



7th October 2025

MOCK CQC AUDIT REPORT

Prepared By: **Helen Roberts**

Prepared for: **Alban House Care Home.
EX34 9JU**



07967 172536 info@carechampions.co.uk

Executive Summary – Alban House Mock CQC Inspection (October 2025)

This internal mock CQC inspection was carried out by Helen Roberts of Care Champions to assess current practice and progress since the previous

review.

The visit focused on the environment, staff practice, clinical governance and leadership oversight in line with the expectations set out in the CQC Single Assessment Framework.

Alban House appears to have made clear and measurable improvements under the current management team. The home now feels calmer, better organised and more welcoming than on earlier visits. Residents appeared relaxed, comfortable and socially engaged, and the atmosphere throughout the home felt settled and reassuring.

There is evidence of strengthened governance arrangements including more consistent cleaning provision, structured communication systems such as daily huddles, and increased responsiveness to audit findings. The introduction of the QCS compliance system is helping align policies, procedures and medication competency checks with recognised best practice.

Feedback from external professionals and improvements observed first hand both indicate that progress is having a meaningful impact on residents' daily experience. Staff demonstrated patient and person centred care and appeared confident in monitoring wellbeing and responding promptly to needs.

It is important that the home continues with planned improvements such as completing RESTORE2 observation and escalation training to the fully recognised standard to ensure risks of deterioration are consistently identified and acted upon.

Overall, Alban House is moving in a positive direction with improvements increasingly embedded into day to day practice. Continued consistency and strong leadership presence will help sustain this progress and support the home to fully meet the quality expectations of the Single Assessment Framework.

Summary of SAF alignment

Safe – Improvements in IPC, cleanliness, environmental safety and communication around risk

Effective – Enhanced care documentation, medication governance and training oversight

Caring – Calm and respectful interactions promoting comfort, dignity and independence

Responsive – Timely support and increased opportunity for meaningful

activity and choice

Well Led – Leadership taking action on feedback and strengthening governance systems

Key Strengths

Safe

The environment appears clean, well maintained and free from odours. Fire safety systems and infection control arrangements appear much more robust.

Staffing levels and cleaning provision appear to have improved, with two new domestic roles introduced.

Effective

Care planning appears to have improved judging by the quality feedback provided to Alban house by an external company, demonstrating much improved person centred documentation.

Mandatory training and staff supervision appear current, well planned and structured, with plans in place to maintain compliance.

Staff demonstrated a clear understanding of their roles and the care procedures relevant to their work.

Feedback from visiting professionals, including physiotherapists, confirms progress and improved collaboration.

Caring

Staff interactions are calm, kind and respectful.

Residents appear relaxed and engaged, with activity observed during the visit.

There is now much more visible pride among staff in delivering compassionate, dignified care.

Responsive

Residents appear to have much more choice and involvement in their daily routines.

New feedback mechanisms (visitors' book, suggestion box) are in place, encouraging openness.

The management team reviews comments and complaints to identify learning and improvement.

Well-Led

Leadership appears strengthened and is clearly visible within the home. Governance systems have been improved, with daily huddles,

feedback reviews and structured audit follow-up.

Engagement with external quality assurance and response to previous audit findings reflect a developing culture of accountability and continuous learning.

Overall Judgement

This review indicates clear progress within Alban House in line with the CQC framework expectations. There have been noticeable improvements in leadership visibility, environmental quality and the consistency of care practice.

Ongoing attention to key areas identified will support the home to continue developing and maintaining these improvements.

Alban House Mock CQC Inspection Report (October 2025)

Prepared by: Helen Roberts, Care Champions

Date of Visit: 7th October 2025

Section 1: Environment, Safety and General Atmosphere Since the previous visit Alban House appears to have made clear and measurable improvements to the overall presentation safety and atmosphere of the home. The environment now feels calmer, more organised and better cared for which suggests that previous feedback has been acknowledged and acted upon. The home presents as brighter and more welcoming which is likely to have a positive impact on residents' mood, comfort and sense of security.

