



AUDIT REPORT

Marlow

Date of Visit: 10th & 11th of November 2025

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Service Name: Marlow


Provider: Liaise (South East) Limited






Address of Service: 8 Nursery Road, Worthing, West Sussex, BN11 3HS

Date of Last CQC Inspection: 7th October 2024

Ratings

CQC's Overall Rating for this Service:	Requires Improvement	
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SRG's Overall Rating for this Service:	Good	
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Key Questions	Rating	Overall Score
Safe	Good 	71 (out of 100)
Effective	Good 	63 (out of 100)
Caring	Good 	75 (out of 100)
Responsive	Good 	71 (out of 100)
Well-led	Good 	68 (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 10th & 11th November 2025. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

TYPE OF INSPECTION

Comprehensive inspections take an in-depth and holistic view across the whole service. Inspectors look at all five key questions and the quality statements to consider if the service is safe, effective, caring, responsive and well-led. We give a rating of outstanding, good, requires improvement or inadequate for each key question, as well as an overall rating for the service.

METHODOLOGY

To gain an understanding of the experiences of people using the service, a variety of methods were employed. These included observing interactions between people and staff, speaking with the Manager, Deputy Manager, and holding discussions with staff and people. A tour of the building was conducted, along with a review of key documentation. For people with communication difficulties and/or cognitive impairments, observations were made to ensure they appeared comfortable and content with the support they were receiving. Additionally, three care plans were reviewed, four staff 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 residential care home providing accommodation and personal and/or nursing care. People expressed feeling safe, and staff demonstrated a clear understanding of managing risks effectively. Managers investigated incidents thoroughly, taking appropriate actions to mitigate future risks. While the home was generally clean, areas were in need of redecoration. Equipment was well-maintained and met the needs of the people living in the home.

The home had adequate staffing levels, with staff receiving regular training and supervision. Medicines were managed effectively by staff. People and their families were actively involved in the assessment of their needs, which staff regularly reviewed. People had sufficient food and drink, and staff closely monitored their

health, working collaboratively with medical professionals. Consent was sought before providing support, and families or representatives were involved in decisions made in the best interests of individuals who lacked capacity.

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. Staff responded promptly to people's needs, and both people and their families felt involved in care decisions. Families knew how to provide feedback or raise concerns, and noted an improvement in issues raised being addressed since the change of management. People's preferences for end-of-life care were also explored.

Governance systems were in place, and identified actions were completed. The management team was visible and approachable, and staff reported enjoying their roles and feeling supported to provide feedback. Feedback from external partners about the service was positive.

PEOPLE'S EXPERIENCE OF THIS SERVICE

People and their relatives expressed positivity about the quality of care provided. They felt safe and actively involved in planning their care. Individuals were supported to make their own choices and were encouraged to maintain their independence wherever possible. One relative commented, *"It has improved a lot over the last 12 months, since the on boarding of Steve (Manager) the lines of communication have improved"*

Both people and their relatives noted that the staff were kind, respectful, and upheld their dignity. One person shared, *"I like living here" A relative stated "We know we can pop in anytime, we are always offered coffee its homely, the home has a lovely, friendly feel about the place"*

People and their relatives felt comfortable raising concerns and confident that any issues would be addressed promptly. One relative mentioned, *"If I have any issues, Steve(Manager) deals with them really quickly"*

For people unable to directly share their experiences, observations during the assessment were used to evaluate the quality of care. People supported were observed as content, well-kept and happy during inspection. Team were observed as interactive with people throughout inspection.

Relatives described the staff as caring and attentive, one stating *"I'm really pleased, he (brother) seems really happy there, goes out on the bus, we are welcomed, offered drink and don't feel out of place when have visited"*

DISCLAIMER

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

RATINGS

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

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

Outstanding – The service is performing exceptionally well.

