



AUDIT REPORT

Crossbrook Court

Date of Visit: 27th & 28th of October 2025

SRG Care Consultancy Limited

Registered in England and Wales | Company Number 13877264

Registered Office: Unit 13E, Miners Way, Lakesview International Business Park, Canterbury, Kent CT3 4LQ.

www.srglimited.co.uk | 0330 133 0174

Contents:

Page	Subject
3	Current CQC & SRG Ratings
4 -	Overall Service Commentary
6 - 11	Key Question - Safe
12 - 16	Key Question - Effective
17 - 19	Key Question - Caring
20 - 23	Key Question - Responsive
24 - 27	Key Question - Well Led
28 - 33	Action Plan

Service Name: Crossbrook Court

Provider: Liaise (London) Limited

Address of Service: 65 Crossbrook Street. Cheshunt. Herts. EN8 8LU

Date of Last CQC Inspection: 10th March 2023

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 27th & 28th 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 Registered Manager, deputy manager, team leader, and holding discussions with support staff and some 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

Crossbrook Court is registered with CQC and provides accommodation for persons who require nursing or personal care. It's category of registration is a care home, caring for adults over 65 years, caring for adults under 65 years, learning disabilities, mental health conditions, physical disabilities, and sensory impairments. The service provides accommodation for up to 11 residents. At the time of this audit the home had an occupancy of 10 residents.

People were supported safely and there was a culture that recognised and understood the importance of monitoring of accidents, incidents and safeguarding concerns. These had been recorded and were thoroughly investigated. Risk assessments were carried out, although there was some room for improvement. However, staff understood and managed risks effectively to support people safely.

Staff understood the importance of supporting people in line with the Mental Capacity Act 2005 and encouraged people to make their own day to day choices. There was good evidence that appropriate health care referrals were made.

There were enough staff with the right skills, qualifications and experience. Staff wellbeing mattered and staff said they felt supported by the Management team. Governance and learning processes were in place.

PEOPLE'S EXPERIENCE OF THIS SERVICE

Observations showed staff interacting with people and they were seen to be kind, caring and supported people to meet their needs and access the community. Staff listened to what people had to say and responded to any concerns or incidents of distress. Staff advocated for people to ensure they received the support they needed. People had ample opportunities to take part in different 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 and processes were in place to monitor accidents, incidents, and safeguarding concerns. When an incident occurred, staff recorded the event on the electronic monitoring system (RADAR). Information included the event, what happened, the support provided by staff, and any final outcomes. Where there were incidents of behaviour, staff also recorded any known triggers, and if PRN was used. Records showed that staff were generally completing these with the all the information required. However, there is a potential that staff were not always recognising what should be classed as an incident. For example, staff recorded any marks or bruises on a body map in the care planning system (Blyssful). One record was seen where staff had recorded that one person had unexplained bruises. This was monitored but had not been recorded as an incident. Unexplained bruises should be identified as an incident, to ensure that a full and proper investigation can be undertaken. (SR 1) There was evidence that individual incidents were reviewed and investigated. For example, where there had been an incident where one person had not wanted to have regular checks at night, this was fully investigated, and support was adjusted to cater to their support needs. Support plans and risk assessments were then reviewed and updated, if required. The Registered Manager also reported that where there were incidents which resulted in changes of need, this information was always included in a handover to staff to make sure everyone was aware of any changes and updates. It was reported that where patterns and trends were identified this information was included in the support plans. <i>(See further comments in the 'Involving people to manage risks' section below).</i> There was good evidence that where there were patterns of behaviours or incidents, further support was accessed from the internal Positive Behaviour Support (PBS) team and the Speech and Language Therapy (SALT) team. For example, where one person displayed certain behaviours during the night, a sleep hygiene programme had been implemented to try different approaches to help them sleep better, and a different bed was being purchased. Debriefs were in place, which allowed staff to reflect on different situations. These gave staff the opportunities to look at the event, what was learnt and what needed to happen in future.

