

MOCK INSPECTION REPORT

Date of Audit: 20th May 2025

Duration of Audit: 1 day on-site

Date of report: 4th June 2025

OUTSTANDING OVER 87%	GOOD 63% - 87%	REQUIRES IMPROVEMENT 39% - 62%	INADEQUATE 25 – 38%
Care 4 Quality Rating Opinion			
	Score	%	RATING
SAFE	22	69	Good
EFFECTIVE	17	71	Good
CARING	15	75	Good
RESPONSIVE	21	75	Good
WELL-LED	21	75	Good
SERVICE RATING		Good	

Consultant: Dave O'Connor

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

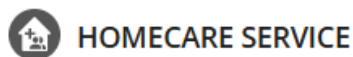
Compliance Judgements

The judgements are made against the:

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

Our view of the service

The service last had a full inspection by CQC on 21st December 2020 and achieved the following rating: **Requires Improvement**



Sunhaven

● Overall: Requires improvement

210 High Street, Solihull Lodge, Solihull, West Midlands, B90 1JP 07932 723128

Provided and run by: [Upward Care Limited](#)

Overview

Latest inspection: 21 December 2020

Report published: 18 March 2021

Safe	<u>Requires improvement</u> ●
Effective	<u>Good</u> ●
Caring	<u>Good</u> ●
Responsive	<u>Good</u> ●
Well-led	<u>Requires improvement</u> ●

Summary of the Visit

Sunhaven is an extra care living scheme situated in Solihull, the Midlands. The scheme has 36 self-contained apartments across two floors. The service is registered to provide personal care; the service does not provide nursing care. The service specialism listed on the CQC website includes: caring for adults under and over the age of 65 years of age, dementia, mental health conditions, physical disabilities and sensory impairments. At the time of the audit, there were 33 tenants occupying the apartments, with 26 in receipt of regulated activity. There are three empty apartments and on the day of the visit, the manager completed a show round for one of the apartments.

Upward Care is a supported living and extra-care service care provider operating across the Midlands. The supported living services and extra care living scheme are registered with the CQC. This visit to Sunhaven forms part of an audit across each of the registered locations.

Miss Jane Anderson is the managing director and the CQC nominated individual. Mrs Nicolle Bailey is the registered manager for the service. Miss Natasha Streeter is the operations director for Upward Care services and was present during the visit.

This was an announced visit. The audit took place over one day and covered the core and additional quality statements across each of the five domains.

As part of the methodology of the audit we reviewed the care and support documentation for three tenants who live at Sunhaven. We spent time talking with tenants, speaking to the staff team on duty and discreetly observing the quality of the interactions between tenants and staff. We spoke with the operations director, registered manager, support workers on duty, volunteers from the knitting club, and manager of the community centre. We spoke to three tenants, two of whom were case tracked as part of this audit. We reviewed a range of records as part of this audit, including care plans and associated records, medication records, staff training, and records relating to the governance of the service. Refer below for a review of the findings, and, where relevant, any actions and recommendations made.

Audit Findings

SAFE – People are protected from abuse and avoidable harm			Good	
The total possible score for SAFE is: 32			SCORE	%
			22	69
4 = Evidence shows an exceptional standard	3 = Evidence shows a good standard	2 = Evidence shows some shortfalls	1 = Evidence shows significant shortfalls	
Learning culture	<i>Regulations 12,16,17, and 20</i>		Score (1 -4):	3
We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.				
The service was rated overall as Requires Improvement by CQC following the full inspection undertaken in December 2020. During this audit, we conducted discussions with the operations director, registered manager and some support workers on duty. All staff spoken with were open and transparent throughout the audit, providing us with access to all relevant information and records throughout the audit.				
It was evident that there is a transparent and open culture within the service, for example, safeguarding referrals, duty of candour principles are applied when responding to concerns and a complaint or an incident.				
At the time of the audit, there were a number of open safeguardings with Solihull Metropolitan Borough Council. We were informed that these were legacy safeguardings with actions completed, although no formal closure by the local safeguarding team. CQC is notified of notifiable incidents if they relate to a regulated activity.				

There are policies and procedures around gaining feedback, a complaints and whistleblowing policies are in place. Staff and family, relatives and advocate surveys were completed in March 2025. Results have been collated, with an action plan completed.

During this audit, we provided an example lesson learned log with should be used to capture lessons learned, including what worked well, what could be improved, follow-up needed and actions required.

