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Provider Details

ID
NR2-000001140

Provider Details

Registered Locality
Surrey

Provider

Parent Company

Contact Details

Address
APPLENET CARE AND SUPPORT LTD - GREEWAYS, GREENWAYS, ASH ROAD, FOX CORNER, WORPLESDON, GUILDFORD, SURREY

Post Code
GU33PP

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Assessment

Executive Summary

Section A

Assessment, Care Planning & Review

Standard 01 - Respecting and Involving Service Users

(A01) The care plan should be individually tailored, person-centred, include appropriate information on the service users' preferences and views, and clearly evidence that they were involved in the decisions about how their care and support is to be delivered.

☒ Excellent ☐ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

During the visit, it was evident that the organisation is committed to delivering person-centred care that respects the dignity and autonomy of individuals with mental health needs or learning disabilities. The environment and practices observed reflect a strong ethos of respect, inclusion, and empowerment, supported by robust systems to ensure continuous quality care.

Key Findings

1. Individualised Care Planning

Each service user has a tailored care plan and risk assessment, reflecting their preferences, needs, and active involvement in decision-making.

Plans are regularly reviewed and updated to remain relevant and responsive.

2. Supporting Documentation

A wide range of documentation was reviewed, including:

Contents pages, front sheets, next of kin/emergency contact details

Communication passports, behaviour support plans, and "Good Day/Bad Day" profiles

Mental Capacity Act assessments (care, support, accommodation, medication, media)

Financial documentation, including LPA for finances and benefit breakdowns

Medication support plans, tenancy agreements, and mobility/emotional support plans

Incident/accident logs, ABC charts, and daily electronic records

Social media/digital safety risk assessments and fire/mental health risk assessments

3. Staff Engagement

Staff have signed care plans to confirm they have read and understood them.

Active participation in key working sessions was observed, effectively capturing the views, aspirations, and progress of service users.

4. Privacy and Confidentiality

A designated private office space is available for sensitive discussions, supporting respectful and confidential communication.

Strengths

Person-centred ethos is embedded in practice and documentation.

Comprehensive and up-to-date records support safe, effective, and responsive care.

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Staff are engaged and informed, contributing to consistent and compassionate support.
Legal and safeguarding frameworks are appropriately applied and documented.

Care plan and risk assessment for each SU in place
Communication passport and behaviour support plans
Staff signed care plan to acknowledge they read them
Availability of an office to address issues in private space
Keyworking sessions capturing views of the SUs
Staff partake in keyworking sessions

Our organisation is committed to the delivery of a quality service that maintains the dignity and respect of people with mental health or learning disabilities at all times. It is often complacency that threatens to undermine these principles. As some tasks that are undertaken by the staff are very personal and sensitive in nature it is essential that they are completed giving people the privacy they need and want while treating them as equals. Support also needs to be given to enable people with learning disabilities to be autonomous, independent and involved in their local community.

We value the importance of listening to service users and respecting their voices. We assess, plan admission involving service users and their relatives and other professionals involved in their care.

When information about individuals receiving our services has to be passed from a staff member to a manager, or between staff, it will always be treated with respect. Arrangements for processing, handling and storing data are based on the need to retain as much privacy as possible.

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See Confidentiality, Data Protection and Legislative Framework (UK GDPR) and Record Keeping Policies for details.

When care plans or support plans are completed the service user is at the centre of the care planning and they sign to acknowledge this practice

We value the principle of :

- **Equality:** We recognize that service user representatives bring valuable lived experience and expertise.

- **Mutual Respect:** We treat service users with dignity and respect.

- **Ownership:** We Involve service users in decision-making related to their care or treatment.

- **Structure:** We create suitable arrangements for involvement activities.

- **Commitment:** We ensure ongoing commitment to involving service users.

- **Feedback:** We provide opportunities for service users to share their views.

- **Health and Social Care Act 2008 (Regulated Activities) Regulations 2010:**

- We work with regulations that emphasize the need to respect service users' dignity, privacy, and independence.

- **Health and Care Professions Council (HCPC) Standards of Conduct, Performance, and Ethic.** These standards highlight treating service users and carers as individuals, respecting their privacy and dignity.

- **Co-Production:** We aim to co-produce services with users. Involve them from the outset in shaping house policies, designing programs like recent holidays, and evaluating services when we get feedback from service users.
- **Communication:** We listen actively, ask open-ended questions, and genuinely consider service users' input during 1:1 sessions group activities, meetings etc.

- **Accessibility:** We assess accessibility and ensure that involvement processes are accessible to all, regardless of disability or other barriers.

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- **Consent:** We obtain informed consent before involving service users in any activity. Forms are signed and where capacity issues arise these are addressed accordingly.

- Safeguarding the safety of our service users. We work with other professionals in addressing safeguarding issues and action planning to minimise future risk

- **Advocacy:** we work with advocates where they are involved and we get valuable feedback from them which we use to develop the service

Behaviour of Staff

We know that some individuals have forms of address for themselves to which they are particularly attached, or, conversely, forms they find particularly offensive. Our staff will make note of and observe such individual preferences; staff will always address an individual by their chosen name and know that the acceptable usage may vary between people or over time.

We know that many people find it important that timing of certain aspects of care and support are taken into account and we will endeavour to respect their preferences in these areas.

Staff members who carry out tasks that relate to an individual's personal appearance will provide tactful help to ensure that they look as they would wish.

We are not CQC registered but in situations where CQC registered attend: We recognise that the carrying out of some tasks, particularly those relating to intimate bodily functions, places an individual's dignity at severe risk. We will ensure that our staff demonstrate great tact and sensitivity in such situations.

Some situations may carry additional sensitivity if the staff member is of a different sex from the person with learning disabilities; if asked, we will attempt to provide same-sex staff.

Staff have been instructed to be alert to the potential invasion of privacy involved in handling individuals' personal possessions or documents and will always respect the boundaries that have been set in discussion with the person with learning disabilities.

