



AUDIT REPORT

Willow Tree Lodge

Date of Visit: 2nd & 3rd February 2026

SRG Care Consultancy Limited

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Service Name: Willow Tree Lodge

Provider: Liaise (South) Limited





Address of Service: 189 Kempshott Lane, Basingstoke, Hampshire, RG22 5NA (01256) 346241

Date of Last CQC Inspection: 11th September 2017

Ratings

CQC's Overall Rating for this Service:	Good	
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SRG's Overall Rating for this Service:	Requires Improvement	
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Key Questions	Rating	Overall Score
Safe	Requires Improvement 	59 (out of 100)
Effective	Good 	66 (out of 100)
Caring	Good 	70 (out of 100)
Responsive	Good 	64 (out of 100)
Well-led	Requires Improvement 	60 (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 2nd & 3rd 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 Manager, Deputy Manager, and holding discussions with staff. We were unable to obtain feedback from people living at the service as they were accessing the community on both days. A tour of the building was conducted, along with a review of key documentation. Additionally, three care plans were reviewed, two staff recruitment files were checked, and records were examined to confirm that staff training and supervision had been conducted appropriately. Medication records and operational documents, such as quality assurance audits, staff meeting minutes, and health and safety and fire-related documentation, were also assessed.

OUR VIEW OF THE SERVICE

The service is a supported living service providing support for younger adults with learning disabilities. Some issues regarding infection control and risk management were identified. Managers investigated incidents however lessons learnt were not always robust. One person was living at the home with mental health needs which were impacting on others living at the home due to their presentation. This had been documented by the provider.

Medicines were managed effectively. People and their families were actively involved in the assessment of their needs (where possible), which staff regularly reviewed. People had sufficient food and drink in line with their needs, and staff closely monitored their health, working collaboratively with medical professionals.

Consent was sought before providing support but not always evidenced through daily notes, and appropriate mental capacity assessments had been completed, however further evidence was required around specific mental capacity assessments and consistency of completion in regard to the locked kitchen.

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. We identified some issues regarding infection control and cleaning records.

Governance systems were in place, and identified actions were completed however audits seen were scoring 100% and this was not always reflective of what was found at this visit. The management team was visible and approachable, and staff reported enjoying their roles and feeling supported to provide feedback.

PEOPLE'S EXPERIENCE OF THIS SERVICE

People supported by the service were unable to communicate with us, however relatives expressed positivity about the quality of care provided including the support provided for people to meet goals of attending holidays and outings. One comment included "Great to see and lovely to hear he has been calm and able to enjoy the activities."

Compliments and feedback noted that the staff were kind, respectful, and upheld their dignity and were well trained.

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

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

DISCLAIMER

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

RATINGS

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

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

Outstanding – The service is performing exceptionally well.

