were able to visit at any time and people were supported to go out in the community.

There was a caring staff team who knew and understood the needs of people using the service. People were supported to maintain their independence and develop their life skills. People had opportunities to engage in a range of activities.

DISCLAIMER

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

RATINGS

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

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

Outstanding – The service is performing exceptionally well.

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

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

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

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

Key Question	Applicable Regulations	Quality Statements and Comments
Safe	**Regulation 12: Safe Care and Treatment** **Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment** **Regulation 17: Good Governance** **Regulation 18: Staffing** **Regulation 19: Fit and Proper persons employed** **Regulation 20: Duty of Candour** **Regulation 15: Premises and Equipment**	**Learning culture –** Score 3 Systems were in place for staff to report and record safety concerns and events when they arose. These identified the event, actions and post incident support. A review of incidents showed that staff followed PBS procedures. Incidents of behaviours of concern including self-harm and episodes of challenging behaviours had decreased over recent months, which was positive. The Registered Manager reviewed safety concerns and events. Events of a more severe risk were escalated through the providers reporting systems. Debriefs were mainly in place, although it was not always clear which events resulted in a debrief, so this is an area worth monitoring. **(SR 1)** People using the service was also supported to talk through incidents and events, to support people to understand and reflect on incidents. Learning from incidents were used to support staff to continually improve their practice, reduce risk and keep people safe. There was good evidence in staff meeting minutes that learning was shared through this, identifying ways of reducing potential recurrence of different incidents. **Safe systems, pathways and transitions –** Score 3 The management team understood how to support people with transitions between services. Information was obtained from people, and others involved in their care, about people's individual needs and associated risks, prior to moving into the service. There was a structured transition process in place which was staggered over six weeks, where people had the opportunity to visit the service, if they were able.

Key Question	Applicable Regulations	Quality Statements and Comments
		Staff worked with people, health and social care partners to establish and maintain safe systems of care. Actions were taken to ensure people received timely and appropriate care. It was seen that people had been referred to appropriate professionals when required to ensure individual needs were met. **Safeguarding –** Score 3 People appeared to be happy, comfortable, and safe in their surroundings. One person said they felt safe and felt they could talk to staff. People were supported by staff either on a one-to-one or two-to-one basis, in line with their assessed needs, to ensure they were kept safe, when out in the community. Policies and procedures were in place to guide staff in relation to managing safeguarding and their responsibilities. Staff had received safeguarding training and knew how to escalate concerns if they were worried about people. The Operations Manager and Registered Manager understood their responsibilities to report any safeguarding issues to the Local Authority safeguarding team. Any investigations were taken in line with the local authority procedures. **Involving people to manage risks –** Score 2 People's care records contained risk assessments to help guide staff on how to support people safely in line with their assessed needs. These included personal support, support with decision making, medical and health care, support with free and structured time, positive behaviour support and any additional risks specific to the person. Individual risks were broken down into categories under each main risk assessments, for example risks of

Key Question	Applicable Regulations	Quality Statements and Comments
		constipation, and those associated with daily living skills, for example. These identified individual needs and how to people safely. Risks associated with some behaviours, however needed further development. One person was at risk of leaving the service unsupported and of potentially absconding. There had been one incident earlier in the year, where this had happened. The risk assessment stated to maintain supervision in the community or near exit points, and to 'see missing person profile'. There was a lack of guidance around how to prevent this happening, and possible situations which may be a 'trigger' event. As the person also wanted to become more independent in the community and was being supported with this, it is particularly relevant that this risk assessment is developed further. **(SR 2)** One person was also prone to either making allegations against male staff or attacking female staff through hitting or punching. There was a specific male risk assessment which stated that males should not provide one-to-one care, and not for personal care. Although the PBS plan referred to the individual behaviours, there was no information in the support plan about specific behaviours including a tendency to hit staff and the making of allegations. These needs developing more within the individual risk assessments. **(SR 3)** Having said that, PBS plans were developed with the PBS practitioner, who reviewed individual needs regularly and implemented guidance for staff. Care also needs to be taken to ensure that risk assessments and support plans do not contain contradictory information. For example, locked kitchens and locations of where medicines were stored. **(SR 4)** **Safe environments –** Score 3 Health and safety checks were in place. These included regular checks on the environment and fire safety which were carried out on a daily, weekly, monthly and quarterly basis.

