

### LBWF Contract Monitoring Tool – Older People Balanced Scorecard

<b>Provider Name:</b>	Leyton House Community Care Limited
<b>provider Address:</b>	Esna House, 16 Etloe Road, Leyton, London, E10 7BT
<b>Provider Fw-I No:</b>	9032473
<b>Date of visit:</b>	15th October 2018
<b>LBWF Monitoring Officer/s:</b>	Femi Famosa
<b>Provider representatives:</b>	Sugith V Maniyappan
<b>No of LBWF placements:</b>	2
<b>No of Self-Funders</b>	0
<b>Total Bed Capacity</b>	5
<b>No of placements from each L/A</b>	1 (Barking & Dagenham), 1 (Redbridge), 1 (Newham)
<b>Number of Direct Payments/Individual Budgets:</b>	N/A

### Summary

Contract management (CM) conducted an unannounced visit at Esna House on the 15th October 2018. CM was met by the accommodation registered manager and the Leyton House Community Care (LHCC) Ltd Director. On the 19th August 2016 the service was awarded a 'Good' inspection rating by the Care Quality Commission (CQC).

The home was formerly an all female's service user's provision but as recently converted to an all-male residence home. At the time of contract monitoring inspection, the home was 6 months into this transition. The service transition and changed have been formally disclosed to the CQC.

CM saw evidence of service user's care plans and risk assessments personalised to meet the health and social care needs. Service Users care plans are kept and secured electronically within an online system called Carex. Carex maintains the SU's daily reports, care plans, risk assessments, Multiple Disciplinary Team (MDT) contacts, 1:1 sessions and SU's performance report.

Contract management saw evidence of the accommodation statement of purpose which shared the service aims and objectives.

There was evidence that the accommodation processes on dispensing, recording and storing medication were compliant to the service medication policy. The records showed Medication Administration Records (MARS) sheet uncovers no errors. The medication was stored in the cabinet in the staff area, separated from the communal areas.

CM noted Service User dietary needs were reflected under daily menus, captured on weight charts and care plans. Culture and religious dietary needs were supported within the accommodation. There were highlighted examples in the clients care plan on how client's food and nutrition needs were met.

The care home accommodated five Service Users with no voids at the time of the monitoring visit. Residents shared communal spaces including kitchens, living rooms and dining area. Each Service user's bedroom was fitted with private bathroom and toilet facilities. CM saw comprehensive evidence of health and safety records, maintenance and facility certification displayed in the communal

spaces.

Fire drills and assessment were undertaken on a regularly basis. There was evidence of recent internal fire safety Assessment undertaken by the accommodation. The most recent fire safety inspection did not uncover any major issues. All staff members are certified and trained to respond appropriately in the event of a fire. There were service users and staff meetings itemised agendas and minutes.

There was evidence of reporting processes in case of a safeguarding alert. The accommodation showed evidence of being compliant to their safeguarding policy, which defines the various abuse and the appropriate actions to take in an event of this occurring.

The accommodation sought feedback on the quality of service through sending surveys to relatives, staff, service users and professionals. A recent survey report revealed service users were satisfied with the service delivery they were receiving. The accommodation ensured quality standards were maintained through monthly residents meeting, bimonthly staff meetings, biannual surveys, quarterly care plan/risk assessment reviews and 1:1 sessions with key workers.

Staff employed by Esna House had in place Enhanced DBS referral prior to their employment at the accommodation. CM noted all staff members had undertaken a mandatory and external training. Three staff files were reviewed showing evidence of completed mandatory training and with some progressing through their NVQs in health and social care. Training matrix audit were up to date. This showed accommodation commitment to staff development and ensuring staffs were equipped to meet the daily challenges and demands of service users. All staff appraisals and supervisions are currently up to date.

Staff rotas were in place and populated with staff shift patterns and annual leaves. CM was satisfied with the service capacity to respond and meeting an increase in SU needs.

The overall rating of this service is **Green**

**There were two main recommendation made during monitoring visits:**

- **Contract management has requested a copy of a medication consent forms if not in place, CM recommends implementing and ensure all medication consent forms are completed.**
- \* **CM has requested confirmation of emergency/grab bag in case of an emergency and if not, incorporate one into the fire safety process.**

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

## 1. Pre-admission assessment and induction

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

**Evidence& Comments & RAGG Rating:**

The home was formerly an all females service users provision but as recently been converted to an all-male residence home, CQC were notified of the changes 6 months ago.