Key Question	Applicable Regulations	Quality Statements and Comments
		Learning from different events was in place and recorded in the outcomes of the incident reports. It was not always easy to identify these when reviewing the records, and it may be worth considering how learning outcomes can be better highlighted, so external regulators such as CQC can easily identify them. (SR 2) Having said that, there was evidence learning that was shared at staff meetings. Safe systems, pathways and transitions – Score 3 There were safe systems in place to ensure that transitions of care were safely managed, including when people moved into the service under emergency procedures. For example, one person had been referred to service as an emergency to move in straight away. The Registered Manager had ensured that an immediate assessment took place, to assess as to whether they could meet the needs of the person. In addition, they had made immediate adaptations to help ensure that they person would be safely supported. Pathways of care also supported people with safe care provision. For example, referrals were made to the in-house specialist teams and external health or social care professionals for review and assessment. Safeguarding – Score 3 Safeguarding was understood and well managed. Any concerns which could potentially be considered a safeguarding matter were reported to the appropriate local authorities. One safeguarding concern had been reported recently in relation to a medication error; this was not progressed as there was no harm. This, however, demonstrated that the Management team took any concerns seriously and escalated as required. People spoken with said they felt safe living at Crossbrook Court. Staff had received training in safeguarding and understood the importance of ensuring that people received safe care. Involving people to manage risks – Score 2

Key Question	Applicable Regulations	Quality Statements and Comments
		Individual risk assessments were in place in the care records reviewed. These included personal support, support with decision making, medical and health care and support with free and structured time, for example. Each risk assessment identified risks and actions. There was information on how to support people to manage individual risks. In order to identify risks, there was a tendency to record historical information from incidents, telephone conversations or health and social care professional referrals. Following such events a full transcript of the incident, telephone conversation, or referral was recorded into the risk assessment and support plan. However, this did not identify the actual risk as such or give staff clear guidance on how to manage individual risks. For example, with the Blyssful PBS plan, there was detail about the different incidents and behaviours, which gave a history of different incidents but lacked the clarity of detail about how to deal with each situation. (SR 3) One person who had recently moved into the service, did not want to be there. They refused any support and did not want to engage in care planning or risk assessments. They went out on a daily basis, often not returning at night. There was not enough information in the support plan and risk assessments to identify this, that the person had capacity and were able to make decisions such as going out all day, and not returning home. (SR 4) As this person would often stay out and not return to the service, staff had reported them as a missing person to the police. However, there was no missing person profile in place. Consider what information is included in the support plans and risk assessments in relation to areas of risk. This is to ensure that any risks can be clearly identified with information for staff on how to manage such risks. (SR 5) One of the support plans for someone who had recently moved in still reflected their support at their previous home. (ER 6) Safe environments – Score 3 Crossbrook House and Cottage is two different properties, and health and safety checks are carried out on both individually.

Key Question	Applicable Regulations	Quality Statements and Comments
		Safety checks were completed daily, weekly, and monthly in all areas of the home to ensure safe systems were in place. These included checks on the carbon monoxide monitor, plug safety, window restrictors, checks on water with outlets flushed regularly and checks on water temperatures. Fire safety was checked with a daily walkaround, a weekly fire alarm test, weekly fire door checks, monthly fire extinguisher checks, checks on the grab bag and monthly fire drills. Staff were recording the night fire drills in the fire book, rather than on RADAR. People had individual PEEPS, although it was noted that for one person who had emollient cream administered, this was not identified in the PEEP. (SR 7) Safe and effective staffing – Score 3 There were enough staff on duty to support people. Where people needed one-to-one or two-to-one support, this was arranged through the rostering. Observations showed that staff were present with people and supported them to go out in the community. Recruitment procedures were reviewed for two staff files. Checks were made on employment histories and explanations requested if there were any gaps identified. Employment gaps were recorded in the standard text format used by the HR department, which is not always the most robust record, and it is better if staff send in an email. (SR 8) References were in place from previous employers, and a check noted that dates of employment agreed. Checks were made with the Disclosure and Barring Service (DBS) to ensure that new staff were safe to work with vulnerable people. Staff records viewed also contained other necessary documentation, such as interview questions, a medical questionnaire and right to work checks were in place along with proof of ID and address. New staff were supported with an induction, through a structured induction booklet. This was mapped to the care certificate and the in-house training programme. Staff were supported with observations of care practices work exercises to demonstrate competency and understanding of their role. Training was provided through the E-learning provider, Your-Hippo, and through some face-to-face training. Staff were supported with an on-going training programme, which comprised of mandatory and required training.

