

ADASS EAST Accommodation Services (OP) v23.2 for Langdon House



GOOD

Involvement and Information

Respecting and Involving People Accessing the Service

Standard Rating



A01 The care plan should be individually tailored, person centred, include appropriate information on the Individual'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

The care and support plans viewed show to evidence a person centred lay out. The information held is shown to be written in the first person in the ASC care and support plan but not in the nourish care plan, instead it is seen in the third person, this shows a change in capacity and documenting to reflect this. Where the service user has the capacity to participate in the creation and review of their care and support plans, this is shown, as seen in one of the care and support plans viewed where a resident's choice is quoted.

Care and support plans viewed hold information such as a pre admission document and relevant information such as allergies, likes and dislikes and medication history as well as ability and assistance required. The care plans don't show to hold religion or marital status or a life history.

Daily records and activities are documented separately, the documenting of tasks in the daily notes show to be thorough, factual and only lacking expansion on some details such as declines. It is recommended that documented declines hold more information and give context to the decline. The daily activities log shows that residents have the activity, the date, their mood and the staff members name that has observed or assisted them to participate.

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 admission forms).

Good
★★★★☆

What We Found

Admission forms are in place and hold relevant information around the residents likes and dislikes as well as personal information and allergies however the pre assessment forms do not show to be signed by the resident or relevant representative, one pre assessment form shows that the resident does not lack capacity by ticking the box but also does not evidence consent or a signature on the admission form.

A service user guide is seen in place, this holds relevant information and made accessible to service users and relatives. The activities planner shows information in a format that is easy to read, illustrations are shown and font is bold and large.

There is a central evidence folder in place which holds information around events held and activities that have take place, such as museum trips, celebrations for example Chinese new year and other activities such as 'knit and natter'. The home have in place a 'loved ones news letter', this shows further information on activities, news and updates for residents and families.

ACTION: Ensure resident involvement is shown, pre admission forms should be signed where possible or evidencing involvement through a written statement from the assessor supporting the residents acceptance and consent.

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**.

B01 Through observation of staff interaction and discussion with people there is evidence that people 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.

Excellent
★★★★★

What We Found

Feedback shows that 97% of resident felt they are treated in this way with only one person to feedback that they 'Dont know' if they had been treated in this way. This shows excellent feedback results.

B02 Through observation of staff interaction and discussion with people there is evidence that Individual's 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

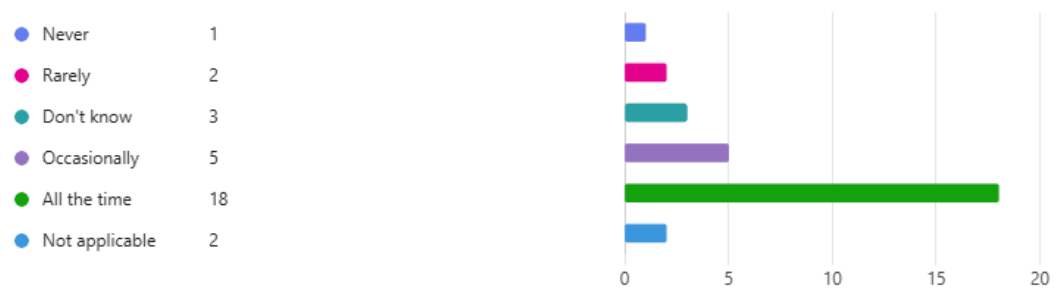
Feedback from residents and relatives showed that 90% said they felt treated in this way 'All the time'. The remaining 10% said they felt treated in this way 'occasionally'.

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

Does the provider (named above) give you and/or your relative the opportunity to give feedback about how they can improve their service?



The above feedback has been gathered from residents and relatives, further comments show to have positive feedback around the question asked.

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.

Not Assessed

What We Found

Not assessed due to no information gathered.

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

Feed back shows that 26% of residents confirmed they are supported to enjoy variety of social activities and that they are suited to their strengths, abilities and interests. while 23% said 'Partially'. 48% said 'Dont know' and 1 resident said 'Not at all'.

The feedback gathered indicates that service users are not aware of how they can be supported by staff and the activities that are able to participate in.

ACTION: Ensure residents and relatives are aware of the support and activities on offer through organised meetings. Please send supporting evidence of the topics discussed through relative meeting minutes.

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**.

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

Good
★★★★★

What We Found

Feedback from staff showed a good understanding around maintaining dignity and respect, some examples given by staff included - closing curtains and doors to give personal care, allowing residents time to make their own decisions and knocking when entering a residents room.

