AUDIT REPORT

Shulas

Date of Visit: 22 & 23 of October 2025

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Contents:

Service Name: Shula's

Provider: Liaise (East Anglia) Limited

Address of Service: 9 Cadogan Road, Cromer, Norfolk, NR27 9HT

Date of Last CQC Inspection: 19 November 2021

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 	75 (out of 100)
Caring	Good 	80 (out of 100)
Responsive	Good 	75 (out of 100)
Well-Led	Good 	80 (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 22 & 23 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, 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 and associated care records, 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' activities, 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 personal care. Shula's is a residential care home and has specialisms in caring for adults under 65 years & over 65 years, learning disabilities and physical disabilities. The service provides support for up to 6 people; there were 6 people living in the home at the time of the visit

The service was able to demonstrate how they were meeting the underpinning principles of 'Right support, right care, right culture.' People lived in a family home which integrated well in the community, and they had access to community amenities such as shops and had good access to transport links.

Support plans and risk assessments identified potential risks to people's safety. staff knew people's needs well and how to support them. Our observations of staff supporting the person confirmed staff had a person-centred approach. There were suitable numbers of staff available to meet people's assessed needs.

Staff had access to the induction, training and support they needed to do their jobs. Staff were supported to develop in their roles and to achieve further qualifications. Governance systems helped ensure management oversight of the service.

PEOPLE'S EXPERIENCE OF THIS SERVICE

People were supported by a consistent staff team who knew them and their needs well. Staff treated people with kindness, respect and dignity. People were acknowledged and respected as individuals. Independence was a key focus, and people were supported to maintain this. People were involved in choosing what they ate and encouraged to maintain a balanced diet. Staff encouraged and supported people to maintain relationships with their friends and families.

People were supported to take part in activities they enjoyed and to be part of their local 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
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** There had been minimal incidents within the service, and those recently recorded were generally of a lower risk. It was seen that there had been a few incidents during the settling in period for one person when they had moved into the home, but these had been minimal and there had been no significant incidents since July, which demonstrated that the person had been supported to settle in. Staff recorded the detail of the incident and actions taken; these were then reviewed by the management team. Recommendations were sometimes made, although it was noted that although staff were aware of the actions, the information was not always transferred through to the support plan. **(SR 1)**. Debriefs were not always in place, although there was reference to when staff spoke with the manager or with the person involved in the incident. This should be monitored for when needed. **(SR 2)**. Lessons learnt were understood, for example, following an incident where someone was choking, staff had needed to administer first aid, which included back slaps. As this was a physical intervention, staff should have notified safeguarding and CQC, which they did not. This was reviewed through the lessons learnt. **Safe systems, pathways and transitions – Score 3** There were procedures in place to ensure people's transition from other services was well-managed. This included when people moved into the service. Referrals were made where required to external professionals. Each person had a hospital passport, which contained important information about them to be shared with medical staff in the event of a hospital admission.

Key Question	Applicable Regulations	Quality Statements and Comments
		Safeguarding – Score 3 Staff had been trained in safeguarding adults and understood how to protect people from harm and who to report to when required. Staff were aware of their responsibilities to keep people safe and knew what represented a safeguarding concern and who they would report their concerns to. Information was available for safeguarding reporting pathways, and staff knew how to access outside agencies, such as CQC or the local authority. DoLS applications were maintained on RADAR, to help maintain oversight. There were four people whose applications had been authorised, with one application still in process. Applications were only made where necessary, and one person was not subject to a DoLS application. This helped to ensure that people were safeguarded against unlawful restrictions. Everyone living in the home who spoke with us said they felt safe and that staff made sure they were not at risk. **Involving people to manage risks – Score 2** Staff said they had access to support plans, and they generally provided sufficient information and guidance for them to provide safe care and reduce risk. People who used the service were protected from the risk of avoidable harm. Risks to people's safety and wellbeing had been assessed, managed and mitigated. People were supported to understand the risks they may be exposed to. The manager reviewed incidents and information about risks regularly. Where changes were made following incidents, updated guidance was not always included in the support plans. For example, where one person needed specific guidance in relation to the management of their Epilim, this was not included in the support plan and risk assessment, although guidance was in the medication folder. This was addressed at the time