There were 3 completed pre-assessment forms that were reviewed by CM. All pre-assessment forms showed dates and signature of the assessment. All assessments reviewed were processed within 1-3 working days pending on receipt and clarity of the supporting documentations (security report, CPA document, social circumstance report, occupational therapist reports, risk assessments, care plans and medical documents) that assist the home to come to a decision. The CM saw evidence of the responsiveness of the service during a referral received on the 13th August 2018. An assessment was carried and completed by the 15th August 2018.

Esna House devised a tailored plan and risk assessment completed and developed with the consultation of service users, relatives and professionals before a decision of admission is completed. All aspects of the client's needs including mental health needs, physical health issues, substance misuse, social skills, activities of daily living skills, employment, education, activities, aspirations are reviewed and assessed with appropriate actions and interventions recorded against the risk and action plans.

A Service user Induction pack is shared with all potential service users. The induction pack covers philosophy, daily running of the home, summary of resources, staff and care, Health promotion and the expectation of the accommodation and clients. The service possesses a policies and procedures folder. CM saw evidence Service user guide are reviewed on the yearly basis.

After admission into the home, service users are shown around the home and local amenities. They are introduced to daily routines (e.g. mealtimes), other residents, staff and professionals. Rules and procedures are verbally reinforced and explained to the residents.

An up to date Statement of purpose was in place. There was evidence of statement of purpose is being signed off on a need to basis, with an audit form as proof.

P

Green

Q

Green

## 2. Support Plans/Reviews/Outcome - Key Domain

- \* 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

Esna House care plans are kept electronically within an online system called Carex, this is composed of daily reports, care support plans, risk assessments, MDT contacts, 1:1 session, Service user's performance report.

CM reviewed two Waltham Forest service users care plans and risk assessments.

All care plans and risk assessment were in place for two Service Users. Care plans were tailored to the individual needs. One of the Service Users has 9 actions plans covering accommodation, mental health, substance misuse, daily activities, employment, education, training, religion, culture, spirituality and social contacts. There were Risk assessments demonstrating clear summary of identified risk, the factors leading to the patterns of behaviours and indications of the likelihood a particular risk occurring or reoccurring. Risk assessment profile contained risk management guidelines ensuring service users risk are managed by support staff through numerous guidelines. For example, one of the service user recently admitted into the service had a history of sexual offense, there was thorough review notes, with guidelines and interventions to manage and mitigate the risk.

There were recorded interaction and progression against targets, goals and aspirations on the care plan. This practice was consistent throughout the risk assessment. The Care plan has been designed to promote independence and the quality of life with multiple intervention and support demonstrated by the service in areas such as improving resident's education, employability, training and activities that aligns to the service users interests. There were high correlations between the SU daily reports and weekly activities schedules for each client. For example one of the residents objective recorded was physical health which entailed losing weight through regular exercise and attending the gym on a weekly basis. The registered manager informed contract management, care plans are reviewed every 6 months, with the last review taking place on June 2018. Care plans can also be reviewed if there are any changes made to the MDT, GP, Nurse or any other health care professionals.

Each of the service users has a keyworker and co-keyworker who are responsible for reviewing the plan. Keyworker also carry out a detailed monthly 1:1 session with the service users to discuss about each action plan and risk assessment to review the progress and to make any changes if required. There were objectives and activities recorded against the action plans with corresponding daily reports which were consistent to the care plans. Both files were up to date reflecting monthly reviews, the last reviews of the three service users file corresponding to the 28th - 30th October 2018.

The CM noticed one of two placements had received their 6 months review. Partial explanation was the outstanding Service User has only been in the resident less than 6 months.

The CM saw high collaboration with other professions. There're comprehensive logs of doctors appointments, training appointments, meetings logs with care coordinator and others supporting activities. There were clear contact details of nearest relatives, emergency team, resettlement team, referral contacts, CGL and MAPPA (Multi Agency Public Protection Arrangement).

There's clear evidence staff have received training to deliver consistent practice throughout the recording and reporting of service users activities against the care plan and risk assessment. This is reflected on how staff records needs, events, incidents and intervention against the care plan and risk assessment. The 1:1 session are utilised to review the care plans and used as a source of information and progression against care plans outcomes.

