



AUDIT REPORT

Lilas House

Date of Visit: 17th & 18th of December 2025

SRG Care Consultancy Limited

Registered in England and Wales | Company Number 13877264

Registered Office: Unit 13E, Miners Way, Lakesview International Business Park, Canterbury, Kent CT3 4LQ.

www.srglimited.co.uk | 0330 133 0174

Contents:

Page	Subject
3	Current CQC & SRG Ratings
4 -	Overall Service Commentary
6 - 12	Key Question - Safe
13 - 17	Key Question - Effective
18 - 20	Key Question - Caring
21 - 25	Key Question - Responsive
26 - 31	Key Question - Well Led
32 - 38	Action Plan

Service Name: Lilas House

Provider: Liaise (East Anglia) Limited

Address of Service: 5 Cadogan Road, Cromer, Norfolk, NR27 9HT

Date of Last CQC Inspection: 10 March 2022 (under the previous provider)

Ratings

CQC's Overall Rating for this Service:






Requires Improvement



SRG's Overall Rating for this Service:

Good



Key Questions	Rating	Overall Score
Safe	Good 	71 (out of 100)
Effective	Good 	66 (out of 100)
Caring	Good 	75 (out of 100)
Responsive	Good 	71 (out of 100)
Well-Led	Good 	75 (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 17th & 18th of December 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, and holding discussions with support staff and some people using the service.

A tour of the building was conducted, along with a review of key documentation. This included 3 support plans, 2 staff recruitment files, and records pertaining to staff training and supervision. Medication records and operational documents, such as quality assurance audits, staff meeting minutes, service users' meetings, activities and health and safety and fire-related documentation, were also assessed.

OUR VIEW OF THE SERVICE

Lilas House is registered with CQC and provides accommodation for persons who require nursing or personal care, It's category of registration is a residential home, caring for adults over 65 years, caring for adults under 65 years and Learning disabilities.

The service provides accommodation for up to 6 people. At the time of this audit there were 6 people using the service. The service uses Blyssful for care plans, and RADAR for quality assurance and monitoring and recording events and actions and for health and safety. Staff input daily occurrences via tablets such as nutrition, personal care and support provided.

People received safe and effective care at Lilas House. Systems were in place to safeguard people and learn and respond should things go wrong. Individual risk assessments were in place to support people. More information was required within the support plans and risk assessments in relation to mental health conditions. Procedures were in place for safe recruitment and staff received appropriate training, although there was some slippage. Medication was managed safely, but improvements were needed in relation to PRN. People's health care needs were met, monitoring systems needed improvement.

Leadership was visible and approachable, and there was an open and transparent culture.

PEOPLE'S EXPERIENCE OF THIS SERVICE

People at the home were supported to lead lives that reflected their choices and preferences. People spoken to were happy, relaxed and engaged in activities of their choice. People engaged with staff, showing confidence and trust in their support and approach.

People said they felt safe living at Lilas House.

People were treated with kindness and respect. Staff built trusting relationships and supported people in a way that promoted dignity and emotional wellbeing. Support was tailored to each person's preferences and regularly reviewed. People were encouraged to pursue interests and maintain important relationships.

DISCLAIMER

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

RATINGS

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

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

Outstanding – The service is performing exceptionally well.