Key Question	Applicable Regulations	Quality Statements and Comments
		of the visit. However, care needs to be taken to ensure that updates from incidents are transferred through to the support plans. **(SR 3)** Some care needs to be taken to ensure that information within the support plans does not contradict information in the risk assessment. For example, the community access support plan for one person stated that they must not travel in the smaller vehicle, but the risk assessment contradicted this by stating that they could travel in the smaller vehicle. **(SR 4)** It was noted that there were two risk assessments relating to the use of the company vehicle or the home vehicle. They were similar in content, but one had more detail about the risks related to supporting the person and the other related to staff risks. I suggest these are reviewed and checked for consistency and made clearer about what each risk assessment is for. **(SR 5)**. There was an individual risk assessment for the potential that one person can make allegations and will accuse staff of doing or saying things which they have not done. There was also reference in the personal time risk assessment where allegations of a sexual nature could be made. However, none of the information around allegations was transferred through to an associated care plan which needs implementing. **(SR 6)** The PBS plan for one person was dated May 2024 and due for review in May 2025 but had not been reviewed. There was still a reference to living at their previous home, activities and location and not at Shula's. This requires updating as a matter of urgency. **(SR 7)**. For another person, there was PBS plan developed by the Liaise specialist PBS team and was specific to the person and Shula's.

Key Question	Applicable Regulations	Quality Statements and Comments
		Safe environments – Score 3 People had their own rooms, which they confirmed they could personalise the way they wanted to. At the time of the visit the main lounge areas in the two different flat areas of the home were in the process of being decorated. Fire safety checks included a daily fire patrol, weekly fire alarm test, emergency lighting, and fire door check, monthly fire alarm door release, and fire door check, monthly fire extinguisher, emergency drill, emergency lighting, and the grab bag checks also took place. These had all been completed and were up to date. The grab bag was available and contained up to date and relevant items needed in an emergency. Safety checks took place on a weekly, monthly and quarterly basis to ensure that the general environment remained safe. General maintenance was managed. Where maintenance jobs needed addressing, there was a system to send in a request to the maintenance department, who arranged for these to be completed. This was confirmed to be in progress. Checks and servicing took place on utilities and appliances. The health and safety risk assessment and fire risk assessment had been booked in for the week following this visit and the legionella checks was in the process of being completed. **Safe and effective staffing – Score 3** There were sufficient staff to support the people using the service, with staff allocated for one-to-one or core hour support as needed during the day. At night, there was one sleep night member of staff on duty, with additional support available from the sister home, which was next door but one.

Key Question	Applicable Regulations	Quality Statements and Comments
		Staffing was arranged through the Sona rostering application. Where there were any gaps, staff were able to pick up additional shifts to cover. The registered manager reported that this worked well. Recruitment procedures were mainly managed by the HR department from the head office. Generally, the information as required was in place, including full employment histories, references and appropriate background checks. It was noted that where one person had a long period of self-employment, there was not a detailed explanation with a lack of detail about the actual self-employment. As this was for quite a significant time span, I suggest that more detail is recorded, such as what was the self-employment business actually was. **(SR 8)**. It was also noted that the dates of references did not always agree with those provided by the prospective member of staff and this needs to be checked out. **(SR 9)**. New staff were supported with an induction, which followed the Liaise induction programme. This was a robust training programme based on Skills for Care, Liaise's ongoing training programme. Evidence was seen for two new staff which included the completed workbooks with online and offline activities and observations of practice. New staff had regular supervision through their induction period. New staff who had transferred from another service, were also being supported into the Shula's ways of working. Feedback indicated that staff had settled in and felt happy working at the service. Ongoing training was in place, with mandatory and required training for the service at 97%. Staff also completed PROACT-SCIPr-UK training which was a recognised model of support for people with learning disabilities and autism. Staff were supported with regular supervisions, usually around three months. Formal supervisions gave staff opportunities to discuss their performance, experiences of people using the service, relationships with colleagues, general wellbeing and learning and development opportunities.