Action Recommended

CQC will continue to focus on how the service learns from events and incidents. The management of the service and wider organisational leadership team should continue to develop how services evidently learn from events and near misses, for example, use of organisational briefing, reflective reviews, recorded debriefs, care quality reviews and completion and monitoring of service improvement plans.

Action Recommended

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

Sunhaven is a purpose-built extra care living scheme. The scheme consists of 36 self-contained apartments across two floors. These are fully wheelchair and scooter accessible. An internal passenger lift is available for use.

Referrals for housing and housing and care are made via the Solihull Metropolitan Borough Council commissioning team and agreed through a panel which consists of an Upward Care and Housing representative, Solihull commissioning representative and the allocated social worker. The panel also meets via a Teams meeting every two months to review placements and any voids at the service.

At the time of this audit, the service had implemented the Log My Care management platform. Copies of Local Authority care needs assessments are available on the Log My Care system or available for staff to review on the legacy shared drives.

We reviewed and case tracked three tenants during this visit, one of whom had been placed at the service in March 2025 from their home. A Local Authority care needs assessment was uploaded onto the Log My Care system which informed the initial assessment, risk assessments and care planning documentation in place. Prospective tenants are invited to view the apartments and during the audit, the manager provided a show round of an apartment where there is a current void.

Log My Care system generates a hospital passport using the information populated within the tenant's digital record. This can be printed out and available for transfer and sharing in the event of a person supported going to/being admitted to Hospital.

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

Policies and procedures are in place relating to safeguarding and whistleblowing. Staff have access to policies, including the safeguarding and whistleblowing policy, which are also available via the QCS app on mobile devices. Staff complete safeguarding training as part of their induction, which is refreshed regularly.

A safeguarding log is maintained and as indicated above, there are a number of open safeguardings and the manager has requested the support of the local authority quality manager to close legacy safeguarding referrals. The safeguarding log contained a summary of lessons learned following the safeguarding between January 2025 and March 2025. We were informed that the service has not been subject to a Local Authority Section 42 organisational safeguarding enquiry.

Staff receive safeguarding training during induction and refresher training. The training data provided indicated an overall good compliance rate for all training, indicating good levels of staff compliance around safeguarding training. There is a safeguarding lead within the organisation who is also the organisation's trainer.

During the audit we noted very good relations between staff and tenants. During the audit, there were no complaints or potential safeguarding issues raised with the auditor.

Involving People to Manage Risk	Regulations 9,11, and 12 (10)	Score (1 -4):	2
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We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

We reviewed care and support and risk assessment documentation in relation to the three tenants' case tracked and in receipt of regulated activity. Risks to people supported are recorded with individual risk assessments in place. Overall, we noted the risk assessments were specific to the person and in good detail.

Some of the tenants that we reviewed were at risk of choking; choking risk assessments were in place. None of the tenants had Speech and Language Therapy (SALT) guidelines in place around food and fluids, although referrals would be made if there was a current and evident risk of choking. We noted information around choking risks was consistently recorded within the care and support plans, risk assessment and hospital passport.

Tenants have access to pendant and risk alarms that notify staff on duty, including waking night staff of any concerns, including if the tenant has a fall. An accident and incidents folder is in place and the staff team records on body maps within Log My Care of any changes to a tenant's skin, for example, a bruise.

We noted a tenant (JB) who was case-tracked had a number of body maps in place due to bruises sustained. The tenant has use of a walking frame. A falls screening tool has been completed, indicating the tenant is at high risk of falling. We noted there was no falls care plan in place and risk assessments did not refer to the tenant having use of a walking frame.

Action Required

Sample records viewed indicated each tenant has a Personal Emergency Evacuation Plan (PEEP) in place, which is regularly reviewed. However, we noted that a tenant (JB) did not have a PEEP in place. The tenant is at high risk of falls and uses a walking frame.

Action Required

We recommend that the PEEPs are printed and placed in an emergency grab folder in the event of needing to be easily accessible in the event of an emergency.

