



# AUDIT REPORT

## Langbury Place – Liaise (South East) Supported Living Service

**Date of Visit:** 14<sup>th</sup> & 15<sup>th</sup> January 2026

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
**Service Name:** Liaise (South East) Supported Living Service


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






**Address of Service:** The Board Room, 15 Sea Lane, Ferring, Worthing, West Sussex, BN12 5DP

**Date of Last CQC Inspection:** 5<sup>th</sup> March 2020

## Ratings

<b>CQC's Overall Rating for this Service:</b>	Good	
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<b>SRG's Overall Rating for this Service:</b>	Good	
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Key Questions	Rating	Overall Score
<b>Safe</b>	Good 	71 (out of 100)
<b>Effective</b>	Good 	75 (out of 100)
<b>Caring</b>	Good 	85 (out of 100)
<b>Responsive</b>	Good 	75 (out of 100)
<b>Well-led</b>	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 14<sup>th</sup> & 15<sup>th</sup> 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 physical and learning disabilities. Staff demonstrated a clear understanding of managing risks effectively and feedback from relatives and professionals was wholly 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 effectively. People and their families were actively involved in the assessment of their needs, 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 families were involved in decisions made in the best interests of people living at the home. 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.

### **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. Comments included "They are like family to us. I know he gets the best care", and "You guys are remarkable and we will never be ever able to thank you enough for the love, care and devotion to our very loved young man."

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 where 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><b>Safe</b></p>	<p><b>Regulation 12: Safe Care and Treatment</b></p> <p><b>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 19: Fit and Proper persons employed</b></p> <p><b>Regulation 20: Duty of Candour</b></p>	<p><b>Learning culture – Score 3</b></p> <p>The service evidenced that lessons learnt were shared, discussed with the wider team and acted upon when shortfalls were identified. Accidents and incidents were reported through the Radar and reviewed daily by management. 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. 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.</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>

Key Question	Applicable Regulations	Quality Statements and Comments
	<p><b>Regulation 15: Premises and Equipment</b></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><b>Safe systems, pathways and transitions – Score 3</b>  The service worked with people and healthcare providers to maintain safe systems and pathways. Comprehensive preadmission forms were completed to identify people’s needs before moving into the home. The service is a Supported Living service providing complex care to younger people living with physical and learning disabilities with some nursing delegated tasks being undertaken, so relied on community nursing support when needed to oversee bespoke training. We saw this was completed 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 love coming to Langbury Place – the team are caring and dedicated to providing the highest standard of care.”</p> <p><b>Safeguarding – Score 3</b>  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 was currently being investigated by the Local Authority.</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><b>Involving people to manage risks – Score 2</b></p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>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. <b>(SR1)</b></p> <p>We recommend that risk assessments are completed for people accessing the community. For example, people swimming when diagnosed with epilepsy and ensuring risks are captured and mitigated where possible. <b>(SR2)</b></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. We recommend a policy is in place which links into the Local Authority’s safeguarding thresholds around bruising and that root cause analysis is undertaken for each wound/bruise. 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. <b>(SR3)</b></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>Allergies were not always clearly defined in care planning with appropriate risk assessments in place. For example, one persons care plan said they had a medication allergy with no further detail or risk assessment. On the MAR chart it was clear what medication they were allergic too. This was the same principle for one person receiving a gluten free diet and medication allergies. <b>(SR4)</b></p> <p>Diabetes care plans/risk assessment should include information for staff on signs and symptoms of hyperglycaemia and hypoglycaemia. We also recommend choking risk assessments are in place and</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>include information on what to do in the event of choking and ensure it is person centred to the persons needs. <b>(SR5)</b></p> <p><b>Safe environments – Score 3</b>  The service was well presented and 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.</p> <p>Audits relating to the environment were seen to be undertaken and actions completed as required including people’s personal equipment.  We recommend that visual checks of equipment should be recorded at each care interval which will be easier once Nourish is established. <b>(SR6)</b></p> <p>We did note that wardrobes in the property were not secured to the wall which posed a risk. <b>(SR7)</b></p> <p>Visitors were required to sign in and out of the building.</p> <p><b>Safe and effective staffing – Score 3</b>  Staffing levels were determined using dependencies and at present, the service was using some agency staff to cover night shifts. These were, however, regular agency staff with training, portfolios and inductions in place. The team consisted of the Registered Manager, a Deputy Manager who was new to their post, Team Leaders and Support Workers. Many of the staff working at Langbury place had worked there between two and six years. Discussions evidenced staff knew people’s needs and preferences well.</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</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>training required to be completed. Training statistics for all mandatory areas were at 100%. One staff member told us they found the training very helpful and there were constant opportunities to undertake further development and training. For example, three team leaders had completed their level 3's with distinctions and were now starting further safeguarding training.</p> <p>We reviewed two staff files and found these to be compliant in line with Schedule 3 of regulation 19.</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 six months of practice including competency sign offs, and reflective accounts completed. Shadowing was completed by Team Leaders overseeing practice.</p> <p><b>Infection prevention and control – Score 3</b> 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.</p> <p>The service was exceptionally clean and well presented. When outbreaks occurred, staff and management were aware of their responsibilities to ensure safety and prevent further outbreaks.</p> <p><b>Medicines optimisation – Score 3</b> Medicines were managed safely within the service. Each person had their own medication lockable cabinets in their rooms which we saw were stored safely. Temperatures of rooms were recorded to ensure medication optimisation.</p> <p>Medication profiles were in place, however as above, medication allergies did not always feed into risk assessments and care planning. <b>(SR8)</b></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 take place and that the provider checks their policy on this.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Stock checks were completed daily, and all staff had received medication training. PRN medicines must be clearly recorded as such on MAR charts. <b>(SR9)</b></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.</p> <p>Where people received their medication non orally (for example, through a PEG), there was evidence of regimes in place and recording of appropriate flushes in place.</p> <ul style="list-style-type: none"> <li>This service scored 71 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good</b> – This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation”.</b></p>		

