


Leyton Lodge
233 High Road,
Leyton, E10 5QE

LBWF Contract Monitoring Tool – Older People Balanced Scorecard

Provider Name:	Leyton Lodge
Provider Address:	233 High Road, Leyton, E10 5QE
Provider Fw-I No:	9035674
Date of Visit:	11/11/19
LBWF Monitoring Officer/s:	Ahmed Masood
Provider representatives:	Sugith Velikkakom Maniyappan
No of LBWF placements:	0
No of Self-Funders:	0
Total Bed Capacity:	5
No of place from each L/A:	Newham – 1, Redbridge – 2, Tower Hamlet – 2.
Number of Direct Payments/Individual Budgets	0
Key Performance Indicator	 KPI Template.xlsx

Rating

Gold	<ul style="list-style-type: none"> The London Borough of Waltham Forest has decided to award the status of GOLD to any provider who has achieved both a GREEN status through our contract monitoring processes, and an OUTSTANDING rating by the CQC. “Pending” GOLD status can be awarded where a provider has achieved GREEN status for two consecutive years – this is then confirmed once the CQC have assessed the provider and confirmed the provider as OUTSTANDING
Green	1) All 13 domains are assessed as GREEN and a current GOOD rating by the CQC; 2) At least eleven domains assessed as green, with no REDS, provider has scored GREEN in all three key quality domains of Accommodation - Health Safety, Medication, and Support Plans with at least a current GOOD rating by the CQC; 3) The provider has been assessed as having no more than three domains scored as AMBER, none of which can be in the three key quality domains listed above and with no RED domains with at least a current GOOD rating by the CQC
Amber	1) At least two of the three quality domains assessed as AMBER, with the remainder GREEN; 2) Five or more domains are AMBER, with none of the three key quality domains assessed as RED; 3) Assessment results in a GREEN rating, but CQC current rating is requires improvement. (GREEN Status can be awarded as “pending” alongside the AMBER rating, to be confirmed on reassessment by CQC)
Red	1) One or more of the three quality domains assessed as RED; 2) Four or more domains assessed as RED; 3) Assessment results in GREEN or AMBER rating, but CQC rating is inadequate (GREEN or AMBER Status can be awarded as “pending” alongside the RED rating, to be confirmed on reassessment by CQC)

Overall Summary

Leyton Lodge is a 5-bedroom terraced house located within a 5 minute walk from the tube station. The property has 5 bedrooms fully occupied. The property is over 3 floors and has 1 bedroom on the ground floor, 2 bedrooms on the 1st floor and 2 bedroom on the second floor.

Each bedroom is personalised, and service users are given the choice to personalise their own rooms. The CMO accessed one room which consisted of a single bed, fitted wardrobe, chest of drawers, table and chair, bedside cabinet with lamp and memorabilia of the football team they support. Each room has an en-suite with a shower. There is Wi-Fi available for the service users. There is CCTV in the property in the communal areas and at the front door. There is a tv lounge, which had 2 double sofas and a tv. There was also board game available (chess, scrabble) and a Kareem board. There was no signs of pets and the provider confirmed that they had no pets in the home.

The care plan and risk assessment were last reviewed in 29TH of October 2019, with the next review to be done in 6 months' time (29th of April 2020). The CMO was advised that the care plans and risk assessment are updated every 6 months or earlier if needs change.

The service user file is online under the system called Carex Solutions, which is an inhouse built system. Once you click on the service user's name, there are 5 tabs, these are daily reports, care plans, risk assessment, MDT reports and 1:1 sessions. There is a picture of the service user, and once that is clicked then a profile page will open up, and has the personal details, next of kin, health care details, assessment info, referral info, client histories which include household composition, declare funeral, family history, personal history, psychiatric history, medical history, alcohol and drug use, personality prior illness, forensic history, mental health state, medication, social situation, risk chronology and previous history.

The current staffing level at the home is 5 members of staff which includes the manager and the waking night staff. The timings of staff are Monday to Fri 9am to 5pm is the deputy manager, 8am to 8pm is day staff worker and the waking night staff member works from 8pm to 8am. There have been no medication errors since May 2018. There have been no incidents of safeguarding alerts raised since the beginning of the year and no incidents/accidents since Oct 2018.

