



AUDIT REPORT

Somerford Place

Date of Visit: 10th & 11th of November 2025

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Service Name: Somerford Place

Provider: Liaise (London) Limited

Address of Service: 71 St. Pauls Road, London, N17 0ND

Date of Last CQC Inspection: 22 October 2020

Ratings

CQC's Overall Rating for this Service:






Good



SRG's Overall Rating for this Service:

Good



Key Questions	Rating	Overall Score
Safe	Good 	71 (out of 100)
Effective	Good 	63 (out of 100)
Caring	Good 	75 (out of 100)
Responsive	Good 	71 (out of 100)
Well-Led	Good 	71 (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 10th & 11th of November 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, quality officer, lead nurse, 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

The service is registered with CQC for Accommodation for persons who require nursing or personal care. Somerford Place is a residential care home providing accommodation and personal care for up to 7 people with a learning disability. At the time of the assessment there were 5 people living at the service.

There were systems to review incidents, although how patterns and trends were identified was not always easy to identify. The safeguarding processes were robust, the service worked openly and transparently with the local safeguarding team.

Risks were assessed although there was a lack of consistency and continuity. Mental capacity assessments were in place, but some areas needed improvement.

There were sufficient staff on duty to meet people's needs. Recruitment procedures were generally sound although full employment histories were needed. Staff received appropriate training.

Medicines were safely managed, and people were supported with their health care needs, although updated information was not always included in support plans.

Staff collaborated with external professionals which supported continuity of care.

Planned maintenance tasks were ongoing, and health and safety checks took place.

Audits were in place and designed to identify areas for improvement and ensure compliance with relevant standards, contributing to the overall governance and oversight of the service

PEOPLE'S EXPERIENCE OF THIS SERVICE

During the site visit people engaged positively with the staff who supported them. Support was person-centred and tailored to people's preferences and needs. People were offered choices and were treated with respect and dignity. They engaged in daily activities and community life.

Staff knew and understood people and how to respond to them if they were anxious or distressed. Individual PBS plans contained details for staff, including the signs to look for and a step-by-step approach to what staff should do next.

People using the service and their relatives had recently had the opportunity to complete a survey and give feedback about the service.

People were encouraged and supported to participate in events and activities of their choosing. These included going out and about in the community

DISCLAIMER

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

RATINGS

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

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

Outstanding – The service is performing exceptionally well.

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

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

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

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

Key Question	Applicable Regulations	Quality Statements and Comments
<p>Safe</p>	<p>Regulation 12: Safe Care and Treatment</p> <p>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulation 18: Staffing</p> <p>Regulation 19: Fit and Proper persons employed</p> <p>Regulation 20: Duty of Candour</p> <p>Regulation 15: Premises and Equipment</p>	<p>Learning culture – Score 3</p> <p>Safety incidents were recorded, with levels of severity identified. Behaviours of moderate or severe concern were recorded onto a behavioural incident form. Where incidents were of a more concerning risk, a serious incident review was undertaken.</p> <p>Accidents and incidents were recorded on the electronic system and were then reviewed by the interim manager. A sample of incidents reviewed demonstrated that staff were recording the detail of the incidents, with any possible triggers where needed and follow up actions taken.</p> <p>PBS and support plans identified the behaviours and how staff were to support.</p> <p>The PBS team were supporting with the reviewing of behaviours and analysing incidents through regular MDT meetings. They were reporting the findings through to the interim manager, but it was difficult to see how and where the trends and analysis were, and how they were used to makes changes to the service. (SR 1)</p> <p>Staff were supported with debriefs following an incident, which helped to review the event and identify if there was a learning from the incident.</p> <p>Lessons were learned from safety incidents and shared with staff through meetings and handovers.</p> <p>Safe systems, pathways and transitions – Score 3</p> <p>There was an open culture where the interim manager was working positively with people and professionals to establish and maintain safe systems of care, in which safety was managed, monitored and assured. Links had been established with the Local Authority to promote safe pathways of care through reviews by the psychology team who had provided workshops.</p> <p>The providers positive behaviour support (PBS) team were also visiting to review people’s support needs in relation to behaviours that may be of concern.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Safeguarding – Score 3</p> <p>There were effective safeguarding systems to help protect people from abuse. Safeguarding concerns were being identified and reported to the appropriate organisations. At the time of the visit there were several open and ongoing, which were either being investigated or had been investigated in line with the local authority procedures.</p> <p>Staff were working with the Local Authority to establish thresholds of risk, and determine which incidents needed to be reported through as a safeguarding concern. This would help to promote a consistent approach.</p> <p>Staff had received safeguarding training and understood how to recognise abuse and report concerns.</p> <p>People living at Somerford Place said they felt safe. One person said, ‘I feel safe living here and the staff always look after me.’</p> <p>Involving people to manage risks – Score 2</p> <p>There was a lack of consistency in some of the information within the support plans, with different sections of support plans and risk assessments containing contradictory information in places. For example:</p> <ul style="list-style-type: none"> ➤ The support plan for one person stated the person was on shared hours during the night and another section stated they had one-to-one at night. ➤ The mental capacity support plan stated that the person had a history of declining medicines, but the medication support plan stated they were compliant with medication. ➤ The section of one support plan stated that there was no SALT involvement, but an assessment had taken place, although there was no significant changes, any input should be updated immediately into the support plans.

