

## ADASS EAST Supported Living Services v23.2 for St Elizabeth's Domiciliary Care Agency



### Overall Rating



## Involvement and Information

### Standard Rating

### Respecting and Involving People Accessing the Service

Good



**A01** The care plan should be individually tailored, person centred, include appropriate information on the person's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans.

Good



### What We Found

- Provider is using online system called Person Centred Software.
- Support Plans viewed across the services contained profile page of Person Supported including name, picture, DOB and Key contact information.
- Support Plans are split into key areas -
  1. One Page Profile: Picture of Person Supported (dated), Likes to be called, Age, DOB, Key workers name, Medical conditions, Support required, Communication skills, Self-care skills, Dietary information, Behaviour triggers/ programmes, Things that interest Persons Supported
  2. Care plan and Risk Assessment:
    - Evidenced hard copy of easy read Support Plan in widget format - dated picture of Person Supported; Name; How I like to communicate - words, objects; My personal care - showering, dressing, choice of outfits; Toileting; Nutrition and health - list of likes and dislikes for food and drink; Things I like; Things I dislike; My understanding - in following instructions, day to day decision making, choices; and Mobility and travel.
    - Support plans capture Persons Supported name; Picture; Information and contact details; Medical history; Consent; Cognition; Psychological - mental state, emotions, life events, personality, response to loss, response to diagnosis illness and prognosis, cognitive deterioration, depression and anxiety, expressing sexuality and what makes me feel better; Physical; Nutrition - 1:1 support, regular food requirements, additional calories, where they like to sit to eat, how to encourage independence; Communication - how staff should communicate, use of Now and Next boards and strategies; Sight; Hearing; Oral health; Foot care - if specialist used; Mobility and motor control; History of falls; Continence; Personal safety and risk; Breathing; Condition of skin; Pain; Sleeping; Equipment - monitoring system, bed monitor, anti-suffocation pillow and sensor mat on the floor; Infection risk; Dressing; Medication usage, history, summary and allergies; Social - interests and hobbies; Daily routines; Likes and dislikes; Skills and abilities; Strengths; Relationships; Culture/ religion; What is important to me; What people like and admire about me; People and places that are important to me; Childhood memories; My working life; Later life/ retirement; and End of life - religion, culture, future, concerns, final days, symptom control and after death.
  3. Mental Capacity Assessments and Best Interest Decisions
  4. Guidelines - OT and SALT assessments, PBS plans and Equipment.
  5. EHCP
  6. Missing Persons profile - photo of Person Supported date, Name, DOB, Allergies, Description of Persons Supported, Key contacts, Risk factors, and Medication.
  7. PEEPs
  8. Annual Review Minutes

- 9. Gender preference and use of photography: Support plans comment on Persons Supported preference on the gender of staff support.
- 10. Guide for Persons Supported
- Centenary Close -
- Evidenced Communication Passport dated June 22 for A2453716 including How I communicate, Important information, Current communication targets, Likes, Dislikes, How to help me communicate - ACTION due review. Provider responded in 14 day period that Communication Passport was reviewed September 23 but not present at time of visit; this is now in situ - evidenced.
- Windhill -
- Evidenced One Page Profile in place with dated picture - picture dated from Aug 22, ACTION. Provider responded in 14 day period with evidence that One Page Profile has now been reviewed; with further comment that all One Page Profiles are now on the same template for consistency and include a review date and signed by Persons Supported (where appropriate).
- Staff are to remain within the flat if Persons Supported are showering in case they are in need of support. Support plan gave examples of strategies for staff to use to motivate and prompt Person Supported to engage in activities.
- Support Plans take reference points from Connected Lives and EEDI and comment on Persons Supported religious beliefs, and support plan comments that they are regularly offered to attend Mass at 2 different churches.

**A02** There is evidence that people have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support (e.g. signed information on start of service forms).

**Good**  
★★★★★

### What We Found

- Evidenced in CQC evidence file that Persons Supported have access to widget booklets on festivals and events, and folder of easy read and accessible information. Folders are available in the social hub at Centenary Close and staff office at Windhill - noticeboards display useful information.
- Noted that Police Community Support Officer visited to discuss road safety with Persons Supported.

**B01** People confirm that they are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. People are treated with kindness, compassion and empathy. Care workers are seen to support people's choices and preferences in regards the way their care and support is delivered.

**Good**  
★★★★★

### What We Found

- Centenary Close -
- Staff supported Persons Supported to complete a Person Supported questionnaire and indicated Persons Supported non-verbal responses as well.
- Persons Supported responded positively to being treated like an individual, with kindness and respect.
- Windhill -
- Persons Supported commented positively via questionnaire.

**B02** People confirm that they are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.

**Good**  
★★★★★

### What We Found

- Centenary Close -
- Person Supported spoken to enjoys living at the service and agrees that the staff know them well and are able to support them how they like.
- Persons Supported responded positively via questionnaire that they are given appropriate information to make decisions.

- Windhill -
- Person Supported spoken to feels that they are treated like an individual and have lived at the service for many years; they would not like to move. Person Supported commented that they are "very happy".
- Persons Supported responded positively via questionnaire.
- Person Supported spoken to confirmed that staff support them appropriately to make any decisions and this may include sharing information.

**B03** People confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.

**Good**  
★★★★★

### What We Found

- Centenary Close -
- Persons Supported responded positively via questionnaire - staff indicated non-verbal movements and expressions, or detailed Person Supported response. Staff commented that Persons Supported had "happy expression".
- Windhill -
- Persons Supported commented via questionnaire that they are unsure how they are encouraged/ have opportunity to provide feedback but feel that they are listened to by the provider.

**B04** People spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.

**Good**  
★★★★★

### What We Found

- Centenary Close and Windhill -
- Persons Supported agreed in person, and via questionnaire, that they are supported appropriately to see NOK and friends.

**B05** People spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.

**Good**  
★★★★★

### What We Found

- Centenary Close -
- Person Supported spoken to loves going to the Cinema, eating at McDonalds, visiting NOK and accessing the community. Person Supported likes the classes they have at College and were able to tell me what they had been doing there that day.
- Persons Supported who responded via questionnaire were happy with the activities that they did, and are able to choose these. Activities enjoyed included TV, going for walks, reading magazines, and bowling.
- Windhill -
- Persons Supported responded via questionnaire positively to the question. One Person Supported stated that they enjoy going swimming and to discos, arts and crafts and drawing.

**C01** Staff are able to explain how they ensure people are treated with dignity and respect.

**Good**  
★★★★★

### What We Found

- Windhill -
- Staff commented that they would speak to Persons Supported in a way that made the Person Supported feel comfortable; ensure they support them how they wish and need to be supported and that support is offered appropriately. Staff said that during personal care they would make sure doors and curtains are closed, and when moving from bathroom to bedroom that they were appropriately covered.
- Persons Supported are able to pick and choose their activities and foods for the day.
- Centenary Close -
- Staff commented that they should always offer choice to Persons Supported and understand how to offer this choice so that there is a meaningful response, i.e. some Persons Supported will answer with the last choice offered. During personal care, staff seek Persons Supported permission before completing tasks, and inform Persons Supported of what they are doing so that they are included. Staff ensure dignity is maintained through covering the individual during personal care.