Key Question	Applicable Regulations	Quality Statements and Comments
		Fire safety included a daily fire patrol to ensure that there were no obstructions, and the fire panel was working. A weekly alarm fire test took place, along with fire door checks. On a monthly basis the individual fire checks included: A monthly fire drill. This recorded who was involved and how long the evacuation took. Although it was noted that it was not always clear if it was a daytime or night-time drill. Two of the last three recorded that this was a day-time drill while the third recorded 'yes', with no clarity of when the drill took place. The last night drill was recorded as taking place in May 2025. It was reported that another one had taken place, but this was not recorded. **(SR 5)** The grab bag was checked monthly. Fire equipment such as extinguishers were checked monthly, as were the emergency lighting systems. Personal Emergency Evacuation Plans (PEEPs) were in place. These included reference to emollient creams and the support people needed both during the day and at night. Weekly health and safety checks comprised of water temperature and water flushing, checks on plugs and carbon monoxide alarms as well as plug safety. **Safe and effective staffing –** Score 3 There were enough qualified, skilled, and experienced staff to support each person. Staffing levels were based on assessed needs and were allocated according to people's schedules. The use of agency staff was non-existent, which helped to promote continuity, although bank staff were used. Systems for recruiting new staff were in place. Two staff files were checked for recruitment procedures to assess compliance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full employment histories were completed. Overall, the systems for checking and exploring employment histories was sound, and staff were requested to identify and record any gaps. Although, for one person,

Key Question	Applicable Regulations	Quality Statements and Comments
		they recorded that they had been self-employed between 1998 and 2014, with no further detail. It would be useful to record some more detail, for long periods of time, such as what the self-employment related to. **(SR 6)** Appropriate references were sourced, including from the last employer. On files viewed, where needed right to work checks were in place, along with proof of identity and address. Medical declarations were also completed. DBS (Disclosure and Barring Service) checks were in place, which helped to ensure that staff were of a good character. Staff were issued with a contract at the start of employment. New staff received induction and on-going training. In line with the provider procedures new staff completed the comprehensive induction booklet, which aligned with the Care Certificate and providers training programme. This also included competency and observational assessments, along with regular reviews. An example of completion was viewed on the e-learning training programme. The ongoing training included, safeguarding, Mental Capacity and Deprivation of Liberty Safeguards, medication awareness, learning disability, autism, equality and diversity, food safety, fire safety, IDDSI and dysphagia, person centred care, PROACT-SCIPr, diabetes, epilepsy, and nutrition and hydration, for example. The training matrix showed a high level of compliance with the training programme, with the majority of staff being up to date with their training. Although, it was noted that one member of staff did not have up to date training in nine subjects. Staff were supported with supervision, and regular team meetings. **Infection prevention and control –** Score 3

Key Question	Applicable Regulations	Quality Statements and Comments
		There were systems in place to prevent and control infection. There were policies and procedures in place and the staff training records evidence that staff received training. Systems were in a place to monitor cleanliness, and regular audits were completed. **Medicines optimisation –** Score 3 Medicines were stored in lockable cabinets in a person's own flat, or in the office, for reasons of safety. Temperatures were recorded for the individual rooms where medicines were stored. Those viewed did not exceed the maximum temperature range. It was noted that temperatures were only taken once a day, usually in the morning. Although it is a now cooler time of year, I do suggest that consideration is given to additional checks in the hotter months to ensure that medicines are at the correct temperatures later in the day. **(SR 7)** Each person had a medication folder. These had been reviewed and updated and included the individual profile, temperature records, signatures, current medication changes, MAR charts, medication count down records, PRN protocols, body maps, medication in and out of the service, easy read guides and any other information. The individual profile included where medicines were kept, and how people liked to take their medicines, and individual understanding of medicines and whether there was a valid consent or MCA in place, and, when the GP should be informed if medicines were refused. Three were sampled and these were completed with the detail needed to guide staff about individual preferences and understanding. It was noted that one person had a complicated medication prescription schedule of where they were administered a specific medicine for three months, and then there was to be a gap of seven days, before this was re-started. When asked how this was managed, it was reported that a discussion had been held with the pharmacist, and this was no longer the case *(See Effective Domain - Monitoring and improving*