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

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

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

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

Key Question	Applicable Regulations	Quality Statements and Comments
Safe	Regulation 12: Safe Care and Treatment Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment Regulation 17: Good Governance Regulation 18: Staffing Regulation 19: Fit and Proper persons employed. Regulation 20: Duty of Candour Regulation 15: Premises and Equipment	<p>Learning culture – Score 3</p> <p>Accidents and incidents were recorded. A sample of incidents evidenced that these were being completed appropriately with staff recording actions taken and lessons learnt.</p> <p>There was an open and transparent culture. Although, there had been no major incidents of concern, where any incidents had occurred, learning from incidents, concerns or when people’s anxieties were heightened was discussed constructively. For example, where one person had sworn at another and caused distress, the Registered Manager had sat with people to try and find out any root causes to help find any solutions.</p> <p>Learning from incidents was in place, for example, following a medication error, lessons had been learnt. These were shared with staff.</p> <p>Debriefs took place, where needed, and if appropriate people using the service also had opportunities to discuss any incidents, if they felt they wanted to.</p> <p>Training was tailored to the specific needs of the people living in the home, including communication, positive behaviour support, autism awareness, and understanding of people with a learning disability.</p> <p>Safe systems, pathways, and transitions – Score 3</p> <p>Staff understood the specific needs of people with learning disabilities and autistic people, and care pathways were designed to ensure support was personalised, consistent, and responsive. For example, the funding authority for one person was refusing to pay for an increase in their care and was trying to move the person. Staff and the management team were advocating on their behalf for them to stay at Lilas House.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Handover processes were in place for between shifts, so staff could share information and updates of what had happened on the previous shift. This was to ensure that any changes or concerns were identified to promote safe care.</p> <p>Safeguarding – Score 3</p> <p>Systems were in place to protect people from the risk of abuse and neglect. There were policies and procedures in place for managing safeguarding concerns, along with protocols to follow in the event of a section 42 safeguarding investigation.</p> <p>There was currently one open safeguarding, which was not directed at the service but did involve one of the people living at Lilas. The Registered Manager was working with the safeguarding team and the social worker to support the person whilst the concerns were being investigated.</p> <p>Staff understood the specific safeguarding needs associated with people living in Lilas House and were able to describe different situations which could constitute abuse. All staff spoken with were clear about how to report any concerns and who they would report to, including any external agencies.</p> <p>People living at Lilas House said they felt safe.</p> <p>Involving people to manage risks – Score 3</p> <p>Individual risk assessments were in place to support people. These included risks associated with behaviours, personal care, finances and activities. Examples seen were reflective of individual risk and in many areas prescriptive of the support needed.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>For example, one person was supported with transfers through the use of a hoist. The support plan contained information and guidance on manoeuvres including the preparation for use of the hoist, applying the sling and how to transfer the person safely. In addition, consideration was also given ensuring that the person was supported by clear instructions, where staff ensured that they were informed of any actions to staff were about to take.</p> <p>Positive Behaviour Support (PBS) plans were in place, which included people’s individual behaviours, triggers, early warning signs, and preferred de-escalation strategies. These plans were clear and proactive which helped to ensure that any support provided took a consistent approach.</p> <p>More information was required within the support plans and risk assessments in relation to mental health conditions, for example, where one person was diagnosed with schizophrenia. Although this was referenced in the support plan, there was a lack of detail of how this condition affected the person, and how to recognise when associated behaviours were being displayed. (SR 1)</p> <p>Safe environments – Score 3</p> <p>Health and safety checks were completed on a daily, weekly, monthly, and quarterly basis. At the time of the visit these checks were seen to be up to date and included. Weekly checks included a test on the carbon monoxide alarm, window restrictors, plugs and regular flushing of outlets.</p> <p>Water temperatures were taken, although it was noted that the most recent were overdue.</p> <p>Appliances and utilities were checked and / or serviced in line with health and safety schedules.</p> <p>Fire safety was managed effectively through daily patrols and weekly inspections of the fire alarm system, fire doors, and emergency lighting. Additionally, monthly fire safety checks were conducted, which included</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>assessments of emergency door releases, fire door integrity, and fire drills. All checks were completed and remained current.