## Involvement and Information

Standard Rating

### Consent

Good



**A03** Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLS. POA is clearly documented and evidenced across the care plan where relevant.

Good



## What We Found

- Centenary Close -
- Evidenced support plan consent for Persons Supported to have photos taken and share information with health care providers, and Consent to care provision. Evidenced signed on behalf of one Person Supported by Assistant Director - ACTION ensure consent forms are being signed by Persons Supported, or if not appropriate it is clear why someone is signing on behalf of them. Provider responded in 14-day period that the Regional Manager communicated in Managers meeting 28.02.24 that consent forms must be signed by Persons Supported where appropriate and if unable to sign then a reason to be given; minutes evidenced.
- Support plans detail Persons Supported Cognition in terms of impairment, memory, communication, orientation, recognition, perceptual difficulties, practical skills, understanding, behaviour support and Power of Attorney. This information feeds into staff knowledge of Persons Supported capacity.
- Persons Supported have a live camera feed for night-time monitoring - Assistant Director has requested this monitoring to be recognised on the Community DoLS; Social Workers are involved.
- Evidenced Capacity assessments in place for Night-time monitoring July 23, Assistance with personal care July 23, Safeguarding July 23, Medication Aug 23, Finances Aug 23, and Records being stored and shared July 23. Evidenced easy read privacy notice. ACTION - noted that Capacity Assessments for A2453716 each had recorded date of the same day - 4th July 23; discussed that this might not be appropriate. Provider responded in 14-day period that the Regional Manager communicated in Managers meeting 28.02.24 that MCA's must not all be completed within one day so that Persons Supported are not overwhelmed; minutes evidenced.
- Assessments did include good record of conversation had with Person Supported.
- Windhill -
- Photographs, sharing information and care provision consent forms viewed for one Person Supported - signed on behalf of Person Supported - ACTION. Support plan comments that Person Supported has capacity in most areas and is capable of making day to day decisions. Provider responded in 14-day period that the Regional Manager communicated in Managers meeting 28.02.24 that consent forms must be signed by Persons Supported where appropriate and if unable to sign then a reason to be given; minutes evidenced.
- MCA in place for finances and medication - appropriately completed and in date.
- Consent forms viewed another Person Supported include privacy notice, support, hourly night checks, safeguarding, and finances - signed by Person Supported.
- Consent forms were in an easy read format.
- Evidenced MCA for support with personal care dated Dec 23 - Person Supported has been assessed as having capacity. Finance capacity assessment in place dated May 23 has appropriate Best Interest in place.

• One Person Supported has relevant capacity assessments which identifies that they have capacity in Care and Support and Safeguarding. Person Supported lacks capacity in finances, and there is an ongoing assessment for Persons Supported ability to manage their own medication.

- Appropriate and relevant DoLS in place.
- Evidence that support plan reflected Persons Supported preference to keep flat doors open.

**B06** Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.

**Good**  
★★★★★

### What We Found

- Centenary Close and Windhill -
- Evidenced at both services staff knocking on Persons Supported doors before entering, letting the Person Supported know why they were there and what was to happen next and reassuring the Person Supported.

**C02** Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

**Good**  
★★★★★

### What We Found

- Windhill -
- Staff commented that they will check Persons Supported support plan for content, risk assessments and Mental Capacity Assessments for understanding. Staff communicate with Persons Supported to understand their needs, wants and wishes, and offer choices to Persons Supported on activities, food, etc. Staff ask Persons Supported how they want to be supported. Staff were able to give good examples of prompting and encouraging.
- Centenary Close -
- Staff commented that they always assume Persons Supported have capacity to make day to day decisions and would look to support plans for guidance on bigger decisions. Staff ensure consent and choice are sought and offered.

**A18** Care and support plans evidence that people are supported and signposted to relevant services and are helped to make informed choices regarding life style factors. Care plans evidence that people have made choices and decisions about their health and social care needs in accordance with the MCA (2005) regarding decision making and best interests; and evidence due process has been followed where a choice is made that is in conflict with health promotion messages.

**Good**  
★★★★★

### What We Found

- Support plans viewed highlighted Persons Supported choices and wishes; evidenced that Persons Supported are signposted appropriately in terms of balanced diets and general health maintenance.

**B22** People confirm that they are supported and signposted to relevant services and are helped to make informed choices regarding lifestyle factors. Services users confirm that they are able to discuss choices that may conflict with health promotion messages.

**None**

## Personalised Care and Support

**Standard Rating**

### Care and Welfare of People Accessing the Service

**Good**  
★★★★★

**A04** Care plans are signed by the person accessing the service where appropriate to evidence their involvement in their care and support planning.

**Good**  
★★★★★

## What We Found

- Where appropriate Persons Supported are prompted to sign physical copies held within their flat - currently there is no facility for this on Person Centred Software.
- RECOMMENDATION - Provider to explore this further and ensure Persons Supported have sight of and are agreeing to their support plans, and that this is evidential.

**A05** There is evidence that where a key worker system is in place, that this is clearly recorded in the care plans and that the person accessing the service has been given appropriate information about key working system. (SL)

**Good**  
★★★★★

## What We Found

- Key workers are named in Persons Supported support plans.
- Cenentary Close -
- Key worker system is in place; evidenced template on monthly key working sessions.
- Name, Name of key worker, Month, Year. How has my health been this month? What appointments have I had this month? What were the outcomes of my appointments? Have I had any issues? Have my medicines changed this month? What have I done this month? What have I talked about this month? What are my plans for next month? What has gone well this month? What things have not gone well this month? Anything else?
- There is then a prompt for Persons Supported and staff to create goals from what has been discussed. Provider is currently offering staff support on how to plan SMART goals - what is stands for and what this means. See A11.
- Between key worker meetings, staff will also record any meaningful conversations with Persons Supported, such as them wanting to try a new activity. Evidenced good recording of this which was then reflected in the monthly meeting. Persons Supported are encouraged to sign.
- Windhill -
- Evidenced conversations with Persons Supported around attending gym and exploring more options/ lessons whilst there, and that they would like to go bowling. Monthly Key worker session viewed identified good notes captured and evidenced that conversations happening in the month had then taken place.
- There were no goals recorded, see A11.
- Unable to evidence conversations or key worker sessions for a couple of months - ACTION ensure this is imbedded as an ongoing key worker task and that there is at least a monthly key worker session recorded. Provider responded in 14-day period that the importance of key worker conversations being documented was discussed at Team meeting on 06.03.24 (minutes evidenced)

**A06** There is evidence that people accessing the service have been given information about how to make contact with the care provider.