A credit check was done on the provider via Dunn and Bradstreet and it highlighted the provider has a low risk of business failure and with a credit rating of 92%. The CMO was advised that out of the 5 service users, 1 service user requires assistance with their finance. The CMO checked the finance book for which there are entries of money in and money out, the date of entry, 2 staff signatures and the service user signature.

All the policies were last reviewed on March 2019 with the next review date to be on March 2021.

	RAGG Rating
Performance (P)	
Quality (Q)	
Contract (C)	

1. Pre-admission assessment and induction

- Time taken to complete pre-placement assessment
- Quality of assessment & induction
- Person centred
- Information and advice
- Service User agreement
- Place
- Induction pack & statement of purpose in place

Evidence& Comments & RAGG Rating

The CMO was advised of the process of receiving a referral from the brokerage department. The information received can be very limited, therefore the provider will contact the brokerage team for additional information. However, if the care co-ordinator is involved, then this speeds up the process. Once this information is received, they will assess the service user within 24 hours, where they will complete an assessment report. This is normally completed either at the hospital or at the service user's home. The CMO was advised that the provider does accept emergency referrals, where the service user will need a place on the same day.

The provider is now using an online system called CAREX Solutions, which has all required information online. This is an inhouse system, which the provider has got built for their services. The information can be viewed remotely, and information added can be viewed straight away.

The CMO was shown information for one service user on the system. The information that was seen was the care plan, risk assessment and an admission checklist (which covers 31 points). This was completed on the same day as the admission date of 03/09/2018 (as an overnight leave which is like a trial period for one week) . The service user is known to the provider as the service user was living in their care home in from 2007 to 2014 and then stepped down to supported living in Tower Hamlets until September 2018.

The CMO was shown the pre placement assessment for this service user on the service user file held in the office. The assessment was detailed with an interview with referral, current medication, alcohol and illicit drug use, forensic history and contact with police, mental state examination on 15/08/2018, daily activity and living skills, religious and cultural considerations, ambitions and aspirations, risk issues/assessment and areas of concern, opinion and recommendations.

The CMO was also shown saw the risk assessment for this service user. The assessment was person centred with outcomes on accommodation, mental health, Clozapine Medication Management, Violence and Aggression, History of Self Harm, Substance Misuse, Activity of Daily Living, finance and social contacts, substance misuse, mental health, Activities of Daily Living, finance, social skills, sexually inappropriate behaviour and physical health. The CMO was advised that family members input is very important and will allow them to get involved. The majority of the service users do have their family around and the service users will go and see them also as they live locally.

The CMO was also able to view a service users' agreement for this service user. This was completed on 12/09/2018 and was signed by the service user and the manager. This was completed after the overnight leave had completed and the service user was happy to move here on a permanent basis.

The CMO was shown a copy of the service user guide. This was also displayed in the communal area and a copy is also given to the service user. This included the aims and philosophy, our house objectives daily running of the home, summary of resources, visiting time, staff and care, confidentiality, equal opportunities, keywork policy and care plans, treatment and medication, health promotion, day centres, statement of expectation and rules, admission criteria, referral procedure, trial periods, health and safety, complaints, contract statement, service user's room, personal possessions, health, medication, visitors, survey of the home and insurance This is reviewed annually, the last one being 15/7/19.

The CMO was also shown a copy of the statement of purpose, which is reviewed annually and was last reviewed on 16/7/19. The statement of purpose included aims and philosophy, objectives, details of location, staff numbers and staff training, experience and qualification, manager qualification and experience and complaints policy (which includes contact details of Local government ombudsman. Waltham Forest Health Authority.

