



# AUDIT REPORT

## Timaru

**Date of Visit:** 1<sup>st</sup> & 2<sup>nd</sup> of April 2025

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**Service Name:** Timaru

**Provider:** Liaise Limited

**Address of Service:** Great Bridge Road, Romsey, Hampshire, SO51 0HB

**Date of Last CQC Inspection:** 18<sup>th</sup> April 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 	75 (out of 100)
Effective	Good 	67 (out of 100)
Caring	Good 	85 (out of 100)
Responsive	Good 	75 (out of 100)
Well-led	Good 	69 (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 1<sup>st</sup> & 2<sup>nd</sup> April 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 Manager, Deputy Managers, and holding discussions with staff and people. A tour of the building was conducted, along with a review of key documentation. For people with communication difficulties and/or cognitive impairments, observations were made to ensure they appeared comfortable and content with the support they were receiving. Additionally, four care plans were reviewed, four staff recruitment files were checked, and records were examined to confirm that staff training and supervision had been conducted appropriately. Medication records and operational documents, such as quality assurance audits, staff meeting minutes, and health and safety and fire-related documentation, were also assessed.

### OUR VIEW OF THE SERVICE

The service is a residential care home providing support for adults living with Autism, Learning Disabilities. People were unable to express verbally however were observed as feeling safe, and staff demonstrated a clear understanding of managing risks effectively. Managers investigated incidents thoroughly, taking appropriate actions to mitigate future risks. While the home was generally clean, it was in need of decoration, maintenance and repair work and by the second day of the assessment contractors were on site carrying out work. Equipment was well-maintained and met the needs of the people living in the home.

The home had adequate staffing levels, with staff receiving regular training and supervision. Medicines were managed effectively by staff. People and their families were actively involved in the assessment of their needs, which staff regularly reviewed. People had sufficient food and drink, and staff closely monitored their

health, working collaboratively with medical professionals. Consent was sought before providing support, and families were involved in decisions made in the best interests of individuals who lacked capacity.

People were treated with kindness and compassion, with staff respecting their privacy and dignity. Staff recognised people as individuals and supported them in making choices about their care. Staff responded promptly to people's needs, and both people and their families felt involved in care decisions. Families knew how to provide feedback or raise concerns, and any issues raised were addressed promptly. People's preferences for end-of-life care were also explored.

Governance systems were in place, and identified actions were completed. The management team was visible and approachable, and staff reported enjoying their roles and feeling supported to provide feedback. Feedback from external partners about the service was positive. No family members were available to speak with during inspection.

### PEOPLE'S EXPERIENCE OF THIS SERVICE

Records from relatives and professionals expressed positivity about the quality of care provided. They felt people were safe and actively involved in planning their care. Individuals were supported to make their own choices and were encouraged to maintain their independence wherever possible.

Observations demonstrated that the staff were kind, respectful, and upheld their dignity. While activities were available, staff expressed that another driver would support more activities out of the building to take place.

Staff felt comfortable raising concerns and confident that any issues would be addressed promptly. One staff member stated, *"If you make a mistake it is discussed with you and you are helped to see how to do differently or prevent it in future, you do not feel like you are being told off but helped to grow personally"*.

For people unable to directly share their experiences, observations during the assessment were used to evaluate the quality of care. During both days, staff sought consent and were actively engaged in speaking, singing and movement with people while doing and seeking responses in behaviour to ensuring they individuals were happy with the care provided.