</p> <p>A fire risk assessment had been completed in October, and remedial actions were taken where recommendations were made. Appliances such as the extinguishers had been inspected and the fire alarm system had been serviced.</p> <p>A ‘grab bag’ was located at the front door, for use in an emergency.</p> <p>Risk assessments were in place to manage the safety of the environment. These included slips, trips and falls, staffing levels, sharp knives, and emergency 1 procedures. These had all been reviewed in September 2025.</p> <p>Safe and effective staffing – Score 3</p> <p>There were enough qualified, and experienced staff to support people using the service.</p> <p>Three staff files were reviewed to check whether the recruitment process was in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Procedures checked that all the information required was in place. This included full employment histories, and checking of appropriate references.</p> <p>A Disclosure and Barring Service (DBS) check was completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.</p> <p>Staff also completed a medical declaration, and checks were made on proof of I.D., proof of address and right to work status.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Staff were issued with a contract of employment as required by employment law.</p> <p>New staff completed a full induction and probationary period. The Liaise 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. Generally, most staff were up to date with their training, but for some staff there was slippage. For example, for the mandatory training, one staff member was at 61%, 4 staff were overdue training in nutrition, and 3 staff required up to date training in PROACT-SCIPr. (SR 2)</p> <p>Staff were supported with competency assessments in medication, which were up to date. Staff were also supported with competency checks in safer people handling, but for 5 staff, these were out of date. (SR 3)</p> <p>Staff supervisions were happening, this gave staff the opportunity to discuss performance in their role, relationships with colleagues and people who were being supported and learning and development alongside any wellbeing and support. It was noted that 3 were overdue in December, but the registered manager confirmed that these were being arranged. (SR 4)</p> <p>Infection prevention and control – Score 3</p> <p>There were no concerns over the cleanliness of the home. Observations showed that the home was clean. Audits were completed for infection control and staff practices to ensure the home remained infection free.</p> <p>Medicines optimisation – Score 2</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Medication profiles were in place for each person which included communication and preferred way of how people took their medicines. Easy read medication profiles were in place which identified what the medicine was, what it looked like, why the person took it, any side effects, and when they needed to take it.</p> <p>MAR Charts were in place alongside countdown sheets. A check on the number of medicines administered against the countdown sheets matched.</p> <p>Regular audits were carried out to ensure that medicine administration was effective, and to monitor stock levels and safe storage was appropriate. It was positive to see that the weekly medication audit had identified an error and appropriate actions were taken.</p> <p>Information about medication was included in the Medical and Health support plans.</p> <p>PRN protocols were in place, but for paracetamol, these often only said for pain, but not what the pain was. One person, at times could be prone to constipation and was prescribed a laxative on a PRN basis. There was a lack of information in the PRN about when this should be administered. The support plan stated that the person was prescribed lactulose and could have 5 mls twice daily if they had not been to the toilet for 24 hours or were struggling, and the G.P. should be contacted after three days if there was no bowel movement, this information needs to be clearer in the PRN. (SR 5)</p> <p>There was inconsistency in relation to the recording of PRN. Staff were not always recording the reasons for administering PRN on the back of the MAR charts (for example paracetamol at 8 pm on 22/11). Staff also recorded the support with medicines on the charts on Blyssful, however, these did not always record when PRN was administered and when it did, there was no reason recorded. In addition, PRN was recorded on the charts as being given but was not always recorded on any of the MAR charts. (SR 6)</p> <p>The signing in and signing out form was used to record the administration of a paracetamol homely remedy, which is not the correct place to use, although it was also recorded on the homely remedy chart, It was not recorded in Blyssful, only on the handover, which recorded that the individual was given paracetamol for</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>toothache. There was no reference to the toothache or the paracetamol elsewhere in the care records. (SR 7)</p> <p>People had reviews of their medicines, this checked whether there were any concerns around medication and use of pain relief, this helped to maintain oversight of the use of medicines to support the person.</p> <p>Individual pain profiles were in place in the medication files viewed. These identified the pain medication, how they took their tablets and an assessment of people's individual baseline of how they were usually were, so staff would be able to recognise sign of pain, and things that may make the person feel more comfortable.</p> <ul style="list-style-type: none"> • This service scored 71 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse, and discrimination. Their liberty is protected where this is in their best interests and in line with legislation.”</p>		