Key Question	Applicable Regulations	Quality Statements and Comments
		outcomes). However, the prescribers' instructions as yet had not been changed on the repeat prescriptions and this needs to be addressed. **(SR 8)** In addition, there was a list of the individual medicines with the dose, frequency, reason prescribed, possible adverse effects and any additional warnings. Staff names and sample signatures and initials were in place with the date they had been signed for. Where staff had not signed, this was because they were bank staff. MAR charts were completed appropriately, with no gaps. Count down sheets were in place for PRN only, as advised following a KCC contracts visit. For prescribed medicines on a daily basis, a running total was maintained on the MAR charts. There were PRN protocols in place for one person for Lorazepam and Chlorpromazine. There was, however, no protocol for paracetamol. This was addressed at the time, but care needs to be taken to ensure that any protocols are not missing. **(SR 9)** Reasons for the administration of PRN was recorded on the back of the MAR charts. Some more clarity is needed when staff record why they have administered PRN lorazepam and ensure that there is evidence that they have followed protocols, with reasons for administration that match this. **(SR 10)** Epimax cream was being recorded for one person on both the MAR chart and a TMAR chart. Where information is duplicated, there is a risk that information may be inconsistent. I suggest the recording of creams is checked with the quality team and the MAR chart could record 'see TMAR rather than duplicate the information.' **(SR 11)** Staff were assessed to ensure that they were competent to administer medicines. Compliance was at 96% • This service scored 71 (out of 100) for this area.

Key Question	Applicable Regulations	Quality Statements and Comments
SRG RATING: Good This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them. **"Characteristics of services the CQC would rate as 'Good' Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation".**		

Key Question	Regulations	Quality Statements and Comments
Effective	**Regulation 9: Person Centred Care** **Regulation 11: Need for Consent** **Regulation 14: Meeting Nutrition and Hydration Needs** **Regulation 18: Staffing**	**Assessing needs –** Score 3 Assessments and transition processes continued to support people to move into the service. People's needs were assessed before they started using the service to ensure staff understood their needs and preferences. At the last visit it was found that the transitions plans and arrangements for review and assessment were in place. At this visit, there continued to be the same level of support in place to help people to transition into the service. However, lessons had been learnt following challenges faced earlier in the year in relation to new people who had moved into the service. **Delivering evidence-based care and treatment –** Score 3 The STOMP (stopping the over-medication of people with a learning disability) was followed and reviews were undertaken. For example, one person had a recent review in relation to anti-psychotic medicines. Some people living at St James House, had a diagnosis of either suspected epilepsy or had a history of seizures. People had not experienced any recent seizures, however there were support plans in place on what to do, should this happen. Where needed people were supported with regular annual reviews with the neurologist/epilepsy nurse. One person needed an easy to chew diet (assessed as an IDDSI Level 7A), which should be cut up into bitesize pieces. The internal SALT team had reviewed and provided guidance on the support needed. The SALT guidelines were on the system and reported as being kept in their flat. Although, it was noted that the actual support plan which referred to nutritional needs lacked the detail needed to guide staff. CQC tend to look at care and support plans to ensure that guidance provided by appropriate professionals is included. Therefore, I suggest that more detail from the SALT team guidance is included in the nutritional section of the support plans. **(ER 1)**

Key Question	Regulations	Quality Statements and Comments
		Staff received training and followed the guidance developed provide effective care and support. For example, where people presented with behavioural support needs staff followed people's individual positive behaviour support (PBS) plans to reduce people's anxiety. These were developed by the internal behavioural specialists following the assessment of incidents and people's individual needs. **How staff, teams and services work together –** Score 3 People had hospital passports. These included information about medical history, wellbeing, current care needs, communication, and any nutritional needs, for example. Those viewed contained sufficient information to help share with staff if the person was transferred into hospital. People were supported with medical support as needed. Medical care records evidenced that when people moved in, they were registered with the G.P. In addition, staff worked with the district nurses, specialist teams such as the dietitian, neurologist, the learning disability team, and the mental health team. In addition, people were supported to access the optician, dentist, and chiropodist, where needed. The staff team worked positively with the internal support teams of SALT and PBS who had both visited and provided support and guidance. The SALT team feedback was positive with compliments about the management of modified diets. The staff team worked together because there were systems in place which helped keep staff up to date. This included regular staff meetings and daily handover meetings where important information was shared. **Supporting people to live healthier lives –** Score 3 Pain profiles were in place, to help staff understand people, where they were not always able to describe how they were in pain. This enabled staff to respond appropriately if people felt unwell. Monthly health reviews were undertaken. Staff sat with people and checked on their individual healthcare needs in areas such as skin care including hand foot care, dental care, weights, bowel management, and