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

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

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

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

Key Question	Applicable Regulations	Quality Statements and Comments
<p>Safe</p>	<p>Regulation 12: Safe Care and Treatment</p> <p>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulation 18: Staffing</p> <p>Regulation 19: Fit and Proper persons employed</p> <p>Regulation 20: Duty of Candour</p> <p>Regulation 15: Premises and Equipment</p>	<p>Learning culture – Score 2</p> <p>Accidents and incidents were reported through the Radar and reviewed daily by management. The service evidenced that lessons learnt were shared, discussed with the wider team and acted upon when shortfalls were identified however lessons learnt on RADAR did not always evidence robust learning or shared outcomes. (SR1)</p> <p>The requirement of the service was to reviewed 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. Debrief sessions were seen to take place when incidents or behaviours occurred and this could be further embedded into 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> <p>Duty of candour was evidenced as completed when notifiable events occurred. Management and the team were aware of their duty to ensure their practices were open, honest and transparent.</p> <p>Safe systems, pathways and transitions – Score 2</p> <p>The service worked with people and healthcare providers to maintain safe systems and pathways. At present, the service was experiencing difficulties with one person’s care package which had become complex based on their presenting mental health needs and was impacting the other people in the home’s quality of life. (Shouting, screaming, loud banging) We were advised this would begin at 7am and continue until 7pm. One staff member told us people who were non-verbal would cover their ears due to the noise and one parent had made a complaint about the impact it was having on their son. A referral had been made to the CMHT, and the service was waiting on an outcome.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Comprehensive care planning took place to assess needs, however care plans relating to specific needs were put together in a whole care plan and best practice is to separate and individualise these including specific risk assessments based on specific need. (SR2)</p> <p>There was clear evidence of working with external professionals to meet people’s needs however delays in referrals was impacting people’s quality of life in relation to the person above. There was evidence that the provider had done everything possible to maintain the placement however they were not receiving quick and effective support from external professionals.</p> <p>We did note that the provider does not have “Mental Health” registered as a service user band on their registration. (SR3)</p> <p>Safeguarding – Score 2 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. A number of safeguarding’s had been raised in relation to the person above and we saw these had been reported as required and CQC notified. We did note one safeguarding which would have met the threshold for reporting but had not been.</p> <p>Staff had access to the provider’s safeguarding policy. Safeguarding was a regular topic of discussion in team meetings and supervisions. Information regarding how to raise a concern was not clearly available in the premises for staff and visitors. (SR4)</p> <p>Involving people to manage risks – Score 2 We reviewed various risk assessments relating to people’s care needs. At present, care plans were bundled together based on medical needs rather than separately. We identified that best practice is to</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>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. (SR5)</p> <p>Some risks identified through care planning did not always have a corresponding risk assessment which was identified as needed in the care plan. (SR6) For example, risks relating to infection control for the person above who refused support to clean their room. We also noted for three risk assessment seen, different names were recorded which didn’t evidence they were person centred. (SR7)</p> <p>The same person as above had recently been admitted to hospital in regard to an intended medicine overdose and eating of potentially poisonous berries from the garden. We could not see a robust risk assessment in place in regard to checks undertaken for medicine brought into the service from the family home. (SR8)</p> <p>Safe environments – Score 3 Areas of the home were tired and in need of renovations including the main kitchen and decoration. 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 an external fire risk assessment completed. Any maintenance issues were reported to the provider and actioned when required.</p> <p>Audits relating to the environment were seen to be undertaken and actions completed as required including people’s personal equipment. Visitors were required to sign in and out of the building.</p> <p>Safe and effective staffing – Score 3</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Staffing levels were determined using dependencies and funding. The team consisted of the Registered Manager, a Deputy Manager, shift leaders and support workers.</p> <p>Regular supervisions were in place and there was evidence that records of these were shared with staff. Training and development were regularly discussed, and staff were made aware of any outstanding training required to be completed. Training statistics for all mandatory areas were around 88% for each course.</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 6 months of practice including competency sign offs, and reflective accounts completed. Shadowing was completed by shift leaders overseeing practice.</p> <p>Infection prevention and control – Score 2 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>Cleaning records were not always in place. On entering two rooms, we noted malodours which had not been addressed through effective deep cleaning. Areas of the home and people’s rooms required significant deep cleaning including the main kitchen. Infection control audits took place as part of a manager’s health and safety audit were scoring 100% but this was not what was found at the visit. COSHH was seen to be stored away safely. (SR9)</p> <p>Medicines optimisation – Score 3 Medicines were managed safely within the service. Medicines were stored in a locked medication room. Temperatures of rooms were recorded to ensure medication optimisation. Stock checks also took place and weekly medicines audits were completed.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>PRN protocols were in place and were reviewed annually or when needs changed. We recommend a 3 to 6 monthly review of all protocols take place and that the provider checks their policy on this. Stock checks were completed daily, and all staff had received medication training.</p> <p>Medication audits took place both weekly and monthly and any actions identified from medication audits were seen to be recorded and addressed through the RADAR system. The provider told us they were looking into EMAR for the future.</p> <ul style="list-style-type: none"> This service scored 59 (out of 100) for this area.

SRG RATING: Requires Improvement – This service did not always 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’ 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”.

Key Question	Regulations	Quality Statements and Comments
Effective	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: Need for Consent</p> <p>Regulation 14: Meeting Nutrition</p>	<p>Assessing needs – Score 2</p> <p>The home specialises in providing care and support to people living with a learning disability however one person living at the home was also diagnosed with a mental health need which the provider was not registered for with CQC. (ER1)</p>

Key Question	Regulations	Quality Statements and Comments
	<p>and Hydration Needs</p> <p>Regulation 18: Staffing</p>	<p>Care plans evidenced these medical areas were assessed however they were grouped together under a medical care plan which is not best practice and made it difficult to seek and review information. (ER2)</p> <p>Monthly auditing of care planning and risk assessments took place to review needs and update information to ensure it was reflective of people’s current needs. Care plans covered care needs in a holistic manner and looked at all areas of needs, for example, mobility, communication, emotional and medication needs however as above, best practice is to keep these separate. As above, some risks did not have risk assessments in place based on care plan findings.</p> <p>Delivering evidence-based care and treatment – Score 3 The home provides meals in line with needs, wishes and preferences. No one was receiving a modified diet however people were supported to make healthier choices and/or promote their weight.</p> <p>Food intake and fluid intake required further oversight as fluid recording amounts were consistently low and under the recommended amount as per NICE guidelines. (ER3)</p> <p>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 however as above, the provider was meeting difficulties in quick responses in regard to a mental health referral.</p> <p>How staff, teams and services work together – Score 3 Staff had access to people’s care plans and risk assessments through digitalised systems.</p>

