



# AUDIT REPORT

## Lucas House

**Date of Visit:** 18<sup>th</sup> & 19<sup>th</sup> of November 2025

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**Service Name:** Lucas House


**Provider:** Liaise (London) Ltd






**Address of Service:** 35 Lucas Road, High Wycombe, HP13 6HP

**Date of Last CQC Inspection:** Service was registered on 14<sup>th</sup> November 2024 and has no inspection rating as yet.

## Ratings

<b>CQC's Overall Rating for this Service:</b>	None	
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<b>SRG's Overall Rating for this Service:</b>	Good	
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Key Questions	Rating	Overall Score
<b>Safe</b>	Good 	78 (out of 100)
<b>Effective</b>	Good 	70 (out of 100)
<b>Caring</b>	Good 	80 (out of 100)
<b>Responsive</b>	Good 	67 (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 18<sup>th</sup> & 19<sup>th</sup> 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 Manager, Deputy Manager, Team Lead, and holding discussions with staff and people. A tour of the building was conducted, along with a review of key documentation. For people with communication difficulties and/or cognitive impairments, observations were made to ensure they appeared comfortable and content with the support they were receiving. Additionally, two care plans were reviewed, three staff recruitment files were checked, and records were examined to confirm that staff training and supervision had been conducted appropriately. Medication records and operational documents, such as quality assurance audits, staff meeting minutes, and health and safety and fire-related documentation, were also assessed.

## OUR VIEW OF THE SERVICE

The service is a residential care home providing accommodation and support for three individuals living within individual flats with communal lounge, kitchen and garden areas. At the time of inspection only 2 individuals are living in the service. People expressed feeling safe, and staff demonstrated a clear understanding of managing risks effectively. Managers investigated incidents thoroughly, taking appropriate actions to mitigate future risks. The home was generally clean. Equipment was well-maintained and met the needs of the people living in the home.

The home had adequate staffing levels, with staff receiving regular training and supervision. Medicines were managed effectively by staff. People and their families were actively involved in the assessment of their needs, which staff regularly reviewed. People had sufficient food and drink, and staff closely monitored their health, working collaboratively with medical professionals. Consent was sought before providing support, and families were involved in decisions made in the best interests of individuals who lacked capacity.

People were treated with kindness and compassion, with staff respecting their privacy and dignity. Staff recognised people as individuals and supported them in making choices about their care. However, opportunities for activities in the community were limited, as the service staff are unable to use the vehicle to go out in. Despite this, staff responded promptly to people's needs, and both people and their families felt involved in care decisions. Families knew how to provide feedback or raise concerns, and any issues raised were addressed promptly. People's preferences for end-of-life care were also explored.

Governance systems were in place, and identified actions were completed. The management team was visible and approachable, and staff reported enjoying their roles and feeling supported to provide feedback. Feedback from external partners about the service was positive.

### PEOPLE'S EXPERIENCE OF THIS SERVICE

People and their relatives expressed mixed views on about the quality of care provided. They felt safe and actively involved in planning their care, however not all individuals were supported to make their own choices and were encouraged to maintain their independence wherever possible. One relative commented, *"I think there has been a lot of progress, staff are very good with him (relative) in his presence, in their approach, although there are still things that need to improve in communication and activity he enjoys the most"* One person shared, *"I like living here, because of my independence"*.

Both people and their relatives noted that the staff were kind, respectful, and upheld their dignity. One person shared, *"The staff support me, I feel safe, they are all kind."* While some activities were available, participation varied, with one individual stating, *"I choose what I want to do, I go out for coffee, the staff support me with cleaning, they never cook for me I do my own,"* a relative stated *"A key important activity is to go for drives, he (relative) has always liked this the most, there has been no driver since August and this has also affected him being able to go and do his own shopping once a week"*.

People and their relatives felt comfortable raising concerns and confident that any issues would be addressed promptly. One relative mentioned, *"Initially there were a lot of concerns and communication was poor, this has changed, Naresh (Manager) has been the most informative manager and has actively asked me for things too which is proving reassuring"*.

