

## MOCK INSPECTION REPORT

**Date of Audit:** 18<sup>th</sup> October 2024

**Duration of Audit:** 1 day on-site

**Date of report:** 4<sup>th</sup> November 2024

OUTSTANDING OVER 87%	GOOD 63% - 87%	REQUIRES IMPROVEMENT 39% - 62%	INADEQUATE 25 - 38%
<b>Care 4 Quality Rating Opinion</b>			
	Score	%	RATING
<b>SAFE</b>	<b>26</b>	<b>81</b>	<b>Good</b>
<b>EFFECTIVE</b>	<b>20</b>	<b>83</b>	<b>Good</b>
<b>CARING</b>	<b>18</b>	<b>90</b>	<b>Outstanding</b>
<b>RESPONSIVE</b>	<b>24</b>	<b>86</b>	<b>Good</b>
<b>WELL-LED</b>	<b>25</b>	<b>89</b>	<b>Outstanding</b>
<b>SERVICE RATING</b>		<b>Outstanding</b>	

**Consultant:** Sybill Evans

This opinion is based on the evidence gathered during the audit visit and further evaluation in relation to where the service would sit in terms of compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The New Framework scoring and rating judgement by the CQC will be based around continual evidence gathering over time. However, we are only able to provide a judgement based on the evidence provided on the day/days of the visits. Our findings will be scored in line with CQC rating methodology, including applicable evidence categories

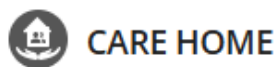
### Compliance Judgements

The judgements are made against the:

- Internal Quality Outcomes, Policies & Procedures
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Judgements and recommendations related to H&S Legislation are made with reference to the following:
  - Management of Health and Safety at Work Regulations 1999
  - Workplace (Health, Safety and Welfare) Regulations 1992
  - Health and Safety at Work Act 1974

**Our view of the service**

The service has not yet had an inspection by CQC.



**The Bridge Care Home**

Brunel Way, Dartford, DA1 5FW 07928 962593

Provided and run by: [HBC 2021 Limited](#)

**Summary of the Visit**

The Bridge Care Home opened earlier this year to admissions for residential and dementia care in a thriving community regeneration area of Dartford. The home is predominantly privately funded and can accommodate up to 71 residents in four purpose-built units. At the time of this audit and support visit the service supported 18 residents of which two were in the acute NHS trust at the time.

The service had registered with CQC, and a Registered Manager was in place, however, the home had not yet received a CQC inspection or rating.

This first Mock CQC inspection was announced and supported by the manager and her team.

**Audit Findings**

<b>SAFE – People are protected from abuse and avoidable harm</b>			<b>Good</b>	
<b>The total possible score for SAFE is: 32</b>			<b>SCORE</b>	<b>%</b>
			<b>26</b>	<b>81</b>
<b>4 = Evidence shows an exceptional standard</b>	<b>3 = Evidence shows a good standard</b>	<b>2 = Evidence shows some shortfalls</b>	<b>1 = Evidence shows significant shortfalls</b>	
<b>Learning culture</b>	<i>Regulations 12,16,17, and 20</i>		<b>Score (1 -4):</b>	<b>3</b>
We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.				
Accidents and Incidents were monitored and alerted to the management team via the Nourish System. A tracker/overview showed 2x in June, 3x In July, a spike of 9 in September and x6 in August.				
A monthly overview and analysis was also completed by the manager. A limited environmental analysis was initially seen, however, had been implemented retrospectively by the management team and emailed. This included the lighting of the environment, footwear worn, flooring type and condition.				
Falls risk assessments were updated and reviewed after each fall.				

The staff team also referred proactively to external professionals such as the falls team and GP to seek investigation and aid prevention of recurrence.

Lessons are learned from incidents, discussed in staff meetings, and communicated via a staff WhatsApp group. Updates also occur in handovers.

One choking incident was recorded, due to the client eating too fast, and risk assessments and actions were recorded as required.

An Infection tracker was completed showing August to have had the highest infection rate, which correlated with an increase in falls. The manager was able to link concerns.

The Duty of Candour was maintained.

<b>Safe systems, pathways and transitions</b>	<b>Regulations 12 and 17 (9)</b>	<b>Score (1 -4):</b>	<b>3</b>
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We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Preadmission assessments are completed face-to-face between the manager and deputy and uploaded to the Nourish system. GP encounter reports and history are also received/ requested to support clinical assessments. People assessed in hospital also have their clinical notes looked at and professional assessments consulted.

Senior staff follow an admissions protocol from the day of admission to ensure the timely completion of risk assessments and care plans. Specific intervals for completion were seen at 24/48 and 72 hours and included a skin integrity check on the day of admission as well as Waterlow completion.

<b>Safeguarding</b>	<b>Regulations 11,12,13, and 9 (17,20)</b>	<b>Score (1 -4):</b>	<b>3</b>
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We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

The manager reported that at the initial opening of the home, LA confidence was low and staff reported every minor occurrence which over time created an element of trust by the authority. A positive relationship has now been reported.

Now the alerts are screened against a section 42 matrix and guidance which was seen in place. Alerts were also recorded on a tracker and notified to CQC.

Ten alerts have been raised for the year 2024 so far including a whistleblowing alert, alleged GDPR breach, serious injury and others.

Staff were fully trained in the safeguarding topic and guidance and reference material as well as poster made available.