Key Question	Applicable Regulations	Quality Statements and Comments
		Competency assessments were completed for medication. **Infection prevention and control – Score 3** There were systems in place to prevent and control infection. Regular infection control audits took place. PPE was available as required. There was a CoSHH register in place, along with all the relevant safety sheets and risk assessments. **Medicines optimisation – Score 3** Each person had a medication profile which provided key information about the person. There was a list of daily medication recorded on the profile, but this did not always match the current prescribed medicines, and I suggest that this is reviewed as a minimum monthly. **(SR 10)**. PRN protocols were in place. Although, for one person, two of these needed review. **(SR 11)** Homely remedies were in place, and these had been agreed and signed by the G.P. Where people needed to have creams applied, body maps were in place and charts were completed appropriately. Where people were prescribed with flammable creams, there was a generic risk assessment and information was recorded in individual support plans and risk assessments. The information within the support plans, was at times generic and referred to matters that were not appliable to the person, areas such as these would benefit from being more personalised. **(SR 12)**

Key Question	Applicable Regulations	Quality Statements and Comments
		The PRN paracetamol for one person had not been delivered in the last cycle, as there were enough in stock. However, the MAR charts did not record none received this cycle and carry forward the tablets from the last cycle, which made the stock count look incorrect. **(SR 13)**. Temperatures were taken of medicines and there was a signature record which staff had completed. There were processes in place for signing medicines in and out of the service, where people were staying away. There were support plans and risk assessments in place to support people with their medicines. Staff were trained in administering medicines safely. Medicines were regularly checked and audited by the management team. • **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** There were systems in place to assess people prior to moving into the service. This enabled an informed judgement to evaluate whether people's needs could be met. Two new people had moved into the service earlier in the year, from another service which had closed down. The registered manager reported that they had access to the support plans and risk assessment to review and assess individual needs. In addition, registered manager confirmed that a compatibility assessment was completed to ensure that people would be able to live together. New people moving in were also offered opportunities to visit should they wish. One person had visited, and decided they liked the room they were offered and was happy to move in. The other person had been shown pictures and met with staff. **Delivering evidence-based care and treatment – Score 3** There were processes and systems in place to ensure that people were supported in line with good practice. Staff received training in appropriate areas of care to help support people with their needs. Support plans and related records viewed showed consideration of current legislation and practice guidance. For example, assessments and support in relation to continence care, and oral care.

Key Question	Regulations	Quality Statements and Comments
		How staff, teams and services work together – Score 3 People were supported by staff that worked well together, and with health care professionals and services. This ensured there was a joined up, consistent and effective approach to meeting people's individual care needs. Staff made appropriate referrals to external health and social care professionals for review when people's needs changed. Recommendations made were implemented and communicated with the staff team. People had annual health checks and regular checks with other healthcare professionals, including dentists and opticians. If people developed needs in relation to their health or wellbeing, staff took action to ensure they received the care and treatment they needed. **Supporting people to live healthier lives – Score 3** People were supported with their health care daily needs, such as managing diets and weight. People's nutrition and hydration needs were met in line with current guidance. Staff encouraged people to be involved in planning the menu and promoted healthy eating. There was no one using the service who required support with a modified diet. One person had an incident in May 2025, where they had a choking episode. Staff supported the person appropriately, and a referral had been made to the SALT team. There was reference in the support plan and risk assessment in relation to guidance from SALT, which stated that there was no plan, but recommendations around cutting food up. There was, however, no record of the information provided by the SALT team or conversation, or when the actual visit / telephone conversation took place. This should be recorded. **(ER 1)**. **Monitoring and improving outcomes – Score 3**