**Good**  
★★★★★

## What We Found

- Evidenced Prospectus for services which included Providers Visions and Values, Learning pathways, Work related learning, Connected Lives, Accessing the community and offers of Therapeutic Support.
- Provider supplies all new Persons Supported a Guide on service being provided. Guide includes pictorials, how to make complaints and compliments, what to do if they have a grumble, what responsibilities a Persons Supported has, support plans and what this means, keeping records, pictures of staff and key contact information.
- Evidenced easy read tenancy agreements.

**A07** The care assessment has been conducted in a way to reflect the person's strengths, abilities and interests so as to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.

**Good**  
★★★★★

## What We Found

- Cenentary Close -

- Support plans captured Persons Supported likes, dislikes and activities. Activities include swimming, seeing NOK, listening to music, painting, riding a bike and playing with bubbles. Another support plan viewed included community trips, going for walks, cooking and playing sports.
- A2453716's OT programme identifies activities to improve hand strength and dexterity, examples given match activities noted in support plan.
- Windhill -
- Support plan comments on Persons Supported likes and dislikes and preferred activities which includes board games, outings to the pub, attending day opportunities and attending weekly pony carriage lessons. Activities evidenced in support plan matched conversations had with Persons Supported. Persons Supported enjoys wearing colour co-ordinated clothes and jewellery, going shopping, and accessing the community for coffee and cake.
- Support plan for A473488 comments that staff should remind Person Supported what activities they have planned for the day so they do not get envious of other Persons Supported having staff support which may trigger challenging behaviour.

**A08** There is evidence that the people's needs, together with any risks to their mental and physical health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the people accessing the service remains safe, their needs are adequately met and their welfare is protected.

**Good**  
★★★★★

## What We Found

- Risk Assessments viewed captured Name, Description of the risk, Actions needed to manage the risk, Impact, Likelihood, Who is impacted, Discussed with Persons Supported, Discussed with representatives, and Additional notes. Risk Assessments are scored and reviewed every 6 months.
- Each Persons Supported has a personalised PEEP in place - Dated photo of Persons Supported, Location, Awareness of procedure, Designated assistance, Methods of assistance, Equipment, and Difference for day and night support. PEEPs are scored based on Persons Supported need and have a recent review date.
- Centenary Close -
- Risk Assessments viewed for A2453716 included Abuse; Cooking, Eating, Drinking, and use of kitchen area; Personal care; Swimming; and Activities - walking and cycling. Assessments viewed appeared reflect positive risk taking and took into account Persons Supported strengths.
- ACTION - Personal Care risk assessment could include additional information such as where staff should stand or how they should be supporting during personal care, thinking about Persons Supported dignity. Provider responded in 14-day period that all risk assessments have been updated to include information regarding where staff should stand etc with reference to behaviours, risk and dignity; evidenced.
- Other Risk Assessments viewed at the service included Nutrition, Offsite trips, Travelling, Mobility and falls, and Bathing/ washing/ toileting and showering.
- Evidenced HPFT Epilepsy protocol dated Aug 23.
- Protocols available in support plans included Seizure Intervention plans, Night-time checks/ observations, and Communication - all with recent dates.
- Windhill -
- Evidenced Risk Assessment in place for Medication Management Dec 23, Epilepsy Dec 23, and Dependence Dec 23. Risk Assessments were appropriate and person centred.
- Risk Assessments viewed for epilepsy, and flammable creams for another Person Supported, all within date.

**A09** Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the person safe.

**Good**  
★★★★★

## What We Found

- Centenary Close -
- Evidenced Transition meeting held Dec 23 for one Person Supported which included representatives from Provider and NOK. Minutes viewed were appropriate and copies of the notes sent to NOK. Provider commented that it is part of their college process to have End of Year and Progress reviews.
- Evidenced through online system that support plan was last updated June 23. Support plans are updated every 6 months or as and when needed.
- Windhill -

- Evidenced that annual review minutes are overdue for one Person Supported, and this has been recognised by Management team. Previous review includes Welcome and introductions, Health update and General updates.
- Support plan review section at front of folder identified date, comments/ amendments made and signed by Manager.

#### A10 Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.

**Requires Improvement**  
★☆☆☆

##### What We Found

- Person Centred Software has the ability to capture daily notes, with the availability to include routine prompts; currently notes are being uploaded on an ad-hoc basis.
- Discussed with Management that where staff record how long tasks are taking them on the daily notes, they are potentially indicating under delivery of commissioned hours i.e. Preparing and making dinner = 15 mins, when realistically would expect this to take 30+ mins.
- Lack of recorded daily notes also indicates under delivery of commissioned hours for Persons Supported who have 1:1.
- ACTION - ensure staff are updating daily notes appropriately and frequently, and that notes are detailed to show realistic interaction with Persons Supported. Provider responded in 14-day period that they have emailed staff and communicated through Nooa the importance of accuracy when logging the time taken to complete a task, evidenced communication. Action remains to review quality of daily notes moving forward, to be reviewed after 3 months.
- Overall standards of notes seen across both services are good, with key icons used to present medication, eating and activities.
- Provider uses an App called Nooa which resembles social media for NOK and staff to see updates and information on activities, Persons Supported and Provider news; this is a secure network where pictures can be shared. This has been piloted at Windhill and will be introduced at Centenary Close.

#### A11 Evidence that the care planning and support is designed to maximise the person's independence and quality of life and that people are supported in setting goals to maximise their independence and improve their quality of life wherever possible.

**Requires Improvement**  
★☆☆☆

##### What We Found

- Centenary Close and Windhill -
- Each section of support plan includes Outcome/ Goal, and description of care actions; some sections remained blank across the support plans i.e. A2453716 and inputted outcomes were generic - ACTION.
- Key Worker monthly meetings also prompt for Persons Supported and staff to create goals from what is discussed during the meeting. Goals lacked any formalisation or person-centred development - Provider is currently offering staff support on how to plan SMART goals - what it stands for and what this means - ACTION provider to evidence improvements in goal recording.
- Provider responded in 14-day period that during a Team Meeting held on 06.03.24 the importance of goal setting and monitoring progress to support Persons Supported to achieve their outcomes was raised. Provider has also met with PCS software developed to learn how to input and track the progress of goals using the software which will allow more robust oversight and tacking of outcomes for Persons Supported. Provider able to evidence examples of goals tracking from PCS and key worker reports which included SMART goal setting. Provider has also commented that goals section in support plans have been updated to ensure there are no blanks in these areas. MO recognises improvements made - Action remains to be reviewed after 3 months.

#### B07 People spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.

**Good**  
★★★★☆

##### What We Found

- Centenary Close -
- Person Supported spoken to confirmed that they are aware that there is a support plan in place that staff should follow and understand.
- Persons Supported responded well to this question via the questionnaire. However, one Person Supported commented "no" to being involved - ACTION Provider to discuss with Persons Supported at their next key worker meetings to ensure all Persons Supported are aware of their support plans.