These improvements appear to be supported by stronger leadership visibility and clearer oversight of daily practice. Staff now demonstrate a more coordinated and consistent approach to maintaining shared areas and responding to what is happening around them throughout the day. The noticeable reduction in noise levels together with the much tidier and better organised presentation of communal spaces suggests that staff are working hard to create a calm and homely environment.

These improvements contribute directly to residents' dignity, comfort and sense of stability. When the home feels calm, ordered and predictable it becomes easier for people especially those living with dementia to orient themselves and feel safe in their surroundings. It is well understood that a quieter and more thoughtfully arranged environment helps reduce confusion, frustration and anxiety and can encourage residents to socialise and participate more confidently in daily life.

The enhanced layout and removal of clutter also allow residents to move more

freely and independently which reduces the risk of trips or falls. This is important in maintaining mobility and confidence and helps staff to support people in a way that promotes ability rather than increasing dependence.

Taken together the environmental changes observed during this visit indicate that staff and leadership are paying close attention to how the physical setting influences the daily wellbeing and safety of the people who live at Alban House. The improvements appear to reflect a more structured and proactive approach to managing the environment and suggest that continuous improvement is gradually becoming embedded into everyday practice rather than being a one off response to concerns.

The reception area and adjoining conservatory were observed to be clean, uncluttered and attractively presented. These areas are the first spaces people encounter when entering the building and therefore play an important role in setting the tone for the home. At this visit the space appeared welcoming, organised and thoughtfully maintained, which creates a positive impression for residents, visitors and external professionals alike.

The décor in these rooms looks fresh and well cared for and furnishings were arranged in a way that supported comfort and accessibility. There was no unnecessary clutter and items were stored appropriately which supported safety, ease of movement and dignity for people entering or leaving the building. The attention to detail in these communal spaces suggests stronger domestic oversight and a growing sense of pride in the environment from both staff and leadership.

A well presented entrance and social area can also help residents feel more at home, encouraging them to spend time outside of their bedrooms and take part in day to day life within the home. It also indicates that standards in the environment are being maintained consistently rather than only improved in preparation for external review.

During previous visits to Alban House, the overwhelming sound of frequent call bells and loud walkie talkie use created a distracting and unsettled environment. It is well documented that high background noise can increase agitation anxiety and confusion for residents particularly those living with dementia or sensory impairment.

On this visit however, noise levels appeared noticeably much lower. Staff communication appeared much more discreet and professional and call bells were responded to promptly which reduced unnecessary alarm or distress for residents waiting for support. Staff appeared more visible and attentive which

may contribute to fewer call bells sounding in the first place.

The overall atmosphere in communal areas was calm and controlled and residents appeared relaxed and comfortable in their surroundings.

Conversations between staff and residents were conducted at an appropriate volume and staff movement around the building appeared purposeful and coordinated rather than rushed or reactive.

The reduction in noise disruption combined with prompt and attentive responses from staff suggests improved teamwork confidence and oversight from the leadership team. Staff appeared more aware of their surroundings and responsive to what residents needed, rather than situations escalating to the point of frustration or distress. A calmer and more reassuring environment can make a significant difference to residents' quality of life. It encourages people to feel settled and secure in their surroundings which in turn can support greater engagement in conversations and activities.

For individuals living with dementia or heightened sensory sensitivity, lower background noise can help reduce confusion and disorientation, making it easier for them to process what is happening around them and remain comfortable in communal spaces. Overall, these improvements appear to have contributed positively to residents' daily experience, helping to promote safety, wellbeing and confidence throughout the home.

During this visit there was a noticeable improvement in the control of odours throughout the home. Odours such as urine which had been more prominent previously, were significantly reduced. Communal areas corridors and lounge spaces felt fresh, hygienic and well maintained. This is important in preserving residents' dignity and comfort as strong odours can be distressing and may discourage people from spending time in shared areas.

The improvement suggests that more robust cleaning routines have been implemented and are being consistently adhered to. It also indicates stronger accountability among domestic staff and effective oversight by management who appear to be monitoring standards more closely and ensuring that tasks are being completed routinely rather than reactively.