Key Question	Regulations	Quality Statements and Comments
		Monthly health checks were carried out. The key worker spent time with the person to review individual general health care needs which included skin care, dental care, weight and any specific health care needs. These were generally seen to be happening, although for one person there had been no review in July, for another two people there was no review carried out in August and for one of these people the October review had not taken place, although the September review at taken place on the first of that month. **(ER 2)**. Individual monitoring charts were maintained, where needed. Where people were more independent some of the charts were not completed as they were not necessary and people were able to tell staff if they had any concerns. Generally, where charts were in place, these were being completed. **Consent to care and treatment – Score 3** People were included in decisions about their care and support. People were involved in their care and support, and staff sought their consent prior to completing tasks. Assessments were in place, where needed in relation to individual specific decisions. These evidenced that people were supported to understand the decisions. Where people lacked capacity, this was identified, and staff were able to explain how they supported people with different decisions. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications had been made where people were subject to limitations on their freedoms under the deprivation of liberty safeguards (DoLS). **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 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 that staff worked well with people and interacted well. There was a positive rapport between staff and people using the service. People laughed and joked with staff. There was a positive rapport between people and support staff and management. Observations showed that staff spoke to people in a respectful manner and listened to what they had to say. Staff encouraged people to make and maintain friendships. For example, the home linked with their sister home, which was next door but one for different events. One person was supported to regularly visit their parents and have weekend stays. Dignity was included in care plans, and one member of staff had signed up as a dignity champion through Dignity in Care. **Treating people as individuals – Score 3** Staff treated people as individuals and made sure care and support met people's needs and preferences. Staff knew people well and were able to explain about individual strengths, likes, dislikes and preferences. For example, one member of staff described one person's preference of activities and things they liked doing and explained how they were supporting the person to access these. **Independence, choice and control – Score 4**

Key Question	Regulations	Quality Statements and Comments
		People were supported to make choices and maintain their independence. There was a strong ethos on promoting people's independence. One person described what they did for themselves and stated that they didn't need much help from staff, but they were available if needed. One person preferred to spend time in their room with little interaction with other people. Staff respected this but checked with them on a regular basis and offered support options or activities they may enjoy ensuring they were not isolated. Staff said they encouraged people to do things for themselves where possible and observations during the visit confirmed this. People were involved in preparing meals, arranging the menus and planning activities within the service. **Responding to people's immediate needs – Score 3** Referrals were made to external health or social care professionals if concerns about people's welfare were identified. Systems for monitoring accidents and incidents were in place. Communication support needed were identified to help guide staff on how to support people. **Workforce wellbeing and enablement – Score 3** Staff working at the service felt well supported by the registered manager and said they were always available and had time to listen to them and give any advice. One member of staff was heard to say that they were 'the best manager I have ever had'. Observations showed that there was an open-door policy to the registered managers office.

Key Question	Regulations	Quality Statements and Comments
		When staff were off on long-term sick, the registered manager carried out welfare checks. Liaise as a company provided benefits for staff such as the blue light card, wage stream, an employee assistance programme, and above and beyond nominations. The staff survey had just been returned, there was some negativities around pay rates from the larger company, and support systems. I suggest that staff are reminded about the different perks available from the company. **(CR 1)**. • **This service scored 80 (out of 100) for this area.**

SRG RATING: Good

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

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

Key Question	Regulations	Quality Statements and Comments
Responsive	**Regulation 9: Person Centred Care** **Regulation 17: Good Governance** **Regulation 16: Receiving and Acting on Complaints**	**Person-centred Care – Score 3** There was a person-centred care approach in the service. Staff knew people well and continued to promote positive relationships with people using the service. People's support plans reflected their physical, emotional and social needs. Staff encouraged people to make decisions about their care and included their families in care planning and reviews, where able. Routines were flexible so people could make choices about how they spent their time or activities they wanted to take part in. Observations showed staff interacting with people and this noted that they respected people's individual preferences and choices. **Care provision, integration, and continuity – Score 3** Staff maintained regular contact with families to keep them up to date with progress or updates about their relatives. Staff worked with health and social care professionals to promote outcomes for people. Reviews of care was undertaken. **Providing information – Score 3** People were made aware of the complaints procedure and information was made available in different formats, should they need it.

