



# AUDIT REPORT

## Coppice Close

**Date of Visit: 27<sup>th</sup> & 28<sup>th</sup> of November 2025**

## Contents:

<b>Page</b>	<b>Subject</b>
<b>3</b>	Current CQC & SRG Ratings
<b>4 – 5</b>	Overall Service Commentary
<b>6 – 12</b>	Key Question - Safe
<b>13 – 17</b>	Key Question - Effective
<b>18 – 20</b>	Key Question - Caring
<b>21 – 24</b>	Key Question - Responsive
<b>25 – 28</b>	Key Question - Well Led
<b>29 – 34</b>	Action Plan

**Service Name:** 1 – 4 Coppice Close

**Provider:** Liasise (South East) Limited

**Address of Service:** 1 - 4 Coppice Close, Burgess Hill, RH15 0GY

**Date of Last CQC Inspection:** 24th January 2022

## Ratings

<b>CQC's Overall Rating for this Service:</b>	Good	
<b>SRG's Overall Rating for this Service:</b>	Good	

Key Questions	Rating	Overall Score
<b>Safe</b>	Good 	63 (out of 100)
<b>Effective</b>	Good 	70 (out of 100)
<b>Caring</b>	Good 	80 (out of 100)
<b>Responsive</b>	Good 	78 (out of 100)
<b>Well-Led</b>	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 the 27th & 28th 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 4 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

1-4 Coppice Close is registered with CQC and provides accommodation for persons who require nursing or personal care. Its category of registration is a residential home in: Caring for adults over 65 years, caring for adults under 65 years, Learning disabilities, Physical disabilities, and Sensory impairments. The service provides accommodation for up to 16 residents. At the time of this audit the home had 15 people using the service.

Safeguarding concerns were taken seriously and reported through appropriately. Lessons learnt were in place, although sometimes this lacked clarity about what had been learnt. Processes and checks were in place to maintain the environment.

Improvements were needed to the management of medicines. However, there was evidence of medication reviews having taken place for people, and adjustments or changes were made where it was identified that people no longer needed the medicines. People's healthcare needs were met. Good relationships had been developed with health and social care professionals

Staff had opportunities to speak up and received regular supervision and opportunities to attend staff meetings. The service was well-led, and the registered manager was visible and available. Audits and governance systems were in place, but medication audits were not identifying issues.

## PEOPLE'S EXPERIENCE OF THIS SERVICE

People appeared happy and relaxed, and staff were attentive and engaging with people looking comfortable in their company. People and a relative said staff were kind and caring. People were happy and comfortable in the home and staff listened to what people had to say.

People were treated as individuals and were able to make choices about how they spent their day. People were actively involved in the daily activities of the individual services. People went out and about in the community and took part in activities and pastimes of their choice.