Key Question	Regulations	Quality Statements and Comments
		any untoward health conditions, for example. A sample of three were reviewed and these were seen to having been completed on a regular basis for the last three months, with the detail of conversations held with people to ensure their healthcare needs were met. People's weights were taken on a regular basis, along with monitoring of individual BMI, to ensure people stayed healthy. There were no major fluctuations seen. One person needed to have 1.5 – 2 litres of fluids a day as identified in their support plans, and a review of the fluid charts identified that this was happening. People were supported with regular health screening, mental health reviews and health check appointments to ensure they stayed well. **Monitoring and improving outcomes –** Score 3 Monitoring charts were in place and a sample viewed showed that these were being completed. In relation to records of meals, there was a tendency not to record the correct food consistency for one person who had a modified easy to chew diet. For example, staff recorded a range of modified textures such as easy to chew, minced and moist, liquidised, and pureed, along with the correct modification of soft and bite sized. The worse case scenario is that if the person should choke, and staff had recorded the wrong level of food modification, assumptions could be made that staff had not provided the person with the correct level of food modification. **(ER 2)** Medical interventions were records, but these were not always detailed. For example, changes had been made to one person's medication, and although the records showed a discussion had been with the pharmacy, there was no detail of the changes made. **(ER 3)**

Key Question	Regulations	Quality Statements and Comments
		Body maps were in place where any marks were noted. For one person there was a record of a mark noted on 29th September, which had a review date of 30th September, however this had not been reviewed. It was noted that a previous mark had been reviewed and identified as improved. **(ER 4)** **Consent to care and treatment –** Score 2 There were systems in place to ensure people consented to their care, if they had capacity to do so, and to follow the principles of the Mental Capacity Act 2005 (MCA) when people lacked capacity to make decisions about their care. There was an inconsistent approach to the application of MCA assessments. Some Mental Capacity Act (MCA) assessments were decision specific. These included communication, finances, personal care, psychiatrics medication with sedative effect, epilepsy and support with end-of-life planning. Other assessments, however, were based on the different sections of the support plans and were not decision specific. Some of the assessments reviewed and conversations with the management team evidenced that they understood the principles of involving people and providing information in a way which would help the individual person to understand the decision in question. However, as yet this was not embedded. This was an area the management team was aware of, and this was included on the action plan. **(ER 5)** Care records included a risk assessment and support plan in relation to 'Support with decision making, MCA and DoLS'. There was a tendency for these to lack a personalised approach. For example, one MCA support plan stated, 'to assess capacity to make decisions regarding care, and treatment'. Whereas the information in the support plan should be the outcome of such an assessment with guidance for staff on how to support in this area. **(ER 6)**

Key Question	Regulations	Quality Statements and Comments
		Staff, however, were aware of the importance of asking for consent and involving people, and respected individual rights to make decisions. There was also good evidence that people were supported to make decisions and where they had capacity to make their own decisions. Staff also understood where people needed to be deprived of their liberty through the application for the Deprivation of Liberty Safeguards (DoLS). As the service had certain restrictions, such as the use of coded keypads, applications had been made where necessary. • This service scored 70 (out of 100) for this area.

SRG RATING: Good

This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

"Characteristics of services the CQC would rate as' Good' People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflects these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work".

Key Question	Regulations	Quality Statements and Comments
Caring	**Regulation 9: Person-centred Care** **Regulation 10: Dignity and Respect**	**Kindness, compassion and dignity –** Score 3 People were able to access their local community and use local services. People were able to have friends and family visit whenever they wished. Observations showed staff speaking kindly and with compassion to people. People appeared comfortable in the presence of staff and had good relationships with staff. Staff listened to people and answered any questions or queries in a patient and understanding manner. People's privacy and dignity was respected. Support plans reflected how to ensure that people were treated with dignity and that staff respected their privacy if support was needed with aspects of personal care. **Treating people as individuals –** Score 3 Care records included information about the person and any known life history, their interests and hobbies, and preferences. People living at the service and staff knew each other well, and people were seen to be relaxed in the presence of staff. Staff were key workers for people which meant they took responsibility for making sure they knew and understood people. People were helped to maintain good relationships with people that were important to them. One person was having a small birthday, and family members had been invited to celebrate with them. **Independence, choice and control –** Score 3 Independence was encouraged. Staff supported people to develop and maintain their daily living skills. People were supported to manage their own laundry, keep their flats tidy, prepare meals, and arrange shopping.