Involvement and Information

Consent

Standard Rating

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 (and any conditions). POA is clearly documented and evidenced across the care plan where relevant. **Good**
★★★★★

What We Found

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**.

Of the care and support plans viewed, all have capacity assessments and hold adequate detail around the residents capacity. MCA's show to be decision specific and have best interest decisions Along with an explanation of why it is in the resident's best interest. Assessments are carried out yearly unless a time arises where by it is thought significant changes have occurred, in which case an MCA review is done sooner than a year.

DoLS in place show to clearly document the date of application, why the application was made and the least restrictive options have been explored, the care plans also show the expiry date of the DoLS and clearly note any conditions attached as a result of the DoLS being granted.

Review dates are shown on the care plan time line, for one care plan it shows to have a frequency of around every 3 months that staff review or make changes to update MCA's or DoLS.

The LPA is shown for each residents and advocate if one is in place, the care plans clearly state for each resident, how the provider works with the family or LPA/advocate to meet needs and ensure each resident is receiving person centered care and support.

Care plans state to have DNAR's in place or not in place for each resident however those in place are not signed by the GP and lack detail on completion.

ACTION: Ensure RESPECT/DNAR forms in place are completed and signed by the GP. One care plan viewed shows to have a DNAR in place which is stated in the residents care plan however there is no evidence of such form being completed. Please provide supporting evidence.

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

Observations were not able to take place due the report being a desktop monitoring assessment however information gathered from residents shows that 42% of residents asked if staff were professional said 'Yes, always. 10% stating sometimes and 48% stating 'most of the time'.

As a result of the information gathered, the standard has been marked as good due to no conflicting evidence.

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

Of the staff that fed back, all showed to have and adequate understanding of how to ensure the principles of an MCA are imbedded into daily practice with one staff member stating "**To support individuals in making their own decisions wherever possible, to avoid assuming incapacity just because someone has a condition like dementia or disability**"

Personalised Care and Support

Care and Welfare of People accessing the Service

Standard Rating

Good

★★★★★

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

What We Found

Evidence of resident involvement is shown in the care planning process, for example one care plan highlights that the resident was able to self-administer their own medication prior to admission to the home. The care plan evidences staff explained to the resident he is still able to administer his own medication, however a statement in the care plan shows the residents preference is now that he feels he would like care staff to support in the administration of medication, storage and ordering of medication. Through this statement showing preference, it evidences staff have involved residents in the care and support planning process, have gained consent and respect residents choice.

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 has been given appropriate information about key working system. **Good**
★★★★★

What We Found

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**.

There are no keyworker details shown in the care and support plans viewed, there are also no keyworker meeting minutes evidenced. A keyworker system should be in place to support holistic needs of residents and complete the required tasks.

Action: Ensure a robust keyworker system is in place. Resident should be able to identify the keyworker through visual aids and names located in each resident's

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

Good
★★★★★

What We Found

A service user guide is seen in place, this shows information such as - contact details, email addresses and other relevant information for each resident to make contact with the provider.

A07 The care assessment has been conducted in a way to reflect the person's strengths, abilities and interests 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

Care plans viewed clearly show each resident strengths, abilities and interests. These show to be person specific.

Cross-referencing of daily notes, care plans and the daily activity notes show that residents are encouraged to take part in activities that promote their strengths and are supported to participate in activities that are new to the resident, or where they may need extra support.

Within care plans viewed life history shown, this holds information around what is important to each resident. For example one resident's care plan shows they have strong family connections, 12 grandchildren and a list of activities they feel are important.

A08 There is evidence that the person's needs, together with any risks to their 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 person remains safe, their needs are adequately met and their welfare is protected.

Good
★★★★★

What We Found

Waterloo information, food and fluid information, intervention and risk are all shown in care plans viewed. For example one care plan viewed shows Waterloo as medium risk and gives examples of a resident's ability around movement and repositioning, skin integrity, pressure sores and management. Food and fluid were required to be monitored is shown in each care support plan, for example one resident has shown to increase weight significantly in the last four months. The same resident's care plan shows actions taken by staff to ensure weight is maintained, monitored and that the resident has access to any snacks, food and fluid they request.

Care plans along with risk assessments and weekly weights are cross-referenced and show the embedding of practice around maintaining weights, mitigating risk to each resident was still ensuring choice and independence is promoted where possible.

Each care plan shown to reference the personal evacuation plan and the review of these plans. Personal evacuation plans are held in separate documents and reviewed in line with the care plan. They show all relevant information around resident's ability, support required, mobility and capacity to understand an evacuation plan.