## 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
<b>Safe</b>	<b>Regulation 12: Safe Care and Treatment</b> <b>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</b> <b>Regulation 17: Good Governance</b> <b>Regulation 18: Staffing</b> <b>Regulation 19: Fit and Proper persons employed</b> <b>Regulation 20: Duty of Candour</b> <b>Regulation 15: Premises and Equipment</b>	<p><b>Learning culture – Score 3</b></p> <p>There were systems and processes for monitoring accidents and incidents. Accidents and incidents were reported electronically onto the RADAR system. A sample viewed evidenced that these were detailed and identified what had happened, and the support provided at the time.</p> <p>It was noted that in one incident staff had recorded that they had administered paracetamol as a PRN. The protocol was to administer this when the person was in pain, but the incident did refer to any pain, only behaviours. A check on the MAR chart identified that the PRN had been administered for pain, but the incident report did not identify this. It is important that incident reports include why PRN was administered. <b>(SR 1)</b></p> <p>Staff reported that they had debriefs when needed.</p> <p>There were some examples of lessons learnt such as a brief action to prevent an event happening again, but those viewed lacked detail. <b>(SR 2)</b></p> <p><b>Safe systems, pathways and transitions – Score 3</b></p> <p>The management team ensured there was a collaborative, joined-up approach when working with other health and social care professionals.</p> <p>For example, when one person had moved into the home from a residential school, the service had worked in partnership with this service and followed a structured transition plan to safely support the person to move in. Assessments were completed, prior to moving in, and the transition plan included visits to the home to ensure a safe and structured move.</p> <p><b>Safeguarding – Score 3</b></p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Effective systems were in place to manage safeguarding risks. The management team escalated incidents which could be considered safeguarding and ensured there were reported to relevant Local Authorities and CQC when needed.</p> <p>Evidence was seen that where there were any safeguarding concerns, the management team worked in line with the local authority procedures.</p> <p>Staff had completed training in safeguarding, and most staff had a good understanding of safeguarding and how to take appropriate action, including who they should report to. Although one member of staff said they would record the information on the electronic system but did not explain how they would report to the management team. <b>(SR 3)</b></p> <p>Three people spoken with said they felt living at Coppice Close and a relative said they through their son was safe and well cared for.</p> <p><b>Involving people to manage risks – Score 3</b></p> <p>Risks to people had been identified and assessed. Assessments included personal care, mental capacity, positive behaviour support, medication, medical support, communication and finances.</p> <p>Any risks were identified and recorded with guidance for staff on how to manage those risks. When restrictions were necessary to keep people safe, these were proportionate and the least restrictive option.</p> <p>Some people had behaviours that could challenge. There were PBS (Positive Behaviour Support) plans in place. These identified behaviours and actions for staff to take in these instances, such as redirection for example. However, there were no indicators for any triggers or possible warning signs which may happen before the incidents escalated. <b>(SR 4)</b></p> <p>One person had a history of declining personal care and care records for the last two months showed that this had happened on several occasions. The personal support care plan recorded that they could display</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>behaviours of concerns at times around personal care, and there were references to declining and what staff should do, and how to support safely in these instances.</p> <p><b>Safe environments – Score 3</b></p> <p>The service is set out over four bungalows which are monitored individually for aspects of health and safety. Internal checks were completed on water safety including the testing of temperatures and flushing of little used outlets. Electrical and gas safety were checked with weekly checks on plugs and carbon monoxide detectors, window restrictors, plug safety and the carbon monoxide monitor, for example.</p> <p>Equipment such as hoists were serviced regularly. Appliances and utilities were checked and/or serviced by appropriate professionals.</p> <p>Processes and checks were in place to maintain fire safety. An annual fire risk assessment had last been completed in April 2025, the fire alarm system in each property had been serviced in July, external inspections and/or servicing of fire door safety, fire extinguishers, and the fire alarm system had all been completed.</p> <p>Staff at the service completed a daily fire walk around to ensure that all exits were free from clutter, weekly checks on the fire doors, emergency lighting and a test on the fire alarm system also took place, and monthly checks included maintenance of the grab bag and checks on the fire extinguishers. These were being completed individually in all four bungalows which helped to maintain safety in each property.</p> <p>Monthly fire drills took place in each bungalow and a sample evidenced that people and staff who participated were recorded in the individual record.</p> <p>Hazards that might affect the smooth running of the service was risk assessed. For example, risks associated with the use of aerosols, household equipment, flammable creams, location and emergency procedures. It was noted that there was no service specific risk assessment for bad weather and given that</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>the services are located in a small cul-de-sac that most likely would not be subject to salt by the local council – this may be worth considering.