For people unable to directly share their experiences, observations during the assessment were used to evaluate the quality of care. Staff sought consent before providing support and were fully interacting with people during support, holding conversations/communicating as much as able and ensuring they were happy and reassured with the support provided.

Both people and their relatives described the staff as caring and attentive. One person stated, *"The staff are very friendly, approachable, I have no complaints at all about how the staff are."* Visiting professionals also shared positive feedback about the staff team and the support they delivered. People were familiar with staff and leadership, with one individual commenting, *"All the Managers have been nice, the new Manager comes in to chat"*.

### DISCLAIMER

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

## RATINGS

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

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

**Outstanding** – The service is performing exceptionally well.

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

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

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

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

Key Question	Applicable Regulations	Quality Statements and Comments
<p><b>Safe</b></p>	<p><b>Regulation 12: Safe Care and Treatment</b></p> <p><b>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 19: Fit and Proper persons employed</b></p> <p><b>Regulation 20: Duty of Candour</b></p> <p><b>Regulation 15: Premises and Equipment</b></p>	<p><b>Learning culture – Score 3</b></p> <p>The service had a positive culture of safety, based on openness and honesty. Staff documented accident, incident and safeguarding concerns and the provider's systems enabled actions to be taken. Incident forms seen were detailed and complete, detailing factual account, triggers identified, behaviour of concern, actions taken whether any were restrictive, how incident ended and any post incident support provided to the individual and others such as family being informed or not.</p> <p>Lessons were learnt to continually identify and embed good practice. On the lessons learnt forms viewed with the Home Manager a number of records by different team members had the exact same wording as the lesson learnt from incident. This may or may not be wording all team have been advised to use if unable to identify any learning after incidents prior to current manager being in post. <b>(SR1)</b></p> <p>A document had been created for guidance for staff in how to write good incident form and lessons were learnt and shared within the staff team meetings, with updates such as terms that should not be used and what should be used instead. Staff told us they were kept updated and informed of changes relating to people, this was evidenced in handovers and meeting minutes. Staff told us communication was effective and learning was shared in the team.</p> <p>External agencies were notified of incidents and safeguarding concerns as required. For example, the Care Quality Commission (CQC) and the local authority safeguarding team.</p> <p><b>Safe systems, pathways and transitions – Score 3</b></p> <p>The service worked collaboratively with people and healthcare partners to establish and maintain safe systems of care. Systems were in place to support smooth transitions between services when required. There were effective processes to ensure safety was routinely managed, monitored and communicated. For example, where people required additional support with epilepsy management or their mental health, care records were updated promptly and shared to ensure safe and consistent care.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Personal Emergency Evacuation Plans and Hospital Passports were in place with grab bag for emergencies. Flammable creams are noted within PEEPS.</p> <p>Partnership working was actively promoted and encouraged to ensure people received coordinated care. Staff supported people to attend medical appointments and multidisciplinary meetings and helped them to understand the information discussed. This enabled people and their representatives to be involved in decisions about their health and wellbeing.</p> <p><b>Safeguarding – Score 3</b></p> <p>The service worked with people and healthcare partners to understand what being safe meant to them and the best way to achieve that. Staff concentrated on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. The provider shared concerns quickly and appropriately.</p> <p>Notifications to local authority safeguarding teams and CQC are recorded on Blyssful individual records.</p> <p>Staff confirmed they knew what to do in the event of an allegation of abuse being made. All staff completed safeguarding training, which was refreshed annually. Staff were aware of the reporting process for allegations of abuse. Policies and procedures guided staff on what to do if an allegation of abuse was made and how staff could raise concerns using the whistle blowing policy.</p> <p>People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this can be done through a procedure called the Deprivation of Liberty Safeguards (DoLS), which is part of the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and how they managed DoLS within the service. We found the service was working within the principles of the Mental Capacity Act (MCA) and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The service kept these logged on RADAR of changes and review dates. People’s capacity and the Deprivation of Liberty Safeguards</p>