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

Risks for each resident are shown in the care and support plans, for example these risks highlight factors such as mobility and falls, food and nutrition and personal care. Risk should be updated and assessed in line with care plan reviews. The system used for care planning is called Nourish, this system shows timestamps, dates and allows staff to highlight changes made.

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

Good
★★★★★

What We Found

Two documents are in place that hold information around resident's daily care needs and daily activities. Daily notes (care needs) show to be task orientated and focused on areas such as personal care, food and fluid targets, GP visits for medication reviews, weekly weights and other health related tasks. Daily activity notes show to hold information around resident's mood, activities participated in and any other interactions. The activity notes also show staff opinion around whether the resident looked happy, enjoyed their activity and a brief description of which activity the resident is participating. Other information shown on the activity notes include the date, the activity, the resident and their appearance/mood.

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.

Good
★★★★★

What We Found

Care and support plan viewed show to maximise independence and give clear instructions to staff on how to support residents in setting goals and what support is required by staff for residents to achieve these goals. An example of this is seen in a care plan viewed, it shows the resident likes to participate in a list of activities such as reading, Scrabble and walking. It shows the resident likes to enjoy time in the garden and staff are required to discuss with the resident each day what activity they

would like to participate in and if they feel like visiting the garden during that day. The care plan for this resident clearly states and action for staff, they should continue to communicate daily with the resident around activities in which they would like to choose to take part in.

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.

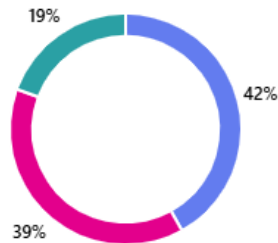
Good
★★★★★

What We Found

Feedback gathered shows positive results, as seen below the information gathered from residents and relatives shows that 42% said 'yes' they had been involved in care planning while only 39% chose 'Not sure' and 19% chose 'No'.

Were you and/or your relative involved in the care planning?

Yes	13
Not sure	12
No	6
Not able	0
Not applicable	0



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

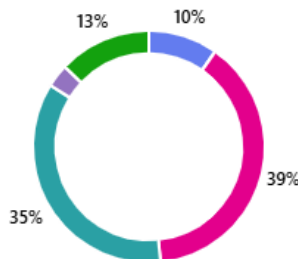
Good
★★★★★

What We Found

Feedback gathered shows that residents and relatives are unaware or not sure who their key worker is or how to find this information.

i. If used in the service, do you know who the keyworker is for you/your relative?

Yes	3
Not sure	12
No	11
Not used	1
Not applicable	4



ACTION: As a result of the feedback gathered, please provide supporting evidence of a robust key worker system in place along with resident and relative meeting minutes highlighting the key worker system and its use.

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**.

B09 Observation of care staff interaction and care delivery demonstrates that the person accessing the service 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.

Not Assessed

What We Found

Not assessed to the report being completed as a desk top assessment.

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

Good
★★★★★

What We Found

The information gained from staff around their understanding of a key worker and the role showed staff to have a good understanding of the responsibilities. Staff gave a variety of feedback to include a statement from one staff member "As a health care worker we always give our 100% sincerity to the work, accept each

individuals values and provide the most accurate care to them as per their choices" another stated "A key worker is someone who keeps up with their needs and wishes and identifies any changes that may need to be done to their care plan. To listen to their worries and concerns and to report anything that may be said by person".

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

Care plans views clearly show dietary restrictions, choices, allergies as well as likes and dislikes. For example, one care plan viewed shows the resident has no dislikes, just a preference over fibrous meals.

Other care and support plans viewed show SALT referrals and the need for them or not, as well as preference around meal portion sizes.

A13 Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.

Good
★★★★☆

What We Found

Care plans viewed show information around nutrition although none of the care plans viewed required a MUST tool, due to residents being low risk. There is reference to the SALT team should they need to be contacted. An example shown of a resident as a level 7 meal, which is shown in brackets as 'normal' with a level 0 fluids also shown in brackets as 'thin'. The care plans give detailed information around what staff are required to monitor and support with. For example one of the residents is diabetic, the care plan instructs staff to ensure access to the correct food and nutrition.

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

All relevant information around risk assessments and referrals for other specialists is shown in the care and support planning, this includes SALT and nutritionists advice. The care and support plans show the consistency of food and fluid each resident is able to have.

GP visits are shown throughout Care planning and daily notes when cross referenced and that any concerns to health and wellbeing have been followed up on and monitored. An example is seen in one care plan that holds information around the resident having a condition that means a fibrous diet is recommended and that the GP has been consulted around any long term effects of the condition.

B10 People accessing the service confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet and are offered a choice of food and portion size that meets their preferences.