</p> <p>There were two CoSHH registers on the RADAR with a combined total of 42 substances listed. However, there were no current risk assessments or MSDS sheets as all had been archived, a quick review of a small sample of the archived risk assessments showed that reviews were overdue, but there were no other assessments to replace these. <b>(SR 5)</b></p> <p><b>Safe and effective staffing – Score 2</b></p> <p>There were enough qualified, and experienced staff, who received effective training, support, and supervision to support people living at the service, most of the time. Where people needed one-to-one or two-to-one support, this was managed effectively through the rostering of staff. However, feedback from a relative and an observation made at the visit found that the service was short of drivers. The relative said that appointments for their son had at times, been moved or cancelled, and on the second day of the visit, one person could not go on a pre-planned outing to Brighton, because of sickness, which meant there was no available driver. This impacted on both people's choices and wellbeing. It was noted that there was difficulty in recruiting drivers, and although the new deputy manager would be able to support with driving, this would not be their main role. It is suggested that the provider reviews solutions on how to consider the development of available drivers. <b>(SR 6)</b></p> <p>It should also be noted that feedback from a relative indicated that they thought staff were well trained as they said, <i>“All the staff are very good and understand the needs of my son.”</i></p> <p>Recruitment procedures were checked to assess compliance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks provide information including details about convictions</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>and cautions held on the Police National Computer, and this information helps employers make safer recruitment decisions.</p> <p>Full employment histories had been requested, to ensure there were no unexplained gaps. References from previous employers were obtained to assess if the person was of good character. In addition, proof of identity and right to work checks were made.</p> <p>The new deputy manager said they had attended a thorough interview process and that people using the service had taken part in the recruitment process.</p> <p>New staff completed a full induction and probationary period. The recently employed deputy manager confirmed that they were in the process of completing the Liasise structured induction.</p> <p>The Liasise induction consisted of a coordinated programme which included completing the training programme along with exercises and observational practical sessions.</p> <p>Staff were supported with an ongoing training programme. This included both mandatory and required training. Compliance was at 97%, at the time of the visit.</p> <p>Staff received appropriate supervision and appraisal.</p> <p><b>Infection prevention and control – Score 2</b></p> <p>Staff completed regular cleaning of the home, and it was observed that there was a clean environment throughout all four properties. However, in one of the properties the bin in the kitchen was overflowing, the lid could not shut, and debris was ‘piled up’ around the bin. Although, it was reported that there were issues with the collection of rubbish, bins in the properties should be emptied promptly. <b>(SR 7)</b></p> <p>Staff received training in infection control, health and safety and food hygiene training to support good infection control.</p> <p>Regular audits for infection control were completed.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p><b>Medicines optimisation – Score 1</b></p> <p>Medicines were not always managed safely.</p> <p>One person left the service on a regular basis and stayed overnight with their parents. The processes for managing the medicines was not clear. It was explained that the parents kept a stock of medicines at their home which they used when their son visited. However, the processes within the service did not explain this. The countdown sheets in use were not completed consistently when adjusting for the social leave. For example, on one occasion the dates were recorded, and the medicine countdowns were included, but on another occasion, the dates of the social leave were missed from the countdown sheet. By not following a robust procedure this has the potential to leave a margin for error. There needs to be a protocol/procedure in place for the monitoring of medicines when someone is away from the service. <b>(SR 8)</b></p> <p>Where one person had left for social leave, staff had signed the MAR chart in the morning as 'D', which indicates the person is not at home. However, they had not yet left for their social leave, which meant the MAR chart had not been completed accurately. <b>(SR 9)</b></p> <p>Staff were not always following PRN guidance. The MAR chart instructions for one person stated that for Lactulose '<i>To take 5 mls daily at 6 pm to maintain soft bowel motion. Can increase to 15 ml daily if BNO for 48 hours &amp; speak to G.P.</i>' This meant staff could administer an additional 10 mls of lactulose, if the person had not opened their bowels after 48 hours. Records showed that an additional 10 mls was administered on 25<sup>th</sup> of November and again on 27<sup>th</sup> of November. However, staff had recorded that this was administered for '<i>no BM after 24 hours</i>', which was not in line with the prescribers' instructions. On the 26<sup>th</sup> of November the person was given Macrogol, and the reason was that there was there was '<i>No B/M over 48 hours.</i>' However, the Macrogol PRN instructions were that this was to be given after 24 hours, and medical advice was to be sought after 48 hours. There was no record of any medical advice being sought. Again, this meant that the prescriber's instructions were not being followed. <b>(SR 10)</b></p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Detailed PRN protocols were in place for medicines which were prescribed on a ‘when required’ basis. However, as described above, staff were not always following these guidelines. With paracetamol there was a tendency to say it was for pain relief, but not what type of pain, which if there was more than one pain relief in place, this could cause confusion. <b>(SR 11)</b></p> <p>There was a risk assessment in place for an anti-coagulant, but this was for Rivaroxaban and not Apixaban, which was the prescribed anti-coagulant. This meant that the information in the risk assessment was incorrect so potentially putting the person at risk. Although this was addressed at the visit, care needs to be taken to ensure medication support plans and risk assessments are updated appropriately. <b>(SR 12)</b></p> <p>Regular audits were carried out to ensure that medicine administration was effective, and to monitor stock levels and safe storage was appropriate. However, the weekly medication audits were rotated between the four properties, but one of the properties had not been completed on the four-weekly cycle. <b>(SR 13)</b> In addition, the monthly medication audit was overdue.</p> <p>People’s medication records were stored in individual files, but there were no records of staff signatures and their initials, which helps to identify who had administered medication. <b>(SR 14)</b></p> <ul style="list-style-type: none"> <li>• This service scored 63 (out of 100) for this area.</li> </ul>