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

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

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

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

Key Question	Applicable Regulations	Quality Statements and Comments
<p>Safe</p>	<p>Regulation 12: Safe Care and Treatment</p> <p>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulation 18: Staffing</p> <p>Regulation 19: Fit and Proper persons employed</p> <p>Regulation 20: Duty of Candour</p> <p>Regulation 15: Premises and Equipment</p>	<p>Learning culture – Score 3</p> <p>The provider has a proactive and positive culture of safety based on openness and honesty.</p> <p>Evidence was seen of complaints and concerns being recorded and internal investigation processes taking place.</p> <p>Accidents and Incidents were recorded, training has taken place and guidance evidenced that has been put in place for the staff team to complete accident/incident forms correctly and appropriate learning lessons to be identified. Team meeting minutes evidenced training and coaching taking place with the team and incident/accident debriefing.</p> <p>Accidents and incidents were analysed to identify themes and patterns. Action was taken and improvements put in place to reduce the risk of reoccurrence.</p> <p>The complaints process is displayed on the wall at appropriate height and in easy read format for individuals to use.</p> <p>Safe systems, pathways and transitions – Score 3</p> <p>The service has undertaken work to rebuild relationships with people and healthcare partners to establish and maintain safe systems of care.</p> <p>They manage and monitor people’s safety, GP reviews are held weekly and health professional advice sought as required which was demonstrated during the Inspection where advice was sought, resulting in a GP visit the following day.</p> <p>The Home Manager has managed a staffing process to assess competency and communication, support to increase skill level of existing staff or manage staff unable or unwilling to improve. All subsequent</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>staffing vacancies have been filled with one remaining support worker currently in the on boarding process for the service to then be fully staffed.</p> <p>Rotas are planned 8 weeks in advance to ensure safe levels and continuity.</p> <p>All staff have access to the same information on electronic records via mobile handsets or laptops.</p> <p>Personal Emergency Evacuation Plans and hospital passports are in place to support any emergency transfers.</p> <p>Safeguarding – Score 3 The service works well with people and healthcare partners to understand what being safe meant to them and how to achieve that.</p> <p>The service has developed relationships with Local Authority and Health Care Teams to improve people’s lives and developed staff working practices to ensure understanding and process to protect people’s right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect.</p> <p>All staff are trained in safeguarding, staff spoken to were able to knowledgeably speak of the signs of abuse which needed to be reported as safeguarding and the process to report it through service management or external sources.</p> <p>Team meeting minutes evidenced over the last four months detailed safeguarding and any complaint investigation updates being shared with the team.</p> <p>Involving people to manage risks – Score 3</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>The service works well with people to understand and manage risks. They did not always provide care to meet people's needs that was safe, supportive, and enabled people to do the things that mattered to them.</p> <p>MDT team updates from the health professionals and Local Authority teams were positive and the Home Manager advised frequency of service meetings and visits are now reduced from weekly to 8-12 weekly.</p> <p>Records noted safety information such as MUST and choking risks and staff were able to explain where information was found for each individual, allergy and IDDSI level of food and drink.</p> <p>Safe environments – Score 3 Areas in need of redecoration had been identified, quotes for work has been obtained and work at financial sign off point. Replacement furniture was arriving during the Inspection for the dining area. 5 out of 9 bedrooms have been redecorated.</p> <p>All health and safety internal and external checks take place, environmental risk assessments and evidence of checks and certifications seen held on the RADAR electronic system for fire, electrical, gas and water safety.</p> <p>Servicing and safety checks of lifting equipment was evident and monthly bed, mattress and sling inspections were recorded onto electronic records.</p> <p>Risk assessments were in place for restrictions such as bed rails</p> <p>Fridge and freezers were clean with food stored and labelled appropriately.</p> <p>Safe and effective staffing – Score 2</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Staff mandatory training was evidenced as taking place and in date. Managers advised they check the training records every other day to ensure any upcoming are allocated to staff.</p> <p>A process is in place of first and second warnings, then HR referral for staff that do not complete training allocated.</p> <p>Supervision was taking place regularly, oversight by management was not consistent to ensure quality of supervision and record of supervision detail. As discussed with Home Manager, some additional management input of supervision is required. (SR1)</p> <p>Safe staffing levels were in place for the service need, safe recruitment records were evidenced some documents in files were not in place however had been identified by manager audit. (SR2)</p> <p>Infection prevention and control – Score 3 Staff were given training in health and safety, infection prevention control, fluid and nutrition.</p> <p>Evidence was seen of assessing and managing the risk of infection, management oversight had identified a gap in cleaning and put in place checklists to ensure consistent cleaning takes place throughout the home on each shift.</p> <p>Medicines optimisation – Score 3 Medication is stored safely in locked cabinets within the service.</p> <p>Safe medication administration practice was demonstrated during the Inspection and staff members were knowledgeable of action to take in the event of an error being identified. Individual medication files were in place and manual records were evidenced.</p> <p>Meeting minutes noted that new medication count sheets had been implemented to reduce errors, feedback noted from the team was that the new sheets had made oversight easier.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Management oversight noted large decrease in medication errors over the last 5 months. Although medication errors had reduced this was still a focus in the service, team meeting minutes for October noted 1 error that medication had been missed due to medication running out and prompted staff to identify what can be learned for this.</p> <p>Staff members were able to state clearly their responsibilities with medication and what Team Leads also check.</p> <p>GP surgery feedback documented that GP was pleased with improvement in the service</p> <p>One individual case story evidenced the service supporting one individual to review medication taken to manage behaviour (Lorazepam) and with GP support the individual successfully reduced and removed this medication and has been medication free for almost 12 months.</p> <ul style="list-style-type: none"> • This service scored 71 (out of 100) for this area.
<p>SRG RATING: GOOD – This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation”.</p>		