<b>Involving People to Manage Risk</b>	<b>Regulations 9,11, and 12 (10)</b>	<b>Score (1 -4):</b>	<b>4</b>
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We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

Risks were very proactively managed by the staff team and the manager had a selection of risk assessments in place that would be completed for any resident and then topped up with specifically assessed and individual risks.

Oral health risk assessments and care plans were in place and supported people with proactive prevention of dental illness as well as chest infections.

Clients who were treated acutely with Antibiotics had a note/message applied to the Nourish - timeline banner which alerted staff to an acute need. This also included the bar staff who were made aware of this not to serve alcoholic beverages whilst antibiotics were used. This made very good use of the digital system. Allergies were also alerted this way.

Another very positive feature seen was the daily offer of immune-boosting “shots”/energy drinks to maintain the resident’s energy/ hydration and immune support.

Choking Risk Assessments were completed routinely for all clients and reviewed monthly.

Health & Safety aspects were audited and reviewed and included the environment which had routine servicing of equipment in place as well as routinely planned monthly maintenance and checks which were recorded.

First Aid Boxes were routinely checked against contents and expiry dates.

<b>Safe Environment</b>	<b>Regulations 12, 15 and 17</b>	<b>Score (1 -4):</b>	<b>4</b>
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We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

SEEN	EVIDENCE	COMMENTS/ACTION
<input checked="" type="checkbox"/>	H&S Risk Assessment	Contracted out – annually - AP in place. Actions and snagging concerns noted were addressed and signed off following completion. Poster is seen in place.
<input checked="" type="checkbox"/>	Business Continuity Plan	Via QCS – 01/24
<input checked="" type="checkbox"/>	Building Regulations	Not needed as new building.
<input checked="" type="checkbox"/>	External Fire Checks	Tower – 01/24, sprinkler in place as new built.
<input checked="" type="checkbox"/>	Gas Safety Certification	01/24
<input checked="" type="checkbox"/>	5-year Electrical Safety	01/24
<input checked="" type="checkbox"/>	Deep Cleaning System	6 monthly, July 24 with photos
<input checked="" type="checkbox"/>	PAT Testing (annual)	A contractor is in place
<input checked="" type="checkbox"/>	PAT Testing (ad-hoc)	In-house by maintenance, trained, equipment new but calibration contract in place.
<input checked="" type="checkbox"/>	LOLER	June 24, hoists and slings, lifts Jan 24, March and August plus warranty in place.
<input checked="" type="checkbox"/>	Legionella Testing	Jan 24
<input checked="" type="checkbox"/>	Food Hygiene Rating	EHO 5 star
<input checked="" type="checkbox"/>	Staircase Checks	Locked and secured keypad in place
<input checked="" type="checkbox"/>	Commode Checks	None used, only one housekeeping check
<input checked="" type="checkbox"/>	Window Restrictors	No BS seen – window restrictors were integrated; hence it was unknown how many newtons of force they could withstand.

<input checked="" type="checkbox"/>	Water Flushing weekly	Twice weekly
<input checked="" type="checkbox"/>	Water Temperature Checks	Hot and cold all good
<input checked="" type="checkbox"/>	Lime Scale Checks	Quarterly
<input checked="" type="checkbox"/>	Mattress and pump Checks	Set of two available – according to Waterlow if pressure sore in place, cushions too. (brand new by Fairfield and beds). Checks daily on Nourish.
<input checked="" type="checkbox"/>	Wheelchair Checks	Monthly, individual serial numbers seen
<input checked="" type="checkbox"/>	Call Bell Checks	Monthly with room check and contract for annual servicing, ad hoc spot checks by RM
<input checked="" type="checkbox"/>	Sensor Mat Checks	In AM and PM checked on Nourish – tags used to ensure tasks were completed and audited by senior staff.
<input checked="" type="checkbox"/>	Furniture Checks	Secured and checked monthly
<input checked="" type="checkbox"/>	Fire Extinguisher Checks	Monthly
<input checked="" type="checkbox"/>	Fire Alarm Testing	Weekly
<input checked="" type="checkbox"/>	Fire Drill (6 monthly) Day	Minimum fire drills – unannounced and random, evacuation simulation, horizontal, read receipt for evacuation reading list
<input checked="" type="checkbox"/>	Fire Drill (6 monthly) Night	In October and September, a staff tracker for drills is also in place
<input checked="" type="checkbox"/>	Emergency Lighting Tests	Monthly
<input checked="" type="checkbox"/>	Fire Door Checks	Weekly
<input checked="" type="checkbox"/>	Emergency Grab Bag	On each nurse station, iPad, peeps, foil blankets, walkie-talkies

**SUMMARY**

Myrac generator contractor is on standby.

Weekly, monthly, and quarterly checks with maintenance.

New resident PAT testing and monthly room checks (ROD) take place.

Ladders, walkers, frames, and wheelchairs and vehicle checks take place.

The home did not utilise any bedrails at the time of this report.

The home had recently been commissioned and less than 12 months open. Equipment in place was new and fully serviced and maintained well with in-house and external checks in place as required.

The environment also provided several areas within the service for people to socialise or be alone if they wished. A hairdressing salon and gym were also provided. The garden was seasonably arranged and supported people to grow their own flowers, herbs, or veg that were also used in the kitchen.

Corridors within the home were colour schemed providing way-finding opportunities for people who experienced signs and symptoms of dementia.

All bedrooms were ensuite, and communal spa baths were also provided.

Storage within the home was ample.