Good
★★★★☆

What We Found

Feedback from residents and relatives showed to be positive, as seen below, 94% of residents and relatives answered 'yes' to the question around food and drink to maintain a stable weight.

Do you feel that you/your relative are receiving enough food and drink to keep well and maintain a stable weight?

● Yes	29
● Not sure	1
● No	1



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

Not Assessed

What We Found

Not assessed to the report being completed as a desk top assessment.

B12 Discussion with people accessing the service and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote people’s dignity and they have a choice about whether to eat alone or with company.

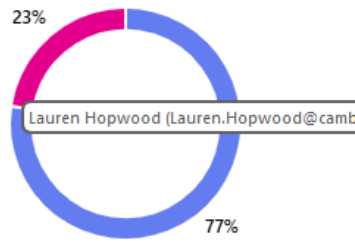
Good
★★★★★

What We Found

Feedback from residents and relatives shows to be positive. Information gathered around access to food and drink is shown below, concluding residents and relatives feel they have adequate access.

1. Do you/your relative have access to food and drink over a 24hr period (eg; if awake in the night, would a hot drink or snack be provided if requested)?

● Yes	24
● Don't know	7
● No	0



B13 Observation of staff practice confirms appropriate behaviour in relation to food and hygiene.

Not Assessed

What We Found

Not assessed due to the report being completed as a desk top assessment.

Safeguarding and Safety

Standard Rating

Safeguarding People who use the Service from Abuse

Good
★★★★★

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 accessing the service.

Good
★★★★★

What We Found

The MCA, Best interest and DoLs process is seen to be imbedded into care planning and daily notes. Reviews show to be in place and updates made. One care and support plan shows the date of an MCA assessor visiting the resident and all future dates following the assessment. It states in the care and support plan that the resident is assessed to lack capacity and that all decisions where necessary, are to be made in the best interest of the resident. The LPA is shown in the care planning as being aware of the assessment and care to follow.

B21 People confirm that they feel safe and observations of care practice confirm this to be the case. Anybody spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.

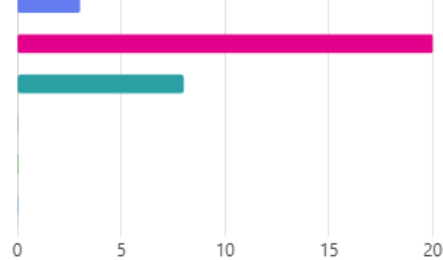
Good
★★★★★

What We Found

Information gathered from relatives and residents across staff attitude, staff communication, staff professionalism and the results of the complaints process, when cross referenced show that from the 31 residents and relatives that gave feedback -

What do you think of the attitude of the staff?

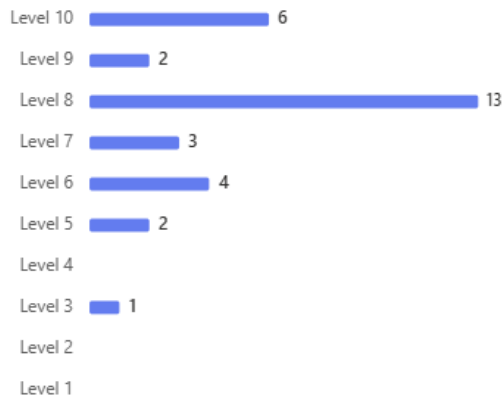
Excellent	3
Very good	20
Good	8
Fair	0
Poor	0
Very Poor	0



How do you rate the communication skills of our staff?

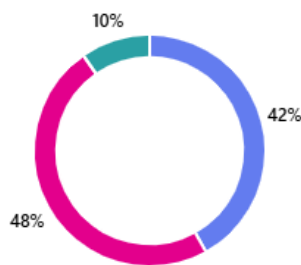
7.74

Average Rating



In your opinion, do you feel that staff work in an efficient and professional manner?

Yes, always	13
Most of the time	15
Sometimes	3
Not at all	0
Not sure	0



6 made complaints 3 of which felt they were dealt with adequately 1 didn't know and another 1 said no. From this information and no substantial evidence to indicate residents do not feel safe, the standard will be marked as Good.

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 whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

Good
★★★★★

What We Found

Feedback gathered from staff showed that they have a good understanding of the types of abuse and listed some, such as - financial, physical and verbal. Staff gave scenarios of what might happen and how they would deal with it, to include reporting the abuse to their manager, whistle blowing and if abuse was witnessed - stepping in to stop the abuser in the act.

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

Good
★★★★★

What We Found

Staff confirmed they receive appropriate training in relation to safeguarding MCA and DoLS.

E08 Appropriate safeguarding Information is on display in the Home.