Action Recommended

Safe Environment	<i>Regulations 12, 15 and 17</i>	Score (1 -4):	2
<p>We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.</p> <p>Sunhaven is a purpose-built extra care living scheme. The scheme consists of 36 self-contained apartments across two floors. These are fully wheelchair and scooter accessible. An internal passenger lift is available for use. The property is owned and managed by Upward Housing.</p> <p>Tenants are able to personalise their apartment in accordance with their preferences. All tenants are provided with details and information about reporting maintenance issues and concerns. Tenants are fully supported by the staff team in reporting environmental issues if required. The scheme benefits from having an adjoining café that can be used by tenants and members of the public. The scheme has a number of communal areas, internally and externally, including communal lounge, pamper suites and grassed landscaped lawns.</p> <p>Environmental and individual risk assessments were noted to be in place. Each tenant reviewed had an up-to-date personal emergency evacuation plan in place, which was reviewed regularly. However, as noted above a tenant required a PEEP to be in place. An action has already been made in relation to this aspect.</p>			
Safe and Effective Staffing	<i>Regulations 12, 18 and 19</i>	Score (1 -4):	3
<p>We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people’s individual needs.</p> <p>We were informed there were no significant staff vacancies to recruit into, and agency staff have not been used for some time. Overall, there are eleven support workers, including bank staff.</p> <p>The scheme is also able to utilise neighbouring Coombes Court staff as required. During the day, there are between three and four support workers on duty, with a senior support worker and manager available. During the nighttime, there is a single waking night staff member on shift. On-call arrangements are in place. There is also an arrangement with Coombes Court to make contact with the waking night staff member during the nighttime as a welfare check. A policy and procedure are in place in the event of the night staff member not answering the telephone during these welfare check calls.</p> <p>We were informed that staff sickness/absence and retention levels were positive, with no concerns noted.</p> <p>The service utilises training from a commissioned trainer who provides face-to-face training, including induction training and support to complete the Care Certificate. Staff complete Oliver McGowan tier 1 training via the NHS eLfh E-learning platform, with a number of staff enrolled to complete tier two of the training.</p> <p>We reviewed the staff training matrix and noted that at the time of the audit, 97% of the mandatory training modules were completed. Staff have completed Crisis Prevention Intervention training, which is delivered by another registered manager within the group who has completed the accredited train-the-trainer programme.</p> <p>A staff supervision structure is in place, with a supervision matrix indicating that supervisions are up to date.</p> <p>Staff recruitment was not reviewed during this audit.</p>			

Infection, Prevention, and Control	<i>Regulations 12, 15 and 17</i>	Score (1 -4):	3
<p>We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.</p> <p>Staff complete infection prevention and control training, which is refreshed regularly. During the walkabout of the scheme, we noted the communal areas and corridors to be clutter-free, clean and malodour-free. Communal toilets contained soap and disposable towels. We spoke with a tenant in their property, and they confirmed that staff were diligent when completing cleaning tasks. Staff have access to PPE as required.</p>			
Medicines Optimisation	<i>Regulations 9, 12 and 11</i>	Score (1 -4):	3
<p>We make sure that medicines and treatments are safe and meet people’s needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.</p> <p>Training data indicated that staff receive medication management and administration training with good levels of completion rate. Each tenant has secure medication storage facilities within their apartment. Medication files are held in individual apartments, and we did not get the opportunity to review any MARs/medication files.</p> <p>We were informed that discussions are ongoing with the contracting pharmacist to review the MAR template in order that printed MAR charts are available in the future, rather than the process of staff handwriting the directions onto each MAR chart. We were informed that two staff are responsible for ensuring the correct information is handwritten onto the MAR, one writing the information and a second staff member signing as a witness to confirm the details are correct.</p> <p>Where a medication error had occurred, there was evidence of management follow-up, including the staff member undertaking retraining and further medication competency assessments being completed.</p> <p>We noted the organisation had provided guidance for staff in relation to the prescribed drug sodium valproate. Several alerts have been sent to social care and health providers from the Medicines and Healthcare Products Regulatory Authority (MHRA) regarding the use of sodium valproate for women of childbearing potential and a possible significant risk of birth defects and developmental disorders.</p> <p>Weekly medication audits are completed by the manager across all tenants who are supported with their medication. Where there are medication errors, these are reported through to the Local Authority safeguarding team.</p> <p>We recommend a review be undertaken of the guideline issued by CQC High risk medicines: valproate - Care Quality Commission (cqc.org.uk) and the Government and develop a policy around sodium valproate, and associated brands and the use of in relation to women of childbearing potential. Other useful websites to review include: New rules for taking sodium valproate - Epilepsy Action and Further prescribing restrictions for epilepsy drug valproate - Learning Disability Today</p>			
			Action Recommended
<p>Actions Identified:</p> <ul style="list-style-type: none"> • In relation to tenant JB ensure a falls care plan is in place and the plan and risk assessments refer to the falls minimisation strategies in place including the use of their walking frame. • Where tenants are at risk of falls ensure there is a fall care plan in place. • Ensure tenant (JB) has a PEEPs in place. The tenant is at high risk of falls and uses a walking frame. • Undertake a review to ensure all tenants have a PEEPs in place in accordance with Upward Care policies and procedures. 			

