



AUDIT REPORT

3 to 5 Kennet Way

Date of Visit: 19th & 20th January 2026

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Contents:

Page	Subject
3	Current CQC & SRG Ratings
4 – 6	Overall Service Commentary
7 – 12	Key Question - Safe
13 – 16	Key Question - Effective
17 – 19	Key Question - Caring
20 – 22	Key Question - Responsive
23 – 25	Key Question - Well Led
26 – 32	Action Plan

Service Name: 3 to 5 Kennet Way

Provider: Liaise (South) Limited

Address of Service: Oakley, Basingstoke, Hampshire, RG23 7AP

Date of Last CQC Inspection: 9th January 2020

Ratings

CQC's Overall Rating for this Service:






Good



SRG's Overall Rating for this Service:

Good



Key Questions	Rating	Overall Score
Safe	Good 	68 (out of 100)
Effective	Good 	70 (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 19th & 20th January 2026. 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, 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, three care plans were reviewed, two 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 supported living service providing support for younger adults with learning disabilities. Staff demonstrated a clear understanding of managing risks effectively and feedback from relatives and professionals was positive. Managers investigated incidents thoroughly, taking appropriate actions to mitigate future risks. Equipment was well-maintained and met the needs of the people living in the home.

Medicines were managed mostly effectively. People and their families were actively involved in the assessment of their needs (where possible), which staff regularly reviewed. People had sufficient food and drink in line with their needs, and staff closely monitored their health, working collaboratively with medical professionals. Consent was sought before providing support, and appropriate mental capacity assessments had been completed, however further evidence was

required around specific mental capacity assessments when restraint was used (for example, lap belts, sound monitoring). Staff undertaking delegated tasks had training and competency completed and reviewed.

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. There was evidence that 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.

Governance systems were in place, and identified actions were completed. Most actions identified from this audit had already been recognised by the provider with clear plans of action in place. 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. At present, the registered manager was leaving their post at the end of the week of the audit. A new manager had been recruited, and we spent time with them during our visit.

PEOPLE'S EXPERIENCE OF THIS SERVICE

People supported by the service were unable to communicate with us, however relatives expressed positivity about the quality of care provided including the support provided for people to meet goals of attending holidays and outings. One comment included “Just wanted to say a big thank you once again for taking such great care of “x”. Thank you again for everything.”

Compliments and feedback noted that the staff were kind, respectful, and upheld their dignity and were well trained. People's views were sought on the service were possible and their feedback was used to drive improvement.

Relatives felt comfortable raising concerns and confident that any issues would be addressed promptly.

For people unable to directly share their experiences, observations during the assessment were used to evaluate the quality of care. Overall people were treated with kindness, dignity and respect by a staff team who knew them well.