Good cleanliness and odour control are essential components of infection prevention and control IPC and provide reassurance to residents, relatives and visiting professionals that the environment is being managed to a high standard. The progress made in this area demonstrates that efforts to strengthen housekeeping and domestic support have been effective and are contributing positively to the overall atmosphere and quality of the living environment.

The home has recently recruited two part time cleaners which together now provide full cleaning coverage across the week. This represents a significant improvement from the previous arrangements where reduced domestic capacity likely contributed to visible cleanliness issues in some areas.

Having dedicated cleaning support in place ensures that hygiene routines can be maintained consistently throughout the day rather than relying on care staff to fit domestic duties around resident care. This allows each role to remain focused on its core responsibilities which ultimately benefits both the environment and the quality of care.

Staff reported that high traffic areas such as corridors, lounges and dining spaces now receive more regular attention which helps prevent the build up of odours and general clutter. A consistent presence of domestic staff also enables quicker response to spillages and other infection control concerns, reducing potential risks and supporting a cleaner, safer and more pleasant living environment for residents.

New flooring has been installed in the downstairs area of the home since the previous visit. This flooring appeared to be well fitted and in good condition with no visible trip hazards or loose edges. The surface was smooth and suitable for residents who use walking aids, wheelchairs or frames and it provided an appropriate level of grip underfoot which supports balance and stability.

Improvements to flooring are an important part of falls prevention and help promote independence by enabling residents to move around confidently and safely. A consistent flooring type throughout communal spaces also supports those living with dementia by reducing visual changes or shadows on the floor which can sometimes be misinterpreted as obstacles and cause hesitation or anxiety.

The upgrade suggests that environmental safety is being prioritised and that the home is taking a planned approach to maintaining and improving the physical environment for the benefit of residents' comfort and wellbeing. The home has introduced a red laundry bin specifically for the segregation of used and soiled linen. During the visit this was observed to be clearly labelled, positioned appropriately and used correctly by staff. This demonstrates that staff are following recognised colour coding systems which are essential for maintaining safe and hygienic laundry processes.

Safe handling of soiled linen is a critical aspect of infection prevention and

control as bodily fluids can carry harmful microorganisms. If soiled items are not segregated promptly or correctly there is an increased risk of cross contamination to other fabrics surfaces equipment or even to other residents. By ensuring that all staff deposit soiled items directly into a designated red bin the risk of spread is significantly reduced.

The introduction of this system further suggests that the home is strengthening its environmental hygiene practices and has responded to previous concerns about odours and cleanliness by implementing more robust and accountable routines. Staff were confident in using the correct procedures which indicates that appropriate training guidance and monitoring have taken place.

Additionally the red bin was located in a practical position that supported timely disposal without causing disruption to residents daily living. This reduces the likelihood of soiled laundry being left in communal spaces or moved through the home in an unsafe manner.

This improvement contributes directly to resident wellbeing by supporting a safer, cleaner and more dignified environment. Continued monitoring of compliance and regular checks by leadership will help ensure that these standards are maintained consistently as part of everyday practice.

While on site a fire safety officer arrived to carry out a full inspection of the fire extinguishers throughout the home. Staff supported access efficiently and were able to locate equipment promptly which indicates that they are familiar with the positioning of fire safety apparatus and understand its importance.

Although this observation provided only a brief snapshot of practice it suggests that the home is engaging proactively with essential fire safety checks. No immediate concerns were raised by the officer during this visit

which provides reassurance that equipment is being maintained to the required standard.

Fire safety is a critical aspect of care home operation and relies not only on the condition of physical equipment but also on staff readiness and confidence in responding quickly during an emergency. Staff demonstrated attentiveness and organisation during this inspection which may reflect recent training or improved oversight from management.

The presence of relevant fire safety documentation in communal areas including evacuation information floor plans and maintenance records also supports transparency and accessibility should this information be required

urgently. Ensuring that safety checks remain up to date and that staff continue to be familiar with emergency procedures will further contribute to protecting residents and maintaining a safe living environment

In the reception area a range of essential safety and compliance files were available for staff and visiting professionals to access. These included risk assessments policies and procedures equipment maintenance records fire safety floor plans fire drill logs safety certificates and fire risk assessments.