Key Question	Regulations	Quality Statements and Comments
<p>Effective</p>	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: Need for Consent</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 18: Staffing</p>	<p>Assessing needs – Score 2</p> <p>All individuals have initial assessments on entering the service. Support plans and risk assessments are created and stored on individuals’ electronic records. Support plans were detailed and risk assessments evidenced, with reviews taking place. As discussed with Home Manager some information on the system needed review and update in initial about me sections. (ER1)</p> <p>All individuals have allocated keyworkers and these are listed on the whiteboard in the Managers office. One individuals file noted the keyworkers name differently on the electronic record than the allocation on white board. (ER2)</p> <p>Delivering evidence-based care and treatment – Score 2</p> <p>Evidenced based tools and treatment are in use such as MUST, waterlow, about me standards, oral care, mobility and falls risk assessment, choking and nutritional assessments. This helped to ensure that people were assessed appropriately.</p> <p>Staff recorded evidence of consent being obtained, care that was being delivered in line with assessed needs. There was detailed recording of wellbeing, activities offered and taken part in and how much joy or engagement within the activity is not detailed in recordings. (ER3)</p> <p>How staff, teams and services work together – Score 3</p> <p>People’s information is stored in the main electronic system, which ensures all levels of employees in the service had the same access to the same information on individuals at all times.</p> <p>Handovers take place at the start/end of each shift in person. Daily task allocations take place during handover. Handover information is also recorded on the electronic system.</p> <p>The Home Manager advised the Local Authority contracts teams and Community Adult Mental Health Services were attending the home weekly to ensure support was in place for care quality, this is now reduced to standard 8-12 week visits.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Supporting people to live healthier lives – Score 2 The Home Manager advised the service menu is an ongoing problem management are looking into, meeting minutes evidenced this. (ER4)</p> <p>Ongoing health checks are documented within people’s files, and individuals attend appointments with health professionals or in some instances Health Care Professionals and external agencies may visit the service for individuals unable to attend an external healthcare setting. As noted in ER3, monthly keyworker review health, nutrition and activity information further detailed is required.</p> <p>Regular contact with health professionals such as dieticians, GP’s, Nurses, OT’s and Physios were well documented.</p> <p>Monitoring and improving outcomes – Score 3 Meetings are available for individuals and relatives, and monthly staff member meetings to obtain feedback.</p> <p>Photo albums created show activity such as gardening, games, day trips, shopping, holidays taking place which relate to individual’s goals/outcomes.</p> <p>Surveys were evidenced as being sent out to staff and relatives to request feedback and improve outcomes.</p> <p>Consent to care and treatment – Score 3 Throughout the Inspection, staff demonstrated knocking on doors and seeking consent to enter rooms and asking consent prior to any care or treatment.</p> <p>Consents are all evidenced as recorded on the electronic system.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Evidence was seen on records that people were encouraged to make their own decisions where possible and when they were unable to do so, it was evident that the principles of the MCA were being addressed. Records were seen of individuals having Mental Capacity Assessments and Best Interest decisions, a DoLS log was in place and with details of additions and any reviews actioned.</p> <p>Staff spoken to were knowledgeable on MCA and DoLS and were observed obtaining consent and confirming decisions throughout the time of the Inspection.</p> <ul style="list-style-type: none"> This service scored 63 (out of 100) for this area.