P =



Q =



2. Support Plans/Reviews/Outcome

- Number of service users with individual plan.
- Number of service users with a risk assessment
- information and advice provided
- Personalisation and promotion of choice
- Promotes wellbeing, preventing, reducing and delaying needs.
- Suitability
- Choice and tracking of progress of outcomes
- Frequency of reviews
- Quality and involvement

Evidence& Comments & RAGG Rating

The provider has in total 5 service users .The CMO checked a service user file and the file had an up to date care plan and risk assessment. Both the care plan and risk assessments were last reviewed in 29TH of October 2019, with the next review to be done in 6 months' time (29th of April 2020). The CMO was advised that the care plans and the risk assessment are updated every 6 months or earlier if needs change.

The service user file is online under the system called Carex Solutions, which is an inhouse built system. Once you click on the service user's name, there are 5 tabs, these are daily reports, care plans, risk assessment, MDT reports and 1:1 sessions. There is a picture of the service user, and once that is clicked then a profile page will open up, and has the personal details, next of kin, health care details, assessment info, referral info, client histories which include household composition, declare funeral, family history, personal history, psychiatric history, medical history, alcohol and drug use, personality prior illness, forensic history, mental health state, medication, social situation, risk chronology and previous history.

One the care plan tab is clicked, it shows the identified needs, expected outcome and show action plans/intervention and also the review notes can be seen. The risk tab includes, identified risk summary, factors leading to risk, indication risk may occur risk management guidelines and the review notes.

The care plan is detailed and covers 9 outcomes and each outcome is risk assessed and is reviewed every 6 months.

The care plans are personalised and promotes choice. The care plan evidenced reflected the personal care and physical wellbeing, mobility, health and weight (monthly weight chart), oral health assessment, medication list, weekly activity programme, PEEP, meals preferences, religious and cultural needs and personal hygiene.

The CMO was able to evidence that the activities the service user undertake, these are recorded with along their outcome. The CMO was able to see an entry on the service user file dated 25/10/19, that the service user has enrolled in Core Arts which is a day centre that provides different methods of art in Hackney, East London. The CMO was advised that in order to meet the service user's needs, the provider works closely with other professionals e.g. pharmacist, GP, nurses, social workers, psychiatrists, dentists and other stakeholders

The CMO could evidence the care in the service. The manager was talking to the service users about how their weekend was and what their plan was for the week ahead. The manager also spent time with each service user and talking about any appointments/activities/weekly shopping for the coming week that they may need.

The CMO was shown on the system the progress report for each service user. This is completed twice a day (am and pm) and is linked to the care plan. They do not send this information to the social worker's as they have never requested this but is available.

The CMO was advised that they have no service users with pressure sores.

P = 

Q = 

3. Finances

- annual accounts
- Credit Check
- financial record keeping
- to record the lease termination date (if applicable) - How does this coincides with Business Continuity plan (BCP)

Evidence& Comments & RAGG Rating

The CMO was not shown a copy of the financial account's year ending 31/03/18. The CMO has requested for this to be emailed over.

A credit check was done on the provider via Dunn and Bradstreet and it highlighted the provider has a low risk of business failure and with a credit rating of 92%.

The provider does have a service user finance policy in place, and this was last reviewed in March 2019 and is reviewed every 2 years with the next review to be done in March 2021.

The CMO was advised that the provider assists one service user with their finances as they have a deputyship. The CMO was advised that the service user did have capacity to manage the funds, but as the service user's mother passed away 2 years ago, she left money for the service user. The service user had a mental capacity assessment done to see if they were able to manage the large amount of funds. The assessment was negative and therefore the local authority was awarded the deputyship. The deputyship is from Redbridge council who have the funds and will send the provider a 4 weekly cheque for the service user allowance. The cheque is deposited in the providers client account and they withdraw the funds and keep it in a locked safe in the managers room.

The CMO saw a book for this service user, which had all the transactions of money in and money out. The CMO spot checked this and could see it was all correct. It had the date the money was in/out, 2 staff signatures and the service user signature.