Key Question	Regulations	Quality Statements and Comments
Effective	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: Need for Consent</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 18: Staffing</p>	<p>Assessing needs – Score 3</p> <p>There had been no one new move into the service. Regular reviews were undertaken of individual needs through assessments and updates made to support plans and risk assessments.</p> <p>People were supported with annual health reviews and regular reviews of their medication.</p> <p>People’s support plans were individualised and regularly reviewed.</p> <p>Delivering evidence-based care and treatment – Score 3</p> <p>Assessment of people’s care, and risks were supported by use of recognised assessment processes. For example, hospital passports were in place and assessments were carried out for falls, oral care, choking and skin care.</p> <p>Where one person was at risk of seizures, there was information in the support plan in relation to the support required during a seizure. This clearly identified how to recognise a seizure, any possible triggers and how to support during a seizure, including if the person was in the process of being transferred via the hoist. This helped to ensure that the person would be supported with safe care during any episodes.</p> <p>PBS plans ensured that staff were aware how to support people in relation to any behaviours which may challenge.</p> <p>Where people needed modified diets, guidance was sought from the SALT team and IDSSI guidance in place. When speaking with staff they were aware of how to prepare meals to different consistencies.</p> <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.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>How staff, teams and services work together – Score 3</p> <p>Staff worked with social and health care professionals in the community. These included the G.P., optician, dentist, the learning disability team, district nurse, chiropodist, and SALT team.</p> <p>Referrals were made, and staff collaborated with these professionals to implement recommendations and changes to how people were supported.</p> <p>Supporting people to live healthier lives – Score 3</p> <p>Evidence was seen that people were supported appropriately with their medical and mental health care needs to help them stay healthy. For example, a psychiatrist had reviewed one person and re-reviewed after three months, this helped to ensure that people were supported with their individual medical needs effectively.</p> <p>Monthly health checks were taking place for people using the service. However, there was inconsistency in the approach (See below).</p> <p>Reviews has taken place of individual nutrition to help people maintain a healthy diet.</p> <p>One person was visited by a psychiatrist in June 2025, who recommended an ECG to be undertaken, it was confirmed that this had happened on 8 July 2025, but this was recorded on the timeline, rather than on the medical notes, this made it difficult to locate the information. In addition, staff had not recorded where an appointment was to be made for one person in relation to a buildup of earwax. (ER 1)</p> <p>The physio team had sent a report through for one person and advised support around exercise and activities. An exercise programme provided and reported as being printed off for the person, but there was</p>