Good
★★★★★

What We Found

Safeguarding information is evidenced by the home, this is shown to be held in areas that are accessible to residents, visitors and staff and shows the correct details.

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

Good
★★★★★

What We Found

Accidents and incidents show to be held on the care planning system - nourish. Some accidents and incidents shown have resulted in hospital admissions in connection with an unwitnessed fall or incident. The document gives the option to detail 'any actions carried out' however many of these are left blank or show the NOK informed. It is recommended the provider documents any safeguardings within this section to ensure a robust form of reporting and information sharing.

There is no evidence provided of a safeguarding log or tracker in place with in the home.

ACTION: Please provide supporting evidence of a safeguarding log in place and that holds relevant information.

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**.

Safeguarding and Safety

Standard Rating

Cleanliness and Infection Control

Good
★★★★★

B15 Staff are observed to follow good practice in relation to cleanliness & infection control.

Not Assessed

What We Found

Not assessed due to the report being completed as a desk top assessment.

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

Feedback from staff showed they all felt that they had recieved appropriate training.

E01 Assessment of the environment confirms that the provider has effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

Good
★★★★★

What We Found

PPE stations are evidenced to be in place, these are in areas that are assessable to staff and limit the creation of high contact areas while accessing PPE.

The sluice and COSHH cupboards show to be tidy and kept clean and relevant paper work held.

The laundry holds information around washing, cross contamination, PPE required and highlights areas to monitor such as tumble dryers, soiled items and the mixing of residents belongings.

E02 There is sufficient information provided to people, staff and visitors about infection prevention and control matters.

Good
★★★★★

What We Found

The home demonstrated adequate signage and information displays in relation to infection, prevention and control. These were displayed in areas accessible to residents, staff and visitors.

Safeguarding and Safety

Standard Rating

Management of Medicines

Good
★★★★★

What We Found

Not assessed due to the report being completed as a desk top assessment.

B17 People accessing the service confirm that they are involved in decisions regarding their medication.

Good
★★★★★

What We Found

Feedback from residents and relatives gained shows that 48% of residents said 'No' they were not involved, 16% said they were 'Not sure' and 35% confirmed that 'Yes' they had been involved.

As a result of the feedback it is recommended that residents be offered more involvement in medication decisions.

ACTION: Please provide supporting evidence that residents and relatives have been offered involvement in their medication decisions through organised meetings with minutes to evidence.

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**.

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

Staff that gave feedback around training and medication handling all confirmed they feel they have had appropriate training, it is refreshed at a consistent frequency and that they are confident as a result.

E03 Medicines are stored and administered safely including any homely remedies and covert medication.

Good
★★★★★

What We Found

Not able to assess due to the report being conducted as a desktop monitoring assessment. Due to the standard being a mandatory requirement it is being marked as 'Requires improvement' until further evidence is supplied by the home.

ACTION: Please provide supporting evidence of - storage being appropriate and secure.

Temperatures should be recorded at least once per day (good practice twice per day when temperature is at its extreme e.g. hottest time of day). Instruction for staff on actions to take if outside of recommended temperatures. Fridge temperatures taken twice per day.

Trolley is secure in the clinical room which is locked, Trolleys and cabinets are locked. If Trolleys are stored in the corridors outside the clinical room the trolleys must be secured to the wall.

Medication given by routes other than oral are stored separately from oral medication.
Homely and Covert med policies if applicable.

Covert medication – copy of covert risk assessment signed off by GP and Pharmacist.
Boxed and bottled medication has date of opening recorded on it.
CD medication stored appropriately.

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**.

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

Good
★★★★★

What We Found

Medication errors are documented on each individual's care plan, this is shown through the system nourish and documented on a timeline report.

The medication error information shows date and time of the incident, a description of what happened, asked for information which best describes the type of error, at what stage of the process to be error occur, it should give emergency services were called for example 999/111/GP. And who the staff member documenting has reported the error to.

Medication policies available include covert medication policy, medication errors and near misses policy, overarching medication policy and storage of medication and procedure.

Mar charts for each resident are held on the system Atlas and show detail around dose, timing of medication and any other key information. This shows robust documenting by the provider.

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

Care plans show resident involvement, it can be seen for example with one resident being offered to self-administer their medication as they did previously, in their home – the care plan shows the resident declining to do so, they state that a preference is for staff to do it for them. Other care and support plans viewed show that residents lack capacity to make decisions however are compliant with medication. Where this is shown, an MCA and best interest decision follows. LPA are made aware of the information and decisions made as a result of the MCA.