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>In order to promote consistency of care and support, care needs to be taken to ensure that support plans and risk assessments do not contain contradictory information. (SR 2)</p> <p>Some areas of the risk assessments identified individual risks, but lacked detail on how to manage the risks, and were generalised, although it is acknowledged that this is something the interim manager is aware of and is continuing to address. (SR 3)</p> <p>Where one person was at significant risk of self-harm. There was a separate risk assessment which identified the risk factor, history, potential influencing factors and protective factors. When speaking with staff they were able to describe the risks and how they supported the person to mitigate these risks.</p> <p>Safe environments – Score 3</p> <p>Planned maintenance tasks were ongoing. These had been raised with the maintenance department and were in progress. Work was being completed around leaks in the pipe work. Once these had been completed, the service was to be redecorated.</p> <p>Regular health and safety checks were in place. This included fire safety which consisted of a daily fire patrol, weekly checks on the fire alarm and fire doors, and monthly checks on fire equipment and emergency lighting. PEEPS were in place, and the grab bag was available for ease of access in the event of an emergency.</p> <p>Fire drill training was included on the training matrix, but this showed that the only 52% of staff had completed this training. (SR 4)</p> <p>General safety was monitored with checks on window restrictors, the carbon monoxide alarm, plugs and laundry equipment. Monthly health and safety and infection control audits took place.</p> <p>A fire risk assessment had been completed in March 2025, and fire equipment had been serviced on a regular basis.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Electrical equipment had been tested and gas appliances serviced. A health and safety risk assessment had been completed in May 2025, with a water risk assessment last completed in March 2025.</p> <p>Safe and effective staffing – Score 3</p> <p>There were sufficient staff on duty to meet people’s needs. Staffing arrangements were so people had one-to-one support where needed and support to go into the community. There was a reliance on bank staff to provide additional support at the service, although regular bank staff were being used who were familiar with the people using the service.</p> <p>A check was made to assess whether staff were being recruited in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two staff recruitment records were reviewed.</p> <p>Information as required by regulations was generally seen to be in place. This included satisfactory references which had been verified as having been obtained from a reputable source, such as company emails or headed paper, proof of identity and right to work, Disclosure and Barring Service (DBS) checks and medical health declarations.</p> <p>The HR department had checked files and where information was missing such as an application form or C.V. had provided a covering letter to verify that the staff member was suitable to continue employment with Liaise. Although, this could be considered satisfactory, where information is actually missing such as full employment histories, these need to be obtained. (SR 5)</p> <p>There had been no new staff employed at the service, but there was a robust induction programme in place. There was an ongoing training programme in place through an e-learning provider (Your-Hippo). Evidence was seen that staff were mainly up to date with their training, there was some slight slippage in the face-to-face PROACT-SCIPr training, as incidents were showing that there were some people who could often display behaviours that could challenge, it is particularly important to ensure that all staff are up to date with this training. (SR 6).</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Staff competencies in relation to medication was assessed and this was at 100%. Staff were also assessed in relation to the administration of Buccal Midazolam, although it was noted that as at the time of the visit, four staff were slightly overdue a competency reassessment.</p> <p>Infection prevention and control – Score 3</p> <p>It was confirmed that current infection control procedures were followed. Staff were provided with appropriate PPE to use when needed. The home was clean and tidy, and equipment in the kitchen was clean. Temperatures were checked daily with opening and closing checks in place.</p> <p>Cleaning products were kept stored safely and these cupboards were locked in line with CoSHH guidelines.</p> <p>There were policies and procedures in place for infection control.</p> <p>Support staff undertook training in infection control and food hygiene.</p> <p>Medicines optimisation – Score 3</p> <p>Medicines were stored in lockable cabinets in people’s rooms or centrally, it was not safe to keep in people’s rooms. Temperatures were taken on a daily basis, and up to date and maintained in the medication folder, including fridge temperatures.</p> <p>There were support plans and assessments in place to support people with medication. Each person had a medication profile which included a personalised profile. This included individual diagnosis, preferences, understanding, any time sensitive medication, whether there was an MCA in place, whether there were PRN medicines and when the G.P. should be contacted.</p> <p>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 giving PRN were recorded onto the back of the MAR charts.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>It was noted that for one person the MAR chart stated that olive oil was PRN and to administer for 2 weeks and when wax starts rebuilding, but the PRN protocol stated twice a day for weeks. (SR 7)</p> <p>A sample of medication administration records (MAR) charts were reviewed, those seen had been completed accurately.</p> <p>Medication countdown systems were maintained to ensure that the correct number of medicines were kept for each person.</p> <p>There was an easy read medication guide, which was a pictorial guide for individual medicines. This included a picture of the medicine, what it looked like, why it was needed, any side effects and when to take it. Care needs to be taken to ensure that these are up to date with the current prescribed medicines, as two did not match the current MAR chart. (SR 8)</p> <ul style="list-style-type: none"> • This service scored 71 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation”.</p>		