Key Question	Regulations	Quality Statements and Comments
		<p>no evidence that they were doing these in the daily notes and the information was not included in the support plan or as a goal. This information needs to be in place. (ER 2)</p> <p>Monitoring and improving outcomes – Score 1</p> <p>There was some inconsistency in the recording and frequency. For example, the monthly health checks for one person took place on the 8th of September, with the next one on the 29th of October and the following one on the 1st of November. This meant that there was a variable approach to the frequency and as a result people's health was not being monitored consistently. (ER 3)</p> <p>Where two reviews took place together, there was an inconsistent approach, with one review saying there were no issues with the person's ears, but the next review two days later (on the 1st of November) noted that there was an issue and that there was a wax build up. (ER 4)</p> <p>It was that staff were maintaining a bowel chart for one person, however a review of the last two weeks of bowel charts identified that staff were recording '<i>Have not opened bowel today</i>' and within this two-week period there was no record of the person having opened their bowels. However, it was also noted that this person was independent when using the toilet, so it is not known if staff were recording the bowel movement accurately, but it has not been identified that staff had been recording that the person had not opened their bowels. (ER 5)</p> <p>Body maps were maintained on the Blyssful system, so where staff identified any marks or bruises, they recorded these and identified onto a body map. Staff recorded the area and the support needed, with a review date. However, staff were not always reviewing and updating the records with any progress or deterioration. In addition, photographs were not routinely taken and uploaded to show improvements. (ER 6)</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Consent to care and treatment – Score 3</p> <p>The Mental Capacity Act 2005 requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.</p> <p>There were mental capacity assessments in place for different areas, where people did not have a capacity to make a decision in relation to a specific area. These were decision specific and included, care and support, communication, nutrition, finances, medication, and any restrictions, for example.</p> <p>Overall MCA assessments identified how people were supported to make a decision, although some had more detail than others.</p> <p>Best interest decisions were recorded.</p> <p>Staff always asked for consent and were seen to involve people in making decisions.</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 had been where needed. These were monitored through the Radar system, and the Registered Manager followed internal procedures and requested monthly updates from the local authority.</p> <ul style="list-style-type: none"> • This service scored 66 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.</p>		