Safeguarding and Safety

Safety and Suitability of Premises

Standard Rating

Good
★★★★★

E04 The premises are safe and ensure people accessing the service, staff and others are protected against the risks of unsafe or unsuitable premises.

Good
★★★★★

What We Found

Not able to assess due to the report being conducted as a desktop monitoring assessment. Due to the standard being a mandatory requirement it is being marked as 'Requires improvement' until further evidence is supplied by the home.

ACTION: Please provide supporting evidence that visual check of premises (e.g. fire escapes are not blocked, no trip hazards etc.). The state of the property, standard of décor + finishing. Smoke alarms

Observational walk round to check: Key pads / appropriate security, identify badges being worn, fire exits clear. Extinguishers. Large pieces of furniture e.g. wardrobes are secured to the wall.

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**.

E05 The use of the premises ensures that people accessing the service with specific needs are taken into account, appropriate changes are made and that effective risk management is in place to reduce identified risks.

Good
★★★★★

What We Found

The home have in place risk assessments for the relevant and identified risks. Safety checks are in place for equipment and appliances where required.

E06 There are appropriate security arrangements in place to address the risk of unauthorised access to protect people who use the premises.

Good
★★★★★

What We Found

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**.

Not able to assess due to the report being conducted as a desktop monitoring assessment. Due to the standard being a mandatory requirement it is being marked as 'Requires improvement' until further evidence is supplied by the home.

EVIDENCE PROVIDED:

Visitor's book is used and was evidenced by way of photograph.
Regular window restrictor checks were evidenced and last took place on 04/04/2025.
Call bell tests are undertaken on each community every week. This was evidenced.
Regular temperature checks were undertaken.

ACTION: Please provide supporting evidence that - Checks are in place around access to the home and that it is secure and doors alarmed if opened. Please provide evidence (Images if necessary) of secure front entrance and CCTV (with appropriate notices if used).

Safeguarding and Safety

Safety, Availability and Suitability of Equipment

Standard Rating

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

All staff feedback shows that staff felt they have received appropriate training.

E07 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

From evidence, feedback and documentation it is shown that equipment is fit for purpose, staff appropriately trained in the equipment use and that residents feel independence is maintained.

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

Staff files viewed show to hold the relevant checks in place, these include immigration status, Photo ID and other forms such as Passport or birth certificate. Seen in the staff files include documents such as an application form, interview notes, employment history, gaps identified and references provided.

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

As stated in D01 - Staff files viewed show to hold the relevant checks in place, these include immigration status, Photo ID and other forms such as Passport or birth certificate. Seen in the staff files include documents such as an application form, interview notes, employment history, gaps identified and references provided. This shows agency staff are subject to the same relevant checks as permanent staff members.

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

Good
★★★★★

What We Found

Evidence was not provided around checks carried out for external services such as but not limited to entertainers.

ACTION: Please provide supporting evidence the home have relevant checks in place for external services used.

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**.

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 files viewed show to have adequate information documented such as signed contracts, code of conduct, person spec and job description. Training certificates shown for completed training and an induction process.

B18 Through observation and discussion with people accessing the service, they confirm that there are sufficient staff on duty 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.

Good
★★★★★

What We Found

Information gathered from residents and relatives shown below indicates residents feel staffing levels could be improved. Evidence through cross referencing the dependency tool and rotas highlights sufficient numbers of staff for the homes dependency level.

It is recommended the provider consider the lay out of the building when calculating staffing levels and to ensure the correct number are on shift for the size and lay out of the home as well as the dependency level.

In your opinion, do you feel that there are adequate levels of staff on duty?



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).

Good
★★★★★

What We Found

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**. Staff feedback gained showed to be poor around staffing, absence and covering shifts.

All staff gave similar feedback, with statements such as "**many staff have raised the staffing shortage issue with the manager who has dismissed the issue**". Other comments include the language barrier noticed by permanent staff, between agency staff and residents. It has been highlighted as a concern by staff and quoted as "**not good**". It is recommended the provider support agency staff where appropriate, to enable a more fluent communication with residents.

ACTION: Ensure this is raised in the staff meetings and addressed appropriately. The provider is recommended to review the dependency tool as well as the lay out of the home to ensure adequate numbers of staff are on shift.

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.

Good
★★★★★

What We Found

Rotas provided shown to have sufficient levels of staff on duty each shift with the right knowledge, experience, and qualifications-for example, nurses, team lead and management as well as the correct number of care staff.

Rotas when cross-referenced with the dependency tool shows how the correct level of staff on shift for the dependency of the home during that week or month.

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).

Good
★★★★★

What We Found

A robust BCP was provided and reviewed. This included information around actions to be taken in the event of loss of services, catering issues and staff shortages. The BCP included a comprehensive management structure and relevant contact details.