Key Question	Applicable Regulations	Quality Statements and Comments
		<p>(DoLS) in place were included in people's support plans, including what the DoLS meant when supporting people. Where people required support to make decisions, staff documented this in people's care records, including how decisions were made in people's best interests.</p> <p>One individual currently has standard authorisation applied for and pending, the Home Manager chases this monthly with local authority.</p> <p>Staff team answered confident and knowledgeably questions on MCA and DoLS.</p> <p><b>Involving people to manage risks – Score 3</b>  The provider worked well with people to understand and manage risks. Systems were in place to identify, assess, and manage risks to people. Individuals and/or relatives are informed of any risks in relation to their care and support and how to keep themselves safe.</p> <p>External health professionals are referred to for assessment and/or advice such as GP, Dentist, speech and language, dietician, psychologist.</p> <p>The home presented as a calm and supportive environment during inspection, where people were encouraged to move about the service independently. Staff knew people well and demonstrated a clear understanding of people's risks. The service encouraged people to take positive risks to develop independence, such as with support being involved in administering their own medication, daytrips, and overnight stays outside the home with risk assessments completed.</p> <p><b>Safe environments – Score 3</b>  The service had systems to detect and manage potential risks within the care environment. People using the service, their relatives, and staff told us they were satisfied with the service environment.  The Home and Deputy Manager advised of repair/redecoration work that had been requested from the maintenance team for paintwork, floor outside living room and a potential shower removal however this</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>could not be evidenced at the time of the Inspection. We found most areas of the service were clean and well maintained. A bathroom upstairs had black mould around the window seals and living room window area had gaps in window sealants where dirt was collecting and paintwork damage. <b>(SR2)</b></p> <p>Fire drills and all Health &amp; Safety checks in place, documents we reviewed relating to fire safety and health and safety checks, were up to date. A system is in place for daily, weekly and monthly health and safety checks.</p> <p>Certifications from external company checks were evidenced for all aspects of the building and service health and safety.</p> <p>Labels were on all open food and drink with dates noted.</p> <p>Environment daily safety checks and audits were recorded on the company electronic system.</p> <p>The Service has a large rear garden with different areas for individuals to use. Seated areas and a swing and trampoline are available for individuals to use within the garden.</p> <p><b>Safe and effective staffing – Score 3</b></p> <p>The service ensured staff were sufficiently skilled and knowledgeable to support people safely. Training records showed that staff had completed mandatory training, supervisions were held regularly and appraisals annually.</p> <p>All staff had completed a care certificate, with records evidencing 2 staff outstanding sign off which are bank staff which need to confirm their own signatures on the system to sign off to complete.</p> <p>Staffing levels were safe and rotas planned in advance. There were enough staff available to support people individually with daily living tasks and planned activities.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Safe recruitment processes were followed. Appropriate employment checks were carried out, including Disclosure and Barring Service (DBS) checks and confirmation that overseas staff had the correct authorisation to work in the UK. Staff told us their induction was comprehensive and prepared them well for their roles.</p> <p>Pregnancy risk assessment and reviews were evidenced for a pregnant staff member and work allocation amended to ensure her risks were reduced.</p> <p><b>Infection prevention and control – Score 3</b>  The service assessed and managed the risk of infection. They detected and controlled the risk of it spreading and shared concerns with appropriate agencies promptly.</p> <p>Staff received training on infection prevention and control (IPC). Personal protective equipment (PPE) was available for staff use. People’s individual living areas were clean with furnishings and equipment in good order with the exception of mould noted earlier in report. Communal areas generally clean and tidy.</p> <p>Infection control is in place, COSHH Cupboard kept locked. The staff member spoken to who was an infection control champion was very detailed in explaining their responsibilities in the champion role.</p> <p><b>Medicines optimisation – Score 4</b>  Medicines were managed safely and in line with people’s needs and preferences.</p> <p>A staff member spoken to explained their role as a medication champion, advised of a medication error made by a staff member in July, the process following was that the staff member was removed from medication responsibilities and booked onto retraining, following training completion there is then 3 observations of supervised medication competency whilst on shift, before then being confirmed to be back onto medication duties alone.</p>