If an individual with learning disabilities has identified a particular sensitivity in any other area of their lifestyle, staff will demonstrate respect for their preferences.

Gender Choice

Care can be provided and care tasks carried out in different gender contexts: for example, male/female Residents and male/female care workers.

It is important to seek from our Residents their views and preferences over the gender of their day-to-day carers particularly in relation to the carrying out of intimate personal care tasks. Residents might express preferences or show indifference to the gender of their carer and the service knows individual attitudes should never be presumed.

We are committed to meeting individual preferences as our resources allow. Where it is not possible to meet Residents' strong preferences for a carer of one gender or another because of a lack of suitable staffing, the situation will be carefully explained and a compromise will be sought. All discussions and decisions with the staff, Residents and representatives are recorded on the person's care plan.

Although recognising the need to take the user's preferences into account we are also mindful of our responsibilities to comply with the Equality Act 2010 and other anti-discrimination legislation and will always explain to the user the limits to their preferences.

In employing care staff of different genders in line with equal opportunities policies, we recognise that we have a duty of care to our staff as well as our Residents. We recognise in line with our duty of care that it should not place them in situations where their professional integrity and abilities to work within well-defined professional boundaries are seriously put at risk.

Cultural Differences

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We are aware that issues of dignity and respect may vary in relation to cultural differences. We seek to make our staff alert to these points of cultural difference, and we encourage individuals who are receiving services, their families and/or representatives to draw to our attention any particular matter of which we should be aware. During the assessment process, care will be taken to ensure that these cultural differences are identified, recorded and included in any action plan. Please refer to the Equality and Diversity Policy, PART TWO.

Related Policies

Adult Safeguarding

Assessment of Need and Eligibility

Care and Support Planning

Confidentiality

Consent

Cyber Security

Data Protection Legislative Framework (UK GDPR)

Duty of Candour

Equality and Diversity

Good Governance

Handling of Money – Service Users lacking Capacity

III-Treatment and wilful Neglect

Meetings Needs

Record Keeping

Responsive Services

Service User's Records (HOME)

During the visit, it was evident that the organisation is committed to delivering person-centred care that respects the dignity and autonomy of individuals with mental health needs or learning disabilities. Key strengths observed include:

- **Individualised Care Planning:** Each service user (SU) has a person centred care plan and risk assessment in place, reflecting their preferences and involvement in decision-making.
- **Supporting Documentation:** Communication passports and behaviour support plans are available and up to date.
- **Staff Engagement:** Staff have signed care plans to confirm they have read and understood them. They also actively participate in key working sessions, which effectively capture the views and aspirations of the SUs.
- **Privacy and Confidentiality:** An office space is available to address sensitive matters in private, supporting respectful and confidential communication.

The organisation demonstrates a strong ethos of respect, inclusion, and empowerment, with systems in place to ensure continuous quality care and support.

Standard 02 - Consent

(A03) Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLS. POA is clearly documented and evidenced across the care plan where relevant.

☒ Excellent ☐ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

DOLs paperwork completed
Staff training on DOLs evidence
Evidence of this DOLs section in care plans

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DOLs review documents
Consent forms for finance, treatment and medication

LPA paperwork

Applenet Care ensures that suitable arrangements are in place for obtaining and acting in accordance with the consent of Service Users in relation to the care, treatment and support they receive. The confidentiality of Service Users' consent decisions and deliberations is respected at all times.

The process of agreeing to care, treatment or support based on access to all relevant and easily digestible information regarding their care, treatment or support needs".

The above definition is straightforward and sets out the importance of the information which Service Users should receive before consent is agreed, upon to ensure that the consent is valid.

Service Users (or their representatives) should always be asked for their explicit, informed consent whenever care or treatment services are being proposed to meet their needs, which include personal, health (including medication), social, psychological and spiritual needs. Written consent should be requested and documented except for minor, day-to-day decisions that may be subject to verbal consent.

For truly informed consent, the Service User must understand the following:

- The purpose of the care, treatment, or support
- Who is involved in the delivery of the service
- The practicalities and processes involved
- The benefits and risks
- Data Protection and storage

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- The purpose of the consent form
- How information will be provided and updated
- The notice periods which apply
- Contact details should they have any further questions
- Full details of fees and the process of collection

In addition, a care plan should be prepared which uses language appropriate to the Service User and avoids the use of technical language or jargon.

It is also important to remember that written information is only one method of sharing, and the use of diagrams, pictures, tables, and flow charts could contribute to understanding the information. There may be circumstances where video, the internet, podcasts, recordings, or other means of sharing information may be more appropriate.

All of the above contribute to an informed consent decision.

Informed consent is an ongoing process and consequently, providers must ensure that Service Users:

- Continue to understand what they are consenting to.
- Are provided with any new information which could influence their decision to consent.

- Continue to consent to care, treatment and support in an informed environment.
- No adult can consent on behalf of another adult without legal authority.

Reviewing informed consent is often done informally, but on occasions, it will be appropriate for formal consent to be obtained and recorded, e.g. where there is a significant change to the care or support plan.

The Legal and Ethical Framework

"The aim of the *Mental Capacity Act 2005* is to balance the importance of care, treatment and support of people who lack capacity with a need to protect their interests and respect their current and previously expressed wishes and feelings"

The ethical principle relating to informed consent is the belief that everyone should be treated with respect, and that their diverse needs when gaining informed consent must take into account factors such as:

- Ethnicity
- Gender
- Disability
- Religious beliefs
- Culture

- Language
- Level of understanding

Sensitivity and care must be taken when going through the process of gaining informed consent. When the Service User has made the decision relating to their care, treatment or support this organisation will respect that autonomous decision even if they disagree with it.

This respect for autonomous and informed decision-making also requires that Service Users are never coerced into informed consent decisions. It is important to remember that Service Users with a Learning disability or MH are particularly vulnerable to such coercion by the nature of their relationship with this organisation

UK case law on consent has established 3 requirements that need to be satisfied before a Service User can give informed consent:

- Consent should be given by someone with the mental capacity to do so.
- Sufficient information should be given to the Service User including the risks and benefits.
- Consent must be freely given.