Actions Recommended:

- The management of the service and wider organisational leadership team should continue to develop how services evidently learn from events and near misses, for example, use of organisational briefing, reflective reviews, recorded debriefs, care quality reviews and completion and monitoring of service improvement plans.
- Consider adopting the lessons learned log format provided during the audit to assist in the identification and learning from events, near misses and positive aspects of the service.
- We recommend the PEEPS are printed and placed in an emergency grab folder in the event of needing to be easily accessible in the event of an emergency.
- Review the guidelines issued around high-risk medicines: sodium valproate. A policy and procedural guidance document would be beneficial to support teams in ensuring service users administered sodium valproate are aware of the risk and have their medication reviewed in accordance with the guidelines.

EFFECTIVE – People’s care, treatment and support achieve good outcomes, promote a good quality of life, and are based on the best available evidence			Good	
The total possible score for EFFECTIVE is: 24			SCORE	%
			17	71
4 = Evidence shows an exceptional standard	3 = Evidence shows a good standard	2 = Evidence shows some shortfalls	1 = Evidence shows significant shortfalls	
Assessing needs	<i>Regulations 9 and 12 (10, 11,17)</i>		Score (1 -4):	3
We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, well-being and communication needs with them.				
<p>People supported placed in a scheme undergo a comprehensive assessment of need, which includes evaluating their current situation. The service works in partnership with the Local Authority, social workers, mental health teams, CHC commissioning teams and Upward Housing to review the suitability of placements. Tenants have access to advocacy services, with many of the tenants' families also actively involved in people's care and support. Some tenants have appointees in place to help the person manage benefits and finances if they are unable to do so for themselves.</p> <p>Tenants’ preferred methods of communication and support needs are well-detailed within support plans. Discussions with staff and observations during the visit, we noted that staff on duty had good insight and knowledge around tenants' preferred method of communication.</p> <p>We reviewed three tenants' care documentation and noted that two contained recent six-week service and quality reviews that were completed. The other tenant is due for their six-week review with a date planned to include the tenant’s social worker.</p> <p>On the day of the audit sample files viewed contained generally well-detailed information, including care plans, risk assessments and associated records.</p>				
Delivering evidence-based care and treatment	<i>Regulations 9, 10, 12, 14, and 17 (11)</i>		Score (1 -4):	3
We plan and deliver people’s care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.				
Tenants' medication is kept under review with the support of professionals and the STOMP initiative.				

None of the tenants reviewed required a PBS or essential lifestyle plan to be in place. Incident and accident records are completed as required. Person-centred tools and documentation were completed via the Log My Care platform. We reviewed three tenants' care and support and associated documentation, which were generally very well-detailed.

Staff complete Tier 1 Oliver McGowan Training, with a number of staff booked to complete Tier two of the training. As noted earlier in this report we noted that some people supported may be prescribed sodium valproate. We have recommended a review of the guidance to develop policies, procedures and guidance for staff.

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

We did not look at this quality statement during this assessment. The score for this quality statement is based on the previous rating for this key question.

Supporting people to live healthier lives	<i>Regulations 9 and 12 (9A, 10, 11)</i>	Score (1 -4):	2
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We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support.

Tenants are registered with a GP and, where required, are supported in managing health and other appointments. Sample diary entries included information regarding health appointments and outcomes. Health and medication support plans are in place for each tenant. We noted there was very good detail and guidance around conditions, for example, a tenant had a stoma bag fitted. There was guidance around stoma care and the lead stoma nurse assigned to the tenant. We recommend further information be provided about stoma management within the care plan, for example, cleaning of the stoma site, monitoring and what staff should do in the event of a blockage etc.

Action Recommended

Tenants' holistic support needs are recognised within the care and support plans. For example, a tenant case tracked has periodic suicidal ideations and the support provided, including from the community mental health team, is well-detailed, providing good guidance to the staff team.

Due to some of the tenants' conditions, they present a choking risk. Choking risk assessments and management plans were viewed and these were well-detailed, providing staff guidance around how each tenant should be supported around nutrition and hydration. We recommend that risk assessments also detail high-risk foods that should be avoided for those assessed as a choking risk.