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		<p>Medicines were stored and recorded safely. Creams application was demonstrated twice during inspection and safe practice and recording evidenced.</p> <p>Individuals have their own medication folders, including profiles with medical information, stating preferences of how and when to take medications, the company medication policy, hospital passport, pain profiles, MAR sheets and PRN records.</p> <p>National best practice guidance was followed including the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both). People's medicines were regularly reviewed by prescribers. Evidence on files demonstrated medication reviews involving GP's, Psychiatrists, keyworkers and CLDHT Nurse resulting in removal or reduction of psychotropic medication.</p> <ul style="list-style-type: none"> <li>This service scored 78 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: GOOD</b> – This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable 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>  The service made sure people received effective care and support based on thorough assessments of their health, wellbeing and communication needs. Assessments were completed before people joined the service to ensure their needs could be met, including consideration of protected characteristics and cultural needs. Information from these assessments was used to plan person-centred care in partnership with people, their families and professionals.</p> <p>Multidisciplinary input supported effective assessment and support planning. Health assessments enabled staff to monitor people's wellbeing and provide timely interventions, while daily living assessments promoted independence and safety. Functional assessments informed positive behaviour support (PBS) plans, which set out strategies for supporting people, including when additional input from behaviour specialists was needed.</p> <p>Blyssful system records evidenced assessments, support plans and associated risk assessments have review dates scheduled in within the next 6 months (12 months of date of move in).</p> <p><b>Delivering evidence-based care and treatment – Score 3</b>  Evidenced based tools were used to gather information such as MUST screening and nutritional assessment, choking, About me standards.</p> <p>The provider did not always ensure care and treatment was planned and delivered in line with what was important to people. We received mixed feedback about how well people's support reflected their needs and preferences. Some concerns were raised about people's routines, activity needs, and communication needs from relatives. Feedback from staff informed us that activities were not always being followed in line with people's preferences and had the potential to impact people's experiences and outcomes due to the shortage of driving staff in the service. The Home Manager advised of recent communications with other locations in the company and the relatives to address these issues to resolve.</p> <p><b>How staff, teams and services work together – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>The service worked well across teams and services to support people.</p> <p>Staff sought advice from appropriate professionals and made referrals for specialist input when needed. Records evidenced this.</p> <p>Information about people was shared effectively. Changes to care and treatment plans were communicated through handovers, team meetings and care records and use of the Blyssful messaging service.</p> <p>Staffing rotas were planned flexibly to meet people's needs and provide continuity of care.</p> <p>RADAR system is used to record actions found in manager audits, these are allocated to team leaders on system and updated by team leaders themselves.</p> <p>Good incident record writing guidance was developed to support the team in record keeping.</p> <p><b>Supporting people to live healthier lives – Score 3</b></p> <p>Goals are discussed and set with individuals to work towards health and nutrition goals to support healthier lives, evidence was seen of a goal for one individual “to loose (lose) weight and live more healthy” with steps being to attend slimming world to support weight loss, detail in appointments being attended and outcomes of losing weight and appearing to be happy or excited. Some have further detail that supports the ‘appearance’ of emotion such as “she appears to be excited, as she thought she was going to gain since she went over her sync (syms) for most of the days”.</p> <p>We received mixed feedback about how people received effective support to manage their health and wellbeing. Some relatives raised concerns about the impact of diet and activity level on physical health and wellbeing, including existing information and advice about food option and choice not always being followed. The Home Manager and Deputy confirmed that these concerns were being addressed with</p>