SRG RATING: GOOD - This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

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

Key Question	Regulations	Quality Statements and Comments
Caring	<p>Regulation 9: Person-centred Care</p> <p>Regulation 10: Dignity and Respect</p>	<p>Kindness, compassion and dignity – Score 3</p> <p>Observations during the Inspection evidenced caring support being provided by the staff team, Deputy and Home Manager.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Consent was sought and confirmed throughout interactions observed during the Inspection.</p> <p>All staff relayed and demonstrated the happiness and safe care of individuals were important to them and their enjoyment of the role.</p> <p>Staff member observed demonstrated kindness and caring towards unwell individual, talking and singing gently to her soothing her and encouraging her to eat and drink patiently.</p> <p>Treating people as individuals – Score 3 Staff knew individuals' well and understand their need and behaviours newer staff were working with other staff until confident in knowledge.</p> <p>Deputy Manager evidently knowledgeable & interactive with people throughout the Inspection.</p> <p>Home Manager interactive with good rapport with people supported.</p> <p>Independence, choice and control – Score 3 Although structure was in place, choice and control remained with the individuals supported in what time to get up each day was the individuals preference, what activities to take place or not and changing decisions when they wanted to, staff worked flexibly to support as and when required.</p> <p>Individual care plans and risk assessments were in place. Specific information is completed to ensure all information captured is relevant to the individual only. People's personal, cultural, social and religious needs are identified and understood.</p> <p>Technology options are explored to ensure independence or communication in any way possible to support choice being made.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Responding to people’s immediate needs – Score 3 Throughout the Inspection staff demonstrated responsiveness to individuals’ behaviours and communications for requests, Managers and staff were seen as responsive when individuals asked for something or gestured something was needed.</p> <p>Independence is encouraged with the individuals supported where possible, in line with their support plans and risk assessments. They have choice as to how their support is to be provided and every effort is made to support a choice.</p> <p>Staff were seen supporting people to be independent at mealtimes, supporting people to make own drinks and prepare meals where able. Activities being attended were the individuals’ choice in a subject or activity they were interested in or made them happy taking part in, and when an individual refused to take part in activity this choice was respected and alternatives offered.</p> <p>Workforce wellbeing and enablement – Score 3 Staff support for wellbeing is in place. A separate staff room is available for staff to use.</p> <p>Staff were thanked by the Home Manager in team meeting minutes and given recognition for the quality of care in the service improving.</p> <p>Colleagues demonstrated good rapport and respectful team support throughout the Inspection.</p> <p>Feedback is sought from staff and evidence seen of responses in “you said we listened” format.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.
<p>SRG RATING: GOOD- This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p>		