Action Recommended

Speech And Language Therapy (SALT) guidelines were not in place for any tenants at the time of the audit. Records of meals prepared and eaten are recorded with daily diaries, however, these are inconsistent and don't provide an overview of all meals prepared and eaten.

Action Required

Some tenants can independently access their local community. Others, with support from the staff team, are supported with shopping, enjoying walks, and visiting places of interest.

We spoke with the manager of the neighbouring community centre, who provided information about the many events the tenants are able to access, including talks from the local community police. Group activities are organised, and one of the tenants spoke about a recent trip to the pub for a group meal.

Monitoring and improving outcomes	<i>Regulation 12 and 17 (9)</i>	Score (1 -4):	3
We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent and that they meet both clinical expectations and the expectations of people themselves.			
We did not look at this quality statement during this assessment. The score for this quality statement is based on the previous rating for this key question.			
Consent to care and treatment	<i>Regulation 11 (9, 10)</i>	Score (1 -4):	3
We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.			
We did not look at this quality statement during this assessment. The score for this quality statement is based on the previous rating for this key question.			
Actions Identified:			
<ul style="list-style-type: none"> Ensure food records are consistently completed within Log My Care. 			
Actions Recommended:			
<ul style="list-style-type: none"> Risk assessments should also detail high-risk foods that should be avoided for those tenants assessed as a choking risk. Further information should be provided about stoma management within the care plan, for example, cleaning of the stoma site, monitoring and what staff should do in the event of a blockage etc. 			

CARING – The service involves and treats people with compassion, kindness, dignity, and respect.			Good	
The total possible score for CARING is: 20			SCORE	%
			15	75
4 = Evidence shows an exceptional standard	3 = Evidence shows a good standard	2 = Evidence shows some shortfalls	1 = Evidence shows significant shortfalls	
Kindness, compassion and dignity	<i>Regulations 9 and 10 (12)</i>	Score (1 -4):	3	
We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.				
Observations indicated tenants are treated with respect, dignity and compassion.				
During the visit, we spoke with two tenants who at the time were being supported with a care call. One of the tenants was new to the scheme and described how they had moved to Sunhaven because they had been struggling to manage at home. They were very positive about the service provided and complimentary about the care and support received. Similarly, we spoke with another tenant in their apartment, and they provided glowing feedback regarding the support workers and the support they provide.				
We spoke with volunteers from the knitting group who attend the service every two weeks, sitting in the adjoining café and offering support to tenants who wish to take part in the group. They indicated that there are generally two tenants that join the group, although they haven't seen one of the tenants for a number of weeks. We fed this back to the manager, who advised that sometimes the tenant chooses not to take part. We advised that this could be explained to the volunteers during the session, in order that they are aware of why regular tenants haven't joined the group.				
Compliments received are recorded within a compliments log.				

Treating people as individuals	<i>Regulations 9, 10, 14 and 15</i>	Score (1 -4):	3
<p>We treat people as individuals and make sure their care, support and treatment meet their needs and preferences. We take account of their strengths, abilities, aspirations, culture, and unique backgrounds and protected characteristics.</p> <p>Sample review of care and associated documentation indicated tenants are treated as individuals, who have strengths as well as care and support needs. Tenants' use of preferred names is respected, and we noted during the visit that the staff team consistently refers to tenants who have expressed a preference to be known by another first name.</p> <p>People's individuality, goals and ambitions are recognised, and they are supported to achieve these and be the best version of themselves.</p> <p>Tenants have a keyworker, who supports with meaningful goal setting and achieving goals individual to the person. For example, a tenant who was recovering from a previous stroke has a goal around using their robotic hand to help improve motor function. Goals are recorded on Log My Care and are kept under review for progress.</p>			
Independence, choice and control	<i>Regulations 9 and 12 (9A and 10)</i>	Score (1 -4):	3
<p>We promote people's independence, so they know their rights and have choice and control over their own care, treatment and wellbeing.</p> <p>Tenants' decision-making and making choices are fully supported. We spoke with a tenant during the audit, and they showed us and demonstrated how they use their robotic hand. This was purchased by the tenant after their physiotherapy sessions had ceased.</p> <p>Some of the tenants are able to access their local communities with little or no support. Others are provided with support according to their assessed needs. Tenants are encouraged to be as independent as possible; a number of tenants use mobility scooters and walking aids to help promote their independence and mobility.</p> <p>Some tenants are fully independent and do not require any care, with housing support provided by the team as required, for example, around repairs and maintenance issues. One of the tenants was preparing to go carp fishing, walking to the lake with their fishing cart.</p> <p>Tenants are supported in relation to their wishes and assessed needs, for example, around medication, personal care, cleaning and shopping tasks. Tenants are encouraged to manage their own medication and their ability to self-medicate is assessed and kept under review.</p>			
Responding to people's immediate needs	<i>Regulations 9, 10, 11 and 12 (16)</i>	Score (1 -4):	3
<p>We listen to and understand people's needs, views and wishes. We respond to these at that moment and will act to minimise any discomfort, concern or distress.</p> <p>We did not look at this quality statement during this assessment. The score for this quality statement is based on the previous rating for this key question.</p>			
Workforce well-being and enablement	<i>Regulations 9, 12, 17, and 18</i>	Score (1 -4):	3
<p>We care about and promote the well-being of our staff, and we support and enable them to always deliver person-centred care.</p> <p>We did not look at this quality statement during this assessment. The score for this quality statement is based on the previous rating for this key question.</p>			
<p>Actions Identified: N/A</p>			