<b>SRG RATING: Good</b>		<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><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 harm, 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>	<b>Regulation 9: Person Centred Care</b> <b>Regulation 11: Need for Consent</b> <b>Regulation 14: Meeting Nutrition and Hydration Needs</b> <b>Regulation 18: Staffing</b>	<p><b>Assessing needs – Score 3</b></p> <p>People's care records showed their needs were assessed before they began to use the service. Where possible, detailed assessments were carried out with an organised transition process arranged.</p> <p>Once the assessment had been completed, a transition programme had been set up. This had included a gradual transition of regular visits to the service, staff visiting at their current placement, arrangements for any adaptations to their room, involvement from SALT and PBS, if needed, and overnight stays.</p> <p>In addition, relevant assessments and documentation were obtained from the previous placement.</p> <p>People's care and treatment was regularly reviewed in relation to their health, care, wellbeing and communication needs with them.</p> <p><b>Delivering evidence-based care and treatment – Score 3</b></p> <p>Recognised assessments such as choking and MUST were in place, along with oral care assessments for people who cannot manage. Nutritional assessments identified if people were at risk.</p> <p>Care plans showed evidence of other healthcare professionals being involved in their care. This meant people could be confident staff sought the relevant advice and followed guidance from appropriate professionals to assist in meeting their care needs.</p> <p>Staff were assessed for their ability to support people with individual specialist care and support needs. This included competency assessment for areas such as administering Buccal Midazolam, medication, PEG feed, and oxygen for example. The records showed that staff assessments were at 97.7% or above at the time of the visit. This helped to evidence that staff were supported to deliver care in line with good practice.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Medicines were prescribed and managed in line with their STOMP (STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines) policy. There was evidence of medication reviews having taken place for people, and adjustments or changes were made where it was identified that people no longer needed the medicines. These had been conducted by the MOCH Clinical Pharmacist.</p> <p>Where one person had needed a daily enema to support their bowel function, staff had completed a review of their diet, menu choices, and bowel habits. Staff had discussed this with the G.P., who reviewed the treatment in line with the STOMP principles. The enema prescription was changed from daily administration to PRN (as required). This promoted the person's wellbeing.</p> <p><b>How staff, teams and services work together – Score 3</b></p> <p>Staff worked well across teams and services to support people. When people received care from a range of different staff, teams or services, it was co-ordinated effectively. For example, there was a weekly phone 'ward round' with the G.P. surgery where any concerns or changes in medication could be discussed. This enabled staff to ensure that people's healthcare needs were monitored.</p> <p>Care passports were in place. These contained information to share with health and social care partners about the person's healthcare needs, their disability, communication and how to make things easier for the person. It was noted that the care passport for one person recorded that staff should follow SALT guidelines, but there was no reference to what the guidelines were and what level of food modification. <b>(ER 1)</b></p> <p>There were effective systems for communication between the staff teams with handovers and communication books in place.</p> <p><b>Supporting people to live healthier lives – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>Pain profiles were in place. These help staff to understand when people are experiencing pain and are particularly important for people who are unable to verbalise to staff when they are in pain. These would help staff to understand how to recognise signs and respond appropriately.</p> <p>People were supported to access appointments in relation to individual healthcare needs, such as the G.P., dentists and optician.</p> <p>Reviews took place such as an annual health review.</p> <p>Monthly health checks were completed. These checks monitored people's health including skin care, ears, hair and scalp, dental care and oral health, weight and BMI, and bowel management, for example.</p> <p>People were supported to stay as healthy as possible through monitoring of weight and BMI scores thorough MUST (malnutrition universal screening tool). Where needed advice from dieticians was obtained and people were supported with healthy eating regimes.</p> <p>Individual skin condition was maintained and the WATERLOW score was monitored and maintained to ensure that skin was maintained.</p> <p>Risks of constipation were identified within the support plans, with detail on how to support people with their individual needs.</p> <p><b>Monitoring and improving outcomes – Score 2</b></p> <p>Systems were in place to regularly monitor and review the support people received.</p> <p>Some of the body maps and wound records on Blyssful were not updated or reviewed to ensure that progress had been made or that these had improved. (<b>ER 2</b>)</p> <p>One person was to have docusate administered twice a day if bowels had not been open for 24 hours. A check was made on the records of administration for docusate and the recording of individual bowel charts. It was seen in October docusate was administered once, which was after a recording of a day when it was</p>