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

Key Question	Regulations	Quality Statements and Comments
		<p>Health records demonstrated there was effective oversight in place to monitor positive outcomes for people living at the home. The provider recognised the importance of ensuring people had access to the community and were able to undertake goals and wishes as they wanted. People had access to a service vehicle which meant they could access the community easily when wanted.</p> <p>Consent to care and treatment – Score 2 Systems were in place to ensure people consented to their care if they had the capacity to do so. We found the principles of the Mental Capacity Act 2005 (MCA) were followed and adhered too when people were deemed to lack capacity in relation to specific decisions around the care they received. Where decisions were made for people, these were done in the least restrictive way possible.</p> <p>MCA's were seen to be completed for different areas however we did note that mental capacity assessments completed were not always consistent between people despite them facing the same restrictions and lacking capacity in that area. Evidencing of gaining consent where possible was not always clearly captured in daily notes. (ER4)</p> <p>There was evidence that best interest records had been completed and involved relatives and external professionals when required.</p> <p>DoLS had been applied for all. There was evidence of chasing the local authority for an assessment.</p> <ul style="list-style-type: none"> • This service scored 66 (out of 100) for this area.

Key Question	Regulations	Quality Statements and Comments
		<p>SRG RATING: Good - This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘ Good’ People and communities 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 2 We were unable to make many observations due to people accessing the community. Observations seen during our site visit demonstrated that people were treated with kindness, dignity and respect. Conversations with senior staff evidenced they knew peoples needs, preferences, likes and dislikes well.</p> <p>The provider had its own set of values and visions, and we saw these were upheld and adhered too. The service also had their own culture document which provided guidance on what was expected to uphold dignity and respect including use of appropriate language.</p> <p>We did have concerns in regard to the environment of the persons bedroom who was living with a mental health diagnosis. On visiting their room which was in disarray and unclean as they would not allow staff to clean when they were there and destroyed most elements of their room, we noted writing on the walls which stated, “I hate living here willow tree lodge is a f***** s***hole.” We had concerns about how this would be perceived by an inspector. The staff worked hard to tidy the room when the person went home to visit their parents, however the writing on the wall remained. (CR1)</p> <p>Treating people as individuals – Score 3 The provider treated people as individuals and made sure people’s care, support and treatment was tailored to them. Strengths, abilities, aspirations, culture and protected characteristics were promoted and upheld in practice. One persons wishes around privacy and communication needs was captured and upheld.</p> <p>Activities were tailored on people’s preferences, likes and dislikes.</p> <p>Care plans captured peoples wishes and preferences and what was important to them.</p> <p>Independence, choice and control – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>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 however as above, the provider was recording impact statements for the three male residents who were nonverbal in regards to the noise and living situation.</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 too meet their needs and did not undertake tasks without input or involvement.</p> <p>People were supported to make choices around their care, for example, what food they wanted, when they wanted to wake or retire to bed and what they wished to do with their day.</p> <p>Responding to people’s immediate needs – Score 3 Staff were visible and available to people living at the service, and we observed they provided assistance as required. Staff were seen to be responsive to people’s emotional needs and engaged in activities.</p> <p>The home worked closely with a range of health and social care professionals to ensure people’s health needs were closely monitored, supporting people to achieve good outcomes.</p> <p>Workforce wellbeing and enablement – Score 3 The manager had an open-door policy for colleagues to raise any concerns or provide feedback. The provide also held regular meetings in house for staff to speak with them.</p> <p>Colleagues were supported to undertaken further training and development as requested. Staff also had access to employee assistance and other benefits as part of the provider.</p> <ul style="list-style-type: none"> • This service scored 70 (out of 100) for this area.
<p>SRG RATING: Good - This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p>		