A Bar/Bistro was available for residents to meet and socialise at the reception area.

<b>Safe and Effective Staffing</b>	<b>Regulations 12, 18 and 19</b>	<b>Score (1 -4):</b>	<b>3</b>
<p>We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people’s individual needs.</p>			
<p>A rolling rota with A and B weeks was completed and staffing levels were checked against a dependency tool. Deployment of staff to other areas and across the home was also considered, as residents were moving into the home and chose their room according to their choice which meant all the floors were accessed but not fully occupied.</p> <p>Ancillary staff were trained to support needs and tasks such as nutrition, hydration and serving of food which freed up care staff.</p> <p>The e-learning was completed using the Greymatter learning platform and supplemented with face-to-face training in a variety of topics.</p> <p>New staff underwent a six-week minimum induction process, and a bimonthly meeting was also in place to ensure skills and competencies were developed. This discussed additional training needs, tasks going well or more support required and home or resident-related concerns.</p> <p>The Care Certificate was also included in the induction process.</p> <p>A supervision tracker showed detailed staff support and forms via QCS showing detailed topic discussion which included health &amp; safety, training needs, general staff well-being and welfare, issues outstanding from the previous supervision, Safeguarding topics, and feedback.</p> <p>Monthly staff meetings were in place as was a daily 11 am flash meeting.</p> <p>NVQ’s were encouraged and recently funding was sought and in place. Management and Seniors were in the process of completing level 5 in leadership and management. All Seniors have level 3 in place.</p> <p>Appraisals are not due until January 2025.</p> <p>No volunteers are in place yet.</p>			
<b>Infection, Prevention, and Control</b>	<b>Regulations 12, 15 and 17</b>	<b>Score (1 -4):</b>	<b>3</b>
<p>We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.</p>			
<p>The home was exceptionally clean and odour free. Housekeeping staff utilised colour-coded equipment to prevent any cross-contamination between/ across areas.</p> <p>Audits were completed monthly and cleaning schedules were monitored. Handwashing spot checks were completed weekly.</p> <p>A monthly room check using the Resident of the Day system was also completed with deep cleaning and auditing. COSHH products were securely locked and data sheets were in place and up to date. Q Cards were made available on housekeeping trollies.</p> <p>The Annual IPC statement is in place. Outbreaks were recorded, such as a D&amp;V outbreak with a management plan seen in place, tracker, guidelines were followed and UKHSA was also notified.</p>			

Vaccination was/is encouraged but not enforced for staff. Residents have regular consultations with their GP and are offered Flu and Covid vaccinations. Consent was scanned to the Nourish system.

PPE was made available for staff for use during personal care.

A designated laundry room with an in/out facility was seen and the flooring was intact and waterproof. Lint removal was recorded.

Clinical bins were pedal-operated.

Guidance around the overuse of gloves and when to use them effectively was also provided to staff.

<b>Medicines Optimisation</b>	<b>Regulations 9, 12 and 11</b>	<b>Score (1 -4):</b>	<b>3</b>
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We make sure that medicines and treatments are safe and meet people’s needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

The home utilised an EMAR system (Medicare) and recently converted to the BIDOSE system as well. A daily dashboard check was in place and overseen by the care manager to maintain compliance. A daily mini audit was also completed followed by a more in-depth monthly audit. Seniors and Deputy checks were also in place.

Client profiles, prescriber and allergy information were also clearly recorded, and links added to the Nourish system.

The BNF was accessed online if required.

Medication storage was secure and temperature monitoring and recording were in place.

No one received any covert medication.

The staff team understood stomp guidance and medication including antipsychotics were routinely reviewed with prescribers. Not many antipsychotics were seen prescribed.

Anticoagulant and Emollient risk assessments were seen in place.

Interim arrangements for short-term courses and proxy authorisation for medication management were also in place. Alendronic Acid Guidance to avoid complications and side effects was also seen in place.

PRN protocols were in place and gave guidance around reasons for administration, however, the advice of variables as to when to administer 1 or 2 tablets could be further improved.

**Action Required**

The GTN protocol stated: “1 or 2 puffs”, however following discussion this was changed at the time to sublingual sprays.

PRN was offered at each medication round.

Topical, medicated patches were recorded using a body map; however, location recording was not consistent.

**Action Required**



**Actions Identified:**

- Meds: 1 or 2 should be clearly described and defined.
- Body map for topicals should be consistent.

