



AUDIT REPORT

Oakdene House

Date of Visit: 9th & 10th of February 2026

SRG Care Consultancy Limited

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
Service Name: Oakdene House


Provider: Liaise (London) Limited






Address of Service: 31a Oakdene Avenue, Erith, Kent, DA8 1EJ

Date of Last CQC Inspection: 7 January 2020

Ratings

CQC's Overall Rating for this Service:	Good	
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SRG's Overall Rating for this Service:	Good	
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Key Questions	Rating	Overall Score
Safe	Good 	71 (out of 100)
Effective	Good 	70 (out of 100)
Caring	Good 	75 (out of 100)
Responsive	Good 	78 (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 9th & 10th of February 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 Registered Manager, quality officer, lead nurse, and holding discussions with support staff and some people using the service.

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

OUR VIEW OF THE SERVICE

The service is registered with CQC for Accommodation for persons who require nursing or personal care. Oakdene is a residential care home and provides support for people living with learning disabilities and mental health conditions. The service is registered to provide care for up to 6 people. At the time of our inspection, there were no voids.

The assessment was carried out in line with CQC's 'Right support, right care, right culture' guidance to make judgements about whether the provider guaranteed people with a learning disability and autistic people respect, equality, dignity, choices, independence and good access to local communities that most people take for granted. Overall, the provider was working in line with these principles and ensured people were respected and treated well.

Risks which affected people's daily lives, were documented and known by staff. The Manager monitored and regularly assessed these risks and took appropriate actions to ensure people received care in a safe and consistent way.

Medicines were safely managed and met people's needs. Care plans in place detailed important information which linked with current good practice on how to support people with their health conditions. Appropriate referrals had been made to other health professionals when needed.

Staff worked in accordance with the Mental Capacity Act and respected people's choices and decisions. People's capacity to consent to decisions had been assessed and there were records in relation to any restrictions or decisions made in people's best interests.

Governance systems were in place and audits were regularly completed. Staff told us the Registered Manager was supportive.

PEOPLE'S EXPERIENCE OF THIS SERVICE

People received care from staff who were kind and caring. People confirmed they felt safe at the home, and they appeared comfortable in the presence of staff.

People were given ample opportunities to access community activities, attend college and daycentres.

Observations showed that staff provided timely support, promoting independence and choice throughout the day. People could decide their daily activities. Staff interacted well with people, understanding their individual needs. Staff treated people with dignity and respect, and staff wellbeing was also considered.