Key Question	Regulations	Quality Statements and Comments
		<p>reported bowels were not opened. However, there was inconsistency in the recording of the bowel and urine, and this was not recorded on a daily basis. Therefore, it would not be able to be established if there were any risks of concerns. <b>(ER 3)</b></p> <p>There is a lack of clarity around the level of food modification. The support plan for one person relied on the SALT guidelines from June 22 and stated that the person had a minced and moist (level 5), but a letter from the SALT stated that they now required a pureed diet (level 4). <b>(ER 4)</b></p> <p>The support plan and risk assessment for one person recorded the support required in relation to the use of oxygen but did not state what safe levels of oxygen were. <b>(ER 5)</b></p> <p>Where one person had displayed challenging behaviour, staff had monitored and analysed the incidents and spotted patterns, as a result they ensured that the person was supported by primarily male staff. This had reduced the incidents and the need for the use of PRN Lorazepam.</p> <p><b>Consent to care and treatment – Score 3</b></p> <p>Staff and management worked within the principles of the Mental Capacity Act 2005 (MCA).</p> <p>Where people did not have the capacity to make certain decisions, appropriate assessments had been carried out, with decisions made in conjunction with those involved in the care, such as family members or health professionals, so that decisions could be made in their best interests. Management and staff adopted least restrictive practices, and clear plans were in place to use positive approaches as much as possible.</p> <p>MCA assessments were in place for different areas of care and support including medication, finances, personal care, health, activities and communication and were linked to the support plans. Assessments evidenced that people were supported with different communication tools to help them understand the decision to be made.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff demonstrated a good understanding of the principles of the Mental Capacity Act (MCA) and people were supported wherever possible to make their own decisions. Staff described how they offered people choices and how they understood what people's choices were.</p> <p>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. Deprivation of Liberty Safeguards (DoLS) applications were completed appropriately, where needed, and in people's best interests with minimal restrictions.</p> <ul style="list-style-type: none"> <li>• This service scored 70 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good</b></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><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
<b>Caring</b>	<b>Regulation 9: Person-centred Care</b> <b>Regulation 10: Dignity and Respect</b>	<p><b>Kindness, compassion and dignity – Score 3</b></p> <p>Staff members were familiar with the people they supported and understood their individual needs. They interacted with kindness and consideration, making sure everyone had what they needed and felt content.</p> <p>Staff recognised and respected people's rights to privacy and support plans identified how to support people in a dignified way, respecting individual privacy.</p> <p>People were able to make choices and daily living preferences were listened to.</p> <p>Observations showed that staff spoke to people in a respectful manner.</p> <p>A relative said that staff were kind and caring and they felt their son had developed good relationships with the management team and staff working at the service.</p> <p><b>Treating people as individuals – Score 3</b></p> <p>Each person had an additional support plan in place. This included detail about their preferred term of address, where they were born and some background life history, Friends and family, routines which were important, what people needed support with and preferences for activities. Those viewed were detailed and gave a good overview of the person as an individual.</p> <p>A relative spoke positively about staff approach to, and understanding of, their son.</p> <p>Staff knew people well and what activities they enjoyed taking part in each day.</p> <p>People's care records included how they communicated and any specific support they required with their communication needs.</p> <p><b>Independence, choice and control – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>There was a weekly menu in place with options chosen based on people's choices and favourites. Staff told us that people could eat when they wished and people often chose to have their meals together.</p> <p>Staff prompted people to undertake tasks such as cleaning, laundry, shopping and preparing and cooking meals. Staff said they encouraged people to do as much as they could for themselves.</p> <p><b>Responding to people's immediate needs – Score 3</b></p> <p>Staff understood signs and triggers of when people were distressed or upset and knew how to support people in these circumstances. Support plans identified how to support people.</p> <p>Staff reported any concerns about people to the appropriate health or social care professional. Evidence was seen of contact made with the health care professionals if there were concerns about individual immediate needs.</p> <p>Reviews of incidents were undertaken to assess how these were managed to ensure that people were supported appropriately.</p> <p><b>Workforce wellbeing and enablement – Score 4</b></p> <p>There was an employee assistance programme and confidential help lines were available for staff to use, should they need to.</p> <p>Above and beyond nominations were in place for staff who have gone the extra mile to support people to help recognise where staff had achieved good outcomes for people.</p> <p>Following incidents of concern, the management team supported staff with debriefs.</p> <p>Staff said they felt well supported.</p> <ul style="list-style-type: none"> <li>• This service scored 80 (out of 100) for this area.</li> </ul>