If any of these requirements are lacking, then the consent is invalid.

Informed Consent in Special Circumstances

The principles and processes in obtaining informed consent are the same, but there are circumstances where it is not possible to gain consent via the usual practices:

Delayed Consent

This usually applies in emergency situations, for instance:

- At the roadside in the event of an accident.
- At a cardiac arrest.
- During the early stages of a person's admission to an Accident and Emergency department.

In these circumstances, a "Best Interest" decision will be taken by the emergency team involved but can only do enough to sustain life.

Implied Informed Consent

This may arise when express written and/or verbal consent is not given, e.g. when a Service User is asked to transfer from chair to bed; implied consent is assumed by their participation in the manoeuvre.

The Process of Gaining Informed Consent

Below are the factors to be considered when going through the process of obtaining informed consent.

The Discussion

It is important to make Service Users, their family, or **their** representative as comfortable as possible at the assessment of needs stage so that they can concentrate and feel confident enough to ask questions. The location should be private and free of any interruptions, where possible. Where necessary, repeat, explain and re-enforce the information given. Always ask questions to check their understanding of the information.

It is also important to think about the timing and context of the discussion, e.g. Service Users who have just been given news of a life-threatening illness are unlikely to be able to make informed decisions regarding, care, treatment or support whilst struggling to come to terms with their situation. Such issues will need to be considered at different intervals.

Acknowledging Diversity

It is important to acknowledge diversity alongside other factors when gaining informed consent. Asking questions can help to understand Service Users' needs and how these can best be met.

Re-enforcing the Discussion

It is not enough to give Service Users a verbal explanation of their care, treatment, or support; their understanding of the purpose of the care & support must be supported by clear and detailed information provided in the format of choice to ensure the Service User has sufficient information to make informed choices and consent to the care and support. To this end, it may be necessary to prepare information material in different formats and languages, where appropriate.

Consent Form

The signing of such a form has become standard practice in confirming that the Service User has freely given their informed consent to care, treatment or support they receive. Service Users should not be asked to sign the consent form until they have been given adequate information and time to consider their decision. It is important to explain verbally all aspects of their care, treatment or support and check their understanding.

During the assessment of needs process, it is important to engage with the Service Users, their families, or representatives in a meaningful and professional manner in order to make the process work

Service Users

The "Statement of Government policy on Adult Safeguarding", issued by the Department of Health, introduces 6 principles of safeguarding adults.

The principle of empowerment is based on a presumption of person-led decision-making and informed consent. This new principle should be prioritised in working with adults. This includes safeguarding but must also be seen as the individual being able to take person-led decisions, and that their views and wishes are to be listened to and respected. Where lack of capacity is an issue the *Mental Capacity Act 2005* Code of Practice must be observed.

Assessing a Service User's capacity to give informed consent autonomously is an essential part of the informed consent process. This can prove challenging, however, so it is important to involve multi-agency partners and others who know the Service User in making such decisions. It is important to remember that the *Mental Capacity Act 2005* begins with the presumption of competence, and that capacity can fluctuate and be affected according to the manner in which information is conveyed.

The provision of accurate and meaningful information is at the very heart of acquiring informed consent.

Below are factors to consider when working with Service Users or groups who may be considered vulnerable.

Recognising Special Needs

Service Users can have a range of special needs (See policy on Accessible Information and Communication) which should be taken into account, but which are not always obvious: some Service Users may conceal them; some Service Users with reading or writing difficulties may conceal their limitations due to embarrassment (e.g. "I've forgotten my glasses, I will read it later") while others may have visual or hearing impairment, illness or emotional difficulties.

It is vital therefore to explore the Service User's abilities sensitively. The ability to process information can slow with age so older people with a learning disability should be given plenty of time and opportunity to ask questions and to think about whether they desire the care, treatment, and support. It is important, however, that older people with MH or Learning Disabilities are encouraged to participate fully in the consent process.

Capacity to Decide

Service Users can only give consent if they are capable of choosing between alternative courses of action. This means they must be able to understand the information given to them. Where a Service User lacks capacity a best-interest decision involving those who know the Service User should be instigated using the *Mental Capacity Act 2005* Code of Practice and the local Mental Capacity team guidance.

Only staff who have accessed training in the Mental Capacity Act 2005 and have shown that they are competent should take part in 'best interests' decision-making in relation to Service Users who cannot give their informed

consent.

Advocacy

We support, enable or facilitate advocacy for any Service User who might require it by being undecided about giving consent or by lacking the capacity to give their informed consent. Refer to the Advocacy Policy for further details.

Advance Decision

Advance decisions about wishing to refuse care and treatment in the event of a loss of mental capacity will be disclosed and acted upon under the appropriate circumstances in order for a decision to be made in line with the person's wishes. Refer to the Advance Care Planning Policy for further details.

Service User with Mild, Moderate & Profound Learning Disabilities

Service Users with MH or learning disabilities must be accorded the same respect as anyone else. Some may not be able to exercise fully their right to self-determination but nonetheless should be offered choices within their capabilities.

Care should be taken in evaluating each individual's comprehension and this is particularly important for someone with a moderate or profound learning disability. Always use plain language, avoiding the use of slang, acronyms or abbreviations be clear and concise and explain the meaning or use alternative words if necessary. For those with profound communication difficulties, the use of objects or images may be useful to help the person understand and comprehend what is being said. There are many types of visual communication tools that can be employed:

- tactile symbols/objects of reference
- photographs
- short videos
- miniatures of real objects

- coloured pictures
- plain squares of coloured card
- line drawings
- symbols
- written words

These can be real objects, printed images, or on a smartphone, tablet, or computer.

The use of Picture Exchange Communication Systems (PECS) PECS consists of six phases and begins by teaching an individual to give a single picture of a desired item or action to a “communicative partner” who immediately honours the exchange as a request. The system goes on to teach discrimination of pictures and how to put them together in sentences. In the more advanced phases, individuals are taught to use modifiers, answer questions and comment.