### 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	<p><b>Regulation 12: Safe Care and Treatment</b></p> <p><b>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 19: Fit and Proper persons employed</b></p> <p><b>Regulation 20: Duty of Candour</b></p> <p><b>Regulation 15: Premises and Equipment</b></p>	<p><b>Learning culture – Score 3</b>  A positive learning culture was evident throughout the service. Incidents were investigated, which identified lessons learned and then an action plan is put into place in order to either prevent or improve after the incident. Debriefs were in place and team meetings to share learning throughout the team.</p> <p>Staff spoken to during the inspection all spoke of the culture in the service being one of learning and improving and spoke with fondness of the Registered Managers way of being able to support them to identify their mistakes and discuss how to correct or prevent them in future, without feeling they were being told off for the mistakes they had made. They felt able to immediately seek support if something goes wrong.</p> <p><b>Safe systems, pathways and transitions – Score 3</b>  Initial assessments are undertaken by the Registered Manager from the information given, the company provides an assessment toolkit to give guidance to Registered Managers. The Registered Manager will then meet with the individual and family for information gathering prior to acceptance to the service. During the assessment the Registered Manager considers the individuals needs and the fit of individual with the current people supported within the home to ensure a safe service can be provided for all. A move in date is then agreed and a support plan is created from the assessment information and supporting risk assessments.</p> <p>There is a formal process of review every 3 months in place in the company, however the Registered Manager advised this tends to be monthly in the service and system records supported this.</p> <p>Evidence of liaison with all relevant health professionals to support transitions are recorded on the individual's electronic record.</p> <p>Capacity assessments and DoLS applications and decisions logged on individual records and evidence seen of the Registered Manager actively chasing responses monthly.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Health passports and PEEPs are in place for emergency use, which also include decisions on CPR and end of life discussion information.</p> <p>Health and safety audits take place within the service.</p> <p><b>Safeguarding – Score 3</b>            All staff are trained in safeguarding adults. Staff spoken to during the inspection were knowledgeable about safeguarding and how to act on concerns, including escalating above direct line management and externally whistleblowing if required.</p> <p>Safeguarding's were raised with the relevant local authority teams and notifications to CQC where required also.</p> <p>Staff received training in equality and diversity and control, restraint and restrictive practice. Staff spoken to were knowledgeable of the Mental Capacity Act and the 5 principles and DoLS.</p> <p><b>Involving people to manage risks – Score 3</b>            Electronic records evidenced liaison with health professionals and working with other teams to ensure risks are managed. One individual in the home has a separate nursing team to ensure their health needs are met. Evidence of SALT team, Psychotherapists, GP, CTPLD teams were recorded.</p> <p>Policies and Procedures were in place for anyone to raise concerns about their own care and treatment or the care and treatment of people they care for or represent. Information was displayed on notice boards of how to report quickly and easily.</p> <p>Quality assurance and auditing processes by the Quality Team and Senior Management were in place to assess, monitor and drive improvement in the quality and safety of the services provided.</p>



Key Question	Applicable Regulations	Quality Statements and Comments
		<p><b>Safe environments – Score 3</b>  Equipment was suitable for its purpose, properly maintained and used correctly and safely. Risks and/or damage were identified and managed, and repair requirements were reported through a maintenance request system. Firefighting equipment was stored safely and checked.</p> <p>Door keypads, window restrictors and radiator covers were in place throughout the home, however one radiator within a bathroom was not covered. <b>(SR1)</b></p> <p>The home had general wear and tear, decoration and damage repair requirements, all of which had already been requested through the online system and on day two of the inspection contractors were on site measuring for the new kitchen and starting repairs. Within this there were doors damaged which must be repaired for safety of residents, it was unclear when these doors were being repaired. <b>(SR2)</b></p> <p><b>Safe and effective staffing – Score 3</b>  Staff are trained, a comprehensive induction book is in place as part of an induction process covering e-learning and practical training. Safe levels of staff are in place to support individuals, when agency use is required, an agency profile and an induction checklist are in place. Supervisions, team meetings and appraisals regularly taking place.</p> <p>Rotas are planned in advance using the Sona system. The day team and night team have the rota pattern planned on system up to July in same pattern, so staff are aware of their pattern of work to plan personal life around.</p> <p>Overtime is offered firstly to the team to cover any holidays/sickness. The rota pattern with the overtime planned is then added in to the system a month in advance, once entered on system the rota is published on a Thursday for the staff team to see on their app for the following week what their exact confirmed shifts and times are.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p><b>Infection prevention and control – Score 3</b>  Staff are trained in infection control and PPE stations available throughout the home. Schedules are in place for regular cleaning of shared and individual areas.</p> <p>Extractor fans in bathrooms were not clean, the Registered Manager advised the difficulty was in reaching them to clean them, this has been already identified as part of an action plan from an audit.</p> <p>In one individuals' area, was a bath that the Deputy advised is used and cleaned each morning and evening daily, the plug hole had not been cleaned of hair and grime. <b>(SR3)</b></p> <p>Toilets were being cleaned and/or replaced during inspection.</p> <p><b>Medicines optimisation – Score 3</b>  Safe administration of medication was observed during the inspection, medication profiles were in place, medication being given was checked against records and mars sheet marked, once administered sheet is then signed. Medication was stored securely locked away.</p> <p>The medication cupboard used for additional creams was orderly and all boxes labelled with space left for completing the open date once opened.</p> <p>PRN Meds had protocols in place and the deputies were knowledgeable on medication ordering processes.</p> <ul style="list-style-type: none"> <li>• This service scored 75 (out of 100) for this area.</li> </ul>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p><b>SRG RATING: GOOD</b> – This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ 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 har, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation”.</b></p>