Key Question	Regulations	Quality Statements and Comments
<p><b>Effective</b></p>	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 11: Need for Consent</b></p> <p><b>Regulation 14: Meeting Nutrition and Hydration Needs</b></p> <p><b>Regulation 18: Staffing</b></p>	<p><b>Assessing needs – Score 3</b> The home specialises in providing care and support to people living with complex needs including delegated nursing tasks.</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. <b>(ER1)</b></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.</p> <p><b>Delivering evidence-based care and treatment – Score 3</b> The home provides meals in line with needs, wishes and preferences. Feedback was regularly evidenced as sought on the quality of meals, and any requests. Staff were aware any modified diets and referred to IDDSI levels. Staff spoken with were aware of people’s needs and risks regarding their dietary needs. For example, receiving a level 4 diet or nil by mouth. Staff had received additional training in the preparation of IDDSI meals.</p> <p>Food intake and fluid intake was recorded well, however recent weights identified a potential issue with scale calibration which needed to be addressed. <b>(ER2)</b></p>

Key Question	Regulations	Quality Statements and Comments
		<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><b>How staff, teams and services work together – Score 3</b>  Staff had access to people’s care plans and risk assessments through handheld devices and iPads.</p> <p>Staff working at the service had worked there for a considerable period of years and knew people well. There was effective teamwork in place to deliver positive outcomes for people living at the service. A relative spoken to commented “I don’t live nearby but I never worry. They ring me about anything, and I am always kept informed.”</p> <p>Rotas were planned in advance to ensure shifts were covered, and staff were supported by management to amend these if needed.</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><b>Supporting people to live healthier lives – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>Independence was promoted, where possible, and equipment was sought and used to promote this when needs changed. For example, the use of a flat bed bath for someone who had spinal surgery, and supporting a person to maintain their “Tellus” device.</p> <p>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><b>Monitoring and improving outcomes – Score 3</b> 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 record 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 community and were able to undertake goals and wishes as they wanted.</p> <p><b>Consent to care and treatment – Score 3</b> We saw good evidence of consent sought and obtained during observations.</p> <p>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 to 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>

Key Question	Regulations	Quality Statements and Comments
		<p>MCA's were seen to be completed for different areas however MCA's for restrictions such as lap belts, bed rails must be separate and in place. Again, the provider had already recognised this and was in the process of working on them. <b>(ER3)</b></p> <p>There was evidence that best interest records had been completed and involved relatives and external professionals when required.</p> <p>DoLS were in place and there was evidence of review and resubmitting when DoLS were due to expire. No one had conditions as part of their DoLS in place.</p> <ul style="list-style-type: none"> <li>This service scored 75 (out of 100) for this area.</li> </ul>