Key Question	Regulations	Quality Statements and Comments
		Staff supported people to choose the activities they wanted to engage in. People had a pictorial activity planner to assist with this, which they had developed with staff. Through encouragement, staff had supported people to increase their independence. One person no longer used an adapted 'buggy' to help them mobilise and also used utensils such as knives and forks. Another person was slowly increasing their independence by being supported to access the community. *(See effective domain)* Support plans included information about what people could manage for themselves. **Responding to people's immediate needs –** Score 3 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 the individual person. Accidents and incidents were reported, and appropriate actions were seen to be happening. Reviews of these were undertaken to ensure that people were supported appropriately. Team meetings were held to discuss issues relevant to the service, people using the service or staff experience. Discussions about how to make improvements were included. **Workforce wellbeing and enablement –** Score 3 The provider had processes in place to support staff will wellbeing. This included an employee assistance programme which included 24/7 support where confidential advice could be accessed for work or personal matters, if people were struggling. There was a funded blue light card that gave staff access to discounts at different outlets, a pension and a life assurance scheme. The wage stream app was in use.

Key Question	Regulations	Quality Statements and Comments
		There were 'above and beyond' awards, where staff could be nominated by colleagues, where it was felt they were demonstrating care and support which positively impacted on people's lives. • This service scored 75 (out of 100) for this area.

SRG RATING: Good

This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

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

Key Question	Regulations	Quality Statements and Comments
Responsive	**Regulation 9: Person Centred Care** **Regulation 17: Good Governance** **Regulation 16: Receiving and Acting on Complaints**	**Person-centred Care –** Score 3 The staff team worked closely with people to arrange how they wanted to be supported and spend their time. Observations, and care records demonstrated that staff took a person-centred approach and involved people. People were supported to be involved, and there was good evidence that they were supported with decisions about their care and were fully involved in personalising their care and support to their individual needs. This approach ensured people were at the centre of their care. A person-centred approach to support plans varied, with one example being quite clinical in areas and not giving a sense of the person or how to support them with their preferences. For example, the support plan consisted of bullet points which at times lacked focus on the person and were more generic with statement such as 'Communication aids are used where appropriate to assist', and 'to observe for early signs of mental health decline and escalate appropriately.' However, other areas of the support plan and other support plans viewed, took a more person-centred approach, with more detail about how to actually support and giving an understanding of the person. **(RR 1)** One person preferred to be called by their last name, and this was recorded as their preference. However, this was not consistently used with on occasions either their initials or their first name was used. In another support plan, the use of the individual name varied with sometimes using the person's first name and at other times using their surname. **(RR 2)** **Care provision, integration, and continuity –** Score 3 In line with the CQC guidance of 'right support, right care and right culture', people were supported to access the community on a daily basis and take part in a range of community activities including attending clubs and day centres.

Key Question	Regulations	Quality Statements and Comments
		There was evidence of positive multi-agency working. The service had established links with health and social care professionals and had involved them in aspects of people's care. Records showed that appropriate referrals were made, both the internal specialist teams of SALT and PBS, along with external professionals. **Providing information –** Score 3 Each person's communication preferences were described in their support plans. These identified the support needed, and whether people needed any communication tools. PBS plans included the importance of different communication techniques to be used with people, dependent on their needs at time. Easy read and pictorial information was available for people. People had their own activity planners. **Listening to and involving people –** Score 3 People had keyworkers assigned to them. Keyworkers are members of staff who have responsibility for arranging people's health appointments and activities, liaising with relatives, reviewing care records and planning activities. Key workers met with people on a regular basis and reviewed their individual needs through key worker meetings. These gave people opportunities to review goals and plans which were in progress, activities, meals, if anything was troubling people and skills people were learning. The records were viewed for the last three months, and it was seen that these been happening on a regular basis. Evidence was seen that discussions were followed up on, for example, one person was attending an interview at a library for a volunteer role. People also attended monthly house meetings. There was a tendency to record individual aspirations repeatedly at subsequent meetings, with no update of any progress. For example, one person had identified