Key Question	Regulations	Quality Statements and Comments
Effective	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: Need for Consent</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 18: Staffing</p>	<p>Assessing needs – Score 3</p> <p>People had been living in the service for several years, and there was evidence seen that individual care needs were regularly reviewed.</p> <p>MDT meetings were taking place and internal and external professionals were involved in the assessment of individual needs.</p> <p>Delivering evidence-based care and treatment – Score 2</p> <p>Evidence-based care was in place to support the ways of working at Somerford Place. Examples were seen in the use of Positive Behaviour Support (PBS) to improve people’s quality of life. Regular reviews and MDT meetings ensured that PBS plans were in place. In addition, staff had been trained in PROACT-SCIPr which was a recognised training model for support staff working with adults with complex needs and challenging behaviour.</p> <p>Under the assessment section of the Blyssful support records, there were service additional assessments which can be added, such as the hospital passport, oral health, Waterlow, nutritional support, and abbey pain scale, for example. These were not routinely being used in the service to help assess and monitor individual needs. I suggest a review is undertaken of these assessments and a judgement made in relation to which ones are needed to support people living in the home. (ER 1)</p> <p>Records showed where staff had sought advice and guidance from external professionals to ensure people’s support was in line with good practice. However, support plans were not always fully updated following advice. For example, following a visit to the dentist, where they had advised for soft foods, this had not been updated into the support plan, and on subsequent days following the appointment, staff had recorded the consistency of their meals as regular. (ER 2)</p>