Esna House service does not accept Service Users with pressure sores, for this reason there are no protocol in place to support this. However, as part of Esna House commitment in enhancing and improving Service Users quality of life, there're regular interventions and support in ensuring good personal hygiene are in place. There was evidence Service users had good personal hygiene, with were no unpleasant odours.

P

Green

Q

Green

### 3. Finances

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

#### Evidence & Comments & RAGG Rating

The credit check produced an overall business risk rating categorized as low. The overall assessment of the organisation's future in the next 12 months is in a very stable condition. There's a strong likelihood of continued operation and very low potential for severely delinquent payments.

Esna House promotes independence in all aspects of Service User's lifestyle including finance. The home has a strict policy in place that limits the service involvements in service users' financial affairs. The service prefers using an advocacy or appointee. The service intervention and support are commonly demonstrated through contacting benefit agencies with regards to application claim, change of address or circumstances. Support staff will assist Service Users requiring or seeking assistance in meeting bill payments.

There are circumstances whereby Service User requests for the service to support with budgeting, usually to fulfil an objective. An example of this, service user on a budgeting plan agreed with the supporting staff that he needs support from the service to make sure he has enough money for his daily expenses such as cigarettes. He requested £130.00 to be reserved in the office deducting £10.00 daily for two weeks from this amount, until the arrival of the next payment. Both service and service user are satisfied with the arrangement. The service user understood through this arrangement with the service he has learnt the importance of budgeting and as managed to save money to do his driving lessons, successfully completing his driving test and saved to purchase his car for £2000. The service user reported his family joy of his accomplishment. He continues to gain further insight into budgeting through this partnership with the service. CM reviewed financial audit of the arrangement showed correct recordings.

P

Green

### 4. Medication - Key Domain

- \* Medication Policy
- \* MAR charts
- \* Risk Assessments

#### Evidence & Comments & RAGG Rating

Contract management saw medication was kept in a secured storage and only accessible to staff members. All medications apart from two service users are administered by the support

workers, who are certified and trained. There were no medication errors uncovered. CM saw evidence of service users refusing medication. CM highlighted this to registered manager. Registered manager explained to contract management, the refused medication was a non-essential psychiatric medication which was reviewed after the first line prescription with the care coordinator and GP. Registered manager informed CM, psychiatric medication missed or refused within 48 hours results in client re-admitting into hospital for reassessment. This is also highlighted in the medication policy.

Despite no medication errors uncovered, **the contract management has recommended installing a medication error book or system, which shows evidence of medication errors are being captured, escalated and managed according to the medication procedure. Contract management has requested a copy of a medication consent forms if not in place, CM recommends implementing and ensuring all medication consent forms are completed.**

The number of MARS sheets completed was high with staff signatures, date and time of administration. There're monthly audit of medication completed by the registered manager. The audit covers all aspect of medications from storage to medication disposal. The service practice coincides with their medication policy.

Service users who self-medicated were supported to do so through a series of stages. Staffs are on hand to supervise before resident were given the independence to administer safely.

There's a monthly medicate audit completed by the registered manager. The last medication audit completed by the service was on the 5th October 2018. This has been signed and completed by the registered manager.

CM saw PRN medication charts. The protocol was cohesive with the medication policy guidelines. Each residents PRN medication followed the protocol drafted by the registered manager and dated. PRN Medication Chart was completed without any errors. Medication administration that was given to the service user was completed with date, dosage, time, signature and outstanding balance. This was cross referenced with the dosage on the tablet packet, the balance was correct.

CM has requested to confirm the medication risk assessments and the common side effects of medication.

**Recommendation:**

- \* Contract management has recommended installing a medication error book or system, which shows evidence of any medication errors are captured, escalated and managed according to the medication procedure.**
- \* Contract management has requested a copy of a medication consent forms if not in place, CM recommends implementing and ensure all medication consent forms are completed.**

## 5. Food and Nutrition

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

### Evidence & Comments & RAGG Rating

As part of Esna House promotion of independence, service users are encouraged to do their own food shopping, prepare their own meals. Support staffs are always on hand to supervise, intervene or assist with the preparation of cooking. This was noticeable during the monitoring visit, support staff had sight of service users using kitchen's equipment.