Key Question	Regulations	Quality Statements and Comments
<p><b>SRG RATING: Good</b></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><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>	<b>Regulation 9: Person Centred Care</b> <b>Regulation 17: Good Governance</b> <b>Regulation 16: Receiving and Acting on Complaints</b>	<p><b>Person-centred Care – Score 3</b></p> <p>Observations showed staff interacting positively with people and it was seen that they respected people's individual preferences and choices.</p> <p>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.</p> <p>People were supported to make choices about how they spent their time or what activities they wanted to take part in. Staff ensured that routines were flexible, and people were seen to be supported with making their own choices, with staff respecting their decisions.</p> <p>Staff spoken with were clear and positive about promoting a person-centred approach. Observations showed that people were comfortable with staff, and there was a relaxed atmosphere.</p> <p>Monthly key worker meetings were happening, which gave people opportunities to contribute to their care and support.</p> <p><b>Care provision, integration, and continuity – Score 3</b></p> <p>People's care and treatment was delivered in a way that met their assessed needs from services that are co-ordinated and responsive. There was evidence that people regularly accessed GP and other community health services.</p> <p><b>Providing information – Score 3</b></p> <p>Information was provided to people in formats that they were able to access. This included easy read and pictorial.</p> <p>The complaints procedure was available and, in line with Liaise procedures, also available in an easy read format.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>When communicating information to people a range of methods were used. These included picture cards, posters, objects of reference and social stories, if the person wanted to use these.</p> <p>Each person had a communication care plan which included information about how people communicated and how to communicate with people.</p> <p>Staff had developed a bespoke communication book for one person who was non verbal based on known preferences. This included pictures of things they liked such as food, programmes, clothes and activities, which meant it was personalised to the individual person.</p> <p><b>Listening to and involving people – Score 3</b></p> <p>Three complaints had been recorded on the RADAR system since July. The investigation into the most recent had just been completed and a response had been sent to the complainant with a list of actions which were being taken. A final response from the complainant to assess whether they were happy with the outcome was pending. There was good evidence that complaints were taken seriously and responses made in a timely manner.</p> <p>A relative said they would be happy to raise any concerns and were confident that these would be addressed.</p> <p>Surveys had been sent to relatives, and the feedback had generated a 'you said/we listened' response. One piece of feedback was that '<i>activities were rarely offered and pws have to arrange their own</i>'. The response was '<i>We encourage people, where appropriate and applicable to arrange their own activities with the support of staff, this promotes their independence and builds confidence.</i>' This did not really demonstrate how staff were supporting people to access activities, which had been noted at the visit. <b>(RR 1)</b></p> <p>House meetings took place at each individual house, and this gave people opportunities to discuss the menus and activities. Not all of the individual houses identified actions. For example, the H1 meetings</p>