Key Question	Regulations	Quality Statements and Comments
<b>Effective</b>	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 11: Need for Consent</b></p> <p><b>Regulation 14: Meeting Nutrition and Hydration Needs</b></p> <p><b>Regulation 18: Staffing</b></p>	<p><b>Assessing needs – Score 3</b>  The initial assessment gathers the details required to create a detailed and comprehensive support plan. Support plans evidenced during the inspection were person centred in detail with information of who the person is, their history and preferences, what may upset or worry the individual, how to communicate and what they want from the service as support and that is important to them.</p> <p>Dietary and Allergy requirements are gathered and recorded on the individuals' electronic records and included in use of medication provision information and nutrition requirements.</p> <p><b>Delivering evidence-based care and treatment – Score 3</b>  All support provided is documented onto the electronic system used. The Registered Manager has a daily checklist to ensure he goes through all daily recordings by care staff to ensure planned care is being delivered as planned. Daily recording evidenced the care being delivered.</p> <p>Risk assessments and reviews are in place with evidence of review dates. As mentioned previously, evidencing specific goals is a work in progress as there was a system change on the morning of the inspection and the team stated there had been no training or communication around these changes. Evidence was seen of the Deputy communicating with the Senior Manager for support to resolve this.</p> <p>Hourly night checks, food and fluid intake and bowel records were all evidenced on electronic system.</p> <p><b>How staff, teams and services work together – Score 3</b>  Staff teams have 15 minutes in person handover time during changeover of shifts and also record handover information on the electronic system.</p> <p>Checklists are in place and daily planners for each staff member to know their individual responsibilities each shift.</p> <p>The Management team actively support as and when required throughout the day.</p> <p><b>Supporting people to live healthier lives – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>Annual health checks were in place and evidence seen of communication to GP surgeries to gain in person health checks. Support was being provided by other professionals to contact GP's to help get the health checks to take place.</p> <p>Nutrition and hydration, fluid intake, food intake and bowel recording were in place and recorded on individuals' electronic records.</p> <p>Kitchen equipment was clean and evidence of regular cleaning checks in place. A kitchen cleaning check sheet requires updating, some areas in use were shaded out and others requiring only weekly or monthly checks were not shaded as appropriate. <b>(ER1)</b></p> <p>There was a plate of leftovers in the fridge that was not labelled. <b>(ER2)</b></p> <p><b>Monitoring and improving outcomes – Score 2</b>          Outcomes are not recorded or managed effectively to evidence currently, however this has been identified by the service and evidence has been seen of the Deputy being allocated to work on this with a PBS colleague supporting, to ensure goals were established and the outcomes required in the steps to achieving these goal are recorded on the electronic system for staff to update to evidence. <b>(ER3)</b></p> <p>Monthly health check records were not consistent in recording, some had answers stating only "yes", others were much more detailed. There are a number of prompt questions within the template for staff to use however brief answers such as "You have been okay" were recorded in response to the prompts "How have I been last month, have I been healthy, has there been any new health recommendations, what exercise have I done in the last month?". <b>(ER4)</b></p> <p><b>Consent to care and treatment – Score 2</b>          Evidence of consent was on the electronic system, at the time of inspection the system showed 29 consents were showing as overdue for manager to review on 1 individuals' records. <b>(ER5)</b></p> <p>Observations during the inspection evidenced support staff checking on decisions, clarifying choices such as when drinks and type of drink was wanted, what activity was wanted, physical touch during interactions were ok and staff are familiar with all behaviour indications of each individual for preferences.</p>

Key Question	Regulations	Quality Statements and Comments
		<ul style="list-style-type: none"> <li>This service scored 67 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: GOOD</b> - This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>"Characteristics of services the CQC would rate as 'Good' People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflects these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work".</b></p>		