Key Question	Regulations	Quality Statements and Comments
		<p>There was a commitment to following nationally recognised programmes such as Stopping Over Medication of People with a Learning Disability and Autistic People (STOMP).</p> <p>How staff, teams and services work together – Score 3</p> <p>Systems were in place to ensure information was shared with staff working at the service such as communication books, shift handovers and team meetings. Staff reported that they had regular handovers at the beginning and end of each shift which enabled them to keep up to date with any changes or issues that needed to be addressed during the different shifts. One member of staff said, <i>‘The handover is really useful, and it works.’</i></p> <p>Recent team meetings demonstrated that feedback from multidisciplinary meetings was given to staff along with updates and actions needed.</p> <p>Hospital passports were in place and were based on the NHS style passports used by the hospitals. These were seen to be in place for everyone using the service. These included things people needed to know about the person, health care needs, a list of medication, and any behavioural risks, for example. These helped other services understand people’s needs and wishes. On the sample of records viewed, these were seen to be in place.</p> <p>Records showed staff worked collaboratively with external professionals such as Local Authority safeguarding teams and commissioners to ensure people individual needs were reviewed.</p> <p>Supporting people to live healthier lives – Score 3</p> <p>People were supported with their health and wellbeing. Records showed staff supported them with routine health appointments such as vaccinations, medicine reviews, opticians and dentists.</p> <p>In addition, people had access to, for example, psychology services and the provider’s positive behaviour support team and SALT team to maintain their overall wellbeing.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Where one person had a diagnosis of diabetes, there was clear information about the support needed within the support plans, with risk identified.</p> <p>A new menu had been developed which was aimed at promoting a healthier diet. Staff had met with people using the service to discuss these menus. A two-week menu programme had been put into place, however for the two weeks much of the menu was the same, such as fish and chips every week, spaghetti bolognese, jacket potatoes. It was reported that this was what people had requested, which promotes involvement, but I suggest that this is continued to be reviewed to help encourage people with a variety of meals. (ER 3)</p> <p>Monitoring and improving outcomes – Score 2</p> <p>Systems were in place to regularly monitor and review the support people received.</p> <p>Any marks or injuries were recorded; these were updated with additional photographs, although they were not always reviewed in a timely manner. (ER 4)</p> <p>Monthly health checks took place, where staff sat with people and discussed their individual health care needs. People were weighed regularly.</p> <p>Where staff support with specific health care needs, such as checking people’s breathing for signs of an asthma attack through the peak flow monitoring, there was no actual guidance as to what the safe level was. (ER 5)</p> <p>Care needs to be taken to ensure that staff record support given in the right service users folder. For example, for food and meal records, staff were recording the wrong people under one person’s records. (ER 6)</p> <p>Consent to care and treatment – Score 2</p>

Key Question	Regulations	Quality Statements and Comments
		<p>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.</p> <p>Where one person was at significant risk of self-harming, staff searched their room twice a day. There was no direct MCA for this, there was one referring to making an informed decision in managing their mental health and behaviour of concern and there was a reference to searching of the room, but there was no actual consent or record to say whether they had agreed, or it needed to be done in their best interest. (ER 7)</p> <p>Overall, there were appropriate MCA assessments in place, which included areas such as finances, community activities, personal care, end of life, and health care needs, for example.</p> <p>As part of the MCA process a best interest decision should be recorded, where people have been assessed as lacking capacity in relation to certain decisions. The assessments viewed did not always include a record of the best interest section of the assessment, and these need to be implemented. (ER 8)</p> <p><i>Review the evidenced based assessments available in the Blyssful system and assess which ones need to be implemented for people using the service.</i></p> <p>Staff had completed training on the Mental Capacity Act 2005 (MCA) and demonstrated understanding of obtaining consent from people. Staff were seen to ask people for consent and recorded where they had offered support and people had declined.</p> <p>Staff 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.</p> <ul style="list-style-type: none"> • This service scored 63 (out of 100) for this area.

Key Question	Regulations	Quality Statements and Comments
		<p>SRG RATING: Good</p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘ Good’ People and communities 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”.</p>