- Persons Supported were unable to comment on Goals - see ACTION at A11.
- Windhill -
- Person Supported spoken to was able to tell MO about their support plan and where it is kept. Persons Supported responded positively via questionnaire.
- Persons Supported were unable to comment on Goals - see ACTION at A11.

**B08 If a key worker system is in place then people accessing the service are aware of who their named care worker is.**

**Good**  
★★★★★

**What We Found**

- Centenary Close -
- Person Supported spoken to was able to name their key worker and regular staff members.
- Persons Supported responded well via questionnaire. One Person Supported commented "no" to knowing who their key worker is - ACTION Provider to discuss with Persons Supported at their next key worker meetings to ensure all Persons Supported are aware of their support plans. Provider responded in 14-day period that they have ensure all key worker names are present with support plans and Persons Supported are made aware of who their key workers are.
- Windhill -
- Person Supported spoken to stated that they knew all the staff that supported them, and they were introduced to any new faces.
- Persons Supported commented that they knew they had key workers supporting them but didn't always remember their names. One Person Supported confirmed that they are happy with who their key worker is.

**B09 Discussion with people accessing the service and / or observation of care staff interaction and care delivery demonstrates that the people remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the person's independence and quality of life.**

**Good**  
★★★★★

**What We Found**

- Centenary Close and Windhill -
- Persons Supported confirmed that they felt safe at the service and MO observed good interaction between Persons Supported at staff. Services remain secure with challenged access.

**C03 Staff understand and can explain the role of the keyworker if used in the service.**

**Good**  
★★★★★

**What We Found**

- Windhill -
- One staff spoken to commented that they are new to the role of key worker so are still getting to know the Persons Supported; Staff have done a couple of "Conversations". Staff showed understanding of discussing with Persons Supported interests, evening classes and health checks and goals.
- Staff stated that key worker outlines including goals, what Persons Supported would like to achieve, conversations and advocating Persons Supported interests are displayed in the office.
- Centenary Close -
- Key worker responsibilities are shared across a core staff team as this works well with shift times, and annual leave; staff also commented that a change of face works well for some individuals, offering different approaches.

## Personalised Care and Support

Standard Rating

### Meeting Nutritional Needs

Good



**A12** Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.

Good



#### What We Found

- Centenary Close -
- Support plans viewed commented on what Persons Supported were able to do for themselves and what they may be encouraged or choose to do, such as making own breakfast and drinks. Support plans state what Persons Supported are able to do for meal preparation including cutting, mixing and stirring meals; Persons Supported should not be left unattended during meal preparation due to diagnosis.
- Evidenced support plans contained mealtime care plan on Persons Supported preferred food, drink, if any equipment is used, how to support Persons Supported, things to look out for, position - contents if reflected in support plans.
- One Persons Support plan viewed commented on religious preferences to avoid certain meats which is adhered to by staff in support of meal planning. Support plans also commented on where Persons Supported prefers to eat their meals.
- Windhill -
- Support plan comments on how weekly food shops are completed and how these should support prevention of food wastage. Support plan states that Person Supported likes to make their own food choices and is able to cook food but is reluctant to do so without prompting and support from staff; staff supervision is required for using oven etc due to diagnosis. Support plans contained list of Persons Supported likes and dislikes.
- Support plan viewed commented on allergies - ACTION ensure this is cross referenced accurately across support plans and medication folders. Provider responded in 14-day period that allergies have been reviewed across all documentation relating to Person Supported and an audit completed by Quality Assurance Lead to ensure consistency - evidenced.
- Support plan states that they are able to make certain meals on their own but rely on staff to initiate this.
- Support plan for A473488 comments that Persons Supported would like to have a more balanced diet so staff are to remind them to choose a variety of foods.

**A13** Where the provider is responsible for the person's nutritional needs then care plans should include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.

None

**A14** If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.

Good



#### What We Found

- Centenary Close and Windhill -
- Evidenced through support plans, protocols and purple folders that Persons Supported have access to any specialist services required such as SALT and Epilepsy.
- Evidenced that Provider focuses weeks on different topics, one of which was a Nutrition and Hydration week and gave guidance to Persons Supported and how staff can support Persons Supported to understand the importance of Nutrition and Hydration.

**B10** People confirm that they are supported to make healthy choices and lead healthy lifestyles and where appropriate provided with access to information about healthy and balanced diet, recognising individual preferences, cultural and dietary requirements.

Good



#### What We Found

- Centenary Close -

- Person Supported spoken to stated that they enjoy putting away the milk when its delivered by the milkman. Person Supported is able to choose what they would like to eat and then staff will prepare and cook this. Person Supported confirmed that they generally eat healthily and will have a "treat night" once a week.
- Persons Supported agreed via questionnaire that they are supported to make healthy choices.
- Windhill -
- Persons Supported confirmed via questionnaire that they are supported to make healthy choices and staff support them to make their meals. Persons Supported are able to choose what they want to eat.

**B11 Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.**

**Good**  
★★★★★

### What We Found

- Centenary Close -
- Observed good staff and Person Supported interaction during lunch time.

**B12 Discussion with people accessing the service & observation of staff practice confirms appropriate behaviour in relation to food preparation and hygiene.**

**None**

## Personalised Care and Support

**Standard Rating**

### Co-operating with other Providers

**Good**  
★★★★★

**A15 Where responsibilities for the person's care and support is shared with other providers the care and support plans should evidence this cooperation, or where a named individual is transferred to one or more service(s) records should reflect this appropriately.**

**Good**  
★★★★★

### What We Found

- Evidenced clear Epilepsy Care Plans - 1. About Me 2. About my healthcare professionals 3. About my epilepsy and 4. What to do if I have a seizure. Plans are due a review and Provider is in contact with Specialist team for this.
- Centenary Close -
- Purple folders contained relevant information that matched content of support plans. Discussed with Manager one purple folder contained information relating to wrong gender - ACTION. Provider responded in 14-day period that his was discussed in a quality meeting with managers on 28.02.24 and evidence shown that purple folder contains appropriate information now.
- Evidenced that Persons Supported have had recent professional appointments including Annual Health checks and involvement from Epilepsy Specialist Nursing Team.
- Windhill -
- Purple folder viewed had been completed appropriately and identified how Person Supported would present when unwell or in pain. Persons Supported has had an Annual Health check. Epilepsy protocol in place for rescue medication dated Jan 24.

**B13 Where applicable there is evidence that staff support people to access other social care or health services as and if required.**

**None**

**A17 Assessments, together with and care/support plans, effectively maintain people's safety and DOL's are only used when in the best interests of the person (only to be assessed where possible and appropriate).**

**Good**  
★★★★★

### What We Found

- Centenary Close and Windhill -
- Evidenced that support plans, risk assessments and capacity assessments are in place and appropriate to meet needs - see A02, A03 and A08.