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>Safe</p>	<p>Regulation 12: Safe Care and Treatment</p> <p>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulation 18: Staffing</p> <p>Regulation 19: Fit and Proper persons employed</p> <p>Regulation 20: Duty of Candour</p> <p>Regulation 15: Premises and Equipment</p>	<p>Learning culture – Score 3</p> <p>Accidents and incidents were reported through the Radar and reviewed daily by management. The service evidenced that lessons learnt were shared, discussed with the wider team and acted upon when shortfalls were identified. The requirement of the service was to review accidents and incidents within 24 hours to check if it met the safeguarding threshold. Accidents and incidents are also overseen by the operational manager for further oversight.</p> <p>Lessons learnt were completed as part of any incident and discussed with staff during meetings. In January the providers quality team had reviewed all accidents and incident report templates to improve oversight and further evidence lessons learnt. There was evidence findings from lessons learnt where shared at a service level, but also organisationally.</p> <p>Trends relating to accidents and incidents were reviewed monthly as part of the services governance process to assess for any trends and patterns. Where identifiable actions were found, action plans were in place to address this, and care plans/risk assessments updated to reflect current needs.</p> <p>Duty of candour was evidenced as completed when notifiable events occurred. Management and the team were aware of their duty to ensure their practices were open, honest and transparent.</p> <p>Safe systems, pathways and transitions – Score 3</p> <p>The service worked with people and healthcare providers to maintain safe systems and pathways. Comprehensive care planning took place to assess needs, however care plans relating to specific needs were put together in a whole care plan and best practice is to separate and individualise these including specific risk assessments based on specific need. (SR1)</p> <p>The service is a residential service providing care to three people living with learning disabilities with one person requiring nursing delegated tasks being undertaken (insulin required so relied on community</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>nursing support when needed to oversee bespoke training). We saw this was done safely, and effectively to ensure good outcomes for people.</p> <p>There was clear evidence of working with external professionals to meet people’s needs and that there was a positive working relationship in place, both from a training perspective, but also reviewing people’s medical needs. One comment from a professional included “I wanted to share that X’s fluid intake has reduced significantly over the past four weeks. This progress could not have been possible without the dedication and hard work of everyone involved” – learning disability nurse.</p> <p>Safeguarding – Score 3 All staff had received training in safeguarding, and their competency was assessed. Management and staff were aware of what constituted the prompting of a safeguarding referral and information was freely displayed throughout the home on how to raise a safeguarding concern. One safeguarding had been raised in the last year which had been investigated by the Local Authority. We saw clear evidence of investigation and change in practices as a result.</p> <p>Staff had access to the provider’s safeguarding policy. Safeguarding was a regular topic of discussion in team meetings and supervisions and information regarding how to raise a concern was available in the premises for staff and visitors.</p> <p>Involving people to manage risks – Score 2 We reviewed various risk assessments relating to people’s care needs. At present, care plans were bundled together based on medical needs rather than separately. We identified that best practice is to have a separate care plan for each medical condition, and specific separate risk assessments in place to evidence mitigation. The provider had already recognised this and was working towards reviewing everyone’s care plans and risk assessments as part of their move to the Nourish care planning system. Reviews of risk assessments had already begun. (SR2)</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Some risks identified through care planning did not always have a corresponding risk assessment which was identified as needed in the care plan. (SR3) For example, one persons care plan identified that flammable creams should be risk assessed however no risk assessment was in place.</p> <p>We recommend that risk assessments are completed for people accessing the community to ensure the persons safety and community safety. (SR4)</p> <p>The provider would benefit from creating tailored care plans and risk assessments around skin integrity. At present, there was no policy around bruising and action to be taken in the event of bruising being found. The Registered Manager told us that bruises were discussed with the safeguarding team when assessed as unexplained. We also recommend that each episode of bruising/wounds in place, have their own care plan on how it is being managed and by whom. (SR5)</p> <p>Risks and care plans were reviewed when accidents and incidents occurred to ensure they were reflective of people’s current needs.</p> <p>Diabetes care plans and risk assessments were seen to be in place with good evidence of signs and symptoms to look for, and evidenced blood sugar checks were undertaken in line with the persons medical needs. Clear information was captured around when to escalate concerns regarding blood sugar levels.</p> <p>Safe environments – Score 3</p> <p>The service was well presented, and areas of the bungalows had undergone refurbishments due to the age of the property. Audits relating to environment were completed with actions fed into RADAR which were overseen by the manager and operations. Risk assessments relating to the environment were in place and regularly reviewed and the service had recently completed works relating to a fire risk assessment completed. Any maintenance issues were reported to the provider and actioned when required.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Audits relating to the environment were seen to be undertaken and actions completed as required including people's personal equipment.</p> <p>Visitors were required to sign in and out of the building.</p> <p>Safe and effective staffing – Score 3 Staffing levels were determined using dependencies and funding. The team consisted of the Registered Manager, a Deputy Manager, Shift Leaders and Support Workers. We were advised that the Registered Manager was leaving their position this week, and the new manager took up post on the first day of our visit and was currently receiving a handover.</p> <p>Regular supervisions were in place and there was evidence that records of these were shared with staff. Training and development were regularly discussed, and staff were made aware of any outstanding training required to be completed. Training statistics for all mandatory areas were at 100%. Competency was regularly discussed through supervision and staff meetings.</p> <p>We reviewed two staff files and found these to be unexplained gaps in employment in line with Schedule 3 of regulation 19. (SR6)</p> <p>An effective induction was in place and there was evidence a number of staff working within the home had completed the care certificate. Each new starter was provided with an induction handbook which consisted of 6 months of practice including competency sign offs, and reflective accounts completed. Shadowing was completed by shift leaders overseeing practice.</p> <p>Infection prevention and control – Score 3 The home had an annual infection control statement in place and had an infection control lead working at the service. All staff had received training in infection control. Cleaning records were in place and were</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>included as part of ongoing auditing. Infection control audits took place as part of a managers monthly assurance audit. COSHH was seen to be stored away safely.</p> <p>The service was clean and well presented. When outbreaks occurred, staff and management were aware of their responsibilities to ensure safety and prevent further outbreaks.</p> <p>Medicines optimisation – Score 2 Medicines were not always managed safely within the service. Each person had their own medication lockable cabinets in the kitchen which we saw were stored safely. Temperatures of rooms were recorded to ensure medication optimisation. We did however note that a person’s insulin was kept in a locked box in the main fridge used for food which we saw was against the provider’s policy. (SR7)</p> <p>Medication profiles were in place, however there was some confusion around counting and stock of liquid medicines. For example, one bottle of Epilim contained 300ml, however after counting 165ml for 3 days, a bottle had been counted down which did not appear correct. (SR8)</p> <p>PRN protocols were in place and were reviewed annually or when needs changed. We recommend a three to six monthly review of all protocols takes place and that the provider checks their policy on this. Stock checks were completed daily, and all staff had received medication training.</p> <p>Medication audits took place both weekly and monthly, and any actions identified from medication audits were seen to be recorded and addressed through the RADAR system. The provider told us they were looking into EMAR for the future. One person receiving their medication covertly had all appropriate documentation in place and was reviewed regularly.</p> <ul style="list-style-type: none"> • This service scored 68 (out of 100) for this area.