Recommendation

A copy of the accounts or a letter from the accountants to be emailed over immediately.

p =



4. Medication

- Medication Policy
- MAR Charts
- Risk Assessments

Evidence& Comments & RAGG Rating

The CMO was shown the medication folder, the first page was the medication administration policy confirmation sheet, which had a list of the support workers that have read the policy, this was dated and signed. The policy was last reviewed in March 2019, with the next one to be in March 2021. The policy included information on the policy statement, procedure, service users who manage their own medication, service users whose medication is managed by the home, training required, forms and referenced documents.

There is a separate policy for PRN medications, controlled drugs, drug errors and adverse reactions, management of sharps – inoculation injury, resuscitation. These were all reviewed in March 2019, with the next review date to be March 2020, or earlier if changes are needed to be made.

The CMO saw that in each of the service users' files, there was a document which listed the medication that the service user was taking and dosage of the medication. There were Medication risk assessments completed for each service user and the service users that were on PRN medication had separate guidelines which are reviewed on a regular basis. These guidelines are followed by all members of staff and is monitored by the manager of the home who is a registered mental health nurse.

The CMO could see that the medication audits are undertaken once a month by the manager, this is by checking the MAR sheets with the blister packs and loose medication. The CMO spot checked one service users MAR chart with the blister pack and could see that this all matched. The CMO was advised that the medication is dropped by the pharmacy every month and the medication is for 28 days in a 4 weekly. The CMO was able to see that all medications are kept securely in a lockable cabinet in the main office.

The CMO saw a copy of the audit that is completed by the pharmacy this was last completed on 01st of September 2019 (Bower Chemist). They checked the MAR charts, medication review, medication cabinet, general medication check, monthly medication audit, and if the home was able to provide information on common psychiatric medication which is issued to patients. There were no concerns reported.

The CMO was shown the medication returned form, which showed the date of period of supply (from – to), name of service user, medication returned, the quantity returned, reason for disposal, the date returned and also required 2 signatures (one of the providers and one of the pharmacist). The CMO was advised that there have been no medication errors since May 2018.

Recommendation

Medication error log book should be available to look for errors

Q =



5. Food and Nutrition

- Quality, Variety and Choice
- Nutrition and Hydration
- Education re-healthy eating

Evidence& Comments & RAGG Rating

The CMO was able to evidence in the care plans a section of food preferences that the service user likes and dislikes. There was also a section on religious beliefs and if any allergies that the service user may have. The CMO saw that two service users are Muslim, so will only eat halal food. The service users will go to the local halal butchers to buy their meat. The CMO checked the fridge freezer for the meat and was advised that the service users will buy the halal meat fresh on the day and will not store it.

The CMO was advised that the provider will provide the necessities of food (cereal, milk, bread, eggs, tea bags, coffee, sugar, vegetables, fruits and squash.) This is bought on a weekly basis by the provider. In addition to this, the provider also gives £25 a week to the service users for any additional food/drinks that they may need.

The CMO was shown around the kitchen area, where there was one fridge freezer, a cooker, a microwave, a sink, a toaster, a kettle, washing machine and a dishwasher. There is another fridge freezer's in the office. The CMO checked both fridge freezers and could see that all the items in there were labelled and dated for when they were opened. The fridge freezer in the kitchen had a sign on the fridge door which stated "Please ensure all foods such as jam and pickles are clearly dated and when opened. If bread is placed in here from freezer please record the date on the packaging. Meat temporarily stored in the fridge should be placed on the bottom shelf, clearly labelled, dated and used the same day. No metal containers should be used to store food in the fridge. Food not clearly labelled or dated will be thrown away." There is also another note which stated to "prevent cross contamination – use correct colour coded chopping boards and knives – orange for raw meat, blue for raw fish, yellow for cooked meats, green for salads and fruits, brown for vegetables and white for dairy products."

The provider promotes healthy eating to their service users and could see vegetable brought by the service users and these were stored in the cabinet in the kitchen. The CMO saw on the table in the kitchen a fresh bowl of fruit and could see one service user having a banana. The sink also had a notice next to it, stating "Warning hot water" and how to fight germs by washing hands.

The CMO was advised that the service users are able to make food for themselves, however at times they do require assistance and to be prompted at meal times. The CMO was advised that every Sunday, there is a communal lunch, where the service users and staff members will cook a meal and eat it together whilst having a general conversation.