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

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**.

Staff feedback showed to be negative around the induction process and the training given. Some staff members highlighted the lack of information given to new starters that are also new to care.

Another staff member gave examples of inductions in previous settings as a comparison as well as how they feel they could be improved, some staff stated that "Athena's induction was underwhelming".

ACTION: Ensure a robust induction process is in place. It is recommended that the provider gain feedback from staff to make meaningful changes to the process and to ensure all who are inducted to the service have a clear and detailed understanding of the role. Please evidence a review, feedback and any changes or actions taken as a result.

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

Staff gave positive feedback around the new manager and their approach to the supervision and appraisal process. Staff stated that supervisions are now done regularly.

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

Good



What We Found

Staff that fed back that they feel they have received appropriate training reflective of their roles. One member of staff highlighted their desire to undertake medication training and that this hadn't been offered due to them not being a team lead (who administer meds in the home).

It is recommended the provider supports staff and that staff are given the opportunities for career progression where appropriate.

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

Excellent



What We Found

Staff feedback showed to have the same results as C10 - As such the standard will be marked the same 'Requires improvement'.

Staff feedback showed to be negative around the induction process and the training given. Some staff members highlighted the lack of information given to new starters that are also new to care.

Another staff members gave examples of inductions in previous settings as a comparison as well as how they feel they could be improved, some staff stated that "Athena's induction was underwhelming".

ACTION: Ensure a robust induction process is in place. It is recommended that the provider gain feedback from staff to make meaningful changes to the process and to ensure all who are inducted to the service have a clear and detailed understanding of the role. Please evidence a review, feedback and any changes or actions taken as a result.

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Excellent**. This is due to the provider employing a 'Director of learning and development' since the monitoring from the local authority took place.

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

Excellent



What We Found

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Excellent**. The provider now holds HR clinics for staff, the home show to exceed regional standards in providing information and a safe environment for their staff.

Staff feedback showed that whilst most said they felt they would be supported and hadn't experienced bullying or harassment, some feedback outlined that bullying and harassment was an issue. In addition, it was highlighted that the correct channels of reporting were not always supportive and did not lead to resolutions.

ACTION: Please ensure the bullying and harassment policy is upheld, that staff have safe and confidential channels that allow them to voice their concerns with

management, allowing them to feel heard and supported. Staff concerns that are raised need to remain confidential at all times and the appropriate process followed and recorded. Please provide supporting evidence of staff meeting minutes covering policies such as bullying and harassment.

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

Of the three staff files viewed, only one shows to hold an induction process. The induction process in place shows to be robust and provide relevant information to each new member of staff, this is seen through training carried out both face to face and e - learning. The shadow shifts set out show to have written confirmation around the strengths and gaps in knowledge of each inductee. This shows the provider is acknowledging areas the staff member may need extra training or support.

ACTION: Ensure all staff files hold inductions and remain robust and effective. Please provide supporting evidence of the other two staff members inductions.

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**.

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.

Excellent
★★★★★

What We Found

The home have in place a supervision and appraisals tracker, this shows good practice by the provider and ensures oversight. The tracker holds colour coordinated information, this shows which staff member has had an appraisal or supervision complete, which are on Maternity leave, sick leave or any that are due to be complete.

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

A training matrix is in place, this shows an adequate compliance rate however does not show the frequency of the training taking place or that it is compliant with CCC guidelines.

An example is the MCA and DoLs training that shows some staff are due to complete the next training module in 2027, this indicates that the frequency exceeds recommended local authority guide lines of an annual refresher.

ACTION: Ensure the training matrix shows the frequency in which training is complete and to ensure that all mandatory training is refreshed at the correct frequency.

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**. While it is noted the home are able to monitor training, best practice would be to evidence a tracker in place that holds completion dates and refresher dates whilst showing a robust way of tracking upcoming training ahead of alerts raised by the system.

Quality of Management

Assessing and Monitoring the Quality of Service Provision

Standard Rating

Excellent

★★★★★

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.

Excellent
★★★★★

What We Found

Staff feedback shows mixed results. Most of the staff members would feel they could report or raise risk to people or poor performance, others stated that they do not feel there are supportive measures in place to raise risk to people or poor performance.

ACTION: Ensure that staff have safe and confidential channels that allow them to voice their concerns with management, allowing them to feel heard and supported. Staff concerns that are raised need to remain confidential at all times and an appropriate process followed and recorded. Please evidence the process in place.

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Excellent**. The provider now holds HR clinics for staff, the home show to exceed regional standards in providing information and a safe environment for their staff..