Dependent upon the needs of the Service User, it may be necessary to present the information in many different formats over a longer duration, what is important is that the person has comprehension and doesn't feel rushed or coerced during the process.

Every effort should be made to seek informed consent. It may be necessary to involve a range of multi-agency partners who are knowledgeable about the Service User's situation and can contribute to an assessment of their best interests.

Conclusion

The key principles in obtaining informed consent are to put the Service User's needs first. To participate effectively in informed consent processes all staff should have the knowledge, expertise, and competencies to give sufficient information in an

appropriate format and be able to answer any questions raised by the Service User, their family or representative.

It is vital that the relevant staff be able to assess a Service User's capacity to give informed consent. If staff are open, and honest and ensure the Service User's understanding, then truly informed consent will be obtained.

Care plans reviewed during the visit demonstrate using to the principles of the Mental Capacity Act. Capacity assessments are appropriately completed and regularly reviewed. Where individuals lack capacity, best interest decisions are clearly documented, with evidence of involvement from relevant parties. Advanced decisions and Power of Attorney (POA) arrangements are clearly recorded and consistently referenced throughout the care plans. Where applicable, DoLS authorisations are in place, with expiry dates clearly noted and restrictions appropriately considered in the delivery of care and support. Overall, documentation reflects a robust and person-centred approach to legal compliance and safeguarding.

Standard 03 - Care and Welfare of Service Users

(A08) There is evidence that the service users' needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the service user remains safe, their needs are adequately met and their welfare is protected. Staff should always ensure that service users retain control and are able to make decisions relating to matters of daily living wherever possible,

☒Excellent ☐Good ☐Requires Improvement ☐Poor ☐Not Assessed

Comments

All our service users have a care plan and a risk assessment
Risk assessment has a RAG rating
SUs have activites risk assessment
Health plan included

Person Centred Plan (PCP)

A plan which starts with the wishes and aspirations of the individual with MH or learning disabilities, and which should help the person exercise choice about housing, education, employment, support and leisure

? A written/pictorial plan

? Co-ordinated by the person themselves

? Reviewed whenever they wish

We have a care plan documents that is live and addresses:

The assessment, planning and delivery of their care, treatment and support:

- ? Is centred on them as an individual and considers all aspects of their individual circumstances, and their immediate and longer-term needs.
- ? Is developed with them, and/or those acting on their behalf.
- ? Reflects their needs, preferences and diversity.
- ? Identifies risks, and says how these will be managed and reviewed. RAG rating in place

We ensure that plans of care, treatment and support are implemented, flexible, regularly reviewed for their effectiveness, changed if found to be ineffective and kept up to date in recognition of the changing needs of the person using the service.

Staff using people's own words and phrases (familiar and comfortable language, which avoids jargon and abbreviations);

- ? Recognising that care plans exist for the benefit of the service user, and should be based around the needs of that person, not around the services available;
- ? Involving the person in agreeing and writing the care plan as much as possible, including the opportunity to sign the care plan;
- ? Producing the plan in a format and style that the person is comfortable with
- ? Being flexible in the approach to the service users involvement;

Care plans for all service users include:

- ? Why are we doing this? (aims)
- ? What are we planning to achieve? (outcomes)
- ? How are we going to do it? (actions)
- ? Who will do it? (responsibilities)
- ? Where will it be done? (times, locations)
- ? When will it be done by? (timescales)
- ? Any needs relating to REGARDS (race and culture, economic disadvantage, gender, age, reigion/spirituality, disability or sexuality)

The care plan also:

- ? Include the persons role
- ? Focus on peoples strengths
- ? Reflect the individuals cultural and ethnic background as well as their gender and sexuality
- ? Include action and outcomes in all relevant aspects of an individual's life
- ? Include crisis and contingency arrangements;
- ? Give the date of the next planned review (within a year).
- ? Reflect transfer details if appropriate
- ? Identify unmet needs

Crisis and contingency plans

Crisis and contingency plans must be based on the individual circumstances of the person, however, where there are no risks identified, a contact card may be sufficient. This must include 24 hour/7 day a week contact details.

? Crisis plans should set out the action to be taken if the service user becomes very ill, or their health is deteriorating rapidly.

The plan include:

- ? Who the service user responds best to and how to contact them;
- ? Previous strategies that have been successful in similar situations;
- ? Early warning signs and relapse indicators;
- ? Contingency plans should help to prevent a crisis developing when, at short notice, the Co-ordinator is not available or part of the care plan cannot be provided. The plan must include:
- ? Information about who to contact if the Co-ordinator is not available;
- ? A contingency for any key elements of the care plan

The service demonstrates a good and person-centred approach to care planning. All service users have up-to-date care plans and risk assessments in place, including RAG-rated assessments and activity-specific risk evaluations. Health plans are incorporated, ensuring holistic support.

Care plans are live documents, regularly reviewed, and clearly reflect the individual's needs, preferences, and aspirations. They are co-produced with service users, using accessible formats and familiar language. Plans include clear aims, outcomes, actions, responsibilities, and timescales, with attention to diversity and cultural needs (REGARDS).

Person-Centred Plans (PCPs) are in place, supporting autonomy and choice across key life areas. Crisis and contingency plans are detailed, with clear escalation pathways and 24/7 contact information. These plans identify early warning signs, preferred support strategies, and alternative arrangements when key staff are unavailable. Overall, the service is proactive in ensuring safety, promoting independence, and maintaining a high standard of personalised care.

(A10) Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

We capture on notes on daily record but we need to develop an electronic system of capturing notes. The company is researching into which electronic notes system is solid in this need.

Area of further improvement

Digital technologies can reduce pressure on our staff giving them more time for the treatment and care that only they can provide and help target disparities in access and outcomes. It will help shrink our carbon footprint and improve its resilience to the effects of climate change and future pandemics. The main objective of the DSCR programme is to provide health and social care professionals access to the correct data to make more informed decisions; helping to create a more agile workforce with care workers and nurses being able to move between roles in the NHS and the care sector more efficiently. The connecting care records programme allows the organisation to do this securely.