Key Question	Applicable Regulations	Quality Statements and Comments
		Training included safeguarding, medication awareness, Mental Capacity and Deprivation of Liberty Safeguards, health and safety, and areas of care needs which were specific to the people using the service such as learning disability awareness, autism, epilepsy, mental health and IDDSI. Face-to-face training was provided for Proact Scipr, which is a recognised training programme for staff who work with people with complex care needs. Staff received supervision and said they felt well supported. Supervisions gave staff the opportunity to discuss their work performance, any concerns around service user support, and ongoing learning and development. Staff also received an annual appraisal. Infection prevention and control – Score 3 Staff completed training in infection control, both during induction and received regular refresher updates. There was a CoSHH register in place with a risk assessment for individual products. There were cleaning schedules in place for the general environment and the kitchen. All areas of the two homes were seen to be clean. The chairs in the Cottage area of the service needed repair or replacement. These were comfy settees of a wipeable material such as faux leather, but in places there were rips and tears. This meant that they were not fully impermeable and as such were an infection control risk. (SR 9) Medicines optimisation – Score 3 People were supported safely with their medicines. Each person had a well organised medication folder in place. This included individual profiles, protocols, administration records, and temperature records. Medication profiles identified individual diagnosis, where there were any allergies, and any preferred ways of taking medicines.

Key Question	Applicable Regulations	Quality Statements and Comments
		People's medicines were stored in their own rooms in lockable cabinets. Temperatures were maintained of the individual cabinets. A sample of MAR charts viewed evidenced that they were completed appropriately. PRN (as and when medicines) protocols were seen and these included the medication details, reasons for use, signs, and symptoms to be managed, alternative suggestions, conditions to administer, when medical advice should be sought any side effects and actions taken after. Reasons for administration were recorded on the MAR charts. Although it was noted that for one person, the review date for the protocols had passed. (SR 10). Countdown sheets were in place, and these corresponded with medicines administered. There were safe systems for the ordering, returning and disposal of medicines. • This service scored 71 (out of 100) for this area.
SRG RATING: Good This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them. "Characteristics of services the CQC would rate as 'Good' Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation".		

Key Question	Regulations	Quality Statements and Comments
Effective	Regulation 9: Person Centred Care Regulation 11: Need for Consent Regulation 14: Meeting Nutrition and Hydration Needs Regulation 18: Staffing	Assessing needs – Score 3 People were supported with an assessment prior to moving into the service. As previously identified where people needed to move in under an emergency referral, assessments were completed. One person had moved into the service from another home owned by the provider, the Registered Manager reported that this had been successful, and they had transitioned well and settled into the service. Support plans were regularly reviewed, and regular reviews were in place to ensure people’s current needs were being met. Delivering evidence-based care and treatment – Score 3 There were internal specialist practitioners who supported the service. This included the Positive Behavioural Specialist (PBS) practitioner and speech and language therapist (SALT). They supported with various aspects including assessments and involvement in care planning. The SALT team had recently carried out an assessment to assess for communication and strategies to be put in place for one person. Recognised assessments such as choking and MUST were in place, along with oral care assessments for people who cannot manage. Nutritional assessments identified if people were at risk. Care plans showed evidence of other healthcare professionals being involved in their care. This meant people could be confident and staff sought the relevant advice and followed guidance from appropriate professionals to assist in meeting their care needs. Some people suffered with epilepsy, the support plan for one person was reviewed. This included information about potential triggers, how to manage the risk and monitoring processes, observations of

Key Question	Regulations	Quality Statements and Comments
		indications before a possible seizure, the different types of seizure, and actions to take during and after a seizure. How staff, teams and services work together – Score 3 Staff accessed internal and external support to ensure that people were supported with appropriate care and treatment to meet their needs. Care records showed people had been referred to other professionals without delay and this meant people's care needs could be addressed swiftly and effectively. Senior staff reported that they had good working relationships with local health care professionals. Each person had a hospital passport. This is a document which goes with the service user when they attend the hospital. Information included within this passport supports the hospital staff to be aware of the most pertinent things they needed to know about the person. Supporting people to live healthier lives – Score 3 Staff were taking one person's blood pressure on a daily basis, when discussed with staff they reported that they had originally needed the blood pressure to be taken when they had been unwell. But now they had wanted staff to continue to take the blood pressure, as it made them feel safer. However, the information in the support plan lacked detail about when to take the blood pressure, and there was no detail about how to recognise and interpret the readings and what would be considered as an appropriate reading, or what staff should do if the reading showed that the person had too high or too low blood pressure. (ER 1). Staff carried out regular monthly health checks where they checked people were maintaining healthy skin conditions, foot care, hand care, dental care, weights, any concerns in relation to continence and if there were any health concerns. These were seen to be happening on a regular basis, for most people, although for one person there was no health checks in place for the last two months. (ER 2)