Key Question	Regulations	Quality Statements and Comments
		that they wanted to go out independently, and although steps were being taken to support them with this, this was not reflected in the meeting minutes. **(RR 3)** **Equity in access –** Score 3 People were provided with support to arrange and attend healthcare appointments with other professionals involved in their care. Staff supported people to attend appointments and to follow any advice given by other professionals. Through support one person had increased their external activities and now went into the community and had used public transport, something they had never experienced in the past, which gave them more opportunities to access facilities in the community. **Equity in experiences and outcomes –** Score 3 People were supported to participate in social, community or leisure activities of their choice. Some people regularly visited a stable where they either went horse-riding or groomed horses, one person enjoyed visiting a gym and trampolining sessions and going swimming. Some people visited a day centre twice a week, and everyone enjoyed trips to local venues, cafés, and coffee shops. In-house people were supported with baking and cooking, one person enjoyed artwork, and another had a free standing punchbag which they used to exercise with. One person, had been supported to meet with their family, including a sibling who they had not seen for 30 years. Another person had been supported to attend a family wedding. One person wanted to be able to access the community independently. Steps were being taken to support them with this. They now went over to the local shop over the road; and staff waited on the doorstep for them to make their purchases and return. **(RR 4)**

Key Question	Regulations	Quality Statements and Comments
		People were being supported with individual goals, which were reviewed on a regular basis with them. **Planning for the future –** Score 3 People were invited to discuss any matters around end-of-life, if they wanted to. Where people had wanted to discuss this, there was an easy read which included information about important people, where they would like to be cared for, whether there was a funeral plan and where they would like their belongings to go, and who to share the plan with. One person had not wanted to complete this, and their wishes were respected. It was not always apparent within the support plans, whether a person had a DNACPR or ReSPECT form in place. Although people are younger, it would be useful to identify whether these were in place or not. **(RR 5)** • This service scored 75 (out of 100) for this area.

SRG RATING: Good

This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

"Characteristics of services the CQC would rate as 'Good' People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood, and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics".

Key Question	Regulations	Quality Statements and Comments
Well-Led	**Regulation 17: Good Governance** **Regulation 5: Fit and Proper Persons Employed - Directors** **Regulation 7: Requirements Relating to Registered Managers** **Regulation 18: Staffing** **Regulation 20A: Requirement as to Display of Performance Assessments**	**Shared direction and culture –** Score 3 There was an open and transparent culture at the service, and the management team prioritised the needs of the people living in the service. There was an aim for everyone using the service to feel included and valued with a focus on people and promoting positive outcomes. The manager and staff, supported by the provider's quality team and operations manager, worked together to drive improvements at the service. **Capable, compassionate and inclusive leaders –** Score 3 The senior team in the service were caring and supportive towards staff and the people that used the service. They were visible in the service and there was an open-door policy which encouraged staff and people using the service to seek management support if required. Managers and staff told us they aimed to give people they supported the best quality person centred care they could. The managers and staff worked well together as a team. Observations showed that people's opinions mattered **Freedom to speak up –** Score 3 There were processes in place that gave staff opportunities to contribute their thoughts and ideas and be heard. There was an open-door policy which encouraged staff to seek management support if needed. Staff meetings were also held on a monthly basis. These evidenced that staff were fully involved in the running of the service and were able to contribute positively. Staff meetings demonstrated that care

Key Question	Regulations	Quality Statements and Comments
		practices, updates, learning, and recognised models of care such as the 'right support, right care and right culture' were discussed. **Workforce equality, diversity and inclusion –** Score 3 The management team worked with staff to arrange flexible working hours, and individual cultural needs were considered when staff requested annual leave. Policies and procedures were in place for equality and diversity, and staff received training. Staff were supported with reasonable adjustments so they could balance their working and home life. Staff reported that they felt well supported by the larger organisation. **Governance, management and sustainability –** Score 3 Quality assurance systems were in place. Audits had been carried out on the running of the home to ensure people received safe care such as on medicines, health and safety and support plans. Audits and checks were carried out in line with the providers procedures. A series of enhanced audits were in place which included: Medication audits which were completed weekly and monthly, and supplemented by an operations manager audit which took place on a quarterly basis. Night visits/out of hours which checked on the operation of the service at night. Finances to ensure that people's money was being managed safely. Health and Safety and infection control. Monthly safety checks were carried out on the vehicle owned by one person and it was seen that actions were identified and completed.