Actions Recommended: N/A

RESPONSIVE – The service meets peoples’ needs			Good	
The total possible score for RESPONSIVE is: 28			SCORE	%
4 = Evidence shows an exceptional standard	3 = Evidence shows a good standard	2 = Evidence shows some shortfalls	21	75
Person-centred care		<i>Regulations 9 (10, 11, 12, 14)</i>	Score (1 -4):	3
We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.				
<p>Upward Care has introduced and implemented an electronic care management system, Log My Care. We case-tracked three tenants, reviewing care and support plans, risk assessments and uploaded documents and found these contained well-detailed information regarding: health care needs summary, likes/dislikes and preferences. Daily notes reviewed were person-centred and well-detailed, providing good information about the tenant's day and any other relevant information.</p> <p>Person-centred tools such as ‘what’s important to me, how to support me, likes/dislikes, my wellness’ were well completed and contained personalised information regarding each tenant. Care files viewed were digitally signed by each tenant. There was evidence of tenants and significant others being part of the review of care and support plans.</p>				
Care provision, integration, and continuity		<i>Regulations 9, 12 and 17 (10)</i>	Score (1 -4):	3
We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.				
We did not look at this quality statement during this assessment. The score for this quality statement is based on the previous rating for this key question.				
Providing information		<i>Regulations 9, 13 and 17</i>	Score (1 -4):	3
We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.				
We did not look at this quality statement during this assessment. The score for this quality statement is based on the previous rating for this key question.				
Listening to and involving people		<i>Regulations 16 and 17 (9, 10)</i>	Score (1 -4):	3
We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what’s changed as a result.				
<p>Where able, tenants are fully supported to be involved in their care and support, including through regular reviews where they are able to express their views and wishes. Tenant choice and preferences are prioritised.</p> <p>Tenants are involved in setting achievable, meaningful goals that are kept under review in relation to progress. We reviewed a number of the goals that are recorded with the Log My Care platform. This included a goal of a tenant using their robotic hand as part of therapy after a stroke. We spent time talking with the tenant in their apartment and with the support of the support worker, they demonstrated how the robotic hand works. The tenant described the benefits of the robotic hand in relation to the motor function by improving weakness, muscle/ligament tension, and coordination issues and the therapy benefits. The tenant indicated that they wanted to use the robotic hand each day, although they didn’t want to trouble the staff team. The tenant also uses a foot exercise machine which help with</p>				

maximizing functional independence, and improve muscle strength and coordination and helps with range of motion
We provided feedback to the manager regarding the wishes of the tenant in relation to the support of using the robotic hand and the foot exercise equipment and their experiences of how this is built into the support calls each day.

Action Recommended

Tenants are active participants in tenant meetings where they discuss topics around the housing/repairs, activities, care and support, compliments/concerns/complaints and other items. We noted there were well-detailed minutes of the meetings, which are shared with the tenants.

A monthly newsletter is shared with the tenants, and this provides useful information around updates relating to the service, what’s happening in the community, for example, at the local community centre, the knitting club, slimming club, exercise classes and cardettes cards and crafts sessions. News and updates are provided regarding the service provided by Jan’s dog-friendly café and useful information around topical items such as stroke awareness.

There is a feedback QR code for people to scan and provide feedback to the management team. Managers indicated they have noted tenants and others tend to prefer paper-based feedback. Upward Care launched their 2025 staff and family, relatives and advocacy survey with a comprehensive report completed for the surveys in March 2025.