Service user's religious and cultural dietary needs are respected and discussed during initial assessment and incorporated in the care plan. Muslim service users are made aware of the selection of Halal shops in the local area.

Contract management noticed there was no documentation or recording of specific food preferences. **CM has recommended the service to highlight and record service users' food preference.**

Residents' meal times are incorporated in their personalised weekly schedules. Resident menus are left to the decision of service users.

All service users eating habits are monitored and captured through a daily food menu and weight chart on a monthly basis. The recorded entries are compared according to the amount gained or lost within previous months and periods. A comment section service user is classified as overweight or within healthy weight. Overweight issues are picked up within monthly 1:1 sessions and highlighted as healthy eating and balanced diet.

There are guidelines and support session to monitor food areas in line with Health and safety guidelines. The contract management had a look in the fridge and freezer and did not see any food items out of date. Service users had their own respective section of the fridge.

All service users assessed at Esna House were not at risk of choking.

#### Recommendation:

- **Contract management has recommended the service to highlight and record service users' food preference.**

Q

Green

## 6. Accommodation, Fire Safety & Health & Safety - Key Domain

- \* 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

Contract Management had the opportunity to walk around the accommodation and view one of the resident's bedroom. CM saw evidence the service user was able to personalise and decorate his room according to his interest and preferences. Service users had posters on the wall, PlayStation games, DVDs, TV and a selection of hobbies on display. On discussion with the Service User regarding his single bed, he highlighted that he will prefer a double bed. The registered manager confirmed this was discussed during a 1:1 session and this was purchase.

There was evidence through 1:1 discussion with service users that they had choice of activities to part take or initiate from cooking to attending courses. This aligned with service user's weekly activities prepared tailored to the service user needs and requirement. Service users were free to move around the property. The service users were interactive with each other and support staff but there was clear respect of boundaries and privacy among the service users and support staff.

The accommodation was been spacious and decorated adequately. There communal spaces such as the kitchen, living room and garden. The property was clean and did not have any unpleasant odours.

CM saw up to date insurance certificates posted on the notice board of the accommodation. CM saw high number of valid up to date maintenance certificates with comprehensive health and safety assessment and audits carried out by the health and safety officer, Surgith Maniyappan. All health and safety checks were signed by dedicated support staff, trained to conduct the health and safety checks. Fire alarm systems test records completed on a monthly basis with dates and signature present in the folders. The service had evidence of fire risk assessment completed every 6 months. The last fire risk assessment was completed on the 9th June 2018. CM requested Esna House to provide the name of the organisation that carries out the fire risk assessment. The service manager confirmed the name of the organisation as Fire Action. CM saw evidence of Fire drills completed every 3 months. Audits are completed on a quarterly basis. There were subsequent actions and lesson learnt logs. The manager highlighted residents did not require PEEPs due their capacity and mobility. **CM has recommended completing fire drills at night especially for night staff. CM has requested confirmation of emergency/grab bag in case of an emergency and if not, incorporate one into the fire safety process. CM has requested for the most recent fire risk assessment.** Inventory of fire equipment checks completed on a monthly basis with signature and dates. Monthly central heating completed. Health and safety inspection reports completed on monthly basis signed and dates. Provider conducted home risk assessment on monthly basis covering cooking area and fire assessment. Lone working assessment was also completed. CM saw high number of valid up to date maintenance certificate. Fire alarm, COSHH, first aid, slips and trips, computer risk, legionnaires and contingency plan are in pace.

During the CM observation, two residents got into a physical altercation after a disagreement. Senior Staff and regional director were proactive in separating the residents and putting them into separate rooms. The Director and Register manager spoke to the respective clients to defuse the situation. Police officers were immediate contacted due to the verbal threat. The Director has ensured an incident and accident will be completed. CM requested an Incident Report on the physical altercation that occurred between the two clients during the

contract monitoring visit. This was provided to contract management on 24th October 2018.

An infection control policy is in place, these provides guidelines and procedure on how to implement the correct measures to minimise the impact of outbreak and ensuring all regulatory bodies are identified and informed. There have been no report or recorded cases of infection in the last 12 months.