**Actions Recommended:**

N/A

<b>EFFECTIVE – People’s care, treatment and support achieve good outcomes, promote a good quality of life, and are based on the best available evidence</b>			<b>Good</b>	
<b>The total possible score for EFFECTIVE is: 24</b>			<b>SCORE</b>	<b>%</b>
			<b>20</b>	<b>83</b>
4 = Evidence shows an exceptional standard	3 = Evidence shows a good standard	2 = Evidence shows some shortfalls	1 = Evidence shows significant shortfalls	
<b>Assessing needs</b>		<i>Regulations 9 and 12 (10, 11,17)</i>	<b>Score (1 -4):</b>	<b>4</b>
We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, well-being and communication needs with them.				
Pre-admission assessments led to the development of risk assessments and care plans. Residents and if applicable their families were included in the development of the records and their abilities, needs, preferences and choices were recorded. Goals were planned and showed guidance how staff could promote achieving the goals and maintain independence and choice.				
The Resident of the Day was used to review and update the records and included the whole staff team and roles. Individual care plans spot checked were of exceptional quality and included clinical guidance as well as a holistic approach to care and support. The management oversaw the updates and reviews and assisted with guidance for staff. As a matter of recommendation, it was noted that the inclusion of SMART goals and descriptors could be improved.				
<b>Action Recommended</b>				
Recognised assessment tools were utilised such as Waterlow, MUST and choking.				
<b>Delivering evidence-based care and treatment</b>		<i>Regulations 9, 10, 12, 14, and 17 (11)</i>	<b>Score (1 -4):</b>	<b>3</b>
We plan and deliver people’s care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.				
The home provided an exceptional dining experience supporting clients individually with their nutritional and hydration needs.				
The EHO rating was displayed as 5 Stars and Safer Food Better Business followed.				
Seasonal menus and a fine dining room were also available.				
Residents had their nutritional and hydration needs and preferences recorded in personalised care plans. This included allergies and specific dietary needs or modified consistency if applicable. One person was reported to be vegetarian. Staff were supported and the manager reported that sample pictures of glasses, cups, mugs etc used in the home were shown with the amount of fluids they could hold allowing for accurate recording of fluid intake when this was required.				



At the time of this audit visit, no food chart monitoring or fortification for concern of weight loss was required. A MUST and weights tracker was in place and if needed clients were increased to weekly or fortnightly monitoring of their weight.

Choking risk assessments were routinely completed for all residents and cross-referenced to nutritional care plans. This was also shown on the login page of the Nourish system. All staff were trained in dysphagia and IDDSI management. As a matter of outstanding practice, the Chef supported clients with regular food tasting and cookery events. The kitchen team also provided in-house/homemade vitamin/ immune boosting “shots” which aided health and hydration.

Professional Best Practice guidance was not yet “routinely” recorded in care plans which was discussed and recommended, for example, NICE and other guidelines (Diabetes UK/Parkinson's etc).

**Action Recommended**

Staff followed the advice provided by professional stakeholders included in the care and treatment of their customers.

<b>How staff, teams and services work together</b>	<i>Regulations 9 and 12 (17)</i>	<b>Score (1 -4):</b>	<b>3</b>
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We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

In-house, the staff team supported each other across their roles. Handovers ensured discussion of acute and new concerns to be monitored. Daily flash meetings also allowed for the sharing of information across the heads of departments.

External professionals were also routinely invited and utilised to monitor and support client conditions which included a weekly GP ward round and regular support from District Nurses.

The home also supported other external links with professionals, and this included making rooms available for a professional organisation for the purpose of counselling for unpaid carers in the community. They also developed positive relationships with Age UK and residents accessed their day centre when requested. They also visited the home weekly for an in-house support activity.

<b>Supporting people to live healthier lives</b>	<i>Regulations 9 and 12 (9A, 10, 11)</i>	<b>Score (1 -4):</b>	<b>4</b>
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We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support.

The home excelled in supporting residents to maintain or regain their health. When admitted following hospitalisation fortification could be offered to regain strength and promote wound healing.

Daily “health shots” and vitamin/ immune boost drinks were also on offer to promote health and hydration. The home offered an in-house gym assessment and development of exercise and movement plans which were supported in the gym or by care staff. A monthly progress plan was seen for each resident to ensure they make progress.

Access to Reflexology, aromatherapy and beauty therapy was also provided. The home could offer a variety of health-boosting meals and hydration.

The events team ensured meaningful engagement against assessed and known previous interests and hobbies to stimulate mental well-being.

The home also had extensive community contacts and resources which were integrated in-house to promote health and well-being including socialisation.

Personal tasks to promote individual health were added to Nourish such as am and pm walking plans to support mobility.

A Health and Well-being Champion was also in place to support the residents.

A well-being Wednesday was celebrated and included the staff team to join in with residents' promotion of health.

A nursery visited the home regularly and provided intergenerational engagement. The residents enjoyed reading stories to little ones, and in turn, older children taught the residents the use of technology such as mobile phones and iPads.

A local choir group in-house was planned to be commended.

A Champion system procedure was also in place, staff received specific training in a topic. They completed observations and supported auditing in their field, and ensured access to external professionals was included.

Champion role descriptors were seen in poster format, champion roles included those for:

- EOL
- IPC
- Medication
- Oral care
- Continence
- Dementia
- Skin integrity
- Falls
- Dignity

<b>Monitoring and improving outcomes</b>	<i>Regulation 12 and 17 (9)</i>	<b>Score (1 -4):</b>	<b>3</b>
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We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent and that they meet both clinical expectations and the expectations of people themselves.

Clinical conditions and general well-being were closely monitored, this included the auditing process, seeking feedback, meetings, and informal discussions.

Clinically recognised tools were also used.

The minimum review time was one month, which was brought forward if an untoward concern was noted. Professional stakeholder reviews were also included and conducted.

No one received their care in bed 24/7 and most residents mobilised.

If required clinical conditions or deterioration were also monitored using repositioning charts, fluid, or food charts, however, none were in place at the time of this audit.

The home had no wounds or pressure sores in place.