Having these documents clearly organised and readily available suggests that the home is maintaining good oversight of statutory responsibilities and is prepared to provide evidence when required.

Easy access to such information can support quick decision making in an emergency and demonstrates a level of confidence in the safety measures currently in place. It also enables external professionals such as fire officers or maintenance engineers to confirm compliance without unnecessary delay.

However, alongside these documents Personal Emergency Evacuation Plans PEEPs were stored within the same publicly accessible files. While PEEPs are a critical safety resource containing information needed during an evacuation they also include personal details about individual residents such as mobility limitations and health related risks. These are sensitive and confidential and therefore should not be left where non care staff or visitors can view them.

In many services PEEPs are stored in a clearly identifiable secure location that remains quickly accessible to staff in an emergency, for example in a dedicated staff information station or a grab pack held close to the main exit. Moving PEEPs to a more appropriate storage arrangement would help protect residents privacy while still ensuring that evacuation information can be retrieved immediately when needed.

A short review of how emergency documents are stored would further strengthen fire safety governance and ensure that confidentiality requirements are fully met.

A visitors comments book has recently been introduced and was located in the reception area. The book already contained several positive comments from relatives, professionals and visitors praising the warm atmosphere, the friendliness of staff and the standard of care observed during their time in the home. This provides a valuable opportunity for people to share their experiences in real time and helps identify what is working well from the perspective of those who come into the service.

Having a clear and accessible place for feedback demonstrates that the home welcomes involvement from families and external professionals and is open to hearing different views. This aligns with good practice as encouraged by the CQC Single Assessment Framework which highlights the importance of services listening to what people think and using that feedback to support continuous improvement.

In addition, feedback that is recorded in writing is easy to review, monitor and learn from over time. Positive comments can contribute to staff morale and reinforce behaviours that residents and families value while any constructive suggestions can be responded to promptly before they become concerns.

This initiative also supports transparency and helps build confidence for visitors who can see that others have had good experiences. It ultimately benefits residents by strengthening relationships between the home and the wider support network and ensuring that the voice of residents' families and visitors contributes to shaping daily life within the home.

Leadership involvement in reviewing the comments will be important to ensure feedback leads to action where appropriate.

In the conservatory area a new feedback and suggestion box has been introduced with template forms available for completion by residents, staff or visitors. This provides a confidential way for people to raise ideas, questions or concerns at any time, including those who may feel less comfortable giving feedback verbally or in front of others. It supports inclusivity by allowing every individual including residents with communication difficulties or relatives who visit infrequently to contribute their views in an accessible format.

A written suggestion system also ensures that feedback is captured rather than forgotten which enables the management team to review recurring themes, monitor trends and prioritise responses. This is a key element of good quality governance as it creates a clear record of how concerns or suggestions are identified and addressed. It also encourages a culture of openness and continuous improvement where staff and visitors see that their contributions are welcomed and valued.

If leadership takes time to review entries regularly and share outcomes or developments resulting from those suggestions where appropriate, this will further strengthen trust and demonstrate that people's voices are influencing positive change within the home. Ultimately this benefits residents by ensuring that lived experience continues to shape decisions about the

environment and the care they receive.

Management confirmed that all feedback and complaints are logged, reviewed and discussed at staff meetings. This means that concerns raised by residents, families, visitors or staff are not dealt with in isolation but are considered as part of a wider learning process. Actions taken in response to feedback are recorded and outcomes are shared so staff understand what has changed as a result of the issue raised. This helps remove any sense that feedback is ignored and instead shows that the service is listening and responding appropriately.

This approach supports a culture of openness and transparency where challenges are acknowledged rather than hidden and where improvement is seen as a shared responsibility. When staff can see that concerns lead to positive change it encourages continual reporting of issues which further strengthens safety governance and accountability across the team.

By treating feedback as valuable information that contributes to better outcomes for residents the home is demonstrating commitment to continuous improvement and to maintaining strong relationships with families and other stakeholders. Over time this should help build confidence in the service and reinforce a culture where every person feels empowered to speak up about what is working well and what could be better.