**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.

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

Key Question	Regulations	Quality Statements and Comments
<p><b>Caring</b></p>	<p><b>Regulation 9: Person-centred Care</b></p> <p><b>Regulation 10: Dignity and Respect</b></p>	<p><b>Kindness, compassion and dignity – Score 4</b>            Observations seen during our site visit demonstrated that people were treated with kindness, dignity and respect. Staff told us how much they loved working with the people they supported and felt proud to support people to live fulfilled lives. We observed positive interactions and that people were asked for consent before support was delivered. One relative commented “I know he is so well looked after. I can’t thank them enough.”</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. When reviewing a record in the service, the team leader told us, “I cannot discuss this with you here as it’s personal information, but I am happy to discuss with you away from the residents.” This demonstrated staff had full understanding of privacy and respect. Staff fully respected that the service was the people’s home and that they were visitors there to support.</p> <p>Comments from people included “X’s family gave us so many compliments regarding X’s birthday party. They praised staff member X and X for their high energy and great communication” and “Langbury place doesn’t feel like a care home. Its warm and homely. My daughter wanted to stay here, and the staff look like they genuinely enjoy their work.”</p> <p><b>Treating people as individuals – Score 4</b>            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. One team leader showed us around each person’s bedroom and was able to explain to us what was important to the person. For example, one person loved watching Tom and Jerry cartoons. They showed us a whole draw full of Tom and Jerry DVD’s which meant the person had variety and choice over what they wanted to watch.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People’s personal space captured their essence of their personalities and staff celebrated people’s nuances. For example, one person was supported to create humorous comics as this was important to them. Other people had personalised scrap books in place about their life stories and journeys they had experienced. One staff member told us, “This is their home.”</p> <p>Activities were tailored on people’s preferences, likes and dislikes. One person was being supported to go ice skating in the afternoon. Their relative told us “He’s never done it before. I couldn’t do it by myself but here, nothing is any trouble to make him happy.” Another comment included “X has really built a rapport with (staff member). It’s like they are brother and sister and lovely to watch.”</p> <p>Care plans captured peoples wishes and preferences and what was important to them.</p> <p>There was a long-standing staff team in place who knew the people they cared for well and knew their likes, preferences and needs.</p> <p><b>Independence, choice and control – Score 3</b>  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> <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 to 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.  The service was adapted to wheelchair use, for example, lowered sinks. We saw one person supported to undertake messy painting. When they had finished, they were assisted to the sink and were asked if they wanted to turn the tap on which evidenced independence.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>To further evidence outstanding practice, we have recommended the use of case studies to demonstrate “why, how and impact.” <b>(CR1)</b></p> <p><b>Responding to people’s immediate needs – Score 3</b>            Staff were visible and available to people living at the service, and we observed, when asked, they were provided with assistance required. Staff were seen to be responsive to people’s emotional needs and engaged in laughter and activities. One staff member told us “I love doing the activities with people. You can see it makes them so happy.”</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><b>Workforce wellbeing and enablement – Score 3</b>            Management were supportive of their staff team and this was echoed through conversations with colleagues. All colleagues worked well together to deliver a “whole service approach.”</p> <p>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> <p>Comments included “I love the training we receive. There is lots of opportunities to grow and develop my skills.”</p> <ul style="list-style-type: none"> <li>• This service scored 85 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good -</b> This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p>		

Key Question	Regulations	Quality Statements and Comments
		<p><b>“Characteristics of services the CQC would rate as ‘Good’ People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.”</b></p>

Key Question	Regulations	Quality Statements and Comments
<p><b>Responsive</b></p>	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 16: Receiving and Acting on Complaints</b></p>	<p><b>Person-centred Care – Score 3</b>            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. <b>(RR1)</b></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, and we recommend a different way to capture goals achieved. <b>(RR2)</b></p> <p>Care plans were written in a person-centred way and the management team worked with staff to ensure they provided sufficient detail about how to deliver people’s care and support however this was not always easily accessible. These were regularly reviewed through in-depth auditing.</p> <p>As per caring, we saw observations which demonstrated person centred care occurred within the service.</p> <p><b>Care provision, integration, and continuity – Score 3</b>            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.</p> <p><b>Providing information – Score 3</b>            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>

Key Question	Regulations	Quality Statements and Comments
		<p>Information on how to make a complaint or raise concerns both internally and externally was on display. There had only been one complaint made since the last inspection which we saw was responded too in line with policy.</p> <p><b>Listening to and involving people – Score 3</b> 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.</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>There was evidence of open dialogue between families and the service. As above one relative told us “I don’t need to worry. They contact me about anything.”</p> <p><b>Equity in access – Score 3</b> 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><b>Equity in experiences and outcomes – Score 3</b> The provider ensured that people experienced equity in experiences and outcomes. For those who wished to access outside events, 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.</p>

Key Question	Regulations	Quality Statements and Comments
		<p><b>Planning for the future – Score 3</b>            People were supported with tailored plans of support for long term goals and changes. The provider evidenced that end of life discussions and wishes were captured.</p> <p>People were supported to seek future goals and there was evidence of these being achieved.</p> <ul style="list-style-type: none"> <li>• This service scored 75 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good</b> – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</b></p>		