**Recommendations:**

- **CM has requested the most recent fire risk assessment to be provided once completed.**
- **CM has recommended completing fire drills at night especially for night staff.**
- \* **CM has requested confirmation of emergency/grab bag in case of an emergency and if not, incorporate one into the fire safety process.**

Q

Green

## 7. Safeguarding

- \* Policy and Processes
- \* view of Waltham Forest SG team

### Evidence & Comments & RAGG Rating

The provider has in place a protection and abuse bullying and harassment policy and managing violence and aggression policy. Both safeguarding policies outlines all definitions and parameters for safeguarding and the procedure displayed on the wall. The procedure is completed within 7 stages. There was evidence of safeguarding procedure guideline in place and up to date. CM saw evidence of documentations and noted the procedure were compliant to the policy which is reviewed every two years.

Esna House have a complete list of accident logs, accident incident service user, accident incident non service user, record of physical intervention and restraint, triggers precipitating factors, F 2508 – RIDDOR, accident and CQC notification table. According to the manager and evidence seen, there haven't been any accidents or incident in the last 6 months. However on the day of the monitoring visit an incident did occur (refer to accommodation section for details). CM requested a copy of the incident report. Esna House shared a copy of the report on the 24th October 2018. The incident report provided remedial actions to prevent reoccurrence.

Esna House have listed records of staff DBS. All DBS were up to date with the next staff members review to take place between April 2019 and September 2021. There are no service users with a pressure sore or any incident of that nature. The manager informed the CM, the service does not accept service user with pressure sore.

Q

Green

## 8. Staffing

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

### Evidence & Comments & RAGG Rating

Staff files are kept on an electronic filing system called team viewer, with restricted access to the LHCC recruitment manager. Three staff files were reviewed during the Leyton House monitoring visit

- Deputy manager,
- Senior support worker,
- Support worker.

The service has a safer recruitment policy to safeguard and promote the welfare of the vulnerable adults within the home.

CM saw evidence of Staff employment agreements, qualifications, induction training, references and enhanced Disclosure and barring service (DBS).

All 3 staff members have completed their care certificate and their mandatory qualifications, consisting of Derivation of liberty safeguarding, health and safety, mental capacity and other certifications. In addition to their mandatory qualification, each staff reviewed either held or was working towards an NVQ health and social care qualification. This shows clear evidence of Esna House commitment to staff development and ensuring staffs is equipped to meet service user needs. CM confirmed there were employment agreements signed and correctly dated. CM saw evidence of enhanced DBS numbers for each staff member. There were copies of passports in staff files. All staff members had character references and confirmation of previous employment.

Bi-monthly supervision consists of review of staff performance, training, support, personal needs and progress against individual targets. CM reviewed supervision notes, there was clear outline of correspondence that staff have safe space to express matters or any other issues that is impacting work performance.

CM saw evidence of staff appraisals completed annually with evidence showing staff and managers comments. An audit showed all staff members of Esna House have completed their appraisals and they are up to date. All supervisions and Appraisals were signed and completed by both manager and staff.

There are 6 Staff members, the service staff structure is composed of 1 registered manager, 1 deputy manager, 3 senior support workers and 1 supporter worker. There's a staff rota in use with 6 shift patterns reflecting scheduled annual leave and sickness. The manager explained there's a minimum of 2 staff on duty during the day and 3 staffs on duty at night. The Director informed Leyton House Care centre (LHCC) has 7 registered on call managers and 4 floating support workers. This enables the home to tap into LHCC resource during periods of high demands in the home. On the day of visit, there was 3 staff including the registered manager.

Esna house has high staff retention with no reported or recorded staff dismissal / departure in the last 12 months.

Q

Green

## 9. Quality Assurance

- \* System and processes
- \* Public Health
- \* Incidents and accidents
- \* Complaints
- \* Confidentiality
- \* Known risk to the service

### Evidence & Comments & RAGG Rating

Staff training matrix are in place and up to date. A copy was provided at time of monitoring visit. There was evidence of policies and procedures in enclosed in the Policy and procedure folder with an index. All policies are reviewed every two years. All policies reviewed during the monitoring visit were issued April 2017 and scheduled to be reviewed April 2019. CM noted policies or procedure changes were reflected in the audit sheet with dates and signatures.

Esna House completes a self-assessment audit every 3 months. The manager reviews all aspect of the service from staff to service users to Health and safety. The most recent quality assurance was completed on 31st July 2018

CM saw evidence of manager's resident audit completed and logged. The audits are completed every three months or need to basis. The manager reviews ensures the service users basic information, assessment forms, care plans, risk assessment, 1:1 sessions and daily notes are signed and up to date. The last manager's service user audit was recorded on the 31st July 2018.