Overall Summary - Environment Cleanliness and General Atmosphere

Alban House now presents as a calmer fresher and more consistently maintained environment than was seen previously. The improvements observed across multiple aspects of the living environment including odour control cleanliness, flooring upgrades and noise reduction collectively demonstrate a more proactive approach to managing the home. The atmosphere in communal areas felt settled and sociable which is likely to support residents' comfort, confidence and enjoyment of daily life.

These visible changes suggest stronger leadership oversight and clearer expectations for staff in maintaining safe and welcoming shared spaces. The home now appears more organised with domestic routines firmly embedded and staff demonstrating greater attention to both the physical environment and its impact on residents' wellbeing. Residents appeared relaxed and content in their surroundings and the environment now appears to support greater independence and safe movement throughout communal areas.

Overall the environment reflects increasing pride in the home and provides a solid foundation on which further improvements can continue to build,

particularly in relation to promoting dignity, safety and a sense of homeliness for the people who live here.

Alignment with the CQC Single Assessment Framework – Section 1 Environment Safety and General Atmosphere

The improvements observed in the physical environment and daily oversight of communal spaces support compliance with several key Quality Statements within the CQC Single Assessment Framework.

Safe

Reduced clutter and safer flooring enable residents to mobilise confidently and reduce risk of falls

Odour control and strengthened domestic routines support effective infection prevention and control

Improved fire safety documentation access and prompt staff response contribute to a safer environment

These factors help ensure residents live in surroundings where avoidable harm is prevented.

Caring

A calmer less chaotic environment enables residents to feel more settled and emotionally secure

Dignity is promoted when spaces are clean well maintained and respect privacy

This demonstrates an environment where residents are valued and comfort is prioritised.

Responsive

Noise reduction and proactive monitoring of communal areas mean residents receive timely support at the point of need

Uncluttered layouts promote choice and independence by enabling residents to move around freely

These changes reflect responsiveness to residents' needs and lived experience.

Well Led

Clear evidence of leadership attention to environmental standards

Feedback from audits and previous visits has been actioned and sustained over time

Staff behaviours indicate stronger shared accountability for maintaining a positive living environment

This shows improvements are being monitored, overseen and embedded into normal practice rather than quick fixes.

Taken together this demonstrates that Alban House is now developing a physical environment that enables safe, comfortable and meaningful daily living in line with expectations described within the Single Assessment Framework.

Section 2: Staff Practice and Resident Interaction

Staff were observed delivering care that was calm, patient and person centred. The lounge atmosphere appeared relaxed and sociable, with residents supported kindly by staff.

During my observations I watched a carer supporting a gentleman to mobilise to the toilet. She used calm step by step communication that promoted his dignity and independence. While her personal posture could be adjusted to reduce the risk of strain, the interaction overall reflected patient and person centred care. The staff member also sought support from a colleague to ensure other residents in the lounge continued to receive appropriate attention in her absence, demonstrating awareness of safety and supervision.

A quiz activity was taking place in the lounge during my visit. Residents were visibly engaged and appeared to enjoy the challenge. Although this particular session was being led by a member of care staff, I was informed that the home has recently appointed an Activity Coordinator. Until recently there was no dedicated person in this role, so this appointment represents a positive shift towards recognising the importance of structured occupation and social stimulation for residents.

Furthermore, the fact that meaningful activity continued in the absence of the Activity Coordinator suggests that engagement is now becoming an expected part of everyday care, and that care staff are increasingly confident in supporting residents to stay stimulated and socially connected throughout the day.

In the dining area I observed a written activities programme displayed on a whiteboard showing planned and varied sessions for the week. This

demonstrates forward planning, organisation and a commitment to offering regular opportunities for engagement rather than relying solely on spontaneous or ad hoc activities, or worse, long periods without any activity at all

Staff were observed offering drinks and checking in with residents at regular intervals throughout the day. These interactions ensured that people remained comfortable, hydrated and engaged in what was happening around

them. Residents were given time and gentle encouragement to make choices and were supported at a pace that suited them as individuals. Where assistance was required, staff provided it patiently and discreetly, without any sense of rush or pressure.