Key Question	Regulations	Quality Statements and Comments
		<p>“Characteristics of services the CQC would rate as ‘ Good’ People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflects these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work.”</p>

Key Question	Regulations	Quality Statements and Comments
Caring	Regulation 9: Person-centred Care Regulation 10: Dignity and Respect	<p>Kindness, compassion, and dignity – Score 3</p> <p>People were treated with kindness and compassion by a staff team who understood their individual needs. Throughout the visit, staff were seen to engage with people and were focussed and attentive when support was requested or needed.</p> <p>Staff interactions were seen to be relaxed, and staff connected naturally with people they were directly supporting. This was evidenced by staff taking time to listen to what people were telling them. For example, where observations showed that when one person was unhappy, staff responded to them in a kind and patient manner and offered positive reassurances and speaking with them in a respectful way.</p> <p>Treating people as individuals – Score 3</p> <p>Support plans were individual to the person. These included information about preferences, likes and dislikes. Staff knew people well and were able to describe individual preferences, likes and dislikes, which were reflected in the support plans.</p> <p>People's lifestyle choices and decisions were respected. Each person at the service had a key worker, which helped to promote consistency and continuity.</p> <p>Independence, choice, and control – Score 3</p> <p>Support staff knew what was important to the people, including their routines and preferences. This meant that people were supported to make their own choices about their daily living activities and how they were</p>

Key Question	Regulations	Quality Statements and Comments
		<p>supported by staff. Staff supported people with their decisions in relation to what activities they wished to engage in.</p> <p>Staff were observed encouraging people to do things for themselves to help promote independence, which included daily household chores, such as laundry and cleaning their bedrooms, along with involvement in cooking. One person in particular thoroughly engaged in meal preparation and said how much they enjoyed this.</p> <p>Staff were patient and considerate when talking to people and ensured that they had time to process their choices.</p> <p>Feedback from everyone using the service who spoke to us was that they felt they were listened to and their opinions mattered.</p> <p>People had access to activities and the local community to promote and support their independence, health, and wellbeing.</p> <p>Responding to people's immediate needs – Score 3</p> <p>Staff had built up good relationships with people using the service, and this was demonstrated in immediate staff responses to people's request for support.</p> <p>Observations showed that staff were responsive to any requests from people using the service.</p> <p>Referrals were made to external health or social care professionals if concerns about their welfare were identified.</p> <p>Accidents and incidents were reviewed.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Workforce wellbeing and enablement – Score 3</p> <p>As a company Liaise offered staff support to promote their wellbeing. This included an employee assistance programme which included a confidential helpline for mental well-being support. There was an "Above and Beyond" recognition award where staff could nominate those who they felt had gone the extra mile for people.</p> <p>Staff also had access to the blue light card, providing discounts from various retailers.</p> <p>There was a staff wellbeing champion who spoke up on behalf of their colleagues at regional and national meetings. Consideration was given to balancing home and work life.</p> <p>All staff spoken with were complimentary of the Registered Manager and said that they provided good support and was always available when needed.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People are always treated with kindness, empathy, and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.”</p>		