<b>Consent to care and treatment</b>	<i>Regulation 11 (9, 10)</i>	<b>Score (1 -4):</b>	<b>3</b>
We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.			
<p>Residents were asked to provide verbal consent when staff engaged to provide support and care. Written consent was also made available and stored on the Nourish system.</p> <p>Some of the residents had restrictions on their Liberties imposed to maintain their safety and well-being. When this was the case, the local authority was informed and an application was made for the deprivation.</p> <p>A tracker was maintained by the registered manager and showed notification to CQC once authorised. The conditions were also explored; however, none were in place.</p> <p>The use of sensor mats was also included in the DOLS notifications, however not specifically assessed via a Mental Capacity Assessment followed up with a Best Interest Decision Form (via Nourish). 46&amp;65.</p> <p style="text-align: right;"><b>Action Required</b></p> <p>Several Mental Capacity Assessments were seen and followed up with Best Interest Decision forms which included care and support provided within the home, locked / key-coded doors, medication management, and leaving the home without support from staff. No altered consistency nutrition and hydration was in place but recommended to be included in the future if needed.</p> <p style="text-align: right;"><b>Action Recommended</b></p> <p>Advocacy was made available to residents as and when they felt this was needed for their support in decision-making. Authority to be involved in decision-making and support was checked and POA/LPA records were checked, and a copy was obtained and scanned into the Nourish system.</p>			
<p><b>Actions Identified:</b></p> <ul style="list-style-type: none"> <li>• Use of restrictive practice needs to be consent or MCA/BI evidenced.</li> </ul> <p><b>Actions Recommended:</b></p> <ul style="list-style-type: none"> <li>• The inclusion of SMART goals and descriptors in care plans could be improved</li> <li>• Routinely follow best practise guidelines as discussed on visit (ie NICE)</li> <li>• Include altered consistency diet and fluids in MCA/BI</li> </ul>			

<b>CARING – The service involves and treats people with compassion, kindness, dignity, and respect.</b>			<b>Outstanding</b>	
<b>The total possible score for CARING is: 20</b>			<b>SCORE</b>	<b>%</b>
			<b>18</b>	<b>90</b>
<b>4 = Evidence shows an exceptional standard</b>	<b>3 = Evidence shows a good standard</b>	<b>2 = Evidence shows some shortfalls</b>	<b>1 = Evidence shows significant shortfalls</b>	
<b>Kindness, compassion and dignity</b>	<i>Regulations 9 and 10 (12)</i>		<b>Score (1 -4):</b>	<b>4</b>
<p>We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.</p> <p>Discussion with residents was limited during this audit as many had gone out on a trip. Written feedback and evidence from meetings were seen and exceptionally positive around the kindness and compassion shown by care givers. The home also had a keyworker system to ensure each resident had a familiar and regular face to communicate with. A framed photo was kept in their room in a place of their choice to remind them of who the staff member was. This often blended in with other photos and was not intrusive yet very helpful.</p> <p>Dignity was maintained and a champion supporting other staff as well as completing audits. Personal and intimate care was provided in a private ensuite and behind closed doors and curtains.</p> <p>On another positive note it was observed that clients who experienced signs and symptoms of dementia were treated the same as any other person and had glasses, crockery and cutlery provided just as any other person and not treated with melamine “safe” utensils unless this was specifically assessed as needed.</p>				
<b>Treating people as individuals</b>	<i>Regulations 9, 10, 14 and 15</i>		<b>Score (1 -4):</b>	<b>3</b>
<p>We treat people as individuals and make sure their care, support and treatment meet their needs and preferences. We take account of their strengths, abilities, aspirations, culture, and unique backgrounds and protected characteristics.</p> <p>Residents living at the home had their needs and preferences individually assessed and recorded. They were involved in the completion of their assessments which included cultural and religious needs. Religious and cultural end-of-life needs were also considered.</p> <p>Church services and visits were facilitated by the home. Cultural days and festivals are celebrated. Songs of Praise was shown on the TV every Sunday.</p> <p>Some of the staff team also brought their cultural habits and celebrations into the home and were also supported to maintain their culture. They were supported with fasting, praying and bringing food to the home.</p> <p>Staff also explored people’s life stories and history and considered their specific interests. Activities were planned around people’s choices which were recorded.</p> <p>One person was of Gujarati background, although not actively practicing. Discussions with families around needs and expectations had also occurred.</p>				

<b>Independence, choice and control</b>	<i>Regulations 9 and 12 (9A and 10)</i>	<b>Score (1 -4):</b>	<b>4</b>
<p>We promote people’s independence, so they know their rights and have choice and control over their own care, treatment and wellbeing.</p> <p>Independence was very strongly supported and individual needs assessed, and plans made to support the achievement of goals for the resident. An in-house gym team assessed abilities and devised a programme with regular practice which could also be supported by care staff or ancillary staff. This was reviewed and adaptations were made.</p> <p>Regular exercise and seated strengthening activities also led to people maintaining and improving their mobility and falls reductions. Mental health was also supported through the achievement of the goals.</p> <p>Menus were tailored towards seasonal products and choices made available. Fine dining and a Bistro/ Bar also supported the choices.</p> <p>The home also facilitated reflexology, beauty therapy and hairdressing. Art and Music therapy were additional topics promoting the well-being of the residents and supporting their daily engagement.</p> <p>Residents also had choices to “shadow and support” a staff member – “a day in the life of”, for example, help with laundry, housekeeping, or maintenance staff if this was their choice and background.</p> <p>The home facilitated open visiting for families, friends, and residents able could access the local regeneration area independently if they wanted.</p> <p>An in-house events team supported a minimum of two activities and/or events daily and they were titrated to people’s hobbies and interests.</p>			
<b>Responding to people’s immediate needs</b>	<i>Regulations 9, 10, 11 and 12 (16)</i>	<b>Score (1 -4):</b>	<b>3</b>
<p>We listen to and understand people’s needs, views and wishes. We respond to these at that moment and will act to minimise any discomfort, concern or distress.</p> <p>There was enough staff to support residents quickly and efficiently. They had a good understanding of individual needs, habits and preferences which meant any emotional distress could be quickly responded to.</p> <p>All residents had access to a serviced call bell system of which response times were monitored. Adaptations and alternative equipment could be implemented if required.</p>			
<b>Workforce well-being and enablement</b>	<i>Regulations 9, 12, 17, and 18</i>	<b>Score (1 -4):</b>	<b>4</b>
<p>We care about and promote the well-being of our staff, and we support and enable them to always deliver person-centred care.</p> <p>The organisation valued its staff and ensured they had the support and tools required to thrive in their working environment. The induction process ensured they had training in place to develop skills and knowledge to complete their role. Staff supervision and team meetings also contributed to well-being and the management team had an open door to discuss any concerns.</p> <p>Staff had various welfare packages and rewards also in place including mental health support, an employee assistance helpline, and a well-being and health package that included dental, optical and audiology access. A silver cash health plan could also be signed up for.</p> <p>In-house, staff could practice meditation and had their cultural and religious needs identified and valued.</p> <p>Rewards schemes and employee of the month were also seen in place.</p>			