Wellbeing checks were accompanied by appropriate observation of residents' presentation, mood and mobility which helped staff identify whether anyone needed additional support. This is particularly important for those who may not be able to express discomfort or ask for help due to memory loss, communication difficulties or reduced awareness of need.

This proactive and calm approach suggests that staff maintain good oversight of both physical and emotional wellbeing throughout the day rather than responding only when a problem becomes obvious.

By anticipating need and intervening early, the team are helping to prevent issues such as dehydration, agitation or distress and are contributing positively to the overall relaxed and settled environment observed during the visit.

The consistent availability of reassurance also demonstrated that residents were never left waiting long for support and that staff are working collaboratively to monitor and maintain comfort and safety.

During my visit I was fortunate to speak briefly with two physiotherapists who were leaving the home following a resident visit. They commented that they had noticed a definite improvement in the atmosphere and overall organisation of the home since the current management team took over.

They also reported that their interactions with staff felt more coordinated and responsive, and that residents appeared more settled and content during their visits. This kind of external professional feedback is significant as it comes from individuals who attend the home periodically and are therefore well placed to notice changes over time.

They also shared positive feedback from the resident they had been supporting, who told them that “*things now feel much better than before*” and that they feel “*more supported*”

The consistency between their observations and the findings of this review provides an additional independent source of assurance that recent improvements are having a real and meaningful impact on the lived experience of residents.

Daily staff huddle meetings have now been introduced as part of the home’s communication structure. These short, focused gatherings take place to ensure that the team is aligned on priorities, emerging needs or risks and any changes to resident wellbeing. Attendance varies due to shift patterns however staff explained that they are able to request items to be added to the agenda if they are not present.

Notes from these discussions are recorded and shared through established communication systems including handovers, the Nourish digital care platform and noticeboards.

This approach supports effective delegation, strengthens awareness of resident needs across the workforce and promotes accountability. It also demonstrates an improving level of organisation and structure within the team, showing that the service is developing more proactive and coordinated ways of working to support safe and consistent care and, by discussing these points at the earliest opportunity, staff are better equipped to anticipate needs, respond appropriately and prioritise safely throughout the day.

Overall Summary - Staff Practice and Resident Interaction

Staff interactions observed during this visit demonstrated a caring patient and person centred approach that promoted dignity, independence and comfort for residents. The calm and sociable atmosphere in communal areas suggests that residents feel safe, valued and engaged in everyday life within the home. Staff were proactive in monitoring wellbeing and responding promptly to needs which helped prevent distress and supported a settled environment.

The development of a more structured approach to activities including the appointment of an Activity Coordinator and the introduction of a planned programme on display indicates that residents now have greater access to meaningful social and cognitive stimulation. Care staff also showed confidence in enabling activities themselves which suggests that engagement is becoming embedded as a consistent part of routine care.

Positive observations were reinforced by encouraging feedback from external health professionals who confirmed noticeable improvements in teamwork responsiveness and the general atmosphere of the home since the new management team took over.

Communication systems including daily huddles and effective handovers are supporting staff to share important information quickly meaning that any changes in resident needs are identified early and acted upon. This indicates a maturing culture of accountability, collaboration and continuous improvement.

Overall the improvements seen in staff practice and resident interaction are enhancing the lived experience of residents and are contributing to a more confident, capable and cohesive team approach to delivering care.

Alignment with the CQC Single Assessment Framework – Section 2 Staff Practice and Resident Interaction

The care practice and resident engagement observed during this visit align well with several key Quality Statements within the CQC Single Assessment Framework.

Caring

Staff interactions promoted dignity independence and personal choice

Residents were treated with patience and warmth and were included in conversation and decision making

This reflects a culture where residents are valued, respected and supported as individuals.

Responsive

Activities were structured planned and tailored to residents interests

Staff anticipated needs early and monitored wellbeing throughout the day

This demonstrates that the home responds promptly and appropriately to changing needs and supports meaningful occupation.

Safe

Staff provided discreet supervision and practical assistance that reduced risks

such as falls dehydration and distress

Regular wellbeing checks ensured concerns were identified and escalated quickly

These behaviours support safe outcomes and help prevent avoidable harm.