Fifteen staff surveys were distributed with six completed. The results were analysed by the quality and CQC compliance manager for Upward Care. Generally, the report indicated very positive responses. A number of actions have been included within the survey report for development and action by the management team.

There were two responses for the Family, relatives and advocate survey which indicated an exceptional standard of care delivery. In relation to the survey feedback a “You said We Did” response should be shared and prominently displayed.

Action Recommended

Equity in access	<i>Regulations 12, 13, 15 and 17 (9, 10)</i>	Score (1 -4):	3
We make sure that everyone can access the care, support and treatment they need when they need it.			
We did not look at this quality statement during this assessment. The score for this quality statement is based on the previous rating for this key question.			
Equity in experiences and outcomes	<i>Regulations 12, 13 and 17 (9, 10)</i>	Score (1 -4):	3
We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.			
We did not look at this quality statement during this assessment. The score for this quality statement is based on the previous rating for this key question.			
Planning for the future	<i>Regulations 9 and 10 (11)</i>	Score (1 -4):	3
We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.			
A tenant case tracked was on the palliative care pathway. We noted an end-of-life care plan was in place and the tenant was fully involved in the decision-making, signing their care plan digitally.			
RESPECT forms are in place and recorded where required.			

Actions Identified:

N/A

Actions Recommended:

- In relation to GL discuss with them the support required for them to utilise their robotic hand and foot/step machine each day.
- In relation to the survey results consider developing a ‘You Said We Did’ response.

WELL-LED – Leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture			Good	
The total possible score for WELL-LED is: 28 (excludes sustainability)			SCORE	%
			21	75
4 = Evidence shows an exceptional standard	3 = Evidence shows a good standard	2 = Evidence shows some shortfalls	1 = Evidence shows significant shortfalls	
Shared direction and culture		<i>Regulations 10, 12, and 17 (9) Related 12</i>	Score (1 -4):	3
We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.				
Sunhaven is an extra care living scheme providing homecare support as required to tenants living in their own apartments within the scheme.				
There is an organisational structure in place, with Jane Anderson, managing director, who is also the CQC nominated individual. Natasha Streeter oversees the service as part of her role as operations director for Upward Care. Nicolle Bailey is the CQC registered manager. A deputy manager is in place, although they have been on sick leave for an extended period. Nicolle and the senior support workers provide day-to-day leadership and management of Sunhaven.				
We were provided with numerous examples of leadership and staff team meeting minutes. We spoke with two support workers during the visit and they both indicated they felt well supported and were complimentary about the role and support from managers. It is evident that the senior leadership team and support functions, including the quality and CQC compliance manager, are visible in the service. Actions set by managers are monitored for progress and completion. It was evident throughout the audit that there is a positive culture with shared aims and vision around providing quality care.				
During the visit the manager spoke about the challenges faced, including the implementation of Log My Care, which is now implemented across all tenants and the additional functions of the system. The manager indicated that support from the Local Authority quality monitoring manager had been sought in order to close historic safeguarding referrals that remain open from a Local Authority perspective, despite no further work/actions required. Successes include: tenants receiving continuity of staffing with employed and bank staff utilised, no agency staff deployed for some time, tenant goal setting with their keyworkers and involvement of staff and tenants in decisions relating to the service.				
During this audit, managers were receptive to further recommendations and areas for improvement and development. We sent the manager a suggested lessons learned log, suggestions and formats to complete outstanding case studies evidencing and shining the spotlight on high-impact outcomes for service users. We also sent managers guidance and				