Using a connecting care record is a safe and secure way of bringing electronic records from different health and care organisations together digitally in one place. It joins up information based on the individual rather than the organisation. It is a digitised health and care system where the health service and its users have the digital services and access to information needed to effectively manage and improve health and well-being.

Digital Social Care Records brings huge advances for this organisation as it;

- Captures information more easily at the point of care
- Supports staff to respond more quickly to Service User's needs
- Shares important information quickly, safely and securely between care settings
- Minimises risks to Service User's safety.

This organisation believes that all records required for the protection of Service Users, and for the effective and efficient running of

the organisation, should be maintained accurately and be up to date; that Service Users should have access to their records and information about them; and that all individual records and organisation records should be kept in a confidential and secure fashion.

For people with MH or Learning Disabilities or Sensory Impairment, records can be made available in an accessible format as set out in the Accessible Information Standard (AIS)

Record Keeping

- With the Service User's consent, records should include:
 - Assistance with medication including time and dosage
 - Financial transactions are undertaken on behalf of the Service User
 - Details of any changes in the Service User's or carer's circumstances, health, physical condition or care needs
 - Any accident, however minor, to the Service User and/or care or support worker
 - Any other untoward incidents
 - Any other information that would assist the next health or social care worker to ensure consistency in the provision of care
- All records required for the protection of Service Users and for the effective and efficient running of the organisation should be maintained in an up-to-date and accurate fashion by all staff.

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- Service Users have access to their records and information about them held by the organisation; they are also given opportunities to help maintain their personal records at initial assessments, reviews, and other occasions.
- Individual records and organisation records are kept in a secure fashion; are up to date and in good order; and are constructed, maintained, and used in accordance with UK Data Protection legislation and other statutory requirements.
- Ensure that all files or written information of a confidential nature are stored in a secure manner in a locked filing cabinet and are only accessed by staff who have a need and a right to access them.
- Ensure that all files or written information of a confidential nature are not left in a place where they can be read by unauthorised staff or others.
- Check regularly on the accuracy of data being entered into computers.
- Always use the passwords provided to access the computer system and do not abuse them by passing them on to people who should not have them.
- Use computer screen blanking to ensure that personal data is not left on screen when not in use.
- All essential records and data relating to Service Users.
- All essential records and personnel data.
- Interview/recruitment records (records of interviews of applicants for posts who are subsequently employed for three years, and six months for applicants for posts who are not subsequently employed).
- All paperwork and computer records relating to complaints.
- All paperwork and computer records relating to accounts and financial transactions.

Access to Records

The organisation believes that access to information, and security and privacy of data, is an absolute right of every Service User; furthermore, it believes that Service Users are entitled to see a copy of all personal information held about them and to correct any error or omission therein. Any 'brown envelope' data should be clearly labelled and include the post holders who have the right to access the information.

People with MH or Learning Disabilities, Sensory Impairment or communication difficulties will be offered assistance if required to access the information and help them understand what the information is and why and how it is used. Information held can also be provided in an accessible format.

Storage and Disposal of Records

Wherever they are relevant to the service, the following records are kept for the periods of time stated: he

- Risk assessments: retain the last risk assessment until a new one replaces it
- Purchasing excluding medical devices and medical equipment; 18 months
- General operating policies and procedures; retain the current version and previous version for three years
- Any incidents, events or occurrences that require notification to the Care Quality Commission; three years-- Not applicable to Greenways
- We report to Surry CC
- Use of restraint or the deprivation of liberty; three years- not applicable to Greenways

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- Detention; three years- Not applicable to our service
- Maintenance of the premises; three years
- Maintenance of equipment; three years
- Electrical testing; three years
- Fire safety; three years
- Water safety; three years
- Medical gas safety, storage, and transport; three years
- Money or valuables deposited for safekeeping; three years
- Staff employment; three years following the date of last entry
- Duty rosters; four years after the year to which they relate
- Purchasing of medical devices and medical equipment; 11 years
- Final annual accounts; 30 years
- The social care records for children are kept or disposed of in accordance with UK Data Protection legislation and 80 years from the last date of entry.

- Controlled drugs register: 2 years
- Controlled drugs order books/requisitions: 2 years
- Clinical audit: 5 years
- Notifiable diseases book: 6 years
- Patient property books: 2 years
- Referrals not accepted: 2 years
- Requests for care funding not accepted: 2 years
- Adult social care (including care plans): 8 years

Destruction of Confidential Records

It is the responsibility of all staff to ensure the information they are handling is destroyed effectively, securely and in accordance with this policy and procedure.

All manual records that have reached their destruction date should be destroyed using one of the following methods:

Internal Shredding: Cross-Cut Shredder

Paper records are destroyed using a shredding device designed to cross-cut material to ensure shredding cannot be reconstructed. Staff shredding their own records are responsible for ensuring records are destroyed adequately and in such a way that protects the security of the information contained within them.

Use of External Confidential Waste Disposal Company

The confidential waste disposal company will supply waste disposal containers or bags which are stored until the required amount of waste meets the criteria agreed by the waste disposal company.

IT Equipment/Electronic Media Destruction

All queries regarding the destruction of IT equipment and electronic media must be referred to the IT Tech- Lackey

The service maintains daily records that reflect the current needs and circumstances of service users. Staff are consistent in capturing essential information, including health updates, incidents, and care interventions. However, the current system is paper-based, and the organisation recognises the need to transition to a digital platform. Plans are underway to implement an electronic notes system, with research ongoing to identify a robust and secure solution. This move aligns with the organisation's commitment to improving care quality, enhancing staff efficiency, and ensuring secure, accessible, and up-to-date records in line with the Digital Social Care Records (DSCR) programme.

The organisation demonstrates a good understanding of the benefits of digital transformation, including improved data sharing, reduced administrative burden, and enhanced service user safety. Record-keeping practices are compliant with data protection legislation, and accessible formats are available for individuals with communication needs.