The CMO was advised that none of the service users are assessed as being risk of choking.

Q =



6. Accommodation & Fire Safety

- Cleanliness
- Safe
- Personal care facilities
- Suitability and accessibility
- Equipment available & well maintained
- Infection control
- Maintains safety
- Policy and procedures in place
- Review of personalized evacuation plans (PEEPs)
- Assessment of the suitability of the person conducting Fire Risk Assessment (FRA)

Evidence& Comments & RAGG Rating

Leyton Lodge is a 5-bedroom terraced house located within a 5 minute walk from the tube station. The property has 5 bedrooms fully occupied. The property is over 3 floors and has 1 bedroom on the ground floor, 2 bedrooms on the 1st floor and 2 bedroom on the second floor. The home is accessible from the front door which is a door bell and each service user has a key for the front door and for their bedroom.

Each bedroom is personalised, and service users are given the choice to personalise their own rooms. The CMO accessed one room which consisted of a single bed, fitted wardrobe, chest of drawers, table and chair, bedside cabinet with lamp and memorabilia of the football team they support. Each room has an en-suite with a shower. There is Wi-Fi available for the service users which is provided by the provider. The CMO was advised that 4 of the service users have a tv in the room and the tv licence is paid for by the provider. There is CCTV in the property in the communal areas and at the front door.

There is a tv lounge, which had 2 double sofas and a tv. There was also board game available (chess, scrabble) and a Kareem board. There was no signs of pets and the provider confirmed that they had no pets in the home.

The CMO was shown the relevant health and safety checks, which is done by staff. The CMO was advised that all staff employed can undertake the checks. These are as follows –

- Daily health and safety checks – to check odour problems, fire doors propped open, service users' doors open, visual check on vacuum cleaners in use, random check of portable appliances, kitchen clean and safe, are staff dressed appropriately, cleaning materials, electrical supplies and lift motor rooms etc, locked,
- Weekly fire alarm checked, this was last done on 4/11/19 and no concerns. This is where the Call points door releasers, smoke detectors are checked.
- Fire drills happen every 3 months, with the last one completed in Sept 2019. There were no concerns. The CMO was advised that the next one will be at night time and that all service users are able to leave the premises themselves without any assistance.
- Emergency lighting checks are done every month by the manager, last one done on 01/10/19, there were no concerns reported.

- The fire risk assessment undertaken by the manager of the home is completed every 6 months, the last one completed in November 2019 with no concerns reported.
- The central heating system is checked on a monthly basis, last completed in October, all working perfect.
- There are various risk assessments completed on a 6 monthly, which covers COSHH, Slips and trips, Computer and Legionnaire. These were all undertaken in November 2019 and had no concerns reported.
- The CMO was shown the PATS test certificate. This was last done in 30th July 2019 with the next one due 30/07/20. This was done by JNB Electrical with no concerns.
- Electrical installation certificate. This was completed on 1/11/2018 by JNB electrical services, no concerns.
- The CMO was also shown the certificate for the checks done on the fire alarm system and emergency lighting. This is done every 6 months, with the last one done on 23/05/19 by Firefox Fire Protection. No concerns reported.
- The CMO was shown the gas safety record, this as undertaken by JNB Plumbing and heating on 26/05/2019 and with the next one to be on 26/05/20.
- The CMO was shown the certificate of maintenance for the fire extinguishers, this was completed by Firefox fire protection on 23/05/2019 and is done yearly. The CMO checked the fire extinguishers and could see the signatures and dates on the stickers.
- The fire risk assessment is done every 6 months, this was last done by Firefox Fire Protection on 23/05/19 with no concerns. Next one is due on 23/5/20.
- The CMO was shown the certificate of employer's` liability, which is covered from 09/11/19 to 08/11/19 and is covered by DUAL. The amount is for £5,000.000.
- The CMO was advised that they have one handyman who is an internal builder and will be contacted if any repairs are needed. The handyman works throughout the many sites that provider has. The CMO was shown the paper based repair log and is updated when a repair is required. The last repair was on 5th November 2019, for the boiler which has been fixed. The CMO was advised that as there is weekly room checks done, so if any repairs are required, then the deputy manager is notified who will update the repairs log and contact the handyman.