Key Question	Regulations	Quality Statements and Comments
Responsive	Regulation 9: Person Centred Care Regulation 17: Good Governance Regulation 16: Receiving and Acting on Complaints	<p>Person-centred Care – Score 3</p> <p>The values of the service was centred on making sure people were at the centre of their care and treatment. People, where able, and their relatives were supported and encouraged to be involved in planning for relevant changes in their needs.</p> <p>Key workers in place to help promote continuity of care. Staff were aware of their responsibilities in relation to the key working process. It was obvious that they had good relationships with staff working at the service.</p> <p>Staff were able to confidently speak about what was important to the people they supported and gave examples about how they had adapted their approach to support the person as they wished.</p> <p>Care provision, integration, and continuity – Score 3</p> <p>People were supported to build relationships in their local communities. Where people were supported by more than one service staff worked collaboratively to ensure the person’s care was joined up.</p> <p>Providing information – Score 3</p> <p>Information was available and on display in the service, which allowed for people to access information as they needed.</p> <p>The complaints procedure and service user guide were pinned up in the hall along with feedback and actions being taken from the most recent surveys. This was in the form of a ‘you said – we listened.’</p> <p>Some people required information in a more pictorial format, and a communication board is in place with the pictures on display so people could show staff a chosen activity or choice of menu, for example.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Some people had small pictures and signs on their drawers to help them remember which items were kept where and this helped to maintain more independence.</p> <p>Communication passports were in place, where needed. These included information about the person, how they communicated through speech and feelings, how to communicate with the person and any communication tools in use, along with eating and drinking support.</p> <p>These were supplemented by additional communication support plans which again clearly identified how to communicate with the person. For one person this also identified how they indicated that they were in pain.</p> <p>Listening to and involving people – Score 2</p> <p>People living at Lilas preferred not to get involved in house meetings, and staff tended to meet with people individually to discuss different areas, especially around menu planning, for example. If these conversations were recorded, these were either in the daily notes or the handover records in Blyssful. However, this does not evidence how people are involved in deciding menus or activities or things that were happening in the home and then evidencing involvement. Think of ways of how it can be demonstrated that people are involved in decisions about the home. (RR 1)</p> <p>Some people had set goals to help them develop. This was not full embedded. For example, for one person the goal was to ‘get on better with people.’ There were monthly reviews, but these did not evidence any progress or how this was being achieved. For two other people, again there were goals in place, but no progress recorded and although monthly keyworker reviews referred to goals, on occasions, there was no expansion as to what these were and again any progress. (RR 2)</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Equity in access – Score 3</p> <p>Staff and the Management Team understood the importance of people having equity in access to care and treatment from health and social care professionals. People could access care, treatment, and support when they needed to and in a way that worked for them.</p> <p>Staff had continued to advocate for one person who was at risk of losing their placement as the funding authority was refusing to pay for the care and support they needed. They were in the process of challenging the decision and were accessing the support of an IMCA in order to help safeguard and promote the rights of the person.</p> <p>For another person using the service, specialist equipment had been sourced to help ensure staff could meet their needs.</p> <p>Equity in experiences and outcomes – Score 3</p> <p>People were encouraged to take part in activities which were meaningful to them and to access the local community.</p> <p>One person regularly attended a daycentre, where they took part in catering activities, which they said was something they really enjoyed.</p> <p>Most people went to Church club once a week where they could socialise with other people and join in regular music and dance sessions.</p> <p>One person attended a gentle exercise club on a weekly basis, with another visiting a sensory room.</p> <p>People also enjoyed going out and about in the community visiting local shops, garden centres, and cafés, with either staff or family.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>At home there was an activity board in the dining area, this displayed pictures of activities people had been involved in, but there were also several pockets, which contained a range of puzzles, and arts and crafts which people could pick up and complete at any time they felt like it.</p> <p>In the run up to Christmas people had been out and about and enjoying themselves and getting ready for Christmas. Trips had been arranged to a Christmas concert, a show on the pier and to an illuminated tractor parade.</p> <p>A Christmas party had been held with the service next door, and everyone had celebrated a Christmas jumper day.</p> <p>People were encouraged and supported to participate in general household duties and one person said they really enjoyed helping with the cooking and going shopping with staff.</p> <p>Planning for the future – Score 3</p> <p>People’s views were respected if they did not wish to discuss end-of-life care. Where people wanted to discuss, individual end of life plans were in place.</p> <p>DNACPR (Do not attempt cardiopulmonary resuscitation) records were in place and available should they be needed in the event of an emergency.</p> <ul style="list-style-type: none"> • This service scored 71 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs</p>		