Key Question	Regulations	Quality Statements and Comments
Caring	Regulation 9: Person-centred Care Regulation 10: Dignity and Respect	<p>Kindness, compassion and dignity – Score 3</p> <p>Staff respected people’s dignity and considered individual rights to privacy. Where people were able to manage their own personal care, staff respected this and were on hand to offer support and guidance only. When providing direct personal care, staff were able to describe how they promoted individual dignity.</p> <p>Staff were seen to be kind and respectful to people and involved them in decisions about their day.</p> <p>Observations showed that the doors to people’s rooms were closed when they were being supported with their personal care needs. Staff respected people’s privacy if they wanted to stay in their rooms and did not want to be disturbed.</p> <p>People’s care plans promoted the importance of providing respectful and dignified support in all aspects of people’s care.</p> <p>Feedback from relatives in a recent survey identified that they felt staff were approachable, polite and caring.</p> <p>Where staff had not always used appropriate language when recording an incident form, there was a record that this had been followed up by the manager with a record of discussion held. This evidenced that staff were held to account where they did not always record in a manner that promoted dignity.</p> <p>Treating people as individuals – Score 3</p> <p>Each person had an individual support plan which recorded an overview of the person. This included some life and family history, preferred routines, what was important to the person, things they enjoyed, communication, and general abilities. In addition, individual likes and dislikes were identified.</p> <p>People were supported to choose how they wanted to spend their day and staff listened to their preferences and choices.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People were supported to maintain their interests and take part in activities they enjoyed. One person enjoyed a routine where they completed household tasks, which staff supported them to complete.</p> <p>Independence, choice and control – Score 3</p> <p>Support plans showed what was important to people and how staff should support them to achieve what they wanted in meaningful ways.</p> <p>During the visit observations showed that people were offered choices such as what they wanted to eat and drink, what they wanted to wear and what they wanted to do.</p> <p>Some people were supported to go shopping or help with cleaning tasks. Staff used people’s preferred ways of communicating to encourage and support people to make their own choices. Staff understood when people needed time to process information about the choices they made and supported them accordingly.</p> <p>People were being involved in the redecoration programme with staff supporting them to choose new colours for their bedrooms and contribute to ideas for the communal areas.</p> <p>Responding to people’s immediate needs – Score 3</p> <p>Staff knew and understood people and how to respond to them if they were anxious or distressed. Individual PBS plans contained details for staff, including the signs to look for and a step-by-step approach to what staff should do next, for example, during periods of heightened anxiety.</p> <p>Accidents and incidents were monitored, and changes made to individual support needs in response to this, if needed.</p> <p>Workforce wellbeing and enablement – Score 3</p> <p>Staff felt supported and appreciated. They said the interim manager had been providing support and guidance to them. It was also reported that the quality team had visited and were providing additional support.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>There was a 'staff champion' who staff could relay any issues, and concerns to. They then spoke on behalf of staff at champion meetings, direct to the senior management team.</p> <p>An above and beyond recognition scheme was in place which showed staff that they were appreciated.</p> <p>Blue light cards were provided by the organisation, so staff could access discounts at a variety of outlets. Staff also had access to a wage stream facility, which allowed them to access their wages, if needed.</p> <p>There was a confidential helpline available which gave staff access to free counselling.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>"Characteristics of services the CQC would rate as 'Good' People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible."</p>		