The CMO saw on the rota that a staff member has been identified for calling the emergency services in the case of an emergency. The staff members name was highlighted and on the rota, it stated that highlighted person is to call emergency services.

The CMO could not see a grab bag in the property, when the CMO spoke to the manager in regard to this, the CMO was advised that as the provider has all the information online and is available on the mobile phone, the provider stated that a grab bag is needed. **The CMO has recommended for the provider to ensure a grab bag is available in the property, in case of an emergency and the information cannot be located from the mobile.**

Recommendation

- **The provider should have a grab bag which consists of foil blanket, jacket, torches, emergency contact details for the service user's, staff and emergency services. The PEEPS also need to be in here and a copy of the hospital passport. The bag should be in a secured place, which should be easy to get in the case of an emergency.**
- **To identify any issues during a fire drill, and record the time taken and what can be done better**

Q =



7. Safeguarding

- Policy and processes
- View of Waltham Forest SG team

Evidence& Comments & RAGG Rating

The CMO was shown the safeguarding policy, which includes a definition on the different types of abuse. The policy is reviewed every 2 years and was last reviewed in March 2019.

The CMO was advised that there have been no incidents of safeguarding since the beginning of the year

The CMO was advised that there have been 0 incidents/accidents since Oct 2018. **The CMO has recommended the provider to make sure that they are not under reporting on accident/incidents and safeguarding.**

The CMO was advised that the provider has not had to make any referrals to DBS in the last 12 months, because none of the staff have been found guilty of any kind of abuse.

Recommendation

The provider to ensure they do not under report on accidents/incidents and safeguarding.

Q =



8. Staffing

- Levels and turnover
- Cover arrangements
- Training
- Supervision and appraisals
- Recruitment

Evidence& Comments & RAGG Rating

The CMO was advised that the current staffing level at the home is 5 members of staff which includes the manager and the wake in staff. The CMO was advised that it is shift work and the timings of staff are Monday to Fri 8am to 5pm for the manager, 8am to 8pm for the day shift worker. The waking staff works from 8pm to 8am. The CMO was showed the rota which confirmed the above and the CMO evidenced on the day the staff working. The provider has band staffing available which will help in case of an emergency of staff shortages.

The provider has a safer recruitment policy in place. The CMO was shown one staff file, the CMO could see the application form, one proof of ID and two proofs of addresses, two reference, interview notes, job offer letter and a signed copy of the contract. The CMO was also able to see the enhanced DBS form and the training certificates. The CMO was advised that the supervisions are completed every 2 months and appraisals every year. The CMO was able to see this for staff member, the last supervision was on 04/10/19 and the appraisal was on 30/01/19.

The CMO was shown the training matrix on the system. The CMO was advised that when the training is due to expire, an alert will pop up and the name of the staff member and the relevant training module will go red. The training covers challenging behaviour, Dols, Fire training, First Aid awareness, food hygiene, health and safety, infection control, mental capacity, nutrition and diet, safe administration of medicines, safeguarding vulnerable adults, anxiety, assessing needs, communicating effectively, continence promotion, cosh, diversity and equality, develop as a worker, dying, death and bereavement, hand hygiene, moving and handling, person centred care, prevent, principles of care and confidentiality, record keeping, role of the care worker, stress management, supervisions and appraisals and train the trainer.

The provider offers qualifications for its staff members, and the CMO can see from the training matrix that staff members have taken this on board as the provider offers NVQ Level 2,3,4,5,6,7, team leading, health and social care degree, BSc in midwifery, BSc in nursing, BSc in psychology, BSc in clinical services, overseas nursing programme, health and social care assessor course and care certificate

The CMO was advised that fire training is given within the first month of employment and then fire marshal training is given and this is where the staff workers are shown how to use the fire equipment. The CMO was advised that the provider has a good staff retention as no staff members have left over the last 12 months and have not recruited anyone.