Key Question	Applicable Regulations	Quality Statements and Comments
<p>SRG RATING: Good – This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</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	Regulation 9: Person Centred Care	<p>Assessing needs – Score 2 The home specialises in providing care and support to people living with a learning disability.</p>

Key Question	Regulations	Quality Statements and Comments
	<p>Regulation 11: Need for Consent</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 18: Staffing</p>	<p>Care plans evidenced these medical areas were assessed however they were grouped together under a medical care plan which is not best practice and made it difficult to seek and review information. (ER1)</p> <p>Monthly auditing of care planning and risk assessments took place to review needs and update information to ensure it was reflective of people’s current needs. Care plans covered care needs in a holistic manner and looked at all areas of needs, for example, mobility, communication, emotional and medication needs however as above, best practice is to keep these separate. As above, some risks did not have risk assessments in place based on care plan findings.</p> <p>Delivering evidence-based care and treatment – Score 3 The home provides meals in line with needs, wishes and preferences. Staff were aware any modified diets and referred to IDDSI levels.</p> <p>Food intake and fluid intake was recorded well. One person who was drinking fluids excessively had been supported by the team and the learning disability nurse to reduce intake to prevent harm.</p> <p>The home used a number of best practice clinical tools to monitor people’s health and wellbeing however Waterlow risks did not always feed into a specific skin integrity care plan. Weight monitoring was used to inform best practices and where people were identified at high risk, clear actions were captured on care delivery requirements and checks. When people were acutely unwell, there was evidence of quick referral to external professionals.</p> <p>Guidance and advice from external professionals were seen to be incorporated into care plans, and care delivery. There was evidence of positive working relationships with professionals to ensure people’s medical needs were met.</p> <p>How staff, teams and services work together – Score 3 Staff had access to people’s care plans and risk assessments through handheld devices and iPads.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>There was effective teamwork in place to deliver positive outcomes for people living at the service. Rotas were planned in advance to ensure shifts were covered, and staff were supported by management to amend these if needed. Vacant shifts were often covered by bank staff, or from other support workers from nearby homes.</p> <p>Staff were good at reporting back to management any changes in people’s needs and discussions with staff evidenced they knew people’s current needs well including any specific care needs or delivery needed.</p> <p>There was clear evidence that prompt referrals were made to external professionals when needs changed and practices and care planning was updated to reflect this.</p> <p>Supporting people to live healthier lives – Score 3 People were encouraged to maintain regular appointments and check-ups with dentists, opticians, chiropodists, and others as needed. The home collaborated closely with external clinical professionals to improve outcomes for residents. When external input was not delivered to the required standard, management raised these concerns to ensure positive outcomes for people. Each person had a hospital passport in place and a health action plan.</p> <p>Varied food was offered which included an array of healthy options. Where possible, people were supported to monitor their own health with support of the staff team.</p> <p>Monitoring and improving outcomes – Score 3 The provider routinely monitored people’s care and treatment to continuously improve it with their involvement. They ensured that outcomes for people were positive, consistent and person centred.</p> <p>Health records demonstrated there was effective oversight in place to monitor positive outcomes for people living at the home. The provider recognised the importance of ensuring people had access to the</p>