Key Question	Regulations	Quality Statements and Comments
		Care needs to be taken when using similar information in support plans for different people. Ensuring that the right name is used. For example, in the risk assessment for the use of the home vehicle, the name of another person is referred to in the assessment. **(RR 1)** **Listening to and involving people – Score 3** There was a positive culture where people felt they could speak up, and their voice would be heard. Each person had a keyworker; part of whose role was to advocate for the people they supported. Key worker meetings took place on a monthly basis, and this gave people opportunities to discuss goals and activities they wanted to take part in. There were no formal house meetings arranged as most people were not interested in an actual meeting. However, conversations with the staff team evidenced that people were involved and had been given options such as what colours to have when decorating the front room, but this was not evidenced. **(RR 2)**. There had been no complaints, but people felt they were listened to, and staff addressed any concerns or issue they may have. Communication was included in support plans, to help guide staff with individual communication needs. Observations showed that staff used appropriate communication tools where needed. **Equity in access – Score 3** People's care was planned to ensure there were enough staff available to support them should they become anxious or distressed. For example, some people were supported by one or two members of staff when outside the home to ensure there was sufficient support available to them. There were enough staff available to support people with this.

Key Question	Regulations	Quality Statements and Comments
		People's experiences were listened to and acted on to improve care. For example, the registered manager was advocating for one extra one-to-one hours for two people to help provide additional activities for them. Staff had helped one person purchase a mobility aid to promote easier access to the community. **Equity in experiences and outcomes – Score 3** Staff supported people to live the life they chose and make choices about their experiences. People were supported with a range of activities they enjoyed. One person had gone to London for the day, which was something they had never experienced before. An experience at Silverstone had also been booked for one person. One person volunteered at a local shop, which they enjoyed. People attended local clubs and discos and regularly attended church. **Planning for the future – Score 3** Consideration was given to end-of-life planning. In the records viewed there was information about whether people had a DNAPCR and / or ReSPECT form and whether they were for resuscitation. Some people had an end of live support plan which they had completed. This included reference to any hobbies, important people, any cultural or religious preferences, end of life care, where they would like their belongings to go to, and any funeral plans. For the two new people, who had moved in, these were not in place. This was because people did not want to discuss this area. If people do not want to talk about end-of-life, I suggest that a support plan is implemented which identifies that people do not want to talk about it but should identify perhaps what to do in an emergency, if there is a DNAPCR in place and if someone is for resuscitation. This started to be addressed at the visit. **(RR 3)**

Key Question	Regulations	Quality Statements and Comments
		This service scored 75 (out of 100) for this area.

SRG RATING: Good

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

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

Key Question	Regulations	Quality Statements and Comments
Well-Led	**Regulation 17: Good Governance** **Regulation 5: Fit and Proper Persons Employed - Directors** **Regulation 7: Requirements Relating to Registered Managers** **Regulation 18: Staffing** **Regulation 20A: Requirement as to Display of Performance Assessments**	**Shared direction and culture – Score 3** There was a positive culture within the service with a key aim to ensure that people were provided with the support they needed. Staff put people first and spoke positively of how they supported people with their independence and focussed on their choices. The Right support, right care, right culture guidance was in place and the service worked within the principles of this. This meant that people were supported with maintaining choice, control, independence, and people's human rights were promoted. People using the service felt involved. **Capable, compassionate and inclusive leaders – Score 3** The service was well-led by a registered manager who knew the service well and understood the needs of the people using the service. They were aware of their accountabilities and responsibilities. They had been a finalist in the Great British Care Awards in the Care Home Registered Manager Award. They were also a finalist in the outstanding leadership awards for Norfolk. There was both a proactive and responsive approach implemented by the management team. They were open to feedback and discussion and were proactive at addressing any minor improvements noted at this visit. There was an open-door policy in place where staff and people using the service could pop into the office. Staff said the management team were very approachable and supported them to carry out their role. Members of the management team were available out of hours to support staff and people.