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>There were systems for reporting and recording any accidents and incidents. These were recorded onto the Radar system, which is an electronic database with operational workflows. This helps to promote a consistent approach.</p> <p>Staff completed accident and incident records onto the system, which were then reviewed by the Registered Manager to identify any responsive action required to prevent similar incidents potentially occurring again.</p> <p>Accident and incident records were seen to be completed appropriately with sufficient information.</p> <p>Following incidents where people could display behaviours that may be challenging, staff were supported with a debrief. This gave staff the opportunity to discuss and reflect about what had happened.</p> <p>The service was supported by the Positive Behaviour Support (PBS) Manager. They reviewed incidents and behaviours to identify any patterns and trends, which resulted in recommendations to support people and updates to the PBS plans.</p> <p>Lessons learnt were in place.</p> <p>Safe systems, pathways and transitions – Score 3</p> <p>There were policies and procedures in place to support the smooth running of the service. These covered care and support, safeguarding, health and safety, human resource and operational policies.</p> <p>Safety and continuity of care was monitored. Where there were changes in needs or concerns about individual people, referrals were made.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Staff made sure there was continuity of care, including when people moved between different services. For instance, if people needed to go into hospital there was a system to ensure relevant key information was shared, which included a hospital passport.</p> <p>Safeguarding – Score 3</p> <p>People were protected from the risk of abuse. There were systems in place to ensure any safeguarding issues were appropriately reported and investigated. Safeguarding matters were raised to the appropriate local authority, and procedures were followed in relation to any actions needed.</p> <p>Staff had completed training in safeguarding, and staff spoken with had a good understanding of safeguarding and how to take appropriate action, including who they should report to.</p> <p>Records of people’s finances were maintained. These monitored any monies spent, and receipts were kept. Regular audits checked to ensure money was managed safely.</p> <p>People confirmed they felt safe and they appeared comfortable with staff.</p> <p>Involving people to manage risks – Score 3</p> <p>Risks were managed effectively. Risk assessments had been completed and were regularly reviewed. They covered a range of relevant areas, and included risks associated with behaviours, personal care, finances, nutrition and hydration, mobility, communication and activities.</p> <p>Individual risks were clearly identified in the support plans and support was provided in line with these individual risk assessments.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>There was a positive behavioural specialist who supported the service with a review of incidents for specific people, they reviewed for any trends and patterns, and this information was used to help develop PBS plans where needed.</p> <p>PBS plans identified individual support needs and included individual behaviours, triggers and a range of strategies to be used.</p> <p>Safe environments – Score 2</p> <p>Planned maintenance checks took place on a daily, weekly and monthly basis. These were logged and recorded on the Radar system. There was regular safety checks carried out on the environment. These included fire safety with a daily fire patrol, a weekly fire alarm test, fire door and fire extinguisher checks being completed.</p> <p>Checks were made on the carbon monoxide detectors, plugs, window restrictors, extractor fans and laundry equipment.</p> <p>Checks were made on appliances and utilities by external organisations where needed. Risk assessments for fire and environmental safety had been completed.</p> <p>A response plan was in place in the event of emergency, and there was an up-to-date service continuity plan in place.</p> <p>Suitable risk assessments were in place to manage environmental risks. A ‘grab bag’ was available, for use in an emergency.</p> <p>Redecoration was to be happening, and it was confirmed that there was a plan in place to address this. Redecoration had started on the first floor and was being rolled out throughout the home. However, communal areas of the home were badly in need of attention. Areas of the kitchen walls were dirty and</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>marked, and the walls were not wipeable. The main lounge was also dirty, walls were marked and dirty, there were scrapes, scratches, marks, and dirty handprints. Walls were a matt finish and again not wipeable. (SR 1)</p> <p>One of the dining chairs was broken, but it was confirmed that the dining furniture was to be replaced. One person had recently got a new mattress, which was more suitable for their needs.</p> <p>Chemicals were securely stored in a locked cupboard in the kitchen, which had a warning sign for CoSHH, and was to be kept locked. However, at the start of the visit it was noted that this was not locked. (SR 2)</p> <p>Safe and effective staffing – Score 3</p> <p>There were enough staff to support people, and this included their assessed one-to-one hours, or two-to-one, which enabled people to access the community when they wanted to. There were two staff working at night and a minimum of five staff during the day. Although it was confirmed staffing levels were dependent on the one-to-one hours of people using the service.</p> <p>There was a stable staff team who knew people and had worked with them for a long time. There was a consistent approach which promoted continuity. The numbers and skills of staff met the needs of people living in the home.