top tips for services to prepare for inspections, guidance and top tips to help prepare staff during inspections and guidance around sodium valproate and potential side effects for adults.			
Capable, compassionate and inclusive leaders	<i>Regulations 6, 7, 18, 19 (4, 5) Related 4, 14</i>	Score (1 -4):	3
We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.			
Jane, with support from Natasha, provides strategic leadership to the team. Nicolle has worked at Sunhaven for a number of years, progressing to support worker, senior support worker and management roles. Nicolle’s CQC application was recently processed and approved following a fit person interview process. Nicolle is relatively new in post, although they are supported by a very experienced leadership team. It is evident there is a culture of continuous improvement and delivering high-quality support to tenants at Sunhaven.			
Sample supervision records indicated that staff receive regular and structured supervision and appraisal of their performance. During visits to services, staff morale appeared high.			
Freedom to speak up	<i>Regulations 10, 12, and 17 (9)</i>	Score (1 -4):	3
We foster a positive culture where people feel that they can speak up and that their voices will be heard.			
Tenants are encouraged to be involved in their care and support, including attending Upward Care six-week reviews and social work-led reviews.			
There is a schedule of monthly tenant meetings taking place discussing issues around care and support, property and environmental issues and progress of actions from the previous meeting. Tenants actively manage the Sunhaven fund, which includes agreeing as a group how the fund should be spent, for example, purchasing equipment, activities and trips out.			
A Complaints procedure is in place. People’s concerns are listened to with evidence of complaints being investigated and outcomes shared. Complaints and safeguarding events and recorded with patterns, trends analysed, and actions implemented as required. Tenants and visitors are encouraged to provide feedback.			
There is a feedback QR code for people to scan and provide feedback to the management team. Managers indicated they have noted that tenants and others tend to prefer paper-based feedback. As indicated above, Upward Care launched their 2025 staff and family, relatives and advocacy survey with a comprehensive report completed for the surveys in March 2025.			
Workforce equality, diversity and inclusion	<i>Regulation 17 and 18</i>	Score (1 -4):	3
We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.			
We did not look at this quality statement during this assessment. The score for this quality statement is based on the previous rating for this key question.			

Governance, management and sustainability	<i>Regulation 17 (12) Related: 14,15,16,18,20,22A</i>	Score (1 -4):	3
<p>We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.</p> <p>A clear governance and audit system is in place and includes governance meetings with senior managers. During a recent audit at another Upward Care service, we discussed with the quality and CQC compliance manager their role and responsibilities. They described undertaking regular mock inspections and other audits within each scheme. We reviewed the last audit for Sunhaven completed in May 2025, which was comprehensive and focused on the five key questions. Sunhaven was rated green across each of the five key questions, safe, effective, caring, responsive and well-led.</p> <p>We were informed there are quarterly meetings with the leadership team and operational managers to review patterns/trends and lessons learned from key performance and quality indicators. We reviewed sample minutes and found these to be well-detailed and included actions recorded, which were monitored for progress. The quality and CQC compliance manager supports with the completion of complex safeguarding reviews and evaluates the survey responses, providing a comprehensive report.</p> <p>At the service level, the manager maintains a service monitoring folder which contains audits around staff supervision, appraisals, the staff training matrix, care delivery audits and staffing audits. We reviewed sample audits and found these were up to date. We reviewed a number of quality audits that were completed using the QCS template, including RIDDOR audits, dignity and PPE audits. We noted that these audits contained some narrative to evidence the scores given for each section. We have noted that the template used provides limited space to record comments regarding sections audited.</p> <p style="text-align: right;">Action Recommended</p> <p>We noted there were oversight systems in place to review safeguarding, accidents and incidents and complaints. However, there was no trend analysis for complaints received in 2025.</p> <p style="text-align: right;">Action Recommended</p>			
Partnerships and communities	<i>Regulations 12 and 17 (9)</i>	Score (1 -4):	3
<p>We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.</p> <p>We did not look at this quality statement during this assessment. The score for this quality statement is based on the previous rating for this key question.</p>			
Learning, improvement and innovation	<i>Regulation 17 (16)</i>	Score (1 -4):	3
<p>We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research</p> <p>Upward Care has recently introduced an electronic care management and E MAR system, which is still being rolled out across services. At the time of this audit, Sunhaven continued with paper-based MAR charts. We case tracked three tenants and found care and support plans within the log my care platform to be overall well completed, detailed and reflecting tenants' strengths as well as support needs.</p> <p>As identified in the safe key question, there is a positive culture of learning from incidents, safety events and when things go wrong.</p>			

This report has identified a number of areas for improvement and development. It was pleasing to note the management was very receptive to recommendations made during the audit; there's an evident focus on developing the service and focussing areas for continuous improvement.

We provide managers with a lesson learned tool and also a format to develop high-impact case studies to shine the spotlight on good and outstanding outcomes.

Action Recommended

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

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

Actions Identified:

N/A

Actions Recommended:

- Case studies should be developed to highlight the good and outstanding outcomes for tenants and the staff team.
- Review the QCS audit template in order that there is sufficient space to comment on a section audited to demonstrate and evidence a rationale for the score given.
- Complete a trend analysis of complaints received in 2025. This should be completed at least quarterly.

End of Report

REGULATIONS LIST

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

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

CQC (Registration) Regulations 2009

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