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

Key Question	Regulations	Quality Statements and Comments
<p>Responsive</p>	<p>Regulation 9: Person Centred Care</p> <p>Regulation 17: Good Governance</p> <p>Regulation 16: Receiving and Acting on Complaints</p>	<p>Person-centred Care – Score 2 Care plans seen were of good detail and contained information relevant to peoples care needs however older information must be reviewed and archived if it is no longer relevant to their current needs and care plans and risk assessments separated. (RR1)</p> <p>Some goals were captured through the current care planning system, and we saw evidence of folders created to evidence positive outcomes for people including supporting of learning new life skills and accessing the community and enjoying trips to the coast.</p> <p>As above, some risk assessments seen were not person centred as they contained other people’s names in them. (RR2)</p> <p>Care provision, integration, and continuity – Score 2 Although referrals had been made regarding the person above to relevant teams, the provider was not receiving quick support and as a result, the placement was breaking down and having an impact on others living at the service. We recommend that the persons care package is fully reviewed by the provider and an MDT to ensure suitability and that the service is registered to provide mental health under their service user band with CQC.</p> <p>Providing information – Score 3 Management were aware of the accessible information standard, and we saw documentation was provided in different formats as required based on people’s communication needs living within the service.</p> <p>The home had a regular newsletter which was shared with people living at the home about what was happening both within the home, and at the provider level.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Information on how to make a complaint or raise concerns both internally and externally was available. There had only been some complaints made since the last inspection mostly in relation to the above person from other family members and a neighbour. We saw these were responded to in line with policy.</p> <p>Listening to and involving people – Score 3 Various ways of collating feedback were used within the home including frequent surveys on quality of care and food. Information collated was fed into action plans to evidence action taken. This included supporting people to use specific communication tools to obtain feedback where possible.</p> <p>Management had an open-door policy in which anyone could speak with them at any time, and their feedback would be heard and acted upon.</p> <p>A complaints tracker was in place which evidenced complaints were responded too in line with the providers policy. Low level concerns were also captured to ensure people’s views were listened too and acted upon as required.</p> <p>Equity in access – Score 3 The provider ensured that equality was promoted for all people living at the service. People had equal access to internal and external activities, and health professionals. The provider recognised the social disadvantages people may face and worked hard to break barriers and stigma to support people to live fulfilled lives.</p> <p>Equity in experiences and outcomes – Score 2 The provider could not always evidence that people experienced equity in experiences and outcomes in their living environment based on the impact they were experiencing from the above person and the impact the level of noise and disruption was having on them whilst they were in the home. (RR3) For those who wished to access the community and activities, this was met for all. People were seen and treated as individuals and adults in their own rights.</p> <p>Planning for the future – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People were supported with tailored plans of support for long term goals and changes however as above, further evidence of this could be explored and evidenced. The provider evidenced that end of life discussions and wishes were captured.</p> <p>People were supported to seek future goals and there was evidence of these being achieved.</p> <ul style="list-style-type: none"> • This service scored 64 (out of 100) for this area.
<p>SRG RATING: Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</p>		

Key Question	Regulations	Quality Statements and Comments
<p>Well led</p>	<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 2 We found that the service lived by the providers values and visions and worked hard to maintain a homely to the service based on people’s preferences and needs despite the above issues.</p> <p>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 despite challenges in place.</p> <p>As above we noted a number of issues which had not been fully identified by the provider and as a result, we could not be fully assured direction was always fully assessed to ensure a positive impact for all people living at the service. (WL1)</p> <p>Capable, compassionate and inclusive leaders – Score 2 The Registered Manager had extensive experience in the care sector and understood required regulations well. We have identified concerns in areas such as person-centred care and governance. Management had not independently identified and acted on all these concerns prior to our visit. This meant some development was needed in their skills and knowledge to ensure compliance with regulations. (WL2)</p> <p>There was an open culture in the home of honesty and transparency despite the difficulties faced. Management was proactive at ensuring the people living at the service and staff were well supported and received good quality care.</p> <p>Freedom to speak up – Score 2 Information on how to raise concerns was not always clearly in place within the service and staff meetings were not always completed to a robust standard which included sharing of lessons learnt and</p>