</p> <p>There had been no new starters at the service. A check was made on the recruitment audit which had taken place. This had identified some shortfalls such as gaps in employment history. Actions from the audit were followed up and it was seen that where there were gaps, a full employment history had been obtained from when people left school or full-time education.</p> <p>Where other documentation was missing, such as an induction there was a supporting statement to confirm that they had completed appropriate training.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Liaise use an external company to obtain references. These are usually supplied through a formal on-line procedure, and the company is responsible for verifying the references. A sample viewed showed that some had been verified, but not all. In some cases, historically these included professional references. For example, for one person there was a professional reference from their last place of employment, but this was from a personal e-mail address rather than a company one, and there was no record of how this had been verified. As this was historical, this would be difficult to follow up now. It is suggested that a risk assessment is put in place for these anomalies as they are identified. (SR 3)</p> <p>Appropriate checks with the Disclosure and Barring Service (DBS) were in place. DBS checks provide information including details about convictions and cautions held on the police national computer. The information helps employers make safer recruitment decisions.</p> <p>As there were no new staff, there were no ongoing induction. However, as a company Liaise has a robust structured induction booklet which consisted of a coordinated programme which included completing the training programme along with exercises and observational practical sessions.</p> <p>There was evidence that staff were supported to complete the care certificate, where needed.</p> <p>Staff were supported with ongoing training. This included safeguarding, medication administration, health and safety, moving and handling, nutrition, equality and diversity, privacy and dignity, fire safety, GDPR, and infection control. In addition, staff received training in the needs of the people using the service including autism awareness, dementia, mental health, epilepsy, diabetes, and IDDSI.</p> <p>Face to face training included PROACT-SCIPr, which meant staff understood how to support people with behaviours that may challenge.</p> <p>Recent e-learning training had been implemented for the recommended Oliver McGowan (Tier one) training. This had just been implemented, and staff had yet to complete this. The second tier (which was a face-to-face workshop) was also planned to be introduced.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>The SALT team had also visited and shown staff how to prepare meals to specific consistency, and there was appropriate equipment to modify the meals. There was also evidence that staff had been trained by the District Nurse to use and empty a catheter bag, to ensure that they supported people appropriately.</p> <p>Current training statistics showed that staff were primarily up to date with their training. Mandatory training was at 100%, required training was at 95% (which was due to the recent addition of the Oliver McGowan training), and overall training was at 96%.</p> <p>Staff were supported with supervision, and these were happening every three months and were up to date at the time of the visit.</p> <p>All staff had been supported in the last year with appraisals.</p> <p>Staff said that they received good training opportunities and felt well supported.</p> <p>Infection prevention and control – Score 3</p> <p>There were systems in place to help and prevent the management of infection. There was an up-to-date infection prevention and control (IPC) policy in place.</p> <p>Staff had received training in infection prevention and control. Staff were supplied with personal protective equipment (PPE) as required.</p> <p>Cleaning schedules were in place and people were encouraged to take part in cleaning their rooms.</p> <p>Chairs in the lounge area were of a wipeable material, but all had some damage to the external covering, which meant that in places it was split and torn and not able to be cleaned properly. It was confirmed that these were to be replaced.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Medicines optimisation – Score 3</p> <p>The provider had medicines policies and procedures in place, and staff received training and regular competence checks.</p> <p>Medication profiles were in place for each person which included communication and preferred way of how people took their medicines. Easy read medication profiles were in place which identified what the medicine was, what it looked like, why the person took it, any side effects, and when they needed to take it.</p> <p>Staff completed medicine administration records (MARs) appropriately. MAR Charts were in place alongside countdown sheets, which were used to monitor the amount of stock. However, these were not always being used effectively. Where a new cycle had started with a new box of 28 tablets, and there was 12 left in the old box, staff had counted down on the previous cycle and not considered the new cycle and stock. (SR 4)</p> <p>For one person there were frequent changes to their medicines following visits to the hospital or specialist appointments. This was managed safely.</p> <p>Topical cream application records were in place.</p> <p>There were systems for signing medication out, what the medication is and how many. Staff were not recording the date medicines are signed back in though, which they should be doing. (ER 5)</p> <p>Homely remedies were in place and the G.P. had signed these to say they were appropriate for use.</p> <p>Medicines were stored safely in a lockable cabinet.</p> <ul style="list-style-type: none"> • This service scored 71 (out of 100) for this area.