Key Question	Regulations	Quality Statements and Comments
Responsive	<p>Regulation 9: Person Centred Care</p> <p>Regulation 17: Good Governance</p> <p>Regulation 16: Receiving and Acting on Complaints</p>	<p>Person-centred Care – Score 2</p> <p>Observations showed that that staff knew and understood individual needs. Conversations with staff evidenced their knowledge and familiarity with the people there were supporting.</p> <p>One member of staff clearly described an individual routine, what could cause the person anxiety and how they knew when this was going to happen. Support staff also spoke positively about how they understood different body language and indicators of behavioural concern.</p> <p>Improvements are needed to some of the support provided to people using the service in considering ways of engaging. For example, where one person did not want to go out on one day, they were left to their own devices most of the day with little interaction from staff, which meant they spent most of the day in their room listening to music. (RR 1)</p> <p>Key workers met with people monthly. However, where one person had not wanted to take part for one month, staff had completed the meeting ‘on their behalf’, without their involvement. (RR 2)</p> <p>Care provision, integration, and continuity – Score 3</p> <p>Where feedback had indicated that the family had wished to be more involved, they were supported to attend MDT meetings to help them work collaboratively with staff.</p> <p>Staff worked with health and social care professionals, both internally and externally to promote outcomes for people.</p> <p>Internal specialist practitioners who supported the service included the PBS (Positive Behavioural Specialist) practitioner and the SALT (Speech and Language therapist) specialist. They worked proactively with the service to provide guidance and support for staff.</p> <p>Reviews of care were undertaken with the internal and external teams.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Providing information – Score 3</p> <p>Information was provided to people in formats that they were able to access. This included easy read and pictorial.</p> <p>People had communication plans in place. Staff spoken with understood people’s needs and were able to communicate effectively with them.</p> <p>Listening to and involving people – Score 3</p> <p>People using the service and their relatives had recently had the opportunity to complete a survey and give feedback about the service. The feedback had been reviewed and analysed and the findings shared with people.</p> <p>House meetings took place on a regular basis. These meetings gave people the opportunity to discuss safeguarding and whether they felt safe, health and safety issues which people identified a number of broken or damaged items in their rooms. Although, where people had made requests for actions, there was no evidence that these had been addressed. For example, where two people had requested a change of keyworker, there was no progress recorded. (RR 3)</p> <p>Feedback from relatives in a response to a recent survey identified that relatives felt staff were open to feedback.</p> <p>Equity in access – Score 3</p> <p>Staff advocated for people to ensure that they were supported to access care and treatment when they needed it. Where people needed this staff supported people to attend appointments.</p> <p>Support plans contained information about staff supporting people to access any care and support treatment they needed.</p> <p>Equity in experiences and outcomes – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People were encouraged and supported to participate in events and activities of their choosing. These included going out and about in the community such as shopping and visiting local attractions.</p> <p>People enjoyed activities such as visiting local parks, going out for bus rides, bowling, cinema trips and shopping. Some people attended college courses including drama, promoting healthy lifestyles and practical sessions in English and maths.</p> <p>People said they enjoyed taking part in cooking, and most people helped to cook the evening meal at least once a week.</p> <p>Individual goals had been implemented for some people, although these were quite basic, and would benefit from further development. (RR 4)</p> <p>Planning for the future – Score 3</p> <p>Consideration had been given to matters around end-of-life planning. People had been supported to completed easy read advance support plans. These identified what people wanted to happen, who they wanted to be involved, where people wanted to be cared for, things that worried them and any funeral wishes.</p> <p>DNACPR (Do not attempt cardiopulmonary resuscitation) records were recorded in the support plans and available should they be needed in the event of an emergency.</p> <ul style="list-style-type: none"> • This service scored 71 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People and communities are always at the centre of how care is planned and delivered.</p>		

Key Question	Regulations	Quality Statements and Comments
		<p>The health and care needs of people and communities are understood, and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</p>

Key Question	Regulations	Quality Statements and Comments
Well-Led	<p>Regulation 17: Good Governance</p> <p>Regulation 5: Fit and Proper Persons Employed - Directors</p> <p>Regulation 7: Requirements Relating to Registered Managers</p> <p>Regulation 18: Staffing</p> <p>Regulation 20A: Requirement as to Display of Performance Assessments</p>	<p>Shared direction and culture – Score 3</p> <p>The interim manager and staff were working with families and health and social care professionals to build a culture that focused on enabling to people to be supported with safe care. There had been some significant incidents earlier in the year, but the registered provider had been proactive at providing support to staff to address these.</p> <p>Some staff had recently felt demotivated, following ongoing incidents, where people’s mental health needs had deteriorated. They felt that this reflected on the support they were providing. However, people were overall seen to be happy in the service, although some people had some minor grumbles, these were areas which staff and the management team were aware of. It would be useful to support staff to reflect on any areas where they felt demotivated. (WR 1)</p> <p>Capable, compassionate and inclusive leaders – Score 2</p> <p>Somerford Place was currently being overseen by an interim manager, who was the Registered Manager for the sister service next door. The service was currently seeking a permanent Registered Manager. CQC expect services to have a manager who is registered with them. (WR 2)</p> <p>The day-to-day running of the service was managed by the deputy manager. They felt there was more management structure and support which was impacting positively on the smooth running of the service.</p> <p>The operations manager visited the service on a regular basis and provided both support and guidance.</p> <p>Freedom to speak up – Score 3</p> <p>Regular staff meetings were taking place. These were following the Liaise format and structure for matters of discussion at each meeting which was to review previous actions, experiences of people using the</p>