Key Question	Regulations	Quality Statements and Comments
		<p>collaboration with relatives of meal monitoring and were detailed in their knowledge of complexity around individuals' food choice communication. Healthy low sugar alternatives had been swapped out of diet and successful support to a dental appointment for dental treatment and advice had come from staff and family collaboration.</p> <p>Referrals are made to external health professionals as needs are identified.</p> <p><b>Monitoring and improving outcomes – Score 2</b>          The service routinely monitored people's care and support to improve outcomes and experiences. Effective systems were in place to monitor, assess and adjust support where needed using a combination of electronic records forms within person interaction.</p> <p>Individuals work with staff to identify own goals, and staff are evident in checking on goals and recording on the system. Although being regularly updated no mood, behaviour or individual expression on these goals are being detailed. For example in one example the PBS plan states daily diaries to record positive events, general mood and daily participation in plans, there are 6 goals set on system, regular entries updating on the progress of the tasks such as making envelopes and colouring cards, being independent alone for set time, no mood or behaviour information is recorded within the goals, out of 6 entries only 1 noted any mood/emotion with the activity stating "she appears to be excited about colouring them". This could have been a direct question as well as an observation and in more detail, nothing noted as to how excitement was recognised in behaviour or verbally expressed, for example, was the individual asked if they were enjoying/excited. One word such as 'good' or 'successful' within 19 entries of being unsupervised since being in the home none noted any mood, behaviour or statement from individual on them.</p> <p>People and their representatives were involved in reviews. Keyworker meetings and care reviews were tailored to people's abilities and wishes, ensuring their views were heard. People gave positive examples of their care. One person told us, "I went to a museum and stayed overnight in a hotel".</p>

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		<p>Handover records are not fully utilised to include daily moods, in some records seen the preset question asks, “how has individuals general mood been?” the record states “individual had a good day” no mood information is included. <b>(ER1)</b></p> <p>One goal from 10<sup>th</sup> October had no steps to achieve the goal, the Home Manager gave information of prior goals that had led to this goal being set, this was evidenced from the risk assessment and outcome success story of hotel stay in September. As discussed with Manager, following on from success one night in September should be included in goal steps. <b>(ER2)</b></p> <p>A verbal compliment was seen as recorded given by a relative on visiting the office, expressing “the team is doing an amazing job supporting his son”.</p> <p><b>Consent to care and treatment – Score 3</b></p> <p>People were lawfully deprived of their liberty where this was necessary to keep them safe. Staff upheld people’s rights under the Mental Capacity Act 2005 (MCA). They worked with people, families and professionals to ensure decisions reflected people’s wishes and feelings. Staff demonstrated knowledge of the MCA and DoLS when asked and ensured any restrictions were proportionate to the level of risk. There was evidence of the provider regularly chasing the local authority for outstanding authorisations/ renewals.</p> <p>People who lacked capacity to consent to their care had best interests’ decisions made appropriately on their behalf. Support plans contained decision-specific capacity assessments and evidence of best interests’ decision-making in line with legal requirements. We observed people being supported using the least restrictive options and treated with dignity and respect.</p> <ul style="list-style-type: none"> <li>• This service scored 70 (out of 100) for this area.</li> </ul>



Key Question	Regulations	Quality Statements and Comments
		<p><b>SRG RATING: GOOD</b> - This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflects these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work”.</b></p>