Key Question	Regulations	Quality Statements and Comments
		Freedom to speak up – Score 3 There was a staff champion who represented the staff at the home. They attended meetings and shared feedback and opinions from staff working at Shula's and were able to provide updates and action from the larger provider. Oversight of supervision was maintained. Staff were supported with formal supervision and additional focussed supervisions. Staff meetings took place and gave staff an opportunity to share ideas and suggestions. Staff said that they felt they contributed to the service and that they were listened to. **Workforce equality, diversity and inclusion – Score 3** There was a commitment to upskill staff and promote ongoing development within the team. The registered manager was completing a safeguarding officer apprenticeship, along with another member of staff. One member of staff had been enrolled onto a diploma course run by the Marco Pierre White culinary school to specialise in catering for younger adults with a learning disability. Five members of staff were completing a level five diploma, a further two completing a level three. In addition, one staff member had been trained as a PROACT-SCIPrUK instructor, which qualified them to train staff and write PBS plans. Arrangements were in place to support flexible working. The registered manager supported staff to have time off for holidays, sickness, and family situations.

Key Question	Regulations	Quality Statements and Comments
		Governance, management and sustainability – Score 3 Systems and processes were in place to audit the service. A series of enhanced audits were in place which included medication audits, on a weekly and monthly basis, management of people's finances, health and safety and infection control, and a quarterly audit of care plans and risk assessments. The manager also completed a regular walkaround of the service. The operations manager completed a quarterly audit, and the registered manager confirmed that actions made at this visit had been completed. The provider's quality team carried out an annual mock inspection of the service, which monitored compliance with the CQC Key Questions and Quality Statements. Each Monday the registered manager sent a report to head office which included an overview of the previous week. This reported on safeguarding concerns, hours provided, agency, people who were being supported, staffing such as recruitment and training, maintenance, progress with any action plans and any success stories. This helped to maintain oversight. The provider also monitored the service through a process known as the TaMI (trends and monitoring information), which monitored compliance with audits, care planning, and training. Compliance was at 94%. **Partnerships and communities – Score 3** People were supported to be part of their local community and attended local events and clubs. Staff ensured that people had access to community resources as they needed them.

Key Question	Regulations	Quality Statements and Comments
		Learning, improving and innovation – Score 3 Actions were allocated onto the RADAR system which were generated from observations, audits and checks. A sample of the these were reviewed, and it was seen that these were completed, for example the implementation of a constipation risk assessment and support plan. Learning from incidents was shared with staff through staff meetings, along with good practice guidance, such as understanding a closed culture and refreshers on the CQC, right support, right care, right culture guidance. Weekly meetings gave managers the opportunity to share information and learn from other services. **Environmental sustainability – sustainable development – Score 3** Consideration had been given to environmental sustainability. Recycling was implemented and staff followed local authority procedures. Items which could be recycled were used for crafts. Electronic systems helped reduce the use of paper. **This service scored 80 (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' 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	*Ensure that recommendations resulting from incidents to reduce repeat occurrences are transferred through to the support plans*						
SR2	*Ensure debriefs are in place, where needed*						
SR3	*Ensure that updates from incidents are transferred through to the support plans*						
SR4	*Ensure that risk assessments do not contradict information in the support plans*						
SR5	*Try not to duplicate risk assessments*						
SR6	*Where risks are identified implement an appropriate supporting support plan*						
SR7	*Update the PBS plan which is out of date and refers to the person's previous home*						
SR8	*Include more detail in explanations of gaps or periods of self-employment*						

CQC Key Question - SAFE **By safe, we mean people are protected from abuse and avoidable harm.**							
SR9	*Ensure that dates of references agree with the dates provided by prospective employees, where they differ – explore and record*						
SR10	*Ensure that the list of medicines maintained in the profile matches the current prescribed medicines*						
SR11	*Review PRN protocols*						
SR12	*Try to ensure that information in support plans and risk assessments around different risks are not generic and are specific to the individual person*						
SR13	*Ensure that current stock is carried forward to ensure stock counts are correct on MAR charts*						

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	*Record verbal advice from health care professionals such as SALT in the support records*						
ER2	*Promote consistency for monthly health care reviews to ensure they are completed on a regular basis*						

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	*Issue staff with an update or reminder of the different benefits available through the Liaise employee programme*						

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	*Ensure that correct names are used in support plans*						
RR2	*Demonstrate how people are involved in decisions about the service*						
RR3	*Record in the end-of-life plans if there is an area which the person does not want to discuss*						

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						