Key Question	Regulations	Quality Statements and Comments
		The last managers quarterly support plans and risk assessments audit has been completed on 3rd October, this had been overdue and now required signing off. The last operations manager visit found a number of areas of improvement and rated the service at RI with a compliance rate of 69%. However, it was reported that the management team along with staff had worked hard to address the actions, with most now being signed off. The operations manager was confident of improved findings in the next planned audit. Currently there was no frequency for the operations manager visit, but there were plans to carry these out on a quarterly basis. The management team had not been aware of information recorded in some feedback from staff in the 'when an inspector calls' checks with staff, where some staff had not displayed specific knowledge. This was because the system did not alert them to this. However, it was confirmed that through different channels these shortfalls had been identified, such as an improved MCA training course. **Partnerships and communities –** Score 3 When needed referrals to health and social care professionals were made both to the internal specialist team and external health and social care professionals. There was evidence in care records that staff worked closely with other professionals to deliver appropriate care and support to people. **Learning, improving and innovation –** Score 3 The service had been on a service improvement plan (SIP), following areas of improvement identified through the providers internal quality processes. An action plan had been in place which was in the process of being completed. The service had now just moved from the SIP to a quality improvement plan (QIP), which acknowledged that improvements were happening.

Key Question	Regulations	Quality Statements and Comments
		Feedback from the quality team at the time of the visit confirmed that the management team had taken on board the recommendations and embraced the changes. The operations manager stated that the service had been subject to scrutiny and a 'challenging time' but had worked effectively and learnt through the process. Feedback from the registered manager and deputy manager also identified learning from events in the service. For example, although there was a robust assessment process supported by individually arranged transitions, the service had faced challenges when new people had moved into the service during a settling in period, where people had displayed unknown behaviours that could challenge. In response to this the management team had reviewed the assessment process to support a more robust process and the involvement of the PBS team. The quality team had identified that there were concerns around the MCA level of training, throughout the organisation. As a result of this, the training had been reset. The training was more focussed on practice. This had been recently implemented and staff had a month to complete this. The MCA training at St. James House is at 100% with everyone having benefitted from this improved training. **Environmental sustainability – sustainable development –** Score 3 Consideration had been given to environmental sustainability. Where possible recycling was implemented and staff followed local authority procedures. There was an aim to reduce the use of paper through electronic systems. • This service scored 75 (out of 100) for this area.
SRG RATING: Good This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs		

Key Question	Regulations	Quality Statements and Comments
with them. **"Characteristics of services the CQC would rate as 'Good' There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities".**		

ACTION PLAN:

CQC Key Question - SAFE **By safe, we mean people are protected from abuse and avoidable harm.**							
Reference Point	**Recommendation Made**	**Action to be taken**	**Who By**	**Date to Complete by**	**Evidence of Completion**	**RAG Status**	**Comment**
SR1	*Monitor debriefs to ensure that take place where necessary*						
SR2	*Further develop the risk assessment for one person who is at risk of absconding*						
SR3	*Further develop risk assessments associated with specific behaviours, where there are risks to staff to ensure that there is clarity.*						
SR4	*Monitor risk assessments and support plans for inconsistencies*						
SR5	*Ensure that night fire drills take place in line with the schedule*						
SR6	*Encourage staff to identify more detail for long periods of self-employment for clarity in pre-employment check records*						
SR7	*Consider taking the temperatures of medicines at later times of the day, especially during the warmer times of the year*						

CQC Key Question - SAFE

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

SR8	*Speak with the G.P./pharmacist to ensure that repeat prescriptions provide accurate and up to date administration instructions*						
SR9	*Check to ensure that there are no further PRN protocols missing*						
SR10	*More clarity is needed when recording the reasons for the administration of PRN lorazepam*						
SR11	*Review the recording of creams to avoid duplication*						

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	*Include more detail in the nutritional support plans in relation to guidance provided by the SALT team.*						
ER2	*Remind staff of the importance of recording the correct level of food modification.*						
ER3	*Ensure that where medical interventions are provided, there is a detailed record of the advice given.*						
ER4	*Ensure body maps are reviewed in line with planned schedule*						
ER5	*Continue to develop MCA assessments so they fully follow the principles of the MCA*						
ER6	*Further develop the MCA support plans to guide staff on the support needed in relation to decision making, rather than record requiring an assessment*						

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	*Monitor support plan to ensure that there is a consistent person-centred approach.*						
RR2	*Promote consistency when using people's names in the support plans*						
RR3	*Include updates of progress at the end of house meetings; to support evidence progress people have made with their wishes and goals*						
RR4	*It would be useful to demonstrate this through a case study to show their progress and achievement*						
RR5	*Identify if people have a DNACPR in place*						

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	NO RECOMMENDATIONS MADE						