F04 Records show that the provider continually gathers and evaluates information about the quality of services to ensure that people receive safe, effective care and support. There is evidence that the Service uses information to improve services and that they learn and act on information received, (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

Evidence shows the service is improved through quality questionnaires, audits and the complaints log. For example, the complaint log shows a date the complaint was received, name of complainant, subject of complaint, outcome sustained, status and evidence of lessons learnt.

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.

Excellent
★★★★★

What We Found

The home have in place regular meetings from residents, relatives and staff. Minutes are shown for these meetings and available to residents, relatives and staff when requested
The home have in place a 'you say, we did' document/display. This shows good practice and an excellent way of ensuring robust mechanisms in place to gather feedback, set actions and display outcomes.

The whistleblowing policy was reviewed and shows contact details for CQC and CCC.

Quality of Management

Using Information and Dealing with Complaints

Standard Rating

Good
★★★★★

B19 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

Excellent
★★★★★

What We Found

Feedback gathered from residents and relatives shows that 74% were unsure of information in relation to Local authority or local ombudsman details.

Does the information in the guide relating to complaints give the contact details for the Local Authority or the Local government Ombudsman?



As a result of the information gathered the standard will be marked as requires improvement.

ACTION: Please supply supporting evidence the residents and relatives have been updated on information and how to locate the information. This can be evidenced through resident and relative meeting minutes.

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Excellent**, due to the provider sending emails to residents and family's with the relevant information as well as having a display on show within the service.

B20 People 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.

Good
★★★★★

What We Found

From information gathered from residents and relatives it shows that residents gave positive feedback in relation to the below questions.

Does the information provided about the provider (named above) detail on how, if necessary, you and/or your relative could make a complaint?

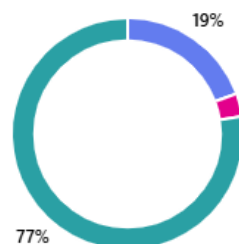


● Not sure 7
 ● No 9



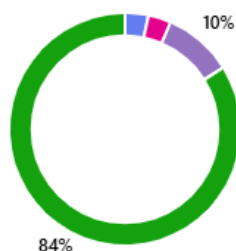
18. Have you had to make a complaint about the care and support provided, by the provider named above in the past year?

● Yes 6
 ● Not sure 1
 ● No 24



19. If the answer to question 19 above was yes, were you given a response and was the matter resolved to your satisfaction?

● No 1
 ● Not sure 1
 ● Partially 0
 ● Yes 3
 ● Not applicable 26



As a result of the feed back, the standard will be marked as Good.

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

Staff feedback showed that they feel it would be beneficial to have more frequent staff meetings and for more support across the service provided around raising issues and ideas.

ACTION: Please provide supporting evidence of actions in place to support staff and the gathering of information in order to ensure staff feel listened to and supported.

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Good**.

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 accessing 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

The home have in place a robust complaints log which holds relevant information around minor complaints as well as formal complaints. The feedback is shown to be raised in team meetings and lessons learnt shown. The Complaints log holds information such as - a date the complaint was received, name of complainant, subject of complaint, outcome sustained, status and evidence of lessons learnt.

F07 There is evidence that the provider has a range of regular, organised meetings where Individuals, relatives and staff can provide feedback and this is listened to, acted upon appropriately and people are kept informed of the outcome.

Good
 ★★★★★

What We Found

Resident and relative meetings are shown to be in place with the last relative meeting taking place on the 05/06/2025 – the meeting covered subjects such as maintenance, housekeeping, activities, admin, general ongoings and questions.

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

Good
★★★★★

What We Found

Information service shares all relevant information with the local authority, to include safeguarding information. The information requested from the home by the local authority is shared upon request.

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

Personal records are held on an I.T system - Nourish, this is password protected and evidenced to be secure with only authorised staff to have access.

F10 The manager maintains a log to evidence the applications made for authorisation under DoLS, including the date sent, the outcome, the date of the outcome and date of expiry. If authorised the log records that CQC is notified.

Good
★★★★★

What We Found

A DoLS tracker is in place, this shows the residents room number, residents name, if the DoLS have been granted, any conditions attached, the CQC notification, the DoLS expiry date, DoLS date next due, the managing authority – for example CCC and the date re applied.

When cross referencing the care and support plans, it shows that relevant information and dates are shown in relation to DoLS applications and the need for them. The DoLS tracker shows a description of how the DoLS conditions are being upheld and other relevant information to the residents needs and care conditions.

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

The service evidences an audit process and cover areas such as but not limited to – health and safety, medication, fire safety and risk assessments. This evidences consistency and a robust process.