A group chat also contributed to staff well-being and open communication.

Any absence was reviewed, and additional adaptations could be made if needed.

**Actions Identified:**  
 N/A

**Actions Recommended:**  
 N/A

<b>RESPONSIVE – The service meets peoples’ needs</b>			<b>Good</b>	
<b>The total possible score for RESPONSIVE is: 28</b>			<b>SCORE</b>	<b>%</b>
			<b>24</b>	<b>86</b>
<b>4 = Evidence shows an exceptional standard</b>	<b>3 = Evidence shows a good standard</b>	<b>2 = Evidence shows some shortfalls</b>	<b>1 = Evidence shows significant shortfalls</b>	
<b>Person-centred care</b>	<i>Regulations 9 (10, 11, 12, 14)</i>		<b>Score (1 -4):</b>	<b>3</b>
<p>We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.</p> <p>Residents’ needs were initially assessed prior to moving into the home. They and, if applicable, their families/ NOK were included in the assessment leading to personalised and individual care plans and risk assessments.</p> <p>The Resident of the Day system was in use to review the RA’s and care plans monthly. Keyworkers were also included in the review and update of needs. Reviews and updates were brought forward if a change or deterioration was noted. Regular care reviews were also conducted to ensure the home was exceeding and at least meeting the resident’s needs.</p> <p>A family group chat with consent for families was also in place and very welcomed by the families who appreciated the updates.</p>				
<b>Care provision, integration, and continuity</b>	<i>Regulations 9, 12 and 17 (10)</i>		<b>Score (1 -4):</b>	<b>3</b>
<p>We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.</p> <p>Residents had timely access to health care professionals as and when they needed this. Routine appointments were in place and the GP visited weekly and could be contacted ad hoc if concerns were noted. Other services such as 111 or 999 were also utilised and senior care staff suitably qualified to make the judgement calls.</p> <p>Routine monitoring of health conditions was also booked proactively and planned to ensure monitoring was responsive and not reactive.</p>				

<b>Providing information</b>	<i>Regulations 9, 13 and 17</i>	<b>Score (1 -4):</b>	<b>4</b>
We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.			
<p>Communication care plans were completed and identified to staff how a person was able to express themselves or any sensory impairments that required additional support and how this should look.</p> <p>The manager also supported staff in additional learning through a presentation to assist with communication needs. The AIS 2016 was understood and adaptations were made to ensure residents could receive information in a manner that suited them best.</p> <p>A newsletter was also regularly published to share information. Discussion took place in resident meetings.</p> <p>One staff member working in the laundry was registered deaf and able to utilise Makaton to communicate, they also supported and taught staff phrases.</p> <p>A reading list was allocated via the QCS system with relevant policies and procedures to aid communication.</p> <p>Technology is used when applicable, such as talking into the Nourish handsets for people who find it more challenging to write or spell at speed.</p>			
<b>Listening to and involving people</b>	<i>Regulations 16 and 17 (9, 10)</i>	<b>Score (1 -4):</b>	<b>3</b>
We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.			
<p>A Policy and procedure were in place and followed and a tracker was completed and maintained to show compliments and complaints. The manager also maintained additional digital folders with evidence collated from investigations and correspondence. Investigation of complaints showed follow-up and resolution or if still under investigation and ongoing. In total ten complaints were seen for the current year, however, contained many "minor grumbles" that were taken up to ensure they did not escalate or develop into formal complaints.</p> <p>Residents (as well as staff and families) had numerous opportunities to speak up and discuss concerns before raising a complaint would be necessary, this included meetings, and the management team made themselves available via an open-door policy.</p> <p>A resident committee was also in place to allow for the making of suggestions, changes, or other discussions as they saw fit.</p> <p>Feedback Survey completion was also utilised and had been completed initially in June 24 with analysis and "You Said – We Did" in place.</p> <p>The national Carehome.co.uk feedback website showed a score of 10/10 with entirely positive reviews.</p>			
<b>Equity in access</b>	<i>Regulations 12, 13, 15 and 17 (9, 10)</i>	<b>Score (1 -4):</b>	<b>3</b>
We make sure that everyone can access the care, support and treatment they need when they need it.			
<p>There was enough staff to consistently monitor and support residents with their needs and when required external professionals were also included. Many routine and regular access appointments were seen in place that included GP and district nursing team.</p>			



Staff also ensured any diverse or cultural needs were monitored and maintained and no barriers to accessing internal or external organisations and support were reported.