Q =



9. Quality Assurance

- System and processes
- Public Health
- Incidents and Accidents
- Complaints
- Confidentiality
- Known risk to the service

Evidence & Comments & RAGG Rating

The CMO was shown the policies and procedures folder, these all have a review date and the next review date. There was a front sheet which indicated a list of all the policies, the date of when they were last reviewed and if there were any changes made to them, these dates were also on the front sheet. The CMO could see that the policies were last reviewed on March 2019 with the next review date to be on March 2021.

The CMO was shown the complaints policy, this includes purpose and scope, policy statement, the procedure and who to contact. This was also displayed around the house, which the CMO saw evidence for. The CMO was advised that the manager has an open-door policy for its service users and their family members that they can contact if they have any queries or complaints.

The CMO was advised that there has been one complaint this year (15th October 2019), in regard to one service user laughing at another service user. The service user was being laughed at and got upset as they thought it was due to their mental health. This has been resolved and the CMO could see the relevant paperwork that was completed.

The CMO was shown the business contingency plan, this is reviewed every two years and is to be reviewed in March 21, this includes the policy, procedure, hazards/threats and risk assessment.

The provider undertakes their own audits on a weekly, monthly and 6 monthly, which includes medications and health and safety.

Recommendation

The provider to keep a log of complaints, no matter how small they are.

Q =



10. Service User Involvement

- Satisfaction Surveys
- Service Involvement in Meetings
- Care Study
- Interviews with service users

Evidence& Comments & RAGG Rating

The CMO was advised that staff meetings are held every two months with the last one taking place on 11/10/19. The CMO was shown the minutes of this meeting and was advised that the next one is to take place in December 2019. The CMO was advised that there is a monthly meeting with the residents and the last meeting was held on the 18/10/2019. The CMO was shown the minutes of this meeting and was advised that the next one to be also in the 19th of November.

The CMO was advised that the provider undertakes a service user survey every 6 months. The CMO saw this for May 2019. The survey was based on 4 sections, food and shopping, personal care and support, daily life and keyworker. The service user had to give it a rating, Very satisfied, quite satisfied, not very satisfied, not satisfied at all and not applicable. There was an analysis done on this survey and the CMO saw evidence for this and it can be seen that overall the service users were very satisfied with the facilities and support provided by the home.

The CMO was shown the relative survey and this is completed when a member of the service user's family comes to visit or is given to the service user to take to the family when they go an visit them. The CMO saw this being completed for one service user for September 2019.

The CMO was shown the professional survey, which is completed by outside professional such as (social worker, consultant). This was last completed on September 2019.

The CMO was shown the staff survey, which is completed every 6 months. This was last completed on August 2019.

The CMO was advised that when a new service user joins or a new staff member joins, after 6 weeks all the other service users are asked for feedback in regard to the new service user/staff member that has joined.

The CMO spoke to one service user who was very happy with the service and care. The service user said that the provider is like family to them and is looked after really well. They feel that at home and the provider treats them with lots of love and respect.

The CMO was advised that the activities take place are DVD night (Friday Night), Indoor board games when needed, Sunday communal lunch, trips to Central London, boating, trips to the café, caravan trip every year for 5 days, cinema trips, going to the parks, going to restaurants, having summer BBQ parties. In addition to this, the service users have their own individual activity plan which includes going to the church/mosque, shopping, cooking sessions and attending day centres.

The CMO was advised that the provider throw a party for the service users' birthdays, where they provide a cake, food and gifts. They also provide a BBQ party every summer. They are now planning the Christmas party and new year party, the CMO was advised that the provider will provide snacks and drinks for 10 days (Christmas

period).
Q = <input type="text"/>

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11. CQC Rating

- Review of providers CQC rating and subsequent action plan

Evidence& Comments & RAGG Rating

CQC inspected the home on 2nd October 2018 and rated the service as Good.

The five areas inspected and the rating, these are as follows –

Safe - Good, Effective – Good, Caring – Good, Responsive – Good and Well-Led - Good

Q =