Key Question	Regulations	Quality Statements and Comments
		People were supported with their nutritional needs and weights were monitored along with their MUST and level of risk. Weights were taken on a regular basis. Monitoring and improving outcomes – Score 3 Wounds were recorded onto the body maps, with pictures taken, these were generally reviewed to check progress, although as identified in the incident section, care does need to be taken to ensure that if the mark is potentially untoward, then an incident report should be recorded. Medical records were in place and staff recorded interventions and support from different professionals including visits to the dentist, optician, and the G.P. Due to their condition, the support plan for one person stated that they required 15-minute checks to be made when they were alone or asleep. At night these were recorded through the night-time observation checks. A sample of these identified that checks were happening. The support plan for one person stated that staff needed to have some specific training, before they provided one-to-one support. Daily records and observation charts recorded that on occasions, the staff member helping were logged in as agency staff, which mean that they would not have the specific training. Discussions confirmed that agency staff were not being used, it was that staff may have lost or could not remember their log-in details. In order to ensure that it can be evidenced that staff have the appropriate training, when staff log in as agency, they need to identify exactly who they are. (ER 3). Updates and outcomes from professional visits were not always recorded or updated into the support plans. (ER 4) Consent to care and treatment – Score 2 MCA assessments were in place for people using the service, where needed. These considered individual specific decisions, which people were unable to make an informed decision about.

Key Question	Regulations	Quality Statements and Comments
		Assessments covered areas such as finances, refusing community access, personal care, diet and nutrition, for example. On occasions it was difficult to establish what the MCA was actually for, as the title of the MCA often covered a large range of subject without referencing a specific decision. (ER 5). Each MCA assessment included reference to the communication support needs, such as the use of objects of reference or pictures. However, the detail of the assessment in relation to the functional test lacked detail with comments such as ‘unable to retain information’, and ‘unable to communicate his decision’. There was no accompanying descriptors to identify how this was not demonstrated and would benefit from more detail of actual conversations and outcomes being recorded. (ER 6). One person’s individual support had been reviewed by the local authority, and they had reduced the support to be provided by staff on a one-to-one basis. This meant that they were no longer being funded for one-to-one at night. Within the MCA assessments and best interest decisions, there was reference to the support hours provided by staff. However, some of these still included and referenced the original funding staffing levels, rather than the adjusted levels. As needs had changed, when the MCA assessments are reviewed, I suggest that a full review includes the update of all outcomes for individual assessments and the individual best interest decisions should be updated, as changes in care needs could result in changes in the outcome of any best interest decisions. (ER 7). Where people had capacity, consent agreements were in place and staff did not routinely carry out an assessment for people who had capacity for specific decisions. Restrictive practices were minimised, and areas of the home were only restricted for reasons of safety. Individual restrictions were monitored and reduced where possible, for example one person was now engaging in more hand free activities within the home, which had resulted in them doing more for themselves. DoLS applications were monitored through RADAR. Where people needed a DoLS applications were made. Three DOLS were authorised and four were pending.

Key Question	Regulations	Quality Statements and Comments
		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 Observations showed staff interacted well with people. People were comfortable in the presence of staff and had good relationships with staff. Support plans reflected how to ensure that people were treated with dignity and that staff respected their privacy with supporting with personal care. The Registered Manager said they involved people and their families as much as they can in making decisions about their care and support. Treating people as individuals – Score 3 Care plans detailed people's preferred routines and how they liked their care and support to be delivered. Staff focused on what was important to people and knew how to meet their needs and preferences. People could choose when they wanted to go out and which activities, they wanted to be involved in. Independence, choice and control – Score 3 People's independence, choice and control was encouraged and respected. One person said they chose how to spend their time, take part in activities of their choice and that they could make their own decisions. Staff encouraged people to express their views and make choices about their care. Throughout the visit staff were seen to involve people in making decisions, such as asking how they wanted to spend their time and what they would like to eat. People's choices and preferences were included in their care plans. Key workers regularly met with people to discuss their care needs and wishes. There was some nice evidence of how people were supported to be as independent as possible when taking part in daily living activities.