This is a positive area of development that will further strengthen the quality and responsiveness of care delivery.

Standard 04 - Meeting Nutritional Needs

(A12) Care plans include details of SU's dietary restrictions, allergies, choices, likes and dislikes, and nutritional assessment information if applicable

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

This organisation believes that the provision of a healthy, nutritious, and balanced diet for people with learning disabilities is of vital importance. The organisation also believes that, with respect to food provided within the service or brought into the service, there is a duty to ensure that all staff and individuals receiving our services should be kept as safe as possible from food poisoning, and food-related illness, by the adoption of high standards of food hygiene and food preparation

Care plan include section on nutrition
Leaflets available

A comprehensive nutrition assessment is carried where required

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Our care plans have sections to address areas of need

People with MH or learning disabilities are more likely to be severely overweight (obese) than people in the general population. Women with learning disabilities are even more likely to be obese. People who are obese are at much greater risk of health problems such as heart disease, high blood pressure, stroke, diabetes, and mobility difficulties.

This organisation believes that everyone receiving our services has the right to a varied and nutritious diet that provides for all of their dietary needs, and which offers health, choice, and pleasure. To accomplish this, each individual with learning disabilities will be asked for their individual food and drink preferences as well as their cultural, religious or health needs and they and/or their family will be involved when planning menus and meal alternatives.

In our service:

- All food will be prepared, cooked, stored and presented in accordance with the high standards required by the *Food Safety Act 1990*, the *Food Safety (General Food Hygiene) Regulations 1995*, the *Food Safety (Temperature Control) Regulations 1995*, and the *Food Hygiene Regulations 2006*.

- Reduce Barriers to maintaining a healthy diet and weight for people with MH or learning disabilities There are lots of reasons why it may be difficult for people with MH or learning disabilities to maintain a good diet and healthy weight. Some people with MH or learning disabilities do not do exercise because they do not understand the benefits of it. It can

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take more time to cook a healthy meal than to have a ready meal. When supporting someone with a learning disability, it can be difficult to balance issues of choice and the duty of care around diet and exercise, especially when someone is making unhealthy choices. People do have the right to make unwise choices if they have the capacity to make the decision. However, people need the right information and support to understand risks and the consequences of their choices properly. It is important that support workers understand the principles of informed choice

- Where required detailed risk assessments will be completed where there is a risk to the persons safety or well-being when choosing, preparing, or eating food.
- Be a good role model for healthy choices. Encourage the person to attend an annual health check. This is a good opportunity to think about weight management. The Health Equalities Framework offers a tool that can be used to discuss risks to health and wellbeing. The easy read version can be used to encourage discussion about balancing risks, for example, the risks posed by being overweight alongside the risks of limiting choice.
- Food allergens can be life threatening and this organisation will work with all individuals receiving our services to ensure that all food allergens are recorded in their care/support plan and staff are aware of these. When preparing food, staff will check that there are no foods in the preparation of meals to which individuals are allergic. We also promote awareness of and know how to respond to any allergic reaction. The most common symptoms of an allergic reaction include:

Physical reaction

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Eyes	Sore, red and/or itchy
Nose	Runny and/or blocked
Lips	Swelling of the lips
Throat	Coughing, dry, itchy, and swollen throat
Chest	Coughing, wheezing and shortness of breath
Gut	Nausea and feeling bloated, diarrhoea and/or vomiting
Skin	Itchy and/or a rash

Any reaction can be life threatening and medical assistance will be sought immediately and all emergency procedures followed.

Nutrition

This service believes that every service user has the right to choose from a varied and nutritious diet that provides for all their dietary needs, and which offers health, choice, and pleasure.

To accomplish this, individual service users will be supported to identify their individual food preferences as well as their cultural, religious or health needs. Individuals or their family will always be involved when planning menus and meal alternatives. Pictorial menus are available to help communicate food choices where required

Eat Well Guide

The nutritional model will be based around the Food Standard Agency Eat Well Guide.

The model has eight key principles, which are as follows:

- Food should be enjoyed
- A variety of different foods should be eaten
- The right amount should be eaten to maintain a healthy weight
- Plenty of foods rich in starch and fibre should be included in the diet
- Foods that contain a lot of fat should be avoided, and sugary foods and drinks should not be eaten or drunk too often

- Vitamins and minerals in food are critical
- Alcohol consumption should be within sensible limits
- Menus should take into account any ethnic or cultural dietary needs of service users and should be sensitive to religious and cultural beliefs surrounding food

For providers this is an area where motivation and encouragement of the service user is central to the service delivery. Where it is identified that the service user is making unhealthy choices service users will be encouraged to eat healthily by providing up to date information and support.

- Methods of cooking will be agreed between the person receiving our services and our organisation.
- Each person with learning disabilities will be encouraged and supported to eat three meals each day, at least one of which will be cooked. However, if they prefer smaller, more frequent snacks this will be catered for in the service provided.
- When individuals are unable to prepare their own drinks both hot and cold drinks will be made and left for them to access throughout their day and during mealtimes.
- Religious, personal, or cultural special needs will be recorded in the care plan and will be fully catered for as required.
- Staff will create menus with individuals receiving our services, and their family if appropriate, so that the required shopping can be purchased.

- Menus may be changed regularly to stimulate appetite and discussion in agreement with all involved.
- Special therapeutic diets will be recorded in care plans and provided when these are advised and discussed by healthcare or dietetic staff with the person with learning disabilities.
- It is important not to rush the mealtimes, but instead to create a relaxed atmosphere in which all involved are given an appropriate amount of time to eat and enjoy their food.
- Food will be presented in a manner that is attractive and appealing.
- If an individual neither wants nor eats their meal then an alternative or a meal replacement will be offered, if appropriate; these changes will be recorded in their care/support plan
- Staff will help all individuals with learning disabilities to be as independent in feeding themselves as possible and will work to ensure their dignity while they are doing so. Eating difficulties will be identified within each care/support plan and a plan of assistance agreed, both with the person with learning disabilities and with their carers.