Key Question	Regulations	Quality Statements and Comments
<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>            People were treated with kindness, compassion and dignity. Staff demonstrated positive and respectful interactions throughout the inspection. Staff respected people’s privacy and dignity.</p> <p>Staff were mindful of working in people’s individual spaces, showing respect for personal space, belongings and privacy.</p> <p>Consent was sought before providing care, and people’s decisions were upheld.</p> <p>Feedback from relatives was positive, with comments such as “Staff are very friendly and approachable”</p> <p><b>Treating people as individuals – Score 3</b>            People were treated as individuals. Staff took account of people’s strengths, abilities, culture, protected characteristics and unique backgrounds. People’s lives reflected their personalities and interests.</p> <p>People were supported to make choices and decisions throughout the day, such as what to eat, how to spend their time and their support preferences.</p> <p>One individual advised of what choices they made of activities they undertook and what staff support they wanted with these. We saw the service putting on TV programs/music of individuals’ preference in communal areas. One person told us they were looking forward to an upcoming trip away from the service overnight.</p> <p>Bedrooms and individual flats were personalised and activities reflected people’s hobbies, strengths and faiths.</p> <p><b>Independence, choice and control – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>The service promoted people’s independence and choice and control over their support and wellbeing. Support plans supported people to develop self-care and daily living skills and set out the level and type of support required. People were supported to make choices in ways that suited them with use of communication aids to support understanding/confirm choices.</p> <p>Staff understood the importance of privacy and enabled people to spend time alone when they wished.</p> <p><b>Responding to people’s immediate needs – Score 3</b>  The service understood people’s immediate needs. Staff responded to people’s needs in the moment and acted to reduce discomfort, concern or distress. During the Inspection staff demonstrated using positive behaviour support (PBS) strategies to lessen anxieties, provide reassurance and followed professional guidance to support people’s mental and physical health.</p> <p>Staff knew people well. They recognised subtle signs, such as changes in body language, facial expressions which indicated a person might need more space or support.</p> <p>Staff also knew how to seek specialist input from partner agencies and community services, ensuring people received appropriate support and guidance.</p> <p>An extract from an email chain is recorded as a compliment received from family member to the home manager thanking them for all their work and a lot of communication over two or three days working towards ensuring a dental appointment takes place for their relative.</p> <p><b>Workforce wellbeing and enablement – Score 4</b>  The service cared about and promoted the wellbeing of their staff and supported and enabled staff to deliver person-centred care. Staff spoken to felt supported and valued by the manager and senior managers. Staff advised the company provides support not just in ensuring any training required is needed but also in supporting emotionally when staff required it. Free confidential support advice lines</p>

Key Question	Regulations	Quality Statements and Comments
		<p>are in place for staff to use. Staff also advised of receiving recognition by senior managers after a very difficult period over a prolonged time in the service, staff received bonuses to acknowledge their resilience and care.</p> <p>All staff felt comfortable raising concerns with managers and/or senior managers.</p> <p>Supervision and Team meetings also gave space for staff raise or discussion concerns.</p> <ul style="list-style-type: none"> <li>This service scored 80 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: GOOD</b> - This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.”</b></p>		

Key Question	Regulations	Quality Statements and Comments
<b>Responsive</b>	<b>Regulation 9: Person Centred Care</b>	<p><b>Person-centred Care – Score 3</b></p> <p>Support plans are detailed on background history before Liaise, likes, dislikes, interests, work and routines, worries, reassurances, physical and mental health a mobility levels and personal care tasks.</p>