Key Question	Regulations	Quality Statements and Comments
		<p>community and were able to undertake goals and wishes as they wanted. People had access to adapted vehicles which meant they could access the community easily when wanted.</p> <p>Consent to care and treatment – Score 3 Systems were in place to ensure people consented to their care if they had the capacity to do so. We found the principles of the Mental Capacity Act 2005 (MCA) were followed and adhered too when people were deemed to lack capacity in relation to specific decisions around the care they received. Where decisions were made for people, these were done in the least restrictive way possible.</p> <p>MCA's were seen to be completed for different areas however MCA's for restrictions such as lap belts, acoustic monitoring and locking of the kitchen when cooking must be separate and in place. Again, the provider had already recognised this and was in the process of working on them. (ER2)</p> <p>There was evidence that best interest records had been completed and involved relatives and external professionals when required.</p> <p>DoLS had been applied for all with only one person approved at present. There was evidence of chasing the local authority for an assessment.</p> <ul style="list-style-type: none"> • This service scored 70 (out of 100) for this area.
<p>SRG RATING: Good - 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>		

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
<p>Caring</p>	<p>Regulation 9: Person-centred Care</p> <p>Regulation 10: Dignity and Respect</p>	<p>Kindness, compassion and dignity – Score 3 Observations seen during our visit demonstrated that people were treated with kindness, dignity and respect. We observed positive interactions and that people were asked for consent before support was delivered. People living at the bungalows had lived there for almost 10 years.</p> <p>The provider had its own set of values and visions, and we saw these were upheld and adhered too. The service also had their own culture document which provided guidance on what was expected to uphold dignity and respect including use of appropriate language.</p> <p>Comments from people included “You (Registered Manager) and Deputy Manager do an amazing job at Kennet Way” and “Just wanted to say a big thank you once again for taking such great care of X.”</p> <p>Treating people as individuals – Score 3 The provider treated people as individuals and made sure people’s care, support and treatment was tailored to them. Strengths, abilities, aspirations, culture and protected characteristics were promoted and upheld in practice.</p> <p>Each person was supported to personalise their bedrooms as they wished.</p> <p>People’s personal space captured the essence of their personalities People were supported to attend community activities as they wished with staffing in place to meet this.</p> <p>Activities were tailored on people’s preferences, likes and dislikes.</p> <p>Care plans captured peoples wishes and preferences and what was important to them.</p> <p>Independence, choice and control – Score 3 The home promoted people’s independence and choices to ensure people had control over their own care and treatment. Feedback was continually sought on areas of the home such as activities, food provision and staff.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Where possible, people were involved in planning and reviewing of their care and support including what they were able to do for themselves and what they needed support with. Constant feedback was sought from families on their views on care delivery. The provider ensured they worked with people too meet their needs and did not undertake tasks without input or involvement.</p> <p>People were supported to make choices around their care, for example, what food they wanted, when they wanted to wake or retire to bed and what they wished to do with their day.</p> <p>To further evidence good practice, we have recommended the use of case studies to demonstrate “why, how and impact.” (CR1)</p> <p>Responding to people’s immediate needs – Score 3 Staff were visible and available to people living at the service, and we observed they provided assistance as required. Staff were seen to be responsive to people’s emotional needs and engaged in activities.</p> <p>The home worked closely with a range of health and social care professionals to ensure people’s health needs were closely monitored, supporting people to achieve good outcomes.</p> <p>Workforce wellbeing and enablement – Score 3 The manager had an open-door policy for colleagues to raise any concerns or provide feedback. The provide also held regular meetings in house for staff to speak with them.</p> <p>Colleagues were supported to undertaken further training and development as requested. Staff also had access to employee assistance and other benefits as part of the provider.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.
<p>SRG RATING: Good - 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>		