**B20 People confirm that they feel safe and observations of care practice confirm this to be the case. Any people spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.**

**Good**  
★★★★★

### What We Found

- Centenary Close and Windhill -
- Persons Supported confirmed via questionnaire that they feel safe within the service and with the staff supporting them - they were not aware if they had been subject of a Safeguarding but commented would talk to discuss if they had any concerns.

**C04 Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistleblowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.**

**Good**  
★★★★★

### What We Found

- Windhill -
- Staff were able to give examples of signs of abuse and what categories of abuse these could relate to. If on noticing any of these signs, then they would ask Persons Supported if they were okay and report it to their Manager. Concerns would be noted on Datix and reported appropriately. Staff are aware of outside organisations that they can report to such as CQC and Local Authority; staff access Safeguarding and Whistleblowing policies appropriately.
- Centenary Close -
- Staff were able to list potential signs of abuse and that any noted signs would be reported to manager to follow appropriate processes. Staff commented that they would complete a Datix report which is sent to Management to deal with, and that depending on the signs/type of abuse they would inform police.

**C05 Staff confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLs.**

**Good**  
★★★★★

### What We Found

- Windhill and Centenary Close -
- Staff commented that they have received training and that these are refreshed when near expiry.

**F12 Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.**

**Good**  
★★★★★

### What We Found

- CQC Evidenced file included a Lessons Learnt Tracker detailing Incident number/ complaint reference number, date, summary of incident, actions taken, lessons learnt, and shared with staff (and by what means). Robust tracker in place. Safeguarding and incidents are raised and recorded appropriately with relevant outcomes

## Safeguarding and Safety

### Cleanliness and Infection Control

Standard Rating

Good



**B14** Staff are observed to follow good practice in relation to cleanliness & infection control.

Good



#### What We Found

- Centenary Close and Windhill -
- Good infection control practice and environment noted by MO on visits.
- Centenary Close -
- Evidenced staff washing their hands prior to medication administration.

**C06** Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.

Good



#### What We Found

- Windhill -
- Staff confirmed that they have completed eLearning on Infection Control. Staff prompt Persons Supported to complete day to day cleaning in their rooms, whilst communal areas are cleaned by the Housing Association. Staff have access to PPE, and encourage Persons Supported to adequately wash their hands.
- Centenary Close -
- Staff were aware of infection control practices including waste management. Staff demonstrated appropriate handwashing and PPE use.

**E01** In supported accommodation there is sufficient information provided to people accessing the service, staff and visitors about infection prevention and control matters.

Good



#### What We Found

- Provider has appropriate Infection Control and Health and Safety audits in place. Staff have cleaning schedules to maintain good practice. Staff demonstrated an understanding of appropriate infection prevention control and waste management. Evidenced appropriate waste facilities at the services and clean environment.

## Safeguarding and Safety

### Management of Medicines

Standard Rating

Good



**B15** Staff are observed to handle medicines safely, securely and appropriately.

Good



#### What We Found

- Centenary Close -

- Observed 2 staff administering medication as per support plan. Medication was dispensed from the office into a pot and ratified against Omnicell. Staff signed against Omnicell when checked.
- Person Supported knew that they took medication and said that they knew what this was for. Person Supported stated that staff administer their medication and that it is kept in the medication room; this is their choice, as they said they do not want any errors.
- Persons Supported who responded via questionnaire confirmed that they are involved appropriately with medication decisions and health appointments.
- Windhill -
- Person Supported spoken to was unsure if they were involved in decisions regarding their medication but understood that they had medication and what it was for.

**B16** People confirm that they are involved in decisions regarding their medication.

*None*

**C07** Staff where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.

*Good*  
★★★★★

### What We Found

- Windhill -
- Staff confirmed that following training they are assessed as being competent administering medication at the service. Staff are shadowed 5 times before being signed off. Staff confirmed use of Omnicell system is a lot more preferable than paper MARs as system prompts staff to check what they are doing.
- Centenary Close -
- Staff stated that they completed training and then were assessed as competent to administer medication through series of observations and questions. Staff have completed eLearning on Omnicell system.

**E02** Medicines are stored and administered safely including any homely remedies and covert medication.

*Requires Improvement*  
★☆☆☆☆

### What We Found

- Services have Medication Champions in place - ACTION provider to clarify in 14-day period the extra responsibilities being a champion entails.
- Centenary Close -
- Medication is stored within a locked cupboard room in each bungalow - evidenced appropriate storage in place and security of keys.
- Windhill -
- Evidenced that Medication is stored in lockable trolley kept in staff office, with CCTV present; this was agreed following repeated medication administration and stock errors. Trolley remains in the office at all times. Introduction of this precaution and Omnicell system has reduced the number of medication errors significantly.
- Medication is stored in individually labelled boxes within the trolley - when opened medication is dated. Persons Supported rescue medication remains easily accessible within their flats.

**F01** Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.

*Good*  
★★★★★

### What We Found

- Provider uses Omnicell system which holds Persons Supported key important information - Name, NHS Number, DOB, Allergies, Address, GP and Pharmacy details. Medication details include Name, Amount, and appropriate warnings. System prevents errors being made as staff have to scan the medication they're about to administer and this flags if it does not match inputted information relating to Persons Supported. System flags if there are any missed medication.

- Duty Manager at Windhill completes AM and PM checks following Omnicell round.
- Services have a drug registrar in use to ensure medication is signed in and out of the services appropriately - evidenced medication being signed out to NOK with 2 staff signatures.
- Seizure form folder viewed contained example of how to complete seizure recording form, as well as instruction briefing. Folder is then divided into Persons Supported names; viewed recent recordings for multiple Persons Supported which also included Epilepsy Diary provided by epilepsy nurses. Person Centred Software allows for robust seizure recording so provider is making the move onto this (epilepsy nurses happy with this).
- Manager audits seizure forms weekly to check if number of seizures has increased or decreased, if there is a correlation between seizure and time, any other noticeable patterns, that all seizures have been documented and able to cross reference these to administration of medication and daily notes, is the recording of good quality, and any actions. Appropriate forms viewed.
- PRN Protocols viewed captured Name, DOB, Medicine, Dose, Reason for medicine, Dosage criteria, Reference to pain scale if applicable, Reference to STOMP if applicable, How often dose can be repeated before seeking medical advice, Maximum dosage amount in 24 hour period, Further information e.g. after food, How the decision is reached about how and when to give medication, Action to take before administration, Action to take after administration, Expected outcomes, Follow up, and Circumstances for reporting. Protocols are signed and reviewed every 6 months.
- Protocols were written robustly and evidenced in place for Ordansetron, Macrogon, and Diazepam which matched support plan. Provider responded in 14-day period that PRN Protocols are now stored on Omnicell e-mar system.
- Non-prescription over the counter medication authorisation form viewed - Date of request, Name, DOB, Address, Allergies, Name of medication, Amount to be given, Frequency of administration, If authorised by GP to use, and If checked with Health care professional that drug won't interact with prescribed drugs - signed. ACTION include review date on form. Provider responded in 14-day period that authorisation forms have been reviewed to include review date; evidenced.
- HPFT Guidelines viewed for administering rescue medication - to be reviewed annually.
- Medication audit viewed for Windhill commented that dates audit carried out were Oct 23 but date of last audit dated Nov 23 - ACTION ensure audits are recorded correctly. Provider commented in 14-day period that this was an oversight.
- Audit captured Service area, Dates and time audit carried out, Date of last audit, Name of person carrying out audit, Dates of weekly stock check audits. Areas of the audit include policy, training, audits, errors, MARS, monitoring, ordering, storage, self-medication, and Action Plan.