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>SRG RATING: GOOD</p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation”.</p>

Key Question	Regulations	Quality Statements and Comments
<p>Effective</p>	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: Need for Consent</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 18: Staffing</p>	<p>Assessing needs – Score 3</p> <p>Feedback from a relative showed that they felt their loved one received appropriate care. They said, ‘<i>We have been so thankful that [x] came to Oakdene. We have seen him flourish in all aspects of his life and has started to live a fulfilled life again due to your guidance and sensitivity</i>’.</p> <p>Regular reviews from different authorities including the local authority and health care professionals were undertaken. In addition, the in-house specialists of the SALT and PBS team were involved.</p> <p>Delivering evidence-based care and treatment – Score 3</p> <p>Staff had been supported and trained by external and internal health professionals such as the district nurse to manage catheter care and the SALT team to prepare meals to an appropriate consistency.</p> <p>The service used appropriate tools to assess and monitor specific areas, including MUST, oral care, nutrition and hydration, for example. People received appropriate support with their nutritional needs, and staff had knowledge of people’s dietary requirements.</p> <p>Where people were diagnosed with specific conditions, such as bi-polar, and autism, there was some information in the support plan about how these affected the person. These would benefit from further development to identify more key symptoms, and how they affected individual people. (ER 1)</p> <p>However, where people were diagnosed with diabetes or epilepsy for example, there was specific information on how to support people.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>How staff, teams and services work together – Score 3</p> <p>Hospital passports were seen in place. This is a document which goes with the person when they attend the hospital. Information included within this passport supports the hospital staff to be aware of the most pertinent things they needed to know about the person.</p> <p>Regular medication reviews were conducted with the G.P. These were in line with the STOMP (stopping over medication of people with a learning disability) initiative, so changes and/or reductions could be made to individual medication regimes.</p> <p>There were a range of health care professionals involved in people’s care. These included the CPN, district nurses, neurologist, diabetic nurse, cardiologist, and chiropodist. Referrals were made where needed and recommendations acted on.</p> <p>The staff team were generally organised, and information was passed on via staff meetings and handover procedures.</p> <p>Supporting people to live healthier lives – Score 3</p> <p>Information was available in people’s care plans relating to any specific health needs, and any support required in relation to this.</p> <p>Appropriate health care professionals were involved in people’s care and support. For example, where one person had been unsettled due to a mental health crisis, psychiatry had been involved, and medication has been reviewed, which had helped to improve their mental health. For another person, the physiotherapist had been involved and engaged the person with gentle exercises and accessed a mobility aid to help them mobilise easier.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>One person tended to eat a lot of sugary items and was prediabetic. Staff were working with the person and their parents to promote a healthier diet. They ensured suitable alternatives were offered and encouraged and supported them with an exercise routine. The support plan clearly identified the support needs and foods to be encouraged. Meal records showed that they had a varied diet, and although they had some fast food, such as McDonalds, they were also supported with a variety of home cooked meals.</p> <p>Monthly health checks were carried out. The key worker sat down with the person and reviewed their health care needs. These checks included a review of people’s feet, hands, skin condition, ears, hair and scalp, dental care and oral health, weight and BMI, bowel management, and any other health monitoring processes such as seizures. These were generally happening, but for one person, they had not happened in December and January. It was reported that this was because the person had been on home leave. It’s suggested the dates of the healthcare meetings are changed when this happens to ensure that the person does not miss out. (ER 2)</p> <p>Pain profiles were in place to help staff understand how to identify when someone was in pain.</p> <p>Monitoring and improving outcomes – Score 2</p> <p>One person had their blood sugar levels tested on a daily basis. These should then be recorded in the daily support notes in the Blyssful system. It was noted that this was not always happening. (ER 3)</p> <p>There was a detailed support plan which identified what the person’s blood sugar levels should be and action to take when these were not within their normal range, including when the reading were excessively high. Staff, however, were not recording actions taken, when these readings were out of the normal range. For example, on 3rd of February the level was recorded as 17.7 mmol (which was classed as needing medical attention), but there was no record of what had been done. (ER 4)</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Where people were at risk of having a seizure, equipment was in place to help alert staff should this happen. In addition, fifteen-minute checks were to happen for at least one person, when they were alone in their room. Staff were recording that these were happening, but the checks showed that these were not always happening every fifteen minutes, with gaps sometimes as great as 1 ½ hours. (ER 5)</p> <p>Body maps were maintained and when there was a wound or injury, photos were taken. It was not always clear how an injury may have happened, for example, for one person they had sustained a large bruise on their inner arm. A photograph had been taken, but there was no explanation as to how these may have occurred, the body map was closed with no update as to how it improved and the daily notes only referenced that there was a bruise, and a body map had been created. Body maps were usually closed before the issue was resolved.</p> <p>Consent to care and treatment – Score 3</p> <p>The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.</p> <p>There were mental capacity assessments in place for different areas, where people did not have a capacity to make a decision in relation to a specific area. These were decision specific and included restrictions in the environment, community support, medication, and care and support.</p> <p>MCA assessments evidenced how people were supported, to be included in these assessments with records of how the decision to be discussed was communicated with them, through the use of different</p>