Key Question	Regulations	Quality Statements and Comments
		<p>clearly recorded requests and actions and what was to be done about it, but meetings from other houses did not record this. <b>(RR 2)</b></p> <p><b>Equity in access – Score 3</b></p> <p>There was appropriate equipment in place to support people to access facilities and with their daily living. This included moving and handling equipment, specially adapted wheelchairs, and beds, for example.</p> <p>People used regular and specialised healthcare services depending on their needs, and staff advocated for them where necessary to ensure they received the services they were entitled to.</p> <p>Staff supported people to access the support and treatment they needed. For example, one person had refused to let staff or the podiatrist touch their feet. Staff had purchased a foot spa, and this had helped to desensitise the person and for them to become more familiar with people touching their feet. As a result, over a period of time, the person now accepted support from the podiatrist.</p> <p>However, as identified in the Safe section of this report, the lack of drivers was at times impacting on people's access to the community.</p> <p><b>Equity in experiences and outcomes – Score 4</b></p> <p>People went out and about in the community and joined in a range of activities. Some people regularly went to the gym, swimming and sensory sessions, for example.</p> <p>Two people worked and some people attended college. People enjoyed going to the cinema, cafés, shopping and some people regularly attended church.</p> <p>At home people were involved in baking, arts and crafts, exercise sessions and everyone was currently involved in decorating the homes for Christmas.</p> <p>People were actively involved in the daily activities of the individual services. Some people helped out with cooking and/or preparing of meals, and their laundry. People also helped keep their rooms tidy.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>One person had been supported with an overnight stay in London. They had enjoyed it so much, they wanted to visit again for a longer period of time to celebrate their birthday. Staff planned this with the person, and they had worked with them to book tickets for different shows, a trip to zoo and the hotel. Evidence was seen that the person had enjoyed their experience.</p> <p>Two people had been supported by staff to plan a night out at the Blue Camel nightclub in Brighton. Staff helped them prepare for the evening by discussing what to wear, arranging transport, and ensuring they had everything they needed for a safe and enjoyable night. It was reported that they both enjoyed dancing, socialising, and being part of the community.</p> <p><b>Planning for the future – Score 3</b></p> <p>There was no-one receiving end-of-life support at the service.</p> <p>Consideration was given to end-of-life matters, and where people wanted to discuss this, there was information in the support plans.</p> <ul style="list-style-type: none"> <li>• This service scored 78 (out of 100) for this area.</li> </ul>
<b>SRG RATING: Good</b>		<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><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
<b>Well-Led</b>	<b>Regulation 17: Good Governance</b> <b>Regulation 5: Fit and Proper Persons Employed - Directors</b> <b>Regulation 7: Requirements Relating to Registered Managers</b> <b>Regulation 18: Staffing</b> <b>Regulation 20A: Requirement as to Display of Performance Assessments</b>	<p><b>Shared direction and culture – Score 3</b></p> <p>The service was well-led, and the Registered Manager was visible and available. A new deputy manager had joined the team, and they reported that they had been supported to settle into the role and there had been a welcoming atmosphere.</p> <p>There was a positive atmosphere and culture in the service which focused on people using the service. There was an open and transparent approach which acted on concerns raised and protected people in line with safeguarding and whistleblowing procedures</p> <p>Evidence was seen of letters following investigations into complaints with assurances that any concerns were taken seriously, and evidence of actions taken and outcomes. This helped to assure people that their concerns were addressed in an open and transparent manner.</p> <p><b>Capable, compassionate and inclusive leaders – Score 3</b></p> <p>There were clear lines of accountability. There was a visible management team who were accessible and available for staff, people using the service and family and friends.</p> <p>The management team knew and understood the needs of the people using the service and had just been joined by an additional deputy manager to help maintain oversight of the service.</p> <p>The Registered Manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to CQC for significant events that had occurred at the service as required</p> <p>Staff reported that they felt there was an inclusive team within the service, and they all worked together.</p> <p><b>Freedom to speak up – Score 3</b></p> <p>Staff spoken with felt they could have a say and were listened to. There was an open-door policy to the office. Staff also reported that the management team were approachable and supportive.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Systems and processes were in place to enable staff to raise concerns anonymously if they wished.</p> <p>There was a staff forum, where a staff champion represented all the staff at the service and enabled them to feed staff views into a wider forum, which was attended by senior management. This further supported staff to have a voice.</p> <p>Staff meetings were happening on a monthly basis. These gave staff to opportunity to discuss the experiences of people using the service and including health, compliance with internal audits and CQC, Incidents/Safeguarding/Debriefing. (themes/learnings/actions), training, feedback from any internal and external professionals, training and any changes in practice or legislation. Regular pop-quizzes took place at the meetings to assess staff knowledge, and this helped to maintain staff development.</p> <p><b>Workforce equality, diversity and inclusion – Score 3</b></p> <p>Policies and procedures were in place for equality and diversity, and staff had completed training.</p> <p>Staff were supported with flexible working arrangements to accommodate religious festivals and practices.</p> <p>Staff spoke positively about the management team and voiced no concerns.</p> <p><b>Governance, management and sustainability – Score 2</b></p> <p>In line with Liaise procedures audits were completed on the RADAR system.</p> <p>Audits included managers support plan and risk assessment audit, managers walk around audit, monthly health and safety and infection control, and a monthly finance audit. Medication audits were also in place which included weekly medication shift leaders audit, and the managers monthly medication audit.</p> <p>It was noted that the weekly medication audits were rotated between the four buildings, but as identified in the Safe section of this report, this was not happening and one of the properties had not been completed on the four-weekly cycle.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The last three weekly medication audits had all been identified as requiring improvement which was a bit concerning given that the monthly audit was nearly 2 weeks overdue. <b>(WR 1)</b> In addition, the medication audits were not identifying the issues reported in the safe section of this report.</p> <p>Manager meetings were happening, and information was shared with the service.</p> <p>Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.</p> <p><b>Partnerships and communities – Score 3</b></p> <p>The management team reported that a variety of health and social care professionals were involved in supporting people. There was evidence that the service was transparent worked in collaboration with all relevant external stakeholders and agencies.</p> <p>Records showed how the management team worked closely in partnership with multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed for continuity of care.</p> <p><b>Learning, improving and innovation – Score 3</b></p> <p>An action plan was in place. Actions were developed from accidents, incidents, audits, meetings, and feedback, which meant that they encompassed all areas of the service. At the time of the visit there were 15 open actions on the RADAR action plan, some of which were overdue, however, most were either in progress, or the completion date had been extended.</p> <p>At provider level, lessons learnt from other services which have had negative impacts on other services were shared with information on how to reduce the risk of this happening at Coppice Close.</p> <p>The management team were also supported with ongoing learning through online workshops.</p>