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

Key Question	Regulations	Quality Statements and Comments
<p>Responsive</p>	<p>Regulation 9: Person Centred Care</p> <p>Regulation 17: Good Governance</p> <p>Regulation 16: Receiving and Acting on Complaints</p>	<p>Person-centred Care – Score 2</p> <p>The Home Manager evidenced action in recent team meeting minutes of addressing care quality and record keeping with team. As discussed with the Home Manager, ongoing work is required to continue improvement to demonstrate person centred care, choices and outcome details. One male individual was referred to as ‘her’ during care notes and choices offered and chosen with food, clothing and activity are not recorded. (RR1)</p> <p>Staff and managers were responsive to people’s needs in the moment and were observed during the Inspection acting immediately to minimise any discomfort, concern or distress with different individuals’.</p> <p>Activities varied dependent on schedules and mood, feelings of the individual each day, staff were prepared with a variety of activities to support responsively, systems are in place to support communication to enable wants and needs to be identified.</p> <p>Staff spoken to felt teamwork was good from all within the the team and support each other to ensure individuals are supported as needed with any activity, working around new members of staff who cannot lone work with individuals as they do not know them well enough yet.</p> <p>There were communication aids throughout the property to support individual’s communication and provide reassurance as and when needed.</p> <p>In one individuals’ rooms, labels were on drawers naming clothing items stored in there, on asking the support worker if the individual was able to read the labels and was it for his benefit the staff member advised “no he does not read, it is for the staff and if we have agency staff” when asked if the information is in the individuals support plan the answer was “no it is not in care plan, I don’t think so, I don’t know”. Labelling is not for the individuals benefit therefore is not a personalised décor choice, information needs to be in the support plan as an instruction for staff to follow. (RR2)</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Care provision, integration, and continuity – Score 3 Staff made sure that people could access the care, support and treatment they needed when they needed it.</p> <p>Families were encouraged to be involved, health professionals came to the home if required in response to need.</p> <p>GP request was responded to during the Inspection.</p> <p>Providing information – Score 3 A service newsletter is created and sent to relatives</p> <p>Pictorial information is available around the home, such as on the notice board in dining room to advise of breakfast, lunch and dinner options and activities.</p> <p>Easy read documentation is available for service policy and documents.</p> <p>Listening to and involving people – Score 3 The service worked well with external professionals some feedback received.</p> <p>Feedback surveys were out for responses from family and stakeholders and recent compliments are recorded. Feedback responses were seen from 2024, this year’s survey results have only 1 response from family so far which was in May when the Home Manager was starting.</p> <p>‘People we support’ meetings are held. June minutes evidenced updates on the garden project and feedback on the menu improvements, smoothies added in for nutrition and freshly cooked food also being served at the weekend.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Equity in access – Score 3 The premises were accessible for people living in the home, there was appropriate equipment in place for people using the service if needed. Everyone who uses the service had the same access through the same initial assessment process.</p> <p>The service was responsive to each individual persons needs and delivers the service flexibly to support choice and continuity of care.</p> <p>Staff advocated for people to ensure that they were supported to access care and treatment when they needed it. Home visits from professionals were encouraged if this was people’s preference. People were supported to attend appointments such as hospital visits or dentists.</p> <p>All have access to activities and external trips out and are supported separately individually or together as group outings/activities dependent on individual preference.</p> <p>Equity in experiences and outcomes – Score 3 Staff and managers work together with individuals to identify what is important to them or of interest and establish specific places to visit or activities to take part in.</p> <p>External professionals come into the home to deliver activities such as music sessions, aromatherapy, chair based Olympics, reflexology.</p> <p>Photograph albums were being put together to document the service demonstrating how everything is explored to ensure the resident experience is equal and outcomes monitored.</p> <p>Planning for the future – Score 3 End of life discussions are attempted with individuals, if capacity is lacking or peoples request relatives where appropriate were involved in making decisions about future treatment and end of life planning.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>DNACPR (Do not attempt cardiopulmonary resuscitation) records were noted on records and available should they be needed in the event of an emergency.</p> <p>Continued future planning around reviewing aids/assistive technology to increase independence is noted on records.</p> <ul style="list-style-type: none"> This service scored 71 (out of 100) for this area.
<p>SRG RATING: GOOD - This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</p>		