Key Question	Regulations	Quality Statements and Comments
		<p>communication tools. Consideration was given to best interest decisions and why individual decisions were considered to be the least restrictive.</p> <p>People were included in any decision making, where people could make their own decision's, they were supported with this. Observations showed that people were offered choices, and staff respected their decisions.</p> <p>People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Deprivation of Liberty Safeguards (DoLS) applications had been where needed. These were monitored through the Radar system.</p> <ul style="list-style-type: none"> • This service scored 70 (out of 100) for this area.
<p>SRG RATING: GOOD</p> <p>This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ' Good' People 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</p> <p>Staff interacted with people well. There was a relaxed and comfortable atmosphere, where people and staff intermingled together. During the visit, observations showed how happy people were. There was a lot of laughter and a relaxed atmosphere.</p> <p>Staff always listened to people and spent time with them.</p> <p>Relatives and others were complimentary of the support provided by the team working at Oakdene. Comments included:</p> <p><i>‘Thank you for all your commitment, care and understanding towards the residents. Their lives are all the richer’.</i></p> <p><i>I would very much appreciate if you could give [staff member] a huge pat on the back. He has been so helpful today supporting [x] and more particularly me!! So friendly and helpful and going above and beyond’.</i></p> <p>Treating people as individuals – Score 3</p> <p>People were supported to make their own choices about how they wished to lead their day to day lives. People were able to make choices and daily living preferences were listened to.</p> <p>People could choose when they wanted to go out and which activities they wanted to be involved in.</p> <p>Support plans were individualised to the person.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Independence, choice and control – Score 3</p> <p>People were happy at Oakdene, they were able to make choices and have control about how they spend their time. Observations showed that people spent time how they wanted and staff supported them with this.</p> <p>People worked with staff to arrange their own shopping lists and plan their menus. Mealtimes were flexible around people's needs and preferences and people were able to have their meals and snacks at times they chose.</p> <p>Responding to people's immediate needs – Score 3</p> <p>People's needs, views, wishes and comfort were a priority. Staff were proactive when supporting people and identified when they needed support.</p> <p>Communication tools were used to help people identify to staff their support needs.</p> <p>Records showed how staff responded and supported people during such incidents.</p> <p>Workforce wellbeing and enablement – Score 3</p> <p>Staff were supported to take regular breaks, and consideration was given to annual leave. Staff were supported with supervision and there was an open-door policy to the Manager's office.</p> <p>An employee assistance programme was available, providing staff with access to counselling and support services, along with a life assurance benefit.</p> <p>Staff were eligible for the Blue Light Card, which offered discounts at various retailers.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>There was a refer-a-friend scheme and a colleague recognition programme, allowing staff to nominate colleagues who demonstrated exceptional performance.</p> <p>Staff felt their wellbeing mattered and said that they were well-supported.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.
<p>SRG RATING: GOOD</p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.”</p>		