Key Question	Regulations	Quality Statements and Comments
		<p>service, compliance and audits, incidents and learning, MDT feedback, medication, training, operational feedback, health and safety, staff wellbeing and recognised frameworks.</p> <p>There was a culture of promoting staff to speak up and report any concerns. Staff spoken with knew how to report any concerns and felt the management team listened.</p> <p>Staff said they felt included and were able to share their views.</p> <p>Workforce equality, diversity and inclusion – Score 3</p> <p>There were policies and procedures in place for equality and diversity and staff received training.</p> <p>A culture of inclusion was promoted by involving staff.</p> <p>Reasonable adjustments were made to rotas to support people balance home and working life.</p> <p>Staff received training to support people using the service. This included training in equality and diversity, as well as learning disability and autism, enabling staff to better understand and respond to people’s specific needs.</p> <p>Governance, management and sustainability – Score 3</p> <p>The provider had established a range of audit processes to monitor the quality and safety of care delivery. These included audits focused on medicines management, infection prevention and health and safety, and a quarterly audit of support plans and risk Assessments.</p> <p>The audits were designed to identify areas for improvement and ensure compliance with relevant standards, contributing to the overall governance and oversight of the service.</p> <p>The providers quality team were now involved and providing additional support visits and checks.</p> <p>Although, there was good evidence that governance was now identifying areas of improvement, which were in the process of being completed and embedded into the service.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Partnerships and communities – Score 3</p> <p>Links had been built with the local safeguarding team, who had visited following recent concerns and provided guidance in relation to reportable events.</p> <p>Management and staff worked closely with relatives, health and social care agencies, and the local authorities to drive improvement and meet people’s needs. Records viewed and transparent conversations with the management team confirmed this.</p> <p>Learning, improving and innovation – Score 3</p> <p>Staff and management had a good understanding of how to make improvement happen. The approach was flexible and included identifying people’s changing support needs, measuring outcomes and impact.</p> <p>The providers quality team were now actively involved in supporting the service and were carrying out a range of support visits which were being used to monitor practice and progress with actions.</p> <p>Environmental sustainability – sustainable development – Score 3</p> <p>Environmental sustainability was considered. Recycling was promoted electronic systems were used to help cut down on the use of paper records and to save paper</p> <ul style="list-style-type: none"> • This service scored 71 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support</p>		

Key Question	Regulations	Quality Statements and Comments
		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	<i>Consider how to demonstrate how the MDT reviews and analysis feed into the service and make changes following the identification of patterns and trends.</i>						
SR2	<i>Ensure that support plans and risk assessments do not contain contradictory information</i>						
SR3	<i>Continue to review support plans and risk assessments</i>						
SR4	<i>Staff to complete fire drill training</i>						
SR5	<i>Ensure that any information missing from staff files such as a full employment history is obtained and included in staff records.</i>						
SR6	<i>Ensure all staff are up to date with PROACT-SCIPr training</i>						

CQC Key Question - SAFE

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

SR7	<i>Clarify instructions to ensure there is consistency in protocols and on MAR charts.</i>						
SR8	<i>Ensure that easy read medication profiles are reflective of current prescribed medicines.</i>						

CQC Key Question - EFFECTIVE

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

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

ER1	Update support plans where advice is given by health care professionals and ensure that this is followed.						
ER2	Ensure advice from professionals is updated into the support plans						
ER3	Continue to review the menus to help develop healthier eating habits						
ER4	Ensure that wound care records are reviewed in line with the planned schedule.						
ER5	Include information in the support plans to guide staff as to what they are checking for, such as peak flow monitoring.						
ER6	Ensure that staff record the care provided in the correct person's records						
ER7	Where rooms need to be searched to for the safety of the person involved, ensure there is either an MCA or consent agreement in place.						

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.

ER8	Ensure that the best interest decision sections of the MCA assessments are completed.						
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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	<i>Ensure that staff provide activities and pastimes to support people as per their support plan</i>						
RR2	<i>Ensure that where people do not want to take part in their key worker meetings, staff record this and do not complete on their behalf without their involvement</i>						
RR3	<i>Ensure there is evidence of actions taken following discussions at meetings</i>						
RR4	<i>Continue to develop goals for people</i>						

CQC Key Question - WELL-LED

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WR1	<i>Support staff to reflect on any areas where they are feeling demotivated</i>						
WR2	<i>Continue to source a permanent registered manager</i>						