**A16 Care & support plans document that people accessing the service have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.**

**Good**  
★★★★★

## What We Found

- Centenary Close and Windhill -
- Each Persons Supported has a medication folder in place which captures Persons Supported name, DOB, Allergies, Picture of Person Supported and contents. 1. Medication policy - dated June 23 and reviewed annually; 2. Staff signature list and administrator form - regularly reviewed; 3. Medication programme and example; 4. How I take my medication; 5. Current MAR chart; 6. Medication care plans; 7. PRN protocols and OTC authorisation forms and seizure intervention protocol; 8. Risk Assessments; 9. MCA; 10. Current prescriptions; 11. Drug register form; 12. Medication returns.
- Medicines Support Needs Assessment captures Name, Service and Areas.
- Section A - ordering and collecting medicines; Section B - storage and disposal; Section C - persons understanding of their medicines; Section D - support with difference medicine formulations; Section E - support with administering medicines requiring specialist techniques; Section F - situations where agreed medicine support may change.
- Medicines Support Needs Assessment includes Summary and that the Assessment is used alongside "How I take my medication" documents.
- Evidenced Initial Assessment dated and reviewed twice a year - signed.
- Evidenced Personal Medicines Profile for each Persons Supported detailing Name, DOB, Address, GP details, Allergies, Special information, Preferred ways to take medicines - cross references to How I take my medication and Authorised non-prescribed medicines information.
- How I take my medication form viewed for Persons Supported - photo of Persons Supported, Level of support needed to take medication, Medication route - type and specific instructions recorded.
- General Purpose Medication Risk Assessments viewed for Medication and Medicines Management - Description of risk, Actions needed to manage this risk, Impact score, Likelihood score, Who is impacted, Discussed with Persons Supported, Discussed with representative, and Additional notes. Reviewed every 6 months.
- Centenary Close -

- Support plans capture how often Persons Supported requires medication administration, how medication should be encouraged, and how Persons Supported likes their medication to be administered. Support plans also include Persons Supported compliance for taking medication on a "normal" day.
- Support plan viewed for A2453716 clearly comments that medication is either in liquid form and Person Support pushes plunger of syringe; or granules of medication to be put on food or in drink and that this is done in front of the Person Supported.
- Windhill -
- Support plans comment on how Persons Supported take their medication and general compliance in the administration.
- Support plan details how staff should support with ordering, storing and administering of medication, and ensure that it is signed for.
- Evidenced one Person Supported has a pictorial form to support them to complete their own medication administration with staff oversight.
- PRN protocols for Paracetamol, E45 cream, Sudocrem, Omega 3, and Buccal Midazolam. Protocols are all reviewed and in date - these are now stored on Omnicell e-mar system.
- Viewed Non-prescription over the counter medication authorisation form - allergies noted as none known - ACTION aware from other documentation that there are known allergies. Provider responded in 14-day period that allergy status of a Person Supported is visible on the Omnicell e-mar screen, even when reviewing PRN protocols (also see A12).
- Form captured name of medicine purchased, who authorised form, and if its been checked that it will not interfere with other prescribed medication. Good practice.

## Safeguarding and Safety

### Safety and Suitability of Premises

Standard Rating

Good



**E03** The premises are safe and ensure people, staff and others are protected against the risks of unsafe or unsuitable premises.

Good



### What We Found

- Evidenced Quality Monitoring Audit dated Nov 23 for Centenary Close - Name of person conducting audit, Area of service audited environment, and What aspect reviewed/ audited. Audit checked appropriate areas and comments made were meaningful.
- Quality Monitoring Audit viewed for Windhill dated Nov 23 which included Environmental check, and fire health and safety. Noted appropriate actions and these translated onto PEEP updates etc.
- Evidenced that Jan 24 audits reflected actions from Dec 23 audits - good practice.
- Viewed Daily Practice and Record Keeping, Safe and Compliant audit for Windhill and Centenary Close dated Dec 23 - PCS, Seizure forms, Datix update following last audit, Datix and related updates shared, Supervision minutes, Planned supervisions for this week, Last team meeting minutes, Tenant meetings, Staff training to date, Support plan sport checks, Fire records, Bed monitor checks, Meaningful conversations review, Resident experiences and AOB all reviewed and commented against.
- Staff notice boards contained Weekly and Monthly Job Tracker list - tasks included weekly medication count audit, financial audit, Health and safety checks, fire alarm testing, staff meetings, equipment monitoring, key worker meetings and first aid box checks.

**B23** People confirm that they are supported to maintain their tenancy, including the maintenance of the property and negotiating with the landlord on their behalf, where appropriate.

Good



### What We Found

- Centenary Close and Windhill -
- Persons Supported responded positively via questionnaire that they are supported to remain where they live.

**C18** Staff are able to confirm how they support people to maintain their tenancy; manage maintenance of the property and negotiate with the landlord where appropriate.

**Good**  
★★★★★

### What We Found

- Windhill -
- Staff commented that they support Persons Supported with any correspondences and liaise with NOK to ensure appropriate support in place for things such as bill management. Staff remind Persons Supported of "house rules" such as not damaging property or disturbing other Persons Supported. Staff support Persons Supported to raise any maintenance issues.
- Centenary Close -
- Staff spoken to stated that all finances are included within their tenancy and that this is mostly managed by NOK. Staff encourage Persons Supported to participate in cleaning and maintaining the appearance of their rooms and communal areas. Any maintenance issues are raised with Management and booked for repair.

## Safeguarding and Safety

**Standard Rating**

### Safety, Availability and Suitability of Equipment

**Good**  
★★★★★

**C08** Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.

**Good**  
★★★★★

### What We Found

- Windhill -
- Staff confirmed use of bed monitors and epilepsy pagers at the service and that they have had training on how to use them and check for faults. Staff complete regular audits to ensure equipment is in good order. Daily visual checks are completed on epilepsy monitors with a weekly physical check.
- Centenary Close -
- Staff confirmed that they have received training on using various equipment and moving and handling.

**E04** Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

**Good**  
★★★★★

### What We Found

- Centenary Close and Windhill -
- Persons Supported have appropriate equipment in place to manage their epilepsy such as bed monitor, anti-suffocation pillow, sensor mat on the floor and monitoring system. Staff complete visual breathing checks every hour on Persons Supported throughout the night.
- Daily checks are completed on ensuring Monitoring system works with weekly physical checks - evidenced audits and checks.