Key Question	Regulations	Quality Statements and Comments
<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 3</p> <p>Support plans were generally detailed and person centred. They provided staff with information about how to meet people’s needs. They were regularly reviewed and updated, including when people’s needs changed. Daily records showed that care was provided in line with their needs and observations showed that staff responding to people’s requests and preferences.</p> <p>Observations showed that that staff knew and understood individual needs. Conversations with staff evidenced their knowledge and familiarity with the people there were supporting.</p> <p>Care provision, integration, and continuity – Score 3</p> <p>Staff worked with internal and external professionals to ensure people’s health and wellbeing needs were met. Prompt action had been taken when people’s needs had changed, appropriate referrals had been made to ensure people had access to services that could provide further support to them.</p> <p>Providing information – Score 3</p> <p>There was user friendly and easy read signage on display including the complaint’s procedure, safeguarding information, pictures of staff and people using the service.</p> <p>In the lounge there was a white board with the date, day, month, year and weather on, which also listed the daily activities for people. This could be in a more user-friendly format as it was handwritten, and some people required an easier read format. (RR 1)</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Menus were available with and without pictures, people could choose from easy read cards for meals and takeaways.</p> <p>Listening to and involving people – Score 3</p> <p>Complaints were taken seriously and people were able to raise any concerns without fear of recrimination. The most recent complaint had been made by one of the people using the service and they had written to the Operations Manager. It was seen that the Operations Manager had attempted to investigate this and speak with the person, who had then declined to take this any further.</p> <p>There was, however, evidence that the concerns had been investigated and where some poor practice issues had been identified, further actions for staff training had taken place.</p> <p>People met together and with staff on a monthly basis to discuss events in the house, updates, safeguarding and how people were feeling. Evidence was seen that these were happening. However, the information in these varied in detail and quality, with not all meeting minutes really evidencing what had happened in the previous month in detail. Consider developing the house meetings to further evidence how people were involved in decisions about the service. (RR 2)</p> <p>Monthly key worker meetings were happening, although as with the monthly health checks, these did not always happen for one person as they were away staying with parents. Again, the dates should be adjusted to ensure that they had the opportunity to take part in these regularly. <i>(See recommendation in effective)</i></p> <p>Communication support plans were in place.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Equity in access – Score 3</p> <p>People were engaged and supported by staff to be included and have the same opportunity as others to receive the care and support of their choice.</p> <p>There was a positive approach to ensuring that people were supported to access available resources. This included attending appointments or assessments. Staff worked with other professionals to support this.</p> <p>One person had been supported to obtain a bank card, and staff supported them to use it.</p> <p>Equity in experiences and outcomes – Score 4</p> <p>People were supported with various activities and pastimes. These were in line with their preferences and choices.</p> <p>People regularly attended college, and attended cookery courses, arts and crafts and drama, and one person had taken part in a show. One person had not enjoyed college, and staff had sourced a daycentre for them to attend.</p> <p>People regularly accessed the local community and attended church. People also went swimming, horse riding and sailing. People also attended a monthly disco.</p> <p>In house people enjoyed music, arts and crafts and doing jigsaw puzzles. A keep fit class was held once a week.</p> <p>Birthdays were celebrated with parties and celebrations for people.</p> <p>Staff had supported people to improve their independence. For example, when one person had initially moved in, they had reduced mobility and spent a lot of time self-isolating. Staff had supported the person</p>

Key Question	Regulations	Quality Statements and Comments
		<p>to regain their mobility and confidence. They had enrolled at college and regularly accessed the community and contributed to household tasks.</p> <p>Planning for the future – Score 3</p> <p>No-one using the service was receiving end of life care at the time of the visit. Each support plan contained a section for end-of-life, which gave people and their families opportunities to discuss their needs and preferences, if they wanted to.</p> <p>There was a process for a ‘user friendly’ easy read format. These were not in place for everyone using the service, and where they were in place they had not been fully completed. (RR 3)</p> <ul style="list-style-type: none"> • This service scored 78 (out of 100) for this area.
<p>SRG RATING: GOOD</p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood, and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</p>		

Key Question	Regulations	Quality Statements and Comments
Well-Led	<p>Regulation 17: Good Governance</p> <p>Regulation 5: Fit and Proper Persons Employed - Directors</p> <p>Regulation 7: Requirements Relating to Registered Managers</p> <p>Regulation 18: Staffing</p> <p>Regulation 20A: Requirement as to Display of Performance Assessments</p>	<p>Shared direction and culture – Score 3</p> <p>There was a positive culture at the home, where people’s independence was promoted. All staff told us people were safe and well cared for. Discussions with staff evidenced that they knew people well and could clearly describe their support needs. Discussions also evidenced that staff gave people choices and listened to what they had to say.</p> <p>The aims of the service were to ensure people were active members of the community, leading as normal a life as possible, and free from discrimination or abuse.</p> <p>Capable, compassionate and inclusive leaders – Score 3</p> <p>There was a Registered Manager who oversaw the day-to-day running of the service, they were supported by a stable staff team.</p> <p>Staff spoke of a supportive working environment where they felt part of the community and members of a team. Staff were positive about support provided from the Management team.</p> <p>There was a visible senior team who provided support to the service. This included the Operations Manager, and the Quality team. It was reported that they were available for support and advice.</p> <p>Freedom to speak up – Score 3</p> <p>Staff were happy working at Oakdene, they felt well supported and could speak to the Manager when they needed.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff meetings were happening monthly, although the most recent had not been uploaded to Radar, in line with company procedures. (WR 1)</p> <p>Staff meetings reviewed the care and support needs for people using the service, compliance expectations, incidents, safeguarding and any lessons learnt, feedback from MDT meetings, and health and safety. These gave staff the opportunities to discuss events happening in the service and review practice.</p> <p>A colleague survey had been completed in 2025. Overall feedback was positive, however, as a result of some feedback, actions were taken such as recruiting more bank staff. Staff said that they felt listened to.</p> <p>Workforce equality, diversity and inclusion – Score 3</p> <p>There were policies in place relating to recruitment and selection, and equality and diversity, to foster a fair and inclusive working environment.</p> <p>Staff received regular training in equality and diversity matters.</p> <p>Staff were supported with reasonable adjustments so they could balance their working and home life.</p> <p>Staff reported that they felt well supported by the Management team, and staff said they felt they were treated fairly.</p> <p>Governance, management and sustainability – Score 3</p> <p>There were a range of audits in place, which had recently been reviewed. These were in line with the providers systems and processes. These included a Manager assurance audit which took place three times a week, weekly and monthly medication audits, health and safety and additional audits around support</p>