Access to social events outside the home was also facilitated and a minibus with wheelchair access was in place. In-house, the environment was fully adapted and suitable for physical impairments with grab rail in place and colour coordinated corridors that supported wayfinding for people who may experience signs and symptoms of dementia. Ornaments and memory boxes were also seen in place.

Lift access was in place to the upper floors and the external garden was free of trip hazards and wheelchair accessible.

All rooms could be facilitated with profiling beds or other adaptive and innovative equipment as needed.

The King Fund audit tool to assess the dementia environment, as well as a dementia strategy, was in place.

<b>Equity in experiences and outcomes</b>	<i>Regulations 12, 13 and 17 (9, 10)</i>	<b>Score (1 -4):</b>	<b>4</b>
We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.			
Residents living at the home consistently achieved positive outcomes that was due to them being consulted about their care and expected goals. Families and external professionals were also regularly included; however, residents could also be as independent as they wished, and the making of unwise decisions was also understood and supported. No barriers or inequalities were reported or observed.			
Staff worked well together and anticipated care needs.			
Audits, surveys, and feedback were used to gain insight into people’s experiences which allowed proactive adaptation of the care process.			
Keyworker discussions also contributed to the finding of people’s experiences and outcomes.			
<b>Planning for the future</b>	<i>Regulation 9 and 10 (11)</i>	<b>Score (1 -4):</b>	<b>4</b>
We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.			
Both the Manager and Deputy had previously worked together and achieved Gold Standard Framework accreditation which provided them with enhanced knowledge of providing quality end-of-life care to their residents and families. The manager reported the home was planning to achieve accreditation in the future once fully commissioned.			
A family room was made available for loved ones to be close at the difficult time and additional support and provisions were made available to the families.			
DNACPR/TEP/Respect forms were also uploaded to the Nourish and recognised on the login page.			
Signs and symptoms were monitored and if required external practitioners consulted, for example, for the use of anticipatory medication or syringe driver.			
Religious and cultural needs were also explored and discussed with family members to ensure expectations could be met.			

A “care trolley” to facilitate enhanced end-of-life care was also in place including oral hygiene (spare toothbrushes/ soft brushes) and skin care products, pillow mist, soothing music, and cleansing wipes.

Out of kindness and compassion, the staff team also ensured that deceased residents could leave for their funeral from the home and other residents were given the opportunity to say their goodbye as the cortege left the home. Many families also celebrated the wake at the home and a private dining room could also be made available.

After Death reflection and discussion were also practiced with staff to ensure learning was in place and outcomes consistently achieved well.

Many Thank You cards and letters were received following end-of-life care.

**Actions Identified:**

N/A

**Actions Recommended:**

N/A

<b>WELL-LED – 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</b>			<b>Outstanding</b>	
<b>The total possible score for WELL-LED is: 28 (excludes sustainability)</b>			<b>SCORE</b>	<b>%</b>
			<b>25</b>	<b>89</b>
4 = Evidence shows an exceptional standard	3 = Evidence shows a good standard	2 = Evidence shows some shortfalls	1 = Evidence shows significant shortfalls	
<b>Shared direction and culture</b>		<i>Regulations 10, 12, and 17 (9) Related 12</i>	<b>Score (1 -4):</b>	<b>4</b>
We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.				
The provider and management team shared a clear vision of providing outstanding luxury care where nothing was missed by the residents, and they could live their lives to the fullest. This included carefully designed environments as well as technology and innovation. Staff received guidance about the culture and ethos of the organisation during their induction.				
The staff culture was extremely positive and welcoming, and all staff were included in the running of the home to achieve outstanding results.				
A business plan was also seen.				
The provider and management team expected only the best of their staff to ensure residents' needs were not just met but exceeded. In turn, the staff received the support, guidance, and training to develop their skills and competencies and had all the tools required in place.				