Key Question	Regulations	Quality Statements and Comments
	<p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 16: Receiving and Acting on Complaints</b></p>	<p>Communication is assessed and communication passports put in place to support individuals to express need or preference, connect and understand as much as possible.</p> <p>People told us they were able to do the things they enjoyed. One person said, “I choose what I want to do, I like living here because I have independence”.</p> <p>Person-centred practice was observed throughout the inspection. Staff knew people well and interacted with them politely and respectfully. Staff team, team leader and Deputy Manager were seen interacting with good rapport that reflected positive and trusting relationships between staff and people.</p> <p>Staff recording was not always documenting the detail of person-centred support being delivered. The Home Manager also advised of record keeping being addressed with staff team and he had created a ‘keyring of tips’ which is attached to the tablets staff use to record daily activities. Although these were in place they did not include tips, such as the meals, snacks and drinks card prompts to record the temperature check of food but does not prompt to record choices offered and made. <b>(RR1)</b></p> <p><b>Care provision, integration, and continuity – Score 3</b></p> <p>People received care and support from services that understood their diverse health and social care needs. There was evidence of joined up and flexible care to meet peoples assessed needs.</p> <p>Processes were in place to promote community connections and opportunities, and staff rotas were designed around people’s activities and commitments. Feedback informed us people’s lives, wellbeing and independence had been enhanced by these opportunities. Also as noted earlier in report barrier in continuity for one individuals community outings.</p> <p>PEEPs and information for hospital/environment transfers are in place for emergency situations.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Family and friends are able to attend the home for visits and the home supports with group or separate spaces to use for individual celebrations and parties.</p> <p>As discussed with Home Manager, oversight on overall spelling and grammar through support plan and recorded documents is required due to contextual wording used on both individual records seen, such as 'tge' instead of 'the', 'soar' instead of 'sore' 'loose' instead of 'lose', 'burrow' instead of 'borrow', 'advise' instead of 'advice', 'ready' instead of 'read', 'heat' instead of 'eat', 'wuth' instead of 'with'. Some records change part way through of first person to third person. Inaccurate records could be misconstrued in a continuity transition. <b>(RR2)</b></p> <p><b>Providing information – Score 3</b>  Feedback from families and professionals indicated that guidance to support people's essential communication methods was not always followed or accurately implemented. The Home Manager is taking action to ensure all relatives are included in communications and any historic information relatives have used prior to moving into the home is gathered for use, this was confirmed by the relative.</p> <p>This included the use of social stories, and we observed that information was available to people in easy-read formats, and picture use.</p> <p>Communication assessments were part of people's care planning pathway, and support plans reflected their individual communication needs. Some of the provider's policies, such as the complaints procedure, were supported by pictorial symbols to aid people's understanding.</p> <p><b>Listening to and involving people – Score 3</b>  Evidence seen of the easy read complaint document being in use by individuals supported in the service to make complaints and the complaints being responded to.</p> <p>Surveys were sent out for feedback on the service.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Team meetings are planned in advance for staff to raise ideas and concerns.</p> <p>Family involvement in service communication was evidenced, relatives advised that communication has improved, and they feel comfortable concerns raised will be actioned.</p> <p><b>Equity in access – Score 2</b>  The provider ensured people could access the care and support they needed when required. People's support plans reflected input and advice from medical and healthcare professionals. Records showed appropriate referrals had been made to specialist services, and people attended routine medical check-ups and annual health reviews.</p> <p>Processes were in place to make sure people had timely access to healthcare and that important information was shared appropriately. Staff rotas were planned or relatives communicated with to ensure people were supported to attend appointments, and risk management plans considered people's transport and accessibility needs. Records demonstrated people had access to and service collaboration with professionals involved in people's health and wellbeing.</p> <p>As noted earlier in report a current barrier in the service since August is due to none driving staff being available preventing access.</p> <p><b>Equity in experiences and outcomes – Score 2</b>  Staff and leaders listened to information about people who may experience inequality in their care or outcomes and adapted support accordingly. People's needs were met through a holistic approach to assessment, planning and delivery of care. Protected characteristics under the Equality Act 2010 were identified and recorded, and records reflected people's abilities and the things they could do independently.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff treated people as individuals and provided support in a non-discriminatory way. They had completed training in equality and diversity and understood how to provide care that respected people's abilities, choices and lifestyles.</p> <p>As noted above a current barrier in the service since August is due to non-driving staff being available preventing restricting access to experiences and outcomes for one individual.</p> <p><b>Planning for the future – Score 3</b>          Attempts are recorded to discuss becoming ill/end of life, however noted individual and/or relatives does not want to discuss and review date set for 2026. (Reviews do take place 6 monthly and note no changes on records).</p> <p>Any individuals cultural and spiritual beliefs identified were recorded in their records and considered as part of their ongoing support.</p> <ul style="list-style-type: none"> <li>• This service scored 67 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: GOOD</b> – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</b></p>		