Well Led

Staff demonstrated a coordinated approach to communication including use of huddles handovers and digital recording

External professional feedback indicated improved organisation and responsiveness across the team

This evidences clearer leadership expectations and a strengthening culture of accountability.

Together these observations show that staff practice and interaction at Alban House are increasingly consistent with the expectations set out in the Single Assessment Framework particularly in relation to delivering care that is Caring Safe Responsive and Well Led.

Section 3: Care Documentation and Clinical Governance

During this visit, I did not carry out a detailed review of individual care plans, as the home advised that an external quality monitoring team had recently undertaken a review of care planning documentation and provided feedback to suggest that they were satisfied with the standard of the care plans and had provided positive feedback on their content and structure.

This represents clear progress since my last medication audit, during which I highlighted concerns that some care plans were unlikely to meet the CQC's expectations for person-centred planning. This most recent feedback therefore indicates that these recommendations have been acted upon and that improvements have been made to ensure care plans are now reflective of residents' individual needs, preferences and goals.

The home's willingness to engage with external quality assurance and respond constructively to previous audit findings demonstrates a learning culture and a genuine commitment to continuous improvement.

The service is moving towards the use of the QCS compliance system to support the development and maintenance of policies and procedures. This will help ensure that documentation remains aligned with current

requirements and best practice.

Managers and staff are already utilising the QCS medication administration questionnaires to test knowledge and understanding following training. This provides a useful method for assessing competence, identifying gaps in learning and ensuring that staff are confident in applying safe medication practices in daily care.

QCS offers structured tools and guidance that can assist the home in meeting legislative expectations and maintaining consistency in practice across the service. As the system becomes more embedded, it should support leadership in monitoring standards effectively, demonstrating compliance and providing clear evidence of progress and improvement over time. Ultimately, successful implementation of the system has the potential to further strengthen governance arrangements and contribute to better outcomes for residents. Training records reviewed during the visit confirmed that mandatory training appears to be up to date across key areas of practice. This helps to ensure that staff have the knowledge and skills required to carry out their roles safely and confidently and that residents receive care based on current standards and guidance.

Regular staff supervision is also taking place, providing protected time for staff to discuss their day to day responsibilities, review their competency and explore any challenges they are experiencing in their role. This includes reflective practice and opportunities to learn from incidents or feedback which supports continuous improvement. Staff told me that they feel able to ask questions and seek clarity where needed which creates a supportive learning culture.

Good training and supervision systems are essential in a service supporting people with complex needs. They help to identify any emerging learning needs early and allow improvements to be made before issues impact residents' quality of care. Leadership involvement in monitoring compliance also demonstrates accountability and commitment to investing in staff development.

Overall, the approach to training and supervision at Alban House appears to contribute positively to resident outcomes by ensuring that staff are equipped to respond appropriately to changing needs, maintain safe practice and deliver compassionate person centred care.

However, it was noted during my visit that the home had scheduled clinical observation and escalation training for staff using the RESTORE2/NEWS2 tool

on 17th and 18th October. This type of training is essential in residential care settings as it enables staff to recognise early signs of deterioration and take appropriate action. RESTORE2 supports the use of NEWS2 observation charts, recognition of soft signs, structured communication through SBARD and effective escalation to healthcare professionals when needed.

It is my experience that the planned sessions are/were too short in duration to meet the required standard. A proposed length of only two hours would not allow staff sufficient time to practise, complete necessary workbooks and be assessed in taking observations, interpreting results or demonstrating safe escalation.

The provider was contacted directly with this concern prior to the training, and it is therefore assumed that the sessions have gone ahead in their reduced format. If this is the case there is a risk that staff may not yet be fully confident or competent in identifying deterioration or communicating concerns promptly which may compromise resident safety.

To support readiness to respond to changing health needs the home should consider arranging a full RESTORE2 session with practical assessment and ongoing competency checks. This would demonstrate a proactive approach to clinical risk management and ensure that staff have the practical skills needed to escalate concerns at the earliest opportunity.