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

Key Question	Regulations	Quality Statements and Comments
Well-Led	<p>Regulation 17: Good Governance</p> <p>Regulation 5: Fit and Proper Persons Employed - Directors</p> <p>Regulation 7: Requirements Relating to Registered Managers</p> <p>Regulation 18: Staffing</p> <p>Regulation 20A: Requirement as to Display of Performance Assessments</p>	<p>Shared direction and culture – Score 3</p> <p>People were at the centre of staff’ focus and this was reflected in a positive person-centred approach. The registered manager and staff team were committed to providing safe and compassionate care. They valued people, relatives, and staff and listened to their views.</p> <p>Staff promoted a positive and inclusive culture at the service. Staff spoke positively on the focus of the home, which was to provide a home where people could feel safe and included.</p> <p>Staff were supported to develop their skills and knowledge through additional training. This included staff who were completing levels 2, 3 and 5 in their diplomas. 3 staff were completing a safeguarding diploma, and 1 member of staff was a qualified PROACT-SKIPr trainer, which also enabled them to write positive behaviour support plans.</p> <p>Capable, compassionate, and inclusive leaders – Score 3</p> <p>There was an established Registered Manager who was proactive in delivering quality and person-centred care. They were proud of the service and ensured that staff understood the values and aims of the service.</p> <p>The registered manager and staff understood the needs of people with learning disabilities and understood the approaches needed to ensure that people living at the home received a good quality of life, which allowed them to make positive decisions about how they lived their lives.</p> <p>There was a consistent approach to supporting people which focussed on their wellbeing.</p> <p>Freedom to speak up – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>There were staff champions in place, who spoke up on behalf of other staff, attended meetings and shared this information with their colleagues.</p> <p>Staff confirmed that the Registered Manager was approachable and receptive to concerns and ideas about people's support. They felt comfortable doing this.</p> <p>Staff communicated consistently and effectively throughout the visit.</p> <p>Supervisions and team meetings, along with an open-door policy to the Managers office promoted staffs right and freedom to speak up.</p> <p>Staff meetings were arranged on a monthly basis and generally happening regularly unless due to unforeseen circumstances such as staff sickness and / or hospital appointments prevented enough staff from attending. In the last 6 months, only the September meeting had been cancelled.</p> <p>A sample of meetings evidenced that staff were provided with appropriate information and were able to contribute positively to these meetings. Staff could either attend in person or could join via teams, which gave them additional opportunities to attend meetings on a regular basis. All team meetings had been booked in for 2026, and the dates made available for staff.</p> <p>A staff survey had been held, and staff had been provided with a response to any areas that they had raised as a concern. The majority of these were seen to be in relation to operational processes such as day rates and sponsorship, which could not be dealt with directly by the home.</p> <p>Feedback from staff at the visit, confirmed that they felt happy working at Lilas, listened to and well supported by the Registered Manager.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Workforce equality, diversity, and inclusion – Score 3</p> <p>There were policies and procedures in place to create an inclusive environment that upheld the principles of equality and diversity. These respected people’s protected characteristics and helped to prevent discrimination.</p> <p>Staff were supported with training in equality and diversity.</p> <p>Staff provided positive feedback about their experiences working at Lilas House and said they were treated well and fairly.</p> <p>Governance, management, and sustainability – Score 3</p> <p>There were systems in place to manage the future performance of the service. Quality assurance checks and audits were regularly conducted by staff at the home and by the providers’ operational and compliance teams.</p> <p>Weekly walk arounds were undertaken, to maintain oversight of the day-to-day running of the service.</p> <p>Monthly medication audits were completed on the 14th of the Month. The last two audits scored 96% and 90% respectively, and there were ongoing reminders and discussions at the staff meetings to remind staff of the importance of administering medicines accurately. Weekly medication audits also took place. On one of the days of the visit the weekly medication audit was completed. This identified a medication error and an incident was raised. Appropriate actions were taken following the identification of the medication error with the G.P. being contacted for advice, the staff member removed from administering medication and booked in for re-training and competency review. It was positive to see that the audit identified this shortfall.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Health and safety was the 18th of each month, and actions had been made in relation to the CoSHH register, which had been identified at this visit.</p> <p>Checks were made on people’s finances to ensure that they were protected from the risk of abuse, and a monthly finance audit was completed to ensure that procedures were followed.</p> <p>The last Operations Manager visit was undertaken in September 2025, and the support plan audit also took place in September 2025.</p> <p>The Quality Team had visited and carried out a mock CQC style inspection.</p> <p>Oversight was also maintained through a trends and monitoring information (TaMI) review, which monitored compliance with audits, care planning, and training, for example. The most recent TaMI was at 87%.</p> <p>Partnerships and communities – Score 3</p> <p>Staff worked in partnership regularly with GPs, the local authority learning disability teams, and health care providers such as the SALT team, ensuring that information and specialist guidance was used to inform care planning and support.</p> <p>People were supported to be part of the local community and regularly accessed local community resources such as the library and a local church club.</p> <p>Staff had taken part in a charity mud run to promote autism awareness.</p> <p>Learning, improving and innovation – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Actions were developed from accidents, incidents, safeguarding, and audits. These were maintained on the RADAR system with a record of the action, who was responsible, when the action was due for completion and whether it had been completed.</p> <p>Staff meetings ensured that staff were provided with updates and information they needed to help promote the smooth running of the service. Staff meetings included a review of actions, experiences of people using the service, compliance and audits, incidents, and feedback along with lessons learnt, health and safety, medication, training, feedback from operational meetings, staff wellbeing, and areas of good practice such as the RSRCRC policies.</p> <p>Through the larger organisation, learning was shared. For example, nutritional values and improved menus were being promoted. This would be further supported by a member of staff who was enrolled on a specialist nutrition training course.</p> <p>Regular quality meetings for the Management team further helped to share learning, along with workshops and quality presentations.</p> <p>The Registered Manager attended regular events hosted by the local authority to help them stay up to date with good practice and changes in legislation.</p> <p>Liaise life was in the process of being introduced which would allow for staff to have their own professional e-mail address and was to be a secure platform where information can be shared, updates provided and links developed with other services. The aim is that this will improve the internal communication processes both in relation to effectiveness and security.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Environmental sustainability – sustainable development – Score 3</p> <p>There was a commitment to environmental sustainability. Process were in place through electronic systems to reduce the use of paper.</p> <p>Recycling was promoted.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ 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.”</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	Include more detail in the support plans in relation to how specific mental health conditions affect people, such as schizophrenia.						
SR2	Ensure that staff are up to date with their training.						
SR3	Ensure that safe people handling competency assessments are completed.						
SR4	Address any slippage in supervisions.						
SR5	Include more detail in the PRN protocol for lactulose about when this should be taken and when to contact the G.P.						
SR6	Ensure the administration of PRN is recorded consistently.						

CQC Key Question - SAFE

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

SR7	Ensure that the correct forms are used to record homely remedies.						
-----	---	--	--	--	--	--	--

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	Ensure that appointments and interactions in relation to medical matters are included on the medical section of Blyssful, rather than on the timeline, as there is a potential this information will get 'lost'.						
ER2	Ensure that there is evidence that the exercise programme for one person is in the support plan and evidenced in the daily notes.						
ER3	Ensure that health checks take place on a more regular frequency to promote a more consistent approach.						
ER4	Ensure there is a consistent approach to monthly health checks and that there is continuity of monitoring.						
ER5	Ensure that staff record bowel movements or record action taken if bowels are not opened.						

ER6	Ensure that reviews and updates are recorded on body maps.						
-----	--	--	--	--	--	--	--

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	X						

CQC Key Question - RESPONSIVE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	Ensure there is evidence of how people are involved in decisions about the home.						
RR2	Ensure that any progress with goals is recorded and demonstrates progress.						

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	X						