Key Question	Regulations	Quality Statements and Comments
		<p>safeguarding so that staff were aware. Management welcomed feedback from all as a tool to drive improvement.</p> <p>Workforce equality, diversity and inclusion – Score 3 The provider recognised different abilities and strengths to diversify their workforce. As above, additional training and support was provided for those who sought it, or where it was identified further training or development was needed through observations of practice and/or supervision.</p> <p>Equality and diversity training was undertaken by all.</p> <p>Governance, management and sustainability – Score 2 We were not assured that there was always an effective governance system in place to oversee the service due to the concerns identified at this review. (WL3) 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 however, we cross referenced audits with our findings and found they were often scoring 100%. As a result, we could not be assured that audits were completed robustly or that audits were used as a tool to examine the service and practices. (WL4)</p> <p>Manager Meetings shared outcomes from recent inspections to evidence shared learning and further enhance care delivery through identified practices.</p> <p>Notifications were submitted appropriately and as required. 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.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Partnerships and communities – Score 3 Visitors were welcomed into the home. The service was seen as an active member of the community and engaged in local community offerings. At present, the service had a visiting massage therapist weekly for all people living at the service.</p> <p>Learning, improving and innovation – Score 3 As above, issues noted around care planning and risk assessments had already been identified by the provider and were currently in the process of a full review.</p> <p>Environmental sustainability – sustainable development – Score 3 The company has an environmental policy and is committed to working efficiently to ensure environmental sustainability.</p> <ul style="list-style-type: none"> • This service scored 62 (out of 100) for this area.
<p>SRG RATING: Requires Improvement - This service did not always maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities”.</p>		

ACTION PLAN:

CQC Key Question - SAFE							
By safe, we mean people are protected from abuse and avoidable harm.							
Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	The service evidenced that lessons learnt were shared, discussed with the wider team and acted upon when shortfalls were identified however lessons learnt on RADAR did not always evidence robust learning or shared outcomes						
SR2	Comprehensive care planning took place to assess needs, however care plans relating to specific needs were put together in a whole care plan and best practice is to separate and individualise these including specific risk assessments based on specific need.						
SR3	We did note that the provider does not have "Mental Health" registered as a service user band on their registration.						
SR4	Information regarding how to raise a safeguarding concern was not clearly available in the premises for staff and visitors.						

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

<p>SR5</p>	<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</p>					
<p>SR6</p>	<p>Some risks identified through care planning did not always have a corresponding risk assessment which was identified as needed in the care plan.</p>					
<p>SR7</p>	<p>We also noted for three risk assessment seen, different names were recorded which didn’t evidence they were person centred</p>					
<p>SR8</p>	<p>The same person as above had recently been admitted to hospital in regard to an intended medicine overdose and eating of potentially poisonous berries from the garden. We could not see a robust risk assessment in place in regard to checks undertaken for medicine brought into the service from the family home.</p>					

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

<p>SR9</p>	<p>Cleaning records were not always in place. On entering two rooms, we noted malodours which had not been addressed through effective deep cleaning. Areas of the home and people's rooms required significant deep cleaning including the main kitchen. Infection control audits took place as part of a manager's health and safety audit were scoring 100% but this was not what was found at the visit</p>						
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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	The home specialises in providing care and support to people living with a learning disability however one person living at the home was also diagnosed with a mental health need which the provider was not registered for with CQC.						
ER2	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.						
ER3	Food intake and fluid intake required further oversight as fluid recording amounts were consistently low and under the recommended amount as per NICE guidelines						
ER4	MCA's were seen to be completed for different areas however we did note that mental capacity assessments completed were not always consistent between people despite them facing the same restrictions and lacking capacity in that area. Evidencing of gaining consent where possible was not always clearly captured in daily notes.						

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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<p>CR1</p>	<p>We did have concerns in regard to the environment of the persons bedroom who was living with a mental health diagnosis. On visiting their room which was in disarray and unclean as they would not allow staff to clean when they were there and destroyed most elements of their room, we noted writing on the walls which stated, “I hate living here willow tree lodge is a f***** s***hole.” We had concerns about how this would be perceived by an inspector. The staff worked hard to tidy the room when the person went home to visit their parents, however the writing on the wall remained.</p>					
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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	As above, some risk assessments seen were not person centred as they contained other people's names in them						
RR3	The provider could not always evidence that people experienced equity in experiences and outcomes in their living environment based on the impact they were experiencing from the above person and the impact the level of noise and disruption was having on them whilst they were in the home. (RR3)						

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
WL1	As above we noted a number of issues which had not been fully identified by the provider and as a result, we could not be fully assured direction was always fully assessed to ensure a positive impact for all people living at the service						
WL2	Management had not independently identified and acted on all these concerns prior to our visit. This meant some development was needed in their skills and knowledge to ensure compliance with regulations						
WL3	We were not assured that there was always an effective governance system in place to oversee the service due to the concerns identified at this review.						
WL4	We cross referenced audits with our findings and found they were often scoring 100%. As a result, we could not be assured that audits were completed robustly or that audits were used as a tool to examine the service and practices.						