Key Question	Regulations	Quality Statements and Comments
Caring	<p><b>Regulation 9: Person-centred Care</b></p> <p><b>Regulation 10: Dignity and Respect</b></p>	<p><b>Kindness, compassion and dignity – Score 4</b> People were treated with kindness, empathy and compassion. 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> <p>Observations seen throughout the inspection demonstrated a caring team at all levels, individuals' happiness was at the utmost of all in the service.</p> <p><b>Treating people as individuals – Score 3</b> People were treated as individuals and it was clear that it was made sure that their care, support and treatment meets their needs and preferences. Background information is gathered from wherever possible to gain an understanding of each individuals' life, fears and preferences. Support is tailored for each individual to ensure activities and support is relevant and the staff team had ideas of how to improve the home and activities for the best of each individual.</p> <p>The service was in the process of making changes to the garden to provide activities that individuals had expressed preferences in.</p> <p><b>Independence, choice and control – Score 3</b> People were able to express their choices. The service has communication aids in place to be able to support with choice and make decisions about their care, treatment and wellbeing as much as possible.</p> <p>Best interest meetings and capacity assessments take place to ensure care documentation is well rounded and that relevant decision making that is of best interest where choice cannot be expressed in decisions made on the individuals' behalf.</p> <p><b>Responding to people's immediate needs – Score 3</b> Observations during the inspection saw staff responding to individuals' behaviours and communications for support and taking part in activities, individuals observed presented as content and happy whilst being supported or engaged in activity. Support workers and managers knew the individuals and their</p>

Key Question	Regulations	Quality Statements and Comments
		<p>needs and preferences well to provide person centred care and responding quickly to any change in behaviour to provide reassurance and/or ensure safety of the individual and other residents.</p> <p><b>Workforce wellbeing and enablement – Score 4</b>  All staff spoken to expressed their love of working in the service and the joy they have from the job they do. They all felt they were part of a family with the rest of staff team and the residents.</p> <p>All staff were confident in approaching any level of management for support and felt assured it would always be given.</p> <p>Individuals gave examples of how they felt they were “looked after” by the managers and company during different points in their lives and personal challenges. Supported to access health appointments and balance work life during ill health, confidential advice lines for support during anxious stress full times or financial understanding.</p> <p>All staff talked of development opportunities they have had to progress personally and achieve qualifications.</p> <ul style="list-style-type: none"> <li>This service scored 85 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: GOOD</b> This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.”</b></p>		



Key Question	Regulations	Quality Statements and Comments
<b>Responsive</b>	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 16: Receiving and Acting on Complaints</b></p>	<p><b>Person-centred Care – Score 3</b> As mentioned previously, details on the system are not consistently documenting person centred responsive care, the recording on the system has already been identified by the Registered Manager as an improvement area and staff are currently undertaking training in person centred recording. <b>(RR1)</b></p> <p>Observations during the inspection saw staff responding to individuals’ behaviours and communications for support and taking part in activities. Individuals observed presented as content and happy whilst being supported or engaging in activity. Support workers and managers knew the individuals and their needs and preferences well to provide person centred care and responding quickly to any change in behaviour to provide reassurance.</p> <p><b>Care provision, integration, and continuity – Score 3</b> The staff rota shows consistency in the team, however, there were some concerns over sponsorship staff members not having sponsorships as the company reduced the number of sponsorships available, two staff members will be leaving within the next six months. The company has a system of bank staff members to enable cover of experienced staff to circulate between homes. The same agency is used if/when agency is required. <b>(RR2)</b></p> <p><b>Providing information – Score 3</b> Easy read formats were seen around the property. There were photos of food and meal pictures to support communication choice with individuals and social stories work is currently being developed for mental capacity assessments in line with accessible information standards.</p> <p>Information about the home, ratings, company safety procedures and how to raise concerns were available on notice boards.</p> <p><b>Listening to and involving people – Score 3</b> Feedback was sought from relatives via a quality survey in May 2024 however there was only one response that had been returned. Feedback was sought from staff this year however responses are not complied as yet. <b>(RR3)</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>Compliments to the service were logged when received from external professionals such as CHC and health professionals and also from family.</p> <p>No complaints had been received in the service.</p> <p><b>Equity in access – Score 3</b>          The service is currently at capacity however the route to service is standardised for any future individuals using the same assessment toolkit.</p> <p>People within the service can access care, treatment and support when they need to and in a way that works for them. Where visits to health professionals are not appropriate processes are in place for individuals to be seen within the home instead.</p> <p><b>Equity in experiences and outcomes – Score 3</b>          People’s care, treatment and support promotes equality, removes barriers or delays and protects their rights. People supported in the service are not able to verbally communicate their feelings on empowerment and views.</p> <p>Staff are trained in equality and diversity and advocate on behalf of individuals proactively seeking ways to address barriers. The Registered Manager has recently highlighted to health professionals the difficulties in getting the correct in person annual health reviews for individuals with learning disability resulting in a request for a review of the pathway to enable more equality within it.</p> <p><b>Planning for the future – Score 3</b>          Hospital passports, inclusive of DNACPR decisions and end of life discussions with families are in place within the service individual electronic records.</p> <ul style="list-style-type: none"> <li>• This service scored 75 (out of 100) for this area.</li> </ul>
<b>SRG RATING: GOOD</b> This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.		