Key Question	Regulations	Quality Statements and Comments
		<p><b>Environmental sustainability – sustainable development – Score 3</b></p> <p>Consideration had been given to environmental sustainability. Where possible recycling was implemented and staff followed local authority procedures.</p> <p>There was an aim to reduce the use of paper through electronic systems such as the quality assurance systems, care planning and staff rostering.</p> <ul style="list-style-type: none"> <li>• This service scored 71 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good</b></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><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	<i>Ensure that incident reports include details of why PRN is administered.</i>						
SR2	<i>Include more detail in lessons learnt</i>						
SR3	<i>Ensure all staff are familiar with how to report safeguarding concerns, and do not rely on the electronic reporting system</i>						
SR4	<i>Include more detail of triggers or possible warning signs in PBS plans</i>						
SR5	<i>Ensure that up-to-date CoSHH risk assessments are in place</i>						
SR6	<i>Provider to consider how to develop accessibility of transport or drivers for people living in Coppice Close.</i>						
SR7	<i>Ensure that debris and rubbish is removed promptly and bins are emptied regularly.</i>						
SR8	<i>Review the procedure for signing medicines in and out for social leave and ensure there is a detailed protocol where medicines are kept by the parents.</i>						

## CQC Key Question - SAFE

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

SR9	<i>Ensure staff complete MAR charts are recorded accurately.</i>					
SR10	<i>Ensure that staff follow PRN guidelines accurately.</i>					
SR11	<i>Ensure there is clear guidance on the type of pain needed to administer different medicines such as paracetamol</i>					
SR12	<i>Ensure that medication support plans and risk assessments are updated following any changes</i>					
SR13	<i>Ensure that if the weekly medication audits are being completed on a four-weekly cycle this is rostered in appropriately, and a property is not 'missed'</i>					
SR14	<i>Ensure there are records of staff names / signatures and initials available in each medication record to help evidence who has administered the medicine.</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
ER1	<i>Ensure care passports include more detail about food modification levels</i>						
ER2	<i>Ensure that body maps are reviewed and updated with progress.</i>						
ER3	<i>Ensure that bowel charts are completed where needed.</i>						
ER4	<i>Ensure that support plans contain the correct level of food modification</i>						
ER5	<i>Ensure that levels of oxygen are recorded so staff are aware of what is a safe level</i>						

## CQC Key Question - CARING

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
CR1	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>When providing feedback to surveys consider how better demonstrate the actions being taken.</i>						
RR2	<i>Include actions and how they had been addressed in all individual house meetings.</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>Ensure that the monthly medication audit is completed in a timely manner.</i>						