## Suitability of Staffing

**Standard Rating**

### Requirements Relating to Staff Recruitment

**Good**  
★★★★★

**D01** Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

**Good**  
★★★★★

### What We Found

- Provider has robust recruitment system in place; checks include - Application form in place, Interviews completed by 2 staff members, signed contracts and copies of job descriptions, Right to Work, ID;s which are countersigned, verified and appropriate references in place and gaps in employment. Staff have DBS certificates in place which are renewed every 3 years.

**D02** Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.

**Good**  
★★★★★

### What We Found

- Currently have a good staff team and Agency are used as a last resort. Agency staff brought in are known to the service and the Persons Supported and Inducted the same as permanent staff members.

**D03** Records evidence that other people who provide additional services are subject to any appropriate and necessary checks.

**None**

### What We Found

- No external additional services in use.

**D04** The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.

**Good**  
★★★★★

### What We Found

- Staff sign contract and code of conduct which contain job descriptions and outlines roles and responsibilities.

## Suitability of Staffing

**Standard Rating**

### Staffing and Staff Deployment

**Good**  
★★★★★

**B17** Through observation and discussion with people accessing the service, they confirm that there are sufficient staff delivering care with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with people who may have a variety of needs.

**Requires Improvement**  
★★★☆☆

### What We Found

- Centenary Close -
- Persons Supported responded positively via questionnaire to being understood by staff, understanding staff, and being supported how they wish to be supported.
- Windhill -
- Person Supported spoken to felt that there was enough staff to support them, and if they needed support a staff member would always come.
- One Person Supported responded via questionnaire that there is enough staff to support them but feel there is a need for more staff at times. Person Supported also commented that they do not always feel that staff communicate with them in a way that they can understand - ACTION provider to include this topic in next Key worker session.

**C09** Staff confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies). Staff confirm they have access to senior / supervisory staff on site to support and mentor them when required.

**Good**  
★★★★★

### What We Found

- Windhill -
- Staff confirmed that they feel staffing levels are better now and "believe" cover would be found appropriately so Persons Supported support would not be impacted upon. Staff think Agency is still used but only on rare occasions. There is an on-call process in place to support staff in emergencies and report sickness.
- Centenary Close -
- Staff agreed that there is now an appropriate level of staffing in place and that a core staffing team supports that there are always staff to complete Persons Supported 1:1's. Staff confirmed that due to increase in staffing levels there are now staff to cover breaks and difficult situations. Staff culture appears more comfortable and staff are relaxed.

**F02** Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support. This includes senior managers / supervisory staff.

**Good**  
★★★★★

### What We Found

- Evidenced each service has appropriate shift planners and rotas in place; noted that documents are live.
- Shift planner viewed included service; who requires medication for the day; AM shift - staff, status (bank or perm), Allocation (Person Supported); PM shift - staff, status, allocation; Notes who is on leave/ training/ sick those days; named Night staff and On-call support. Allocations appear to cover commissioned support.

**F03** The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies). The provider has a system in place to monitor the working hours of all staff across Services to ensure that any working patterns do not have a detrimental impact on the care and support of Individual's.

**Good**  
★★★★★

### What We Found

- Provider has Management on site to support staff or are accessible through direct line numbers. Staff have On-call process to follow to report any sickness or incidents.
- Business Continuity Plan in place for each service which covers Utility failures, Staffing crisis, Pandemic incidents and other Emergencies. Review annually.

**C17** Discussions with staff confirm that they have appropriate knowledge and understanding of current health promotion messages to help support Individual's to maximise their health and wellbeing and live a fulfilled life.

**Good**  
★★★★★

### What We Found

- Windhill and Centenary Close -
- Information is shared with staff by email and updated, as needed, through Team Meetings.

## Suitability of Staffing

### Staff Support

**Standard Rating**

**Good**  
★★★★★

**C10 Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.**

**Good**  
★★★★★

### What We Found

- Windhill -
- Staff confirmed that they completed an Induction on joining which included initial training and shadow shifts for 5 days. Induction included an overview of the service, policies, and mandatory training. Staff stated that the induction process was supportive and other staffs are able to ask questions/ contact if unsure on anything. Management are prompt in their responses.
- Centenary Close -
- Staff member spoken to learns practically so found the induction process really supportive and useful. Staff completed shadow shifts and initial training.

**C11 Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.**

**Good**  
★★★★★

### What We Found

- Windhill -
- Staff commented that supervisions are being rolled out this month so will be scheduled more regularly. Supervisions previously have been on an ad hoc basis and not often recorded. Staff spoken to felt that the new supervisions would be more supportive of staff wellbeing, but confirmed that Management has been available for support should they have needed it. See D06.
- Centenary Close -
- Staff confirmed that they have supervisions every 3-4 months, and it includes personal development and wellbeing; and gathers staff feedback on how staff feel Management and Provider are doing.

**C12 Staff confirm that they have undertaken appropriate training that this is refreshed and updated as required.**

**Good**  
★★★★★

### What We Found

- Windhill -
- Staff confirmed that training is updated as and when needed and staff are sufficiently prompted to complete training. One staff member commented that the provider is investing in their staff and putting them forward for development in terms of NVQ's. Provider has a qualified Train the Trainer which supports staff development.
- Centenary Close -
- Staff commented that training is updated when needed, and staff are prompted via email as to when training needs to be updated. Staff confirmed that there has been a mixture of face to face, webinar and online training available.

**C13 Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.**

**None**

**C14 Staff confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.**

**Good**  
★★★★★

### What We Found

- Windhill and Centenary Close -
- Staff confirmed that they are able to access policies in the office.

**D05** The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.

**Good**  
★★★★★

### What We Found

- All staff complete Induction on joining the service which includes mandatory training, Health and Safety, introduction to Persons Supported and staff, understanding paperwork and policies, and how the service works. Management sign staff off at each stage.
- Staff complete Care Certificate.

**D06** The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.

**Good**  
★★★★★

### What We Found

- Supervision matrix viewed is split into each bungalow at Centenary Close and Windhill. Matrix captures Staff name; Status - sick, suspended, maternity leave, or in post; 4 columns for supervision dates to be inputted; Additional supervisions - spot checks and observations; Appraisal; and Notes.
- Evidenced in the notes where staff have been noted for medication errors and retrained as part of learning and development.
- Supervisions take into account Persons being Supported, Staff wellbeing, and Staff learning and development.
- Windhill -
- See C11 - one staff spoken to commented that they have not had supervisions; MO unable to cross reference this to matrix viewed. Matrix identifies staff have had an appropriate amount of supervisions since joining service.
- Evidenced Quality Monitoring of Supervision Tracker for Centenary Close which included summary of findings evidencing two-way conversations. MO observed that the Tracker said multiple supervisions has been completed but only able to fine a few within file - Discussed and evidenced with Manager that this was also their findings so new centralised filing system has been agreed as of Jan 24 to combat this.