- The service will make whatever reasonable adjustments are necessary for an individual to be able to feed themselves with dignity and ease, including the provision of special eating aids and special food preparation including the provision of finger foods; assistance with feeding will be offered in a sensitive and dignified manner.

- Guidance will be sought from outside professionals such as the Food Standard Agency when needed

Motivation and encouragement will be used where it is identified that an individual receiving our services is making unhealthy choices.

International Dysphagia Diet Standard Initiative (IDDSI) Framework

Texture modified foods and thickened liquids

To eliminate the use of the imprecise term “Soft Diet” and assist providers with the safe transition to the International Dysphagia Diet Standard Initiative (IDDSI) Framework, standard terminology with a colour and numerical index to describe texture modification for food and drink has been developed.

The implementation of IDDSI means that the numerical and colour descriptor for the recommended fluid thickness for service users have changed. Scoop sizes have also changed, and the number of scoops required to reach their recommended thickness is different.

Our staff receive training, on these changes, all information is clearly recorded in the service users plan and reviewed regularly

Enhanced care services carry out the basic assessment and then make a direct referral to the Speech and Language team or dieticians for the Service user

The IDDSI have produced a range of resources including posters which we will use to help inform staff of the changes.

We recognise the importance of service users or their carers understanding the changed instructions on their tins of thickener and that they know how to contact their speech and language therapist if they have any concerns.

Nutritional Screening

Nutritional Screening, when necessary, is undertaken by this organisation to identify those at risk of malnutrition or to identify obesity. Screening is undertaken by a member of staff trained to understand the process, who liaises closely with other professionals such as dieticians, speech & language therapists, or the Healthy Living nurse.

Records are kept in an individual's Care Plan.

Observation of Weight and Associated Issues

On a day to day basis care staff are best placed to observe the wellbeing of the service user in relation to any issues regarding nutrition and hydration. Where weight gain or loss is observed staff must ensure that a proper recording of such a situation takes place appropriate guidance should be sought which includes the views of the service user and how they could improve the situation. This is particularly important in a situation where there is a health issue e.g. diabetes. It is therefore important that staff involved in visits where food is part of the service that they check that food has indeed been eaten.

While any service user receiving our service could be considered to be at risk of undernutrition, certain other groups also pose a definite risk. These include:

- people with existing acute and long-term conditions such as chronic obstructive pulmonary disease
- people with long-term, progressive conditions such as dementia and cancer
- people who have been discharged from hospital recently
- older people in general

As part of the initial nutritional and hydration assessment/screening the service user's consent is gained to measure and record their weight. if it is not possible to weigh the service user then the following information concerning their weight is documented

- the service user is asked about their latest recorded weight

- if they have noticed any weight gain or loss
- relatives are asked about the service users' weight
- a visual assessment is carried out to determine if the service user looks thin e.g. loose rings on fingers

If the service user is under the care of a health professional for weight loss or obesity, then the health professional will identify the frequency for the need to weigh the service user.

Care plans include clear sections addressing service users' dietary needs, including allergies, restrictions, preferences, and nutritional assessments where applicable. The organisation places strong emphasis on promoting a healthy, balanced diet for individuals with learning disabilities, supported by high standards of food hygiene and safety.

Informational leaflets are available to support understanding, and comprehensive nutritional assessments are carried out when required. This structured approach ensures that dietary needs are met safely and respectfully, contributing to overall wellbeing.

Section B

Service User Experience

Standard 05 - Co-operating with other Providers

(B13) Where applicable there is evidence that staff support service users to access other social care or health services as and if required.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Arrangements

Evidence in place are:

Emails

Meeting minutes

Care plans

Risk assessments

Annual health checks

Dental eye clinic appt sheets

From time to time situations occur where it is important to share information to play our part in making a valid contribution to a seamless service for the Service User.

So that care planning information is shared about the admission, transfer, or discharge of Service Users, and to facilitate any emergency procedure coordination with the minimum of distress and anxiety, we will co-operate fully with our multi-agency partners in the exchange of information.

Where multi-agency working is involved, we will ascertain the lead responsibility for the coordination of the care. We are aware of our Civil Emergency Team in our Local Authority and have emergency and contingency plans in place.

We are aware of UK Data Protection legislation and our confidentiality policies and procedures include sharing on a "need to know" basis. The shared information will be appropriate, measured, transferred securely, up-to-date, and relevant.

Information is reviewed and updated using the review system.

If information relates to a safeguarding allegation, or disclosure is in the public interest, senior management advice is sought before any information is released to ensure the release is by relevant legislation and guidance.

Information Sharing

We will ensure that any exchange of information will adhere to data protection requirements and will include the following as a minimum:

- Name
- Gender
- Date of birth
- Address
- Unique Identification Number or Reference Number
- Emergency contact details
- Any person who acts as a representative, or advocate, who holds an LPA or equivalent with contact details where available
- Records of care, treatment, and support provided up to the date of transfer
- Assessed needs
- Known preferences and any relevant diverse needs

- Previous medical history that is relevant to the Service User's present needs and any relevant GP contact details
- Any infection that needs to be managed
- Any medicines they need to take
- Any allergies they have
- Reason for transferring to the new service
- Any advanced decision and any assessed risk of suicide or homicide or harm to self and others.

The above information should ensure that there are no interruptions to the continuity of care, treatment, and support for the Service User.

Emergency Admission to Hospital Procedure

- When a member of staff makes a decision that the health of the Service User has deteriorated, or when the Service User has had an accident, they must ring the office or the on-call supervisor. The office or on-call supervisor will decide to call the GP or paramedics. The member of staff will be asked to stay with the Service User until the paramedics or GP arrive.
- If a decision is made by a GP or the paramedic team that the Service User needs emergency hospital admission the member of staff present must re-contact the office immediately.
- The office will contact the next of kin to either accompany the Service User or meet them at the hospital.
- The member of staff will be required to give relevant verbal information to the paramedic team about the history of events, known allergies, medical conditions, and medication. Any further requests for information must be directed to the office.
- INform Surrey CC

- If relevant any RIDDOR notifications must be made.
- If relevant any accident forms should be completed and signed.
- Before the Service User returns home this organisation will ensure that it can continue to meet the needs of the Service User through liaising with the hospital and family and carrying out a revised needs assessment.