Key Question	Regulations	Quality Statements and Comments
		<p><b>“Characteristics of services the CQC would rate as ‘Good’ People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</b></p>

Key Question	Regulations	Quality Statements and Comments
Well led	<p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 5: Fit and Proper Persons Employed – Directors</b></p> <p><b>Regulation 7: Requirements Relating to Registered Managers</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 20A: Requirement as to Display of Performance Assessments</b></p>	<p><b>Shared direction and culture – Score 3</b> The Registered Manager and Deputies shared the same vision for culture within the service and the company values were covered within staff supervisions.</p> <p>The Registered Manager has regular meetings and visits from Regional Manager and Operations Managers.</p> <p>Staff at all levels displayed the same culture of care and openness throughout the inspection.</p> <p><b>Capable, compassionate and inclusive leaders – Score 3</b> The Registered Manager and Deputies were knowledgeable about the service and the company overall.</p> <p>Processes were easily explained step by step and the reason why these systems were in place. The Registered Manager and Deputies were actively involved in the team throughout the inspection, and it was clear they had a good understanding of the team members and individuals being supported well.</p> <p>The management team all spoke passionately about the service and the culture of how to keep improving by continual review and revisiting.</p> <p><b>Freedom to speak up – Score 3</b> Posters were displayed on notice boards inclusive of information how to speak up and the appropriate routes of reporting. Staff felt the management team were approachable and observation during the inspection demonstrated support requests to the management team were acted on.</p> <p><b>Workforce equality, diversity and inclusion – Score 3</b> There is a diverse workforce in place. All staff are offered the same opportunities for work life balance, personal progression and qualifications. The service was developing culture awareness such as different</p>

Key Question	Regulations	Quality Statements and Comments
		<p>foods from other cultures featuring on the menu. All staff had taken part to create and brought in recipes' from their own families for staff to share their culture with the team.</p> <p><b>Governance, management and sustainability – Score 3</b>  Manager walk rounds were in place by the Registered Manager and Senior Managers had oversight of the service with regular audits taking place.</p> <p>Registered Manager shared the meetings with the Operations Manager and meeting minutes and resources being distributed afterward were evidenced.</p> <p><b>Partnerships and communities – Score 3</b>  Staff and leaders are open and transparent, and they collaborate with all relevant external stakeholders and agencies, sending annual feedback questionnaires.</p> <p>Staff and leaders work in partnership with key organisations to support care provision, service development and joined-up care. Staff and leaders engage with people, communities and partners to share learning with each other that results in continuous improvements to the service.</p> <p>The Registered Manager uses the network of other managers with Liaise to communicate and share ideas with to improve service outcomes.</p> <p><b>Learning, improving and innovation – Score 3</b>  Staff and leaders have a good understanding of how to make improvement happen. Actions are recorded on the electronic system of improvements taking place.</p> <p>Staff and leaders ensure that people using the service, their families and carers are involved in developing and evaluating improvement and innovation initiatives. As mentioned earlier there are processes to ensure that learning happens when things go wrong throughout the team.</p>

Key Question	Regulations	Quality Statements and Comments
		<p><b>Environmental sustainability – sustainable development – Score 2</b>            Where possible electronic systems are in place to reduce paper throughout the service.</p> <p>There was no evidence of staff and leaders having any Green Plans and taking action to ensure the settings in which they provide care are as low carbon as possible, ensure energy efficiency, and use renewable energy sources where possible, or principles of net zero care are embedded in planning and delivery of care.</p> <ul style="list-style-type: none"> <li>This service scored 69 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: GOOD</b> This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities”.</b></p>		

## ACTION PLAN:

### CQC Key Question – SAFE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	Radiator cover						
SR2	Door/fire door repair/replacements work						
SR3	Bathroom cleaning						

## 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	Recording sheet update						
ER2	Food labelling						
ER3	Outcomes evidence						
ER4	Monthly health check completion						
ER5	Management review action timescales						



## 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 RECCOMENDATIONS MADE						

## CQC Key Question – RESPONSIVE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	Monitor PCC recording improvements						
RR2	Action plan in place pre-emptive of staff shortages.						
RR3	Seek further relative feedback and any action from staff feedback.						

## 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	NO RECCOMENDATIONS MADE						