<b>Capable, compassionate and inclusive leaders</b>	<i>Regulations 6, 7, 18, 19 (4, 5) Related 4, 14</i>	<b>Score (1 -4):</b>	<b>3</b>
<p>We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.</p>			
<p>The registered manager had worked with the senior operational team/ provider for some time and they had a positive and supportive relationship. She had extensive experience in the field and was in possession of the level 7 qualification in Leadership and Management as well as having previously been accredited in GSF and a trained NVQ assessor which all benefitted her staff and residents.</p>			
<p>She was supported by a Deputy Manager and Care Manager, and they worked very well as a team to support the staff group. Staff were supported to develop and gain skills and competencies in-house.</p>			
<p>Recruitment of new staff was conducted safely and in line with CQC schedule 3 guidance which included seeking references from relevant care settings as well as considering previous supervisions and appraisals.</p>			
<p>The employment history went back to leaving formal education and any gaps were also explored. ID documents were verified, and references were cross-checked to be original.</p>			
<p>At the time of this report, the home was still commissioning staff who were recruited initially onto bank contracts and then converted into full-time or other requested hours.</p>			
<p>The organisation also provided staff with CQC-topic workshops to develop their understanding of what was required to maintain a safe and well-led home that met all regulatory outcomes.</p>			
<b>Freedom to speak up</b>	<i>Regulations 10, 12, and 17 (9)</i>	<b>Score (1 -4):</b>	<b>3</b>
<p>We foster a positive culture where people feel that they can speak up and that their voices will be heard.</p>			
<p>Staff received training in Safeguarding and whistleblowing and posters were displayed in the building to provide additional support and contact details.</p>			
<p>Staff as well as residents and visitors had many opportunities to raise concerns including staff meetings and supervisions. The manager also operated an open-door policy and made herself available to listen.</p>			
<p>A whistleblowing alert was received by the manager via CQC, fully investigated and found maliciously completed and not upheld. The manager maintained an evidence folder online with communications.</p>			
<b>Workforce equality, diversity and inclusion</b>	<i>Regulation 17 and 18</i>	<b>Score (1 -4):</b>	<b>4</b>
<p>We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.</p>			
<p>Staff worked well together and supported each other regardless of their background, culture or religion.</p>			
<p>Equality and Diversity was also discussed in staff meetings.</p>			
<p>Staff received training and understood equality and diversity.</p>			
<p>Mental Health First Aiders and the well-being of staff were also maintained and supported by the organisation.</p>			

<p>A Pride event was also attended.</p> <p>Pay was fair and equal with no gender barriers.</p>			
<b>Governance, management and sustainability</b>	<i>Regulation 17 (12) Related: 14,15,16,18,20,22A</i>	<b>Score (1 -4):</b>	<b>3</b>
<p>We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.</p> <p>The manager fully understood all regulatory requirements and expectations.</p> <p>The CQC registration poster was displayed in the reception area together with Liability insurance details and other certificates such as the ICO registration. The management team understood their roles and shared responsibility and information.</p> <p>GDPR was maintained and data protected through the use of secure storage of information and the use of personalised and individual passwords.</p> <p>An audit schedule was in place and the manager ensured that completed actions were signed off. Audit completion was adapted according to findings and shared with the staff team to ensure learning was shared. Actions were signed off when completed.</p> <p>The provider also visited the home (quarterly) and completed provider-led audits to ensure the oversight of the management team was maintained.</p> <p>A Business Continuity Plan was in place, the service had a generator on standby / contracted.</p>			
<b>Partnerships and communities</b>	<i>Regulations 12 and 17 (9)</i>	<b>Score (1 -4):</b>	<b>4</b>
<p>We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.</p> <p>The home had developed many positive community partnerships which included the nominated GP visiting weekly to monitor health concerns and proactively treat people. They also worked with District Nursing staff and planned routine annual health screenings in advance to avoid complications, which included chiropody, optician, audiology, and dental access.</p> <p>Specialist professional stakeholders were also consulted.</p>			
<b>Learning, improvement and innovation</b>	<i>Regulation 17 (16)</i>	<b>Score (1 -4):</b>	<b>4</b>
<p>We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research</p> <p>The management team continuously looked at ways to improve the practice in-house and ensured that staff had the skills and competencies to provide safe, effective, and responsive care for their clients.</p> <p>Learning came from in-house analysis of events such as accident/incident analysis, safeguarding alerts, complaints, and comments received from meetings. Information was shared in meetings and supervisions with staff.</p>			

Trackers were in place and the manager looked for patterns and trends in occurrences and how they could be prevented from happening again. Some of the minor concerns or suggestions noted during the day of the audit were immediately addressed and changed but a responsive management team.

<b>Environmental sustainability – sustainable development</b>	<i>Regulation 17</i>	<b>Score (1 -4):</b>	<b>Not Scored</b>
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We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.

**This quality statement is not currently being scored by the CQC.**

**Actions Identified:**

N/A

**Actions Recommended:**

N/A

**End of Report**

Appendix 1

**REGULATIONS LIST**

Health & Social Care Act 2008 (regulated Activities) Regulations 2014

Regulation 4 –Requirements where the Service Provider is an individual	
Regulation 5 – Fit and Proper Persons: directors	
Regulation 6: Requirement where the Service Provider is a body other than a partnership	
Regulation 7: Requirements Relating to Registered Manager	
Regulation 8: General	
<b>Regulation 9: Person-centred Care</b>	
<b>Regulation 9A: Visiting and accompanying in care homes, hospitals and hospices</b>	
<b>Regulation 10: Dignity &amp; Respect</b>	
<b>Regulation 11: Need for Consent</b>	
<b>Regulation 12: Safe Care &amp; Treatment</b>	
<b>Regulation 13: Safeguarding</b>	
<b>Regulation 14: Meeting Nutritional and Hydration Needs</b>	
<b>Regulation 15: Premises &amp; Equipment</b>	
<b>Regulation 16: Dealing with Complaints</b>	
<b>Regulation 17: Good Governance</b>	
<b>Regulation 18: Staffing</b>	
<b>Regulation 19: Fit &amp; Proper Persons EMPLOYED</b>	
<b>Regulation 20: Duty of Candour</b>	
<b>Regulation 20A: Display of Ratings</b>	

**CQC (Registration) Regulations 2009**

<b>Regulation 12: Statement of Purpose</b>
Regulation 13: Financial Position
Regulation 14: Notice of Absence
Regulation 15: Notice of Changes
<b>Regulation 16: Notification of death of a service user</b>
Regulation 17: Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act
<b>Regulation 18: Notification of other incidents</b>
Regulation 19: Fees