Key Question	Regulations	Quality Statements and Comments
<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</p> <p>The company values were shared at every opportunity within documentation, displays and throughout the recruitment process from interview through induction. The Home Manager and Deputy were familiar in company vision and values, however staff were not all able to answer when questioned what the company vision and values are. (WL1)</p> <p>The Home Manager had weekly meetings with a Senior Manager and felt well supported in the role.</p> <p>Capable, compassionate and inclusive leaders – Score 3</p> <p>The Home Manager has applied for registration with CQC, and evidence as seen of direct communication with CQC.</p> <p>All staff spoke highly of management being approachable, supportive and the recent changes to management being good for the service improvement.</p> <p>Approachability was observed during the Inspection and the Home Manager & Deputy seen actively involved with staff and people supported freely part of management office.</p> <p>The Manager spoke passionately of the team and was observed individually thanking and complimenting staff on their practice and service contributions throughout the Inspection.</p> <p>The Deputy Manager stated the Home Manager spent time with staff sharing own skills in relation to service quality and “has brought back the happiness and joy to the home”. Also noted the Operations Manager is always on the phone if needed”.</p> <p>Freedom to speak up – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>All staff spoken to were happy approaching management with concerns or support requests and felt confident home manager would act on any concerns. All staff, inclusive of new starters, are aware of how to contact senior managers to speak up and no fear of being penalised in doing so.</p> <p>A comment being the “team are no longer afraid to say when they have done anything wrong or need to ask for help”.</p> <p>Workforce equality, diversity and inclusion – Score 3 The home has a diverse workforce. All staff are offered the same opportunities for work life balance, personal progression and qualifications. Staff members are given opportunities of being enrolled on funded care qualifications, personal progression is encouraged within the home.</p> <p>Staff spoken to were enthusiastic to share their own training and progression within the company and how they felt induction and training was tailored for their personal support needs.</p> <p>Equality diversity and inclusion training is undertaken by all.</p> <p>Governance, management and sustainability – Score 3 The home manager had good insight into the service and understood individual needs, was familiar with relatives and was knowledgeable on company process as well as individuals supported.</p> <p>The Manager has good networks for peer support. Peer audits take place monthly with other home within the group and senior managers are available and have oversight.</p> <p>Evidence was seen of regular oversight and quality checks, weekly manager walk rounds evidenced actions noted and an action log of them taking place.</p> <p>Financial records are well managed and checks in place to ensure individuals care and activity are reviewed in service where finance has not been used where allocated, e.g. personal shopping, activities.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Relatives spoken to acknowledged improvements since home manager in position.</p> <p>The Home Manager was open and transparent throughout the Inspection.</p> <p>Partnerships and communities – Score 3 The Home Manager advised the service has good relationships with the neighbouring service and also local group homes where individuals visit to take part in activity sessions.</p> <p>Photographs were seen of regular trips to shops, and local areas for visits and activities.</p> <p>The management team collaborated positively with other services. They shared information with appropriate professionals to work together to promote partnership working and provide good outcomes for people.</p> <p>People’s care records demonstrated how staff worked with professionals, with referrals being made where needed.</p> <p>Learning, improving and innovation – Score 3 As noted above the home manager is currently going through CQC registration process.</p> <p>The Deputy Manager is undertaking a level 3 in Safeguarding and will then continue with master’s degree in Health and Social Care.</p> <p>A culture of learning was evident within the service. Staff at all levels spoke of learning and development opportunities given to them and support received to continue developing their day to day skills. The Home Manager spoke of the focus over the last 6 months being on supporting staff with English as second language with communication and quality of care, once all are comfortable and consistent in</p>

Key Question	Regulations	Quality Statements and Comments
		<p>their role development opportunities are offered within their own role such as qualifications and specific champion interest area training opportunities. 4 staff members are now enrolling onto level 3 qualifications, 3 of these are in Team Lead positions in the service.</p> <p>Environmental sustainability – sustainable development – Score 2 The service has a company environmental policy to refer to.</p> <p>Waste is sorted and recycled where able. (WL2)</p> <ul style="list-style-type: none"> • This service scored 68 (out of 100) for this area.
<p>SRG RATING: GOOD - This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities”.</p>		

ACTION PLAN:

CQC Key Question - SAFE

By safe, we mean people are protected from abuse and avoidable harm.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	Supervision records						
SR2	Recruitment records						

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	Individual about me records						
ER2	Allocated keyworker records						
ER3	Health, wellbeing, activity detail recording						
ER4	Taster menus						

CQC Key Question - CARING

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
CR1	NO RECOMMENDATIONS MADE						

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	Person centred recording						
RR2	Care plan detail						

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
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WR1	Shared vision and values						
WR2	Include in service improvement plan						