Key Question	Regulations	Quality Statements and Comments
		<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
<p>Responsive</p>	<p>Regulation 9: Person Centred Care</p> <p>Regulation 17: Good Governance</p> <p>Regulation 16: Receiving and Acting on Complaints</p>	<p>Person-centred Care – Score 2 Care plans seen were of good detail and contained information relevant to peoples care needs however older information must be reviewed and archived if it is no longer relevant to their current needs and care plans and risk assessments separated. (RR1)</p> <p>Some goals were captured through the current care planning system; however, this did not always align with the good practice taking place as to what was achieved, we recommend a different way to capture goals achieved. (RR2)</p> <p>Care provision, integration, and continuity – Score 3 The home had a good understanding of the diverse health and care needs of people living at the home and the local community. This meant that care was joined up, flexible and promoted choice.</p> <p>As above, we saw good evidence of referrals made in timely manner to ensure continuity of care. Low staff turnover meant people were supported by staff and a management team that knew them well. Appointment records evidenced outcomes, and people were supported with their annual health checks as required with the learning disability team.</p> <p>Providing information – Score 3 Management were aware of the accessible information standard, and we saw documentation was provided in different formats as required based on people’s communication needs living within the service.</p> <p>The home had a regular newsletter which was shared with people living at the home about what was happening both within the home, and at the provider level.</p> <p>Information on how to make a complaint or raise concerns both internally and externally was on display. There had been no complaints made since the last inspection.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Listening to and involving people – Score 3 Various ways of collating feedback were used within the home including frequent surveys on quality of care and food. Information collated was fed into action plans to evidence action taken. This included supporting people to use specific communication tools to obtain feedback where possible.</p> <p>Management had an open-door policy in which anyone could speak with them at any time, and their feedback would be heard and acted upon.</p> <p>A complaints tracker was in place which evidenced complaints were responded too in line with the providers policy. Low level concerns were also captured to ensure people’s views were listened too and acted upon as required.</p> <p>Equity in access – Score 3 The provider ensured that equality was promoted for all people living at the service. People had equal access to internal and external activities, and health professionals. The provider recognised the social disadvantages people may face and worked hard to break barriers and stigma to support people to live fulfilled lives.</p> <p>Equity in experiences and outcomes – Score 3 The provider ensured that people experienced equity in experiences and outcomes. For those who wished to access the community and activities, this was met for all. People were seen and treated as individuals and adults in their own rights. There was evidence that staff members advocated positively for people living at the service to ensure their rights were upheld. No one was currently accessing a formal advocacy service.</p> <p>Planning for the future – Score 3 People were supported with tailored plans of support for long term goals and changes however as above, further evidence of this could be explored and evidenced. The provider evidenced that end of life discussions and wishes were captured.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People were supported to seek future goals and there was evidence of these being achieved.</p> <ul style="list-style-type: none"> This service scored 71 (out of 100) for this area.
<p>SRG RATING: Good – 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>“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 We found that the service lived by the providers values and visions and worked hard to maintain a homely atmosphere within the service based on people’s preferences and needs. The management team had a shared vision and strategy based on continual learning and improvement at the service and we were welcomed into a positive culture. As above, the Registered Manager was leaving their role by the end of the week of the inspection, and a new manager had taken place.</p> <p>Capable, compassionate and inclusive leaders – Score 3 The Registered Manager had extensive experience in the care sector and understood required regulations well. The new manager in post had previous experience of managing learning disability services. They were currently in the process of receiving a handover and induction into the home.</p> <p>There was an open culture in the home of honesty and transparency. Management was proactive at ensuring the people living at the service and staff were well supported and received good quality care.</p> <p>Freedom to speak up – Score 3 Information on how to raise concerns was on display within the service and the provider regularly scheduled staff meetings for anyone to speak to them regarding any concerns. Management welcomed feedback from all as a tool to drive improvement. Meetings for all evidenced colleagues were given the opportunity to provide feedback to their peers.</p> <p>Workforce equality, diversity and inclusion – Score 3 The provider recognised different abilities and strengths to diversify their workforce. As above, additional training and support was provided for those who sought it, or where it was identified further training or development was needed through spot checks and/or supervision. The majority of staff working at the service were sponsored and additional efforts were made to support their learning and skills. Equality and diversity training was undertaken by all.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Governance, management and sustainability – Score 3 There were effective governance systems in place to oversee the service. Monthly audits were undertaken in line with a yearly audit cycle using the RADAR system.</p> <p>All aspects of the service were audited either monthly or yearly as per the services cycle and this included care plans, medication and documentation audits, equipment audits and health and safety. Actions from audits were either corrected at the time of the audit or reviewed at the next audit to ensure completion.</p> <p>Manager Meetings shared outcomes from recent inspections to evidence shared learning and further enhance care delivery through identified practices.</p> <p>Peer audits were also completed by the manager between services to ensure oversight and checks where completed robustly.</p> <p>The provider had already recognised some of the areas for action which demonstrated strong oversight in regards to governance and evidence.</p> <p>Notifications were submitted appropriately and as required.</p> <p>Analysis was in place to assess for any trends and patterns from audits or accidents and incidents and this included outcomes of findings as a result. There was evidence that auditing and governance was used effectively within the service to drive further improvement and oversight.</p> <p>Partnerships and communities – Score 3 The service worked well with external professionals to promote best care for people living at the home.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Visitors were welcomed into the home. The service was seen as an active member of the community and engaged in local community offerings. At present, the service had a visiting music therapist weekly for all people living at the service.</p> <p>Learning, improving and innovation – Score 3 There was a strong focus on learning and improvement across the organisation. As above, issues noted around care planning and risk assessments had already been identified by the provider and were currently in the process of a full review.</p> <p>Environmental sustainability – sustainable development – Score 3 The company has an environmental policy and is committed to working efficiently to ensure environmental sustainability.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.
<p>SRG RATING: Good - 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>“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/SR2	We reviewed various risk assessments relating to people's care needs. At present, care plans were bundled together based on medical needs rather than separately. We identified that best practice is to have a separate care plan for each medical condition, and specific separate risk assessments in place to evidence mitigation. The provider had already recognised this and was working towards reviewing everyone's care plans and risk assessments as part of their move to the Nourish care planning system. Reviews of risk assessments had already begun						
SR3	The provider would benefit from creating tailored care plans and risk assessments around skin integrity. At present, there was no policy around bruising and action to be taken in the event of bruising being found. We also recommend that each episode of bruising/wounds in place,						