**D07** The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.

**Good**  
★★★★★

### What We Found

- Training matrix compliance viewed for Whole Service, Each Bungalow team and Windhill. Training includes Dignity and respect, Epilepsy, Equality and diversity, Fire safety, First aid, Health and safety, Infection control, Mental capacity and DoLS, Person centred approaches, and Safeguarding.
- Training is a mix of face to face, practical, webinar and eLearning training. Provider is working hard to ensure good level of compliance in training across the board - provider now has enough staff to release for training with appropriate cover. Provider is supporting staff to complete their Level 2 and are working with QCF and Princess Alexandra Hospital to create an epilepsy module that is certified - ratified by City and Guild.

## Quality of Management

**Standard Rating**

### Assessing and Monitoring the Quality of Service Provision

**Good**  
★★★★★

**C15** Staff confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.

**Good**  
★★★★★

### What We Found

- Windhill -
- Staff confirmed that they would be confident to use any policies they may need to such as Whistleblowing, Complaints or Safeguarding policy. Staff feel able to

approach and raise concerns to Management - One staff stated that they would be happy to approach the staff member first in order to give guidance, but if they did not accept the conversation then they would escalate this to management.

- Centenary Close -
- Staff commented that Management are open to conversations and are approachable.

**F04** Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that people receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.

**Good**  
★★★★★

### What We Found

- Provider completes a Trustee/Committee Quality Monitoring Audit - Area audited, Comments, Actions, Persons responsible for completing actions any by when, and Date action completed. Areas included Internal environment, External environment, Menus/ meal-times, Food hygiene, Medication, Health and safety, Staff experience and opinions, Residents experience, Staff engagement and communication, Residents engagement and involvement, Resident reviews, Review staffing establishment, Review training needs, and HR processes.
- See F05, F06 and F07.

**F05** The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

**Good**  
★★★★★

### What We Found

- Staff and Persons Supported have access and knowledge of relevant Whistleblowing, Safeguarding and Complaints policies. Management are available on site or via direct contact numbers for staff and Persons Supported to raise any concerns they may have.

## Quality of Management

**Standard Rating**

### Using Information and Dealing with Complaints

**Good**  
★★★★★

**B18** People spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO

**Good**  
★★★★★

### What We Found

- Centenary Close -
- Persons Supported commented that they are able to make their views and opinions known and this is usually dealt with there and then. Persons Supported agreed that staff would support them to make any complaint.
- One Person Supported commented "no" to knowing how to make a complaint on the questionnaire - ACTION Provider to discuss with Persons Supported at their next key worker meetings to ensure all Persons Supported are aware. Provider responded in 14-day period that a section has been added to monthly key worker meetings to ensure that complaints/ concerns are discussed and there is an opportunity to invite discussions around this; evidenced and in circulation.
- Windhill -
- Person Supported spoken to commented that they would let staff know if they had any concerns.
- Persons Supported responded positively via questionnaire and that there was a complaint box if they wished to write things down.

**B19** People accessing the service confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.

None

**C16** Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.

Good  
★★★★★

### What We Found

- Windhill -
- One staff member commented that they have not yet had a staff meeting since joining but understands that these will be picked up as a more regular occurrence. Staff feel listened to and that their views are taken into account.
- Centenary Close -
- Staff confirmed that they have regular team meetings and that these are a good opportunity to raise ideas and discuss the Bungalows. Staff feel valued as staff members since the changes and Management are open to conversations.

**F06** There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of people who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

Good  
★★★★★

### What We Found

- Evidenced Compliments/ Complaints/ Grumbles log -
- Concerns/ Grumbles log captures Reference number, Date, Names of those involved and making complaint, Format, Subject, Service, Summary of grumble, Datix reference, Confirmation of receipt of grumble, Response to grumble sent, Format of response, Response sender, Action taken and summary of response.
- Complaints log details Reference number, Date, Persons involved, Format, Addressed to, Subject, Bungalow, Summary of complaint, Datix reference, Confirmation of receipt of complaint sent, Date response due following investigation, Response to complaint sent, Format of response, and Action taken and summary of response.
- Compliments log captures Date, Who sent by and in regards to, Format, Service, Summary of compliment, and Actions taken.
- Reviewed that appropriate summary of information, timescales and actions and responses are in place to ensure robust process. Outcomes are shared with staff and updates/ changes made to documents to reflect lessons learnt.

**F07** There is evidence that the provider has effective methods in place to obtain feedback from people accessing the service, relatives and staff and feedback received is listened to, acted upon appropriately and people are kept informed of the outcome.

Good  
★★★★★

### What We Found

- Provider uses an App called Nooa which resembles social media for NOK and staff to see updates and information on activities, Persons Supported and Provider news; this is a secure network where pictures can be shared. This has been piloted at Windhill and will be introduced at Centenary Close.
- Provider creates and sends out a regular Newsletter which includes Persons Supported activities, events and 'World Days'.
- Provider has regular NOK meetings to ensure that there is ongoing communication, support and all parties happy with care and support being provided.
- Viewed Internal Staff Survey in 2023 which had 50 participants. Provider has completed an analysis and next steps following survey detailing Positive indicators, Negative indicators, Summary of open question responses, Main areas of focus, What are we committing to, What can you do and Staff retention. Good analysis.
- Evidenced Staff Meeting minutes for Centenary Close dated Dec 23. Template used captures Present, Apologies, Minute taker and Agenda items. Agenda items included Minutes and actions from previous meeting, General issues, Health and safety, Staff and residents, CQC and compliance, Safeguarding, Learners and AOB. Minutes recorded were self-explanatory to agenda item and appropriate.
- Evidenced CQC evidence file in preparation for inspection. Folder split into the KLOES, including feedback, good news and reports; evidenced viewed has been split across PAMMS Assessment.

**F08** There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.

**Good**  
★★★★★

### What We Found

- Confirmed through Complaints policy.

## Quality of Management

**Standard Rating**

### Records

**Good**  
★★★★★

**F09** Personal records of people accessing the service are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.

**Good**  
★★★★★

### What We Found

- Support plans viewed are stored appropriately within services and kept up to date and purposeful on the Person Centred Software system. Support plans appear fit for purpose and are person centred.
- Evidenced Provider has completed Data Security and Protection Toolkit to ensure acceptable standards have been met.

**F11** Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

**Good**  
★★★★★

### What We Found

- Provider has a Continuous Improvement Plan which details Aspiration, Actions, Who responsible, Predicted outcome, How this will enhance the service, and Target completion date. Aspirations in place were appropriate with robust reasons and actions to work towards the enhancements.
- Supported Living Service Improvement Plan in place - Action number, Action, Action owner, Start date, CQC quality statement, Further actions, Outcome and evidence, Target completion date and RAG Rating - develops improvements based upon CQC requirements, PAMMS assessment actions and internal Quality Audits. Robust Governance and oversight enables evidential improvements.