Key Question	Regulations	Quality Statements and Comments
Well led	<p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 5: Fit and Proper Persons Employed - Directors</b></p> <p><b>Regulation 7: Requirements Relating to Registered Managers</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 20A: Requirement as to Display of Performance Assessments</b></p>	<p><b>Shared direction and culture – Score 3</b>  The company has a clear vision, strategy and culture based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding the needs of people and their communities.</p> <p>The Home Manager has been in post since August and is going through CQC registration. <b>(WL1)</b></p> <p>The organisation's core values were embedded into the culture of the service through team meetings, staff supervision and observed practice. Staff were able to answer questions on the values of the company.</p> <p>Regular team meetings keep staff informed of company direction. There is currently a consultation period with the staff team due to vacancies within the home.</p> <p><b>Capable, compassionate and inclusive leaders – Score 3</b>  The Home Manager is starting to build relationships with individuals living in the service and relatives, he advised of previous experience in a management role within two residential Learning disability and Autism services.</p> <p>The Deputy Manager has transferred to a position within a different service, as part of the transition into new role has been attending Lucas House once a week, with this being his final week. All staff are aware of the changes, and the plan of withdrawal gives the individuals support time to adjust to the change.</p> <p><b>Freedom to speak up – Score 3</b>  All staff felt confident in raising concerns to managers and senior managers.</p> <p>Speak up document is on the notice board in office.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff were aware of the procedures for raising concerns both within the organisation and with partner agencies. They were encouraged to share ideas and reflect on practice through team meetings and one-to-one supervision.</p> <p><b>Workforce equality, diversity and inclusion – Score 3</b>          The service valued diversity within the workforce and promoted an inclusive and fair culture. Policies and procedures supported equality, diversity and inclusion, and reflected relevant legislation and best practice guidance. Recruitment processes promoted fairness and ensured equal employment opportunities for all applicants.</p> <p>Staff told us their individuality was respected and that they were treated fairly within the organisation. They described a positive and inclusive culture that recognised and celebrated diversity.</p> <p>All staff undertake training in equality, diversity and inclusion training.</p> <p><b>Governance, management and sustainability – Score 3</b>          The service has systems to monitor quality, performance and risk. Clear responsibilities, roles, and systems of accountability to support governance processes were in place.</p> <p>The Home Manager undertakes manager walk rounds weekly, actions from this are included within team meetings.</p> <p>Quality team and Operations Manager also undertake service audits quarterly. Actions from these audits are created on the RADAR system and allocated appropriately to the Home Manager or Team Leads for completion.</p> <p>Safeguardings and CQC notifications were made.</p>

Key Question	Regulations	Quality Statements and Comments
		<p><b>Partnerships and communities – Score 3</b>  The service worked in partnership with a range of organisations to support people’s health, wellbeing and inclusion in the community. Records showed that staff liaised with healthcare professionals and other relevant agencies to ensure people received appropriate and coordinated care. This collaborative approach helped to ensure people’s ongoing needs were assessed and met.</p> <p>People accessed community facilities and healthcare services for routine checks and medical treatment.</p> <p>Another Local home within the company has good relationships with managers and staff for support.</p> <p>One individual attends the local shop to shop for own snacks, another individual volunteers in a local book shop and attends local coffee shops.</p> <p>As noted earlier in report, barriers around access to community and activity were found. <b>(WL2)</b></p> <p><b>Learning, improving and innovation – Score 3</b>  The service had processes and policies that promoted continuous learning, innovation and improvement across the organisation and clear role development and progression routes.</p> <p>The Home Manager advised the company is developing a new system for all staff to have their own work emails to improve communication and data protection. A new system ‘Liaise Life’ is coming live soon, all in the service have been receiving training sessions with two taking place on Wednesday and Friday this week.</p> <p>The service promoted a culture of openness and learning, and there was evidence the service encouraged a culture of openness and learning from mistakes. The manager understood their responsibility to be transparent when things went wrong and shared learning with staff and people to support ongoing improvement.</p>

Key Question	Regulations	Quality Statements and Comments
		<p><b>Environmental sustainability – sustainable development – Score 2</b>            There is no specific service plan for environmental sustainability. <b>(WL3)</b></p> <p>Waste is recycled.</p> <p>The team try not to print documentation where able. Records as held electronically.</p> <p>Supervisions were previously printed for staff to sign and then scanned into system, the new system with staff individual emails will prevent the need for printing in future.</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> - This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities”.</b></p>		

## ACTION PLAN:

### CQC Key Question - SAFE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	Management oversight of lesson identification/confirmation.						
SR2	Ensure evidence of maintenance/repair						

### 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	Goal and daily note recording						
ER2	Goal steps completion						

### 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 organized 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	Review guidance details						
RR2	Proof read, oversight of accuracy of recording						

### 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	Manager registration completion						
WR2	Community access						
WR3	Service plan						