Key Question	Regulations	Quality Statements and Comments
Well led	<p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 5: Fit and Proper Persons Employed - Directors</b></p> <p><b>Regulation 7: Requirements Relating to Registered Managers</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 20A: Requirement as to Display of Performance Assessments</b></p>	<p><b>Shared direction and culture – Score 3</b>  Management and staff were proud to work for the service. We found that the service lived by its values and visions and worked hard to maintain a homely atmosphere. 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.</p> <p>The Registered Manager and staff team had worked at the home for a considerable period of time and evidenced that they understood their residents needs and wishes well. The home was an inclusive service for all which focused on fulfilling lives of people living at Langbury Place.</p> <p><b>Capable, compassionate and inclusive leaders – Score 3</b>  The Registered Manager had extensive experience in the care sector and understood required regulations well. They had worked for the provider for 9 years. They were fully aware of their responsibilities as a Registered Manager, and the requirement to work inside the health and social care act (2014). They had the skills, knowledge and experience to lead effectively with integrity, openness and honesty.</p> <p>There was an open culture in the home of honesty and transparency. Management were proactive at ensuring the people living at the service and staff were well supported and received the best quality care. We received and saw positive feedback about the management and leadership of the service. Comments from an assessor included “I want you to know that without your support the learners wouldn’t be here at the final stage of their qualification. I work with all kinds of managers, and you have been consistently interested and active in the learners apprenticeships which makes a big difference.” Another comment included “The manager is excellent.”</p> <p><b>Freedom to speak up – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>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>Management had developed and fostered a positive culture where people felt they could speak up and their voice would be heard. People, relatives and staff told us they felt confident to raise concerns with the management team and these would be listened to and acted upon.</p> <p><b>Workforce equality, diversity and inclusion – Score 3</b>  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.</p> <p>Equality and diversity training was undertaken by all.</p> <p><b>Governance, management and sustainability – Score 3</b>  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>

Key Question	Regulations	Quality Statements and Comments
		<p>Peer audits were also completed by the manager between services to ensure oversight and checks where completed robustly.</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><b>Partnerships and communities – Score 3</b> The service worked well with external professionals to promote best care for people living at the home.</p> <p>The service was well respected and involved in the local community. Visitors were welcomed into the home. The service was seen as an active member of the community and engaged in local community offerings.</p> <p><b>Learning, improving and innovation – Score 3</b> The Registered Manager was focused 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>Management attended forums and external information events relating to changes within CQC. Management welcomed the visit undertaken as an effective learning tool to drive further improvement.</p> <p><b>Environmental sustainability – sustainable development – Score 3</b> The company has an environmental policy and is committed to working efficiently to ensure environmental sustainability.</p> <ul style="list-style-type: none"> <li>• This service scored 75 (out of 100) for this area.</li> </ul>

Key Question	Regulations	Quality Statements and Comments
		<p><b>SRG RATING: Good</b> - This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities”.</b></p>

**ACTION PLAN:**

**CQC Key Question - SAFE**  
**By safe, we mean people are protected from abuse and avoidable harm.**

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	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	We recommend that risk assessments are completed for people accessing the community. For example, people swimming when diagnosed with epilepsy and ensuring risks are captured and mitigated where possible.						
SR3	The provider would benefit from creating tailored care plans and risk assessments						

**CQC Key Question - SAFE**  
**By safe, we mean people are protected from abuse and avoidable harm.**

	<p>around skin integrity. At present, there was no policy around bruising and action to be taken in the event of bruising being found. We recommend a policy is in place which links into the local authority’s safeguarding thresholds around bruising and that root cause analysis is undertaken for each wound/bruise. 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.</p>					
<p><b>SR4</b></p>	<p>Allergies were not always clearly defined in care planning with appropriate risk assessments in place. For example, one persons care plan said they had a medication allergy with no further detail or risk assessment. On the MAR chart it was clear what medication they were allergic too. This was the same principle for one person receiving a gluten free diet and medication allergies.</p>					
<p><b>SR5</b></p>	<p>Diabetes care plans/risk assessment should include information for staff on signs and symptoms of hyperglycaemia and hypoglycaemia. We also</p>					

**CQC Key Question - SAFE**  
**By safe, we mean people are protected from abuse and avoidable harm.**

	recommend choking risk assessments are in place and include information on what to do in the event of choking and ensure it is person centred to the persons needs.						
SR6	We recommend that visual checks of equipment should be recorded at each care interval which will be easier once Nourish is established.						
SR7	We did note that wardrobes in the property were not secured to the wall which posed a risk.						
SR8	Medication profiles were in place, however as above, medication allergies did not always feed into risk assessments and care planning.						
SR9	PRN medicines must be clearly recorded as such on MAR charts.						

**CQC Key Question - EFFECTIVE**  
**By effective, we mean that people’s care, treatment and support achieve good outcomes, promotes a good quality of life and is based on the best available evidence.**

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	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	Food intake and fluid intake was recorded well, however recent weights identified a potential issue with scale calibration which needed to be addressed.						
ER3	MCA's were seen to be completed for different areas however MCA's for restrictions such as lap belts, bed rails must be separate and in place. Again, the provider had already recognised this and was in the process of working on them.						

### 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
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CR1	To further evidence outstanding practice, we have recommended the use of case studies to demonstrate “why, how and impact.”						
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**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						