Key Question	Regulations	Quality Statements and Comments
		<p>plans. These were completed appropriately and satisfactorily. These evidenced that areas of improvement were identified and actions taken.</p> <p>Oversight was maintained by the provider through monthly trends and monitoring information analysis (TaMI). This monitored information maintained on the different systems including Radar and Blyssful. This included the results of audits, staff training, supervision, appraisal and competency assessments, support plans, MCA assessments, key worker meetings, compliance in relation to complaints and safeguarding, and the quality team annual mock inspection compliance. The score was currently at 94% which evidenced that the service maintained good governance processes.</p> <p>Management support through regular meetings, and quality presentations enabled ongoing sharing of information.</p> <p>Partnerships and communities – Score 3</p> <p>Staff worked with other health and social care professionals to ensure people’s needs were met, which resulted in positive outcomes for people.</p> <p>Family involvement was promoted, and people were supported to work in partnership with staff and the service.</p> <p>People were supported to access a range of community resources, and attended day centres, college, church services, various clubs and local coffee mornings.</p> <p>Learning, improving and innovation – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Actions were developed from audits and checks. These were recorded onto the Radar system and monitored for completion.</p> <p>Knowledge was shared throughout the organisation through the Management and quality meetings, along with workshops. If incidents happened in other services, the details were passed to the Management team, who then discussed them at staff meetings.</p> <p>Environmental sustainability – sustainable development – Score 3</p> <p>Consideration was given to environmental sustainability.</p> <p>Electronic systems promoted the reduction of the use of paper. The service had a contract with a waste management company, which also promoted recycling. Lights were turned off when not in use, and economical cycles were used on appliances, such as the washing machine.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.

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.

“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”.

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	Prioritise the main communal areas for redecoration.						
SR2	Ensure that the CoSHH cupboard is kept locked at all times.						
SR3	Implement a risk assessment for historical references which had not been verified, especially where they are not from a company e-mail.						
SR4	Ensure that countdown records are updated with the new stock.						
SR5	Record the date of any returned medicines when people have gone out, been to hospital or to stay with families.						

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	Further develop information in the support plans around individual specific conditions.						
ER2	When people are on home leave, alter the dates of the monthly health checks to ensure that these are reviewed on a monthly basis.						
ER3	Ensure staff record blood sugar levels on a daily basis.						
ER4	Ensure that staff record actions taken when blood-sugar level readings are not within the person's normal range.						
ER5	Checks on people with epilepsy to be in-line with procedures.						

CQC Key Question - CARING

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
CR1	X						

CQC Key Question - RESPONSIVE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	Review the signage board and develop a more user-friendly format.						
RR2	Include more information in the service user house meetings.						
RR3	Support people to fully identify any end-of-life requirements, including where they do not want to be involved.						

CQC Key Question - WELL-LED

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WR1	Ensure that staff meeting minutes are uploaded to the Radar system in line with company procedures.						