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	have their own care plan on how it is being managed and by whom						
SR4	Some risks identified through care planning did not always have a corresponding risk assessment which was identified as needed in the care plan						
SR5	We recommend that risk assessments are completed for people accessing the community to ensure the persons safety and community safety.						
SR6	We reviewed two staff files and found these to be unexplained gaps in employment in line with Schedule 3 of regulation 19.						
SR7	We did however note that a person's insulin was kept in a locked box in the main fridge used for food which we saw was against the provider's policy.						
SR8	Medication profiles were in place, however there was some confusion around counting and stock of liquid medicines. For example, one bottle of Epilim contained 300ml, however after counting 165ml for 3 days, a bottle had been counted down which did not appear correct						

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	Care plans evidenced these medical areas were assessed however they were grouped together under a medical care						

	plan which is not best practice and made it difficult to seek and review information.						
ER2	MCA's were seen to be completed for different areas however MCA's for restrictions such as lap belts, acoustic monitoring and locking of the kitchen when cooking must be separate and in place. Again, the provider had already recognised this and was in the process of working on them. (ER2)						

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	To further evidence good practice, we have recommended the use of case studies to demonstrate "why, how and impact."						

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	Care plans seen were of good detail and contained information relevant to peoples care needs however older information must be reviewed and archived if it is no longer relevant to their current needs and						

	care plans and risk assessments separated.						
RR2	Some goals were captured through the current care planning system; however, this did not always align with the good practice taking place as to what was achieved, and we recommend a different way to capture goals achieved						

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
	NO RECOMMENDATIONS MADE						