Governance and Oversight Summary

Alban House appears to now demonstrate a more structured and proactive approach to clinical governance. Areas highlighted for improvement in previous audits appear to have been addressed, and management oversight appears stronger and more visible across daily operations. Staff described feeling supported and confident in escalating concerns or seeking clarification, which reflects a culture that values openness and shared accountability.

The introduction of daily huddle meetings, clearer communication systems and improved monitoring of training records all show that the home is developing more reliable methods of ensuring important information is not missed. Leaders appear to be taking a more active role in checking that standards are sustained, that improvements are embedded and that any risks are identified and responded to promptly.

These developing governance arrangements contribute directly to resident safety and wellbeing by ensuring that decisions are informed, coordinated and based on an accurate understanding of current needs. Continued consistency in this approach will help the home maintain progress and

demonstrate that improvements are not one off corrections but part of an ongoing commitment to quality.

Alignment with the CQC Single Assessment Framework – section 3 Care Documentation and Clinical Governance

The actions taken by the home to strengthen care documentation audit follow up and clinical oversight demonstrate alignment with several key Quality Statements within the CQC Single Assessment Framework.

Safe

Improvements to medication documentation and governance help ensure that residents receive their prescribed medicines consistently and safely

Progress in escalation training supports recognition of deterioration and timely intervention

These practices reduce clinical risk and help prevent avoidable harm.

Effective

The move towards using QCS resources ensures policies remain current and evidence based

Regular training and supervision help staff maintain the skills needed to meet residents changing needs

External quality oversight confirms improvements in care planning and clinical processes

This indicates care is increasingly based on best practice and informed decision making.

Responsive

Care plans are being developed to better reflect individual strengths needs and goals

Staff are using learning processes such as questionnaires and reflective supervision to identify when changes are needed

This supports prompt and personalised action when needs or risks change.

Well Led

Leaders have responded to audit findings and demonstrated sustained improvement rather than one off correction

Communication structures such as huddles and handovers help ensure information is shared reliably

Staff feel supported and confident in escalating concerns

These reflect a maturing governance framework that promotes accountability openness and continuous improvement.

Together the evidence in Section 3 shows that Alban House is strengthening its approach to monitoring quality, managing risk and developing its workforce in line with expectations of the Single Assessment Framework.

Section 4: Overall Summary and Recommendations

Based on the observations made during this visit Alban House continues to make clear and measurable progress in strengthening the quality and consistency of care. The home now presents as calmer and more organised than on previous visits and residents appeared relaxed, comfortable and engaged in day to day life. Staff demonstrated a caring and person centred approach with increased confidence in monitoring wellbeing and responding promptly to needs.

Leadership oversight and governance appear to be developing well. Improvements highlighted in earlier audits have been addressed and embedded into routine practice which suggests a growing culture of accountability. The introduction of clearer communication processes including daily huddle meetings is helping the team share important information in a timely and structured way.

The home is also moving towards the wider use of the QCS compliance system which will support the development of up to date policies and guidance while providing tools to test and monitor staff competence. As this becomes fully implemented it will further strengthen quality assurance processes and help the service demonstrate sustained compliance with regulatory expectations.

To continue building on the progress made it will be important to

Monitor the consistent use and review of care documentation and risk assessments to ensure a reliable standard across the service

Ensure that clinical observation training is delivered to the full recognised standard with competency checks and ongoing assessment in place

Regularly review how feedback is acted upon and share learning outcomes with staff and residents where appropriate

Review emergency documentation storage to ensure both security and

immediate accessibility during an evacuation

Alban House is moving in a positive direction and the improvements seen are having a meaningful impact on the daily experience of residents. Continued consistency in leadership involvement and governance will help the home sustain this progress and continue to build on the positive changes already achieved.

Areas for Continued Focus

- RESTORE2 training: Sessions must meet full recommended duration with practical competence assessment to meet CQC expectations for clinical observation and escalation.
- PEEPs storage: Confidential information should be held securely but remain easily accessible in an emergency.
- Audit cycle: Maintain regular internal audits and track all external feedback to evidence sustained improvement.

END OF REPORT