Key Question	Regulations	Quality Statements and Comments
		Responding to people's immediate needs – Score 3 Staff responded to people's needs in the moment and acted to minimise any discomfort, concerns or distress. For example, one person would become particularly anxious about future appointments, and spoke to staff or the Management team at frequent intervals seeking reassurance. At all times, observations showed that staff answered any queries patiently and provided assurance to allay any concerns. Accidents and incidents were reported, and appropriate actions were seen to be happening. Staff reported any concerns about people to the appropriate health or social care professional. Workforce wellbeing and enablement – Score 3 Staff said there was an open-door policy and the Management team always took time out to listen to any concerns or support needs. Through supervision, staff well-being was monitored. Where staff off long term sick, welfare checks were regularly undertaken, and staff were supported with a phased return if needed, which was adjusted to suit a return to work at a pace they could manage. There was an employee assistance programme in place and staff had access to a blue light card which provided discounts at different outlets. Staff could nominate colleagues for going and above and beyond. • This service scored 75 (out of 100) for this area.

Key Question	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’ 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 From observations and conversations with staff it was evident that a person-centred approach underpinned the care and support provided and people were considered the heart of the service. People living in the home often needed or wanted a routine and a structure. Observations showed that staff knew and understood this and helped people to manage their day-to-day activities in a positive and proactive way. Routines were flexible so people were supported with personal care, meal preparation and assistance with daily living at times that met with their needs. People had a ‘support plan’, which gave historical known details of the person to help staff understand about their life history. This also included key information about what was important to people and who was important. People were supported as individuals, in line with their needs and preferences. Staff supported people with promoting positive outcomes and people's care plans were regularly monitored and reviewed. Care provision, integration, and continuity – Score 3 Staff at the serviced worked with others to provide flexible and joined-up care. There was a positive approach to ensuring that people were supported to access available resources. People were support to access health care professionals both internally and externally as needed and as identified throughout this report. This included attending appointments or assessments. Staff worked with other professionals to support this.

Key Question	Regulations	Quality Statements and Comments
		Providing information – Score 3 There was information available in different formats for people including alternative formats such as easy read guidance. Staff used pictorial references, objects of reference and now and next stories to help people understand the information presented to them. The individual menu books were presented in a pictorial way to help support people. Listening to and involving people – Score 3 There was a service user survey in June 2025, which people participated in. Generally, responses were positive. People had opportunities to take part in house meetings, and also in regular key worker meetings, which gave them opportunities to contribute. Staff had developed a person-centred approach to menu planning. Individual folders had been put into place with easy read and pictorial menus for people. These included information around food choices, portion sizes and easy well guides. These were based on individual preferences, likes and dislikes along with choices of individual meal menus. This helped to ensure that people were supported to be involved in choosing the meals they preferred. Where one person had communication difficulties, there was guidance around different support needs in relation to communication, the person needed support with objects of reference, which was where everyday items were chosen, which were meaningful to their daily living and were used to indicate an activity.

Key Question	Regulations	Quality Statements and Comments
		There was also a communication support plan which identified communication needs, being nonverbal and objects of reference, how to communicate and how they communicated. Staff were able to describe how they communicated with different people and observations showed people communicating with others according to their needs and preferences. Equity in access – Score 3 People could access care, treatment, and support when they needed to and in a way that worked for them. Staff made referrals to other professionals to support people. The Management team were advocating for people using the service, where hours had been reduced by the local authority. The Registered Manager was collating incident reports and support plans to refer to the local authority to review and reassess. Equity in experiences and outcomes – Score 3 Staffing levels ensured that people were not disadvantaged when accessing the community. This meant that there were sufficient staff to support people to go out and about. Goals were in place, but these tended to be task focussed on a particular activity rather than a larger goal. For example, to support with meal preparation, rather than to support with developing independence. Steps taken to achieve goals did not always relate to the end objective. (RR 1). People had been supported to achieve different ambitions, for example one person had been supported to go on holiday with a parent.

Key Question	Regulations	Quality Statements and Comments
		One person had been supported to go on a visit to their family home, which was something they had not been able to manage before. Another person had been supported to reconnect with family, who they had not seen for many years. Planning for the future – Score 3 Planning for the future had been considered. People had been asked about end-of-life wishes and where they did not want to talk about this, it was recorded. Although it was noted for one person, there was no end-of-life support plan, but they were at risk of SUDEP. (RR 2) 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 The Management team encouraged transparency and promoted an open and honest culture within the service. Staff interactions with people, were seen to be kind, caring and respectful, which demonstrated that staff put people at the heart of the service. People’s wishes, preferences and aspirations were central to the support they received. Staff supported people to develop and use their skills and ensure they were involved in planning their day. Capable, compassionate and inclusive leaders – Score 3 The Registered Manager had previously been the Deputy Manager and was open and transparent about the home and were extremely proud of the staff and people using the service. Staff were positive about the leadership in the service. All staff spoken with reported they felt comfortable speaking with the Management team and discussing any concerns or issues which affected people living at the service. This indicated an environment which promoted open communication and was based on transparency. The Management team were also positive about the support from the providers senior team and felt this was positive. Freedom to speak up – Score 3 Staff were supported to have a say. Staff meetings, supervisions and surveys gave staff the opportunity to be involved and voice their opinions. All staff spoken with felt they were listened to and could contribute their thoughts and ideas.