The accommodation has a complaint form in place. All complaints are accompany with an investigation report with an assigned investigation officer commonly the registered manager. In

the last 5 months, there have been 1 complaint since recent development in the service. A Service user made a complaint on the 11th October 2018 during a 1:1 session. CM noted an action was drawn up to resolve the complaint. The complaint was addressed within the 28 days period specified in the accommodation complaint policy. All complaints are managed through an investigation officer, the registered manager.

Provider has in place, a complaint folder consisting of complaint register and complaint form, with appropriate description of complaints, actions, dates and outcomes highlighted. The Registered manager confirmed a complaint log was in place.

Registered manager informed CM they are in regular communication with CQC of any changes. The last communication with CQC was 12th October 2018, regarding application changes to registration of managers. Esna House informed contracts in the last 12 months, they have communicated with CQC more than 15 times concerning changes regarding statement of purpose to the closure of Bridge House.

Esna House has in place a Business plan and emergency contingency plan Esna House covering 'the health and safety at work act 1974 and the management of health and safety at work regulations. The emergency plan is customised to the accommodation. The emergency plan covers planning for dealing with emergencies including emergency plan contacts, temporary accommodation. The last review of the emergency plan took place on 1st August 2018.

CM saw evidence that the Provider is signed up to the NMDS skill for care, registered number G260387.

Q

Green

## 10. Service User Involvement

- \* Satisfaction surveys
- \* service involvement in meetings
- \* Care study
- \* interviews with service users.

### Evidence & Comments & RAGG Rating

Esna House has a number of approaches to obtaining service users opinions on the quality delivery of their service. One of the methods utilised is service users meeting on a monthly basis. CM saw evidence of the monthly meetings taking place in the form of minutes of the meeting. Agenda covered health and safety, house rules, new service user, nutrition and hydration and safeguarding. The last resident meeting took place was in September 2018. manager informed residents unable to attend or reluctant to attend the meetings are made aware of the meeting outcomes during 1:1 sessions or informal dialogues..

In order to ensure all voices within the accommodation are being heard. Provider has a suggestion box in the communal area for anonymous suggestions and complaints that some residents, relatives, staff, professionals or members of the public are uncomfortable disclosing. Registered manager confirmed a complimentary log book is in place.

CM saw evidence that service users held one to one sessions with their key workers which correspond to residents needs and updated on the service user's care plan. It was noted that reviews took place on a monthly basis and were consistent.

Esna House conducts service users, relatives, staff and professional surveys in order to receive a diverse range of views. Satisfaction surveys are completed by staff and service users every 6 months. The first survey to take place at the beginning of November 2018, as the service is still relatively new. Two relative survey were completed in august 2018 by two of the service users relatives. Professional surveys completed by social workers, doctors, and key workers. A recent survey was completed by social worker August 2018 complimenting how well organised and managed the service.

CM saw team meetings which took place bimonthly, completed with an agenda and minute. The recent staff meetings were held September, July and May, highlighted topic of discussion included Carex, medication, lone working and other matters.

Q

Green

## 11. CQC Rating

\* Review of providers CQC rating and subsequent action plan - List all areas and services

### Evidence & Comments & RAGG Rating

The screenshot shows the Esna House CQC rating page. At the top left, the Esna House logo is displayed with a 'Good' rating badge. To the right, there are links for 'Sign up for alerts' and 'Share your experience'. Below the logo, a navigation menu includes 'Overview', 'Inspection Summary', 'Reports', 'Registration Info', and 'Contact'. The main heading is 'Overview and CQC Inspections'. A 'Click for key' button is visible with icons for checkmarks, crosses, and stars. The main content area shows a green bar with the word 'Safe' and a 'Good' rating with a green dot. Below this, the text 'Type of service' and 'Residential homes' is visible.

## Overall Good

[Read overall summary](#)

Effective

Good ●

Caring

Good ●

Responsive

Good ●

Well-led

Good ●

Residential homes

Specialisms/services

Accommodation for persons who require nursing or personal care, Mental health conditions

[+ Our inspector's description of this service](#)

Latest inspection: 19 August 2016

Report published: 14 October 2016

Q

Green