Key Question	Regulations	Quality Statements and Comments
		Staff surveys were in the process of being returned. Staff meetings were taking place regularly and these were used to share information, updates and review practice. There was a staff champion who spoke on behalf of the staff team. 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. Staff said that they felt that they worked in an inclusive and equal environment where everyone was treated the same. Policies and procedures were in place and staff received training in equality and diversity. Governance, management and sustainability – Score 3 There was a governance framework in place which included service level and provider level audits and checks. The Operations Manager carried out regular checks on the service. At the last visit they had scored compliance at 71%, actions were made and it was seen that these were either addressed or in process. The providers quality team completed regular mock inspections, along with external reviews to help maintain oversight of the service. Internally there were weekly monthly and quarterly audits, which had been carried out in line with the provider schedules.

Key Question	Regulations	Quality Statements and Comments
		Oversight was maintained by the provider through a trends and monitoring analysis (Tami). This collated information from the different systems including Radar, Blyssful, the training department and the quality team and reviewed key areas of staffing, auditing, people who were supported, events and assurance. A recent PAMMS visit from the local authority had been positive. Partnerships and communities – Score 3 The service worked proactively with health and social care professionals in the community as identified within this report. There were positive partnerships with the internal specialist teams, which included SALT (Speech and Language Therapy), and PBS (Positive Behaviour Specialists). This ensured that individual care needs were reviewed. Families were supported to be fully involved with the service. Learning, improving and innovation – Score 3 Action plans were developed from audits, accidents and incidents. Actions in RADAR confirmed that learning took place following audits, incidents and reviews. Regular Management meetings were held to share information, and quality and risk meetings helped to identify any learning, and these were shared with staff. The Management team recognised patterns and trends from behaviours of distress and sought further assistance to support people with these and adjusted individual support needs to help ensure people were supported safely. Environmental sustainability – sustainable development – Score 3

Key Question	Regulations	Quality Statements and Comments
		Policies and procedures were in place to promote environmental sustainability. Paper records were limited to save on paper with digital systems in place to help to reduce the use of paper. Recycling was promoted. 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’ 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	Support staff to recognise different situations which could potentially be considered as an untoward event and that this is recorded on RADAR as an incident. This will enable the Registered Manager to make an informed decision about any further actions that may be needed.						
SR2	Consider how to highlight learning outcomes for ease of evidence to external regulators.						
SR3	Consider what information is included in the support plans and risk assessments in relation to areas of risk. This is to ensure that any risks can be clearly identified with information for staff on how to manage such risks.						
SR4	Develop the care plan and risk assessment where there is a risk that care, and support will be refused.						

CQC Key Question - SAFE

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

SR5	Implement missing person profiles, where people are at risk of going missing.						
SR6	Ensure that support plans and risk assessments are updated when someone moves in.						
SR7	Include information about emollient creams in PEEPS.						
SR8	Try not to use text messages, which have no identifying data to clarify gaps in employment history.						
SR9	Address the infection control risk in relation to the settees in the Cottage.						
SR10	Ensure PRN protocols are reviewed before their due date.						

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>Include more information in relation to when to take someone's blood pressure, what would be considered an appropriate reading and what staff should do if the reading was too low or too high.</i>						
ER2	<i>Ensure that health checks are completed monthly.</i>						
ER3	<i>Ensure that staff record their initials or name when logging in as agency staff, to ensure that are accountable.</i>						
ER4	<i>Record updates and outcomes of referrals into the support plans.</i>						
ER5	<i>Ensure that there is clarity in the MCA assessments as to what decision is being assessed.</i>						
ER6	<i>Include more detail about the conversations held around specific decisions.</i>						
ER7	<i>When reviewing and updating MCA assessments ensure that a full review is undertaken, including any best interest records.</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	X						

CQC Key Question - RESPONSIVE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	<i>Further develop goals and practical steps to taken to achieve these.</i>						
RR2	<i>Implement end-of-life in relation to SUDEP.</i>						

CQC Key Question - WELL-LED

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WR1	X						