Multi-Agency Working

Where multi-agency working is involved this organisation will ascertain the lead responsibility for the coordination of the care. We are aware of our Civil Emergency Team in our local authority. We have emergency and contingency plans in place regarding the Civil Contingencies Act 2004 or Coronavirus Act 2020.

This organisation is conscious of **UK** Data Protection legislation; our confidentiality policies and procedures include sharing on a "need to know" basis. The shared information will be appropriate, measured, transferred securely, up-to-date, and relevant.

Information is reviewed and updated using the review system.

If information relates to a safeguarding allegation, or disclosure is in the public interest, senior management advice is sought before any information is released to ensure the release is by relevant legislation and guidance. All staff is made aware of acceptable methods of transferring information, and how important it is that the information is relevant, factually correct, omits subjective opinions, and can be shared online with **UK** Data Protection legislation and any other relevant guidance.

Consent

Where consent cannot be obtained it is clearly recorded, including the reasons and the necessity of sharing the information. Where possible individuals are aware of the information that is being transferred and are provided with a copy when requested.

Transfer Methods

If the information can't accompany the individual, then it must be transferred securely and safely afterwards. Where there is particularly sensitive, personal information then a courier service will be used to ensure confidentiality.

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There is clear evidence that staff support service users in accessing relevant health and social care services. Documentation such as care plans, risk assessments, emails, meeting minutes, and appointment records (e.g. annual health checks, dental and eye clinics) confirm this collaborative approach.

The organisation demonstrates a strong commitment to multi-agency working, ensuring information is shared appropriately and securely in line with data protection legislation. Emergency and contingency planning is in place, and coordination with external partners is well-managed to minimise disruption and distress for service users. This approach supports continuity of care and promotes positive outcomes through effective communication and partnership working.

During the visit, service users shared positive experiences about the care and support they receive. They expressed that their individual needs are well understood and respected, and that staff involve them in decisions about their care.

- **Daily Support & Record Keeping**

Service users feel that staff are attentive and responsive to their daily needs. While records are currently kept on paper, they were informed that the organisation is exploring digital systems to make note-taking more efficient and improve care continuity.

- **Nutrition & Dietary Needs**

Service users reported that their food preferences, allergies, and dietary needs are respected. They appreciate having choices and feel supported in maintaining a healthy diet. Some mentioned that they've had nutritional assessments when needed and that staff are mindful of their cultural and personal food preferences.

- **Access to Health & Social Services**

Many service users shared that they are supported in attending health appointments, such as GP visits, dental check-ups, and eye clinics. They feel reassured knowing staff help coordinate these services and share important information with other professionals when needed.

- **Care Planning & Involvement**

Service users feel involved in their care planning. They said staff listen to their views, use language they understand, and include them in reviews. They like that their care plans reflect who they are, what they enjoy, and what support they need.

Standard 01 - Respecting and Involving Service Users

(B01) Where possible service users confirm that they are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. SU's are treated with kindness, compassion and empathy. Care workers are seen to support SU's choices and preferences in regards the way their care and support is delivered.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

When involving service users, it's crucial to value their lived experience and consider them as experts. After all, they're the ones who truly understand what it's like to navigate the system.

To us treating service users with dignity and respect is non-negotiable. It's not just a checkbox; it's the foundation of meaningful engagement.

Involving service users means giving them ownership—letting them actively participate in decisions about their care or treatment.

Provide opportunities for service users to share their views. Their insights can lead to positive changes.

5.1 Staff understand the following Articles of the Human Rights Act and can recognise when any of them is at risk of being breached in health and social care.

Applenet Care & Support Ltd is committed to delivering care and support in a way that promotes and enhances human rights.

5.2 Article 2 - Everyone has the right to life.

Applenet Care & Support Ltd takes reasonable steps to protect and maintain Service User's life except when it is reaching its inevitable close.

Applenet Care & Support Ltd has clear policies on end of life wishes, including up-to-date information on:

┆ Any advance decisions to refuse treatment

┆ Any powers given by a Service User to a trusted relative or friend through a health and welfare lasting power of attorney, to consent to or refuse life-sustaining treatment in the person's best interests, and

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Any 'Do Not Attempt Cardio-Pulmonary Resuscitation' recommendations

5.3 Article 3 - The right to protection from torture and inhumane and degrading treatment must **never** be breached. It underpins all care and support decisions, and staff receive training on how to deliver care that enhances Service Users' dignity; formal training is reinforced in team meetings and supervision.

Examples of breaches of Article 3 are:

Physical or mental abuse

Failure to address, swiftly and discreetly, the physical and emotional results of incontinence (for example, by replacing soiled linen or clothing in a non-judgmental way)

Leaving food or drinks without helping the Service User to eat or drink when they are too frail or forgetful to feed themselves Only CQC staff

Any disproportionate, unnecessary or inappropriate force to restrain Service Users

Carrying out care and support tasks, such as washing or dressing Service Users, without full and ongoing regard to their feelings, individuality, self-esteem and dignity Only CQC staff

5.4 Article 5 - The right to liberty and freedom of movement is recognised, and only breached when deprivation of liberty is both necessary and proportionate to the risk of harm to the Service User; action is always taken to reduce or minimise, if possible, the risk of deprivation of liberty.

5.5 Article 5 - Where deprivation of liberty is in the Service User's best interests, and no less restrictive option can be identified to keep them safe, Applenet Care & Support seeks authorisation swiftly, through the deprivation of liberty safeguards (DoLS) process or from the Court of Protection, to protect the Service User's rights.

In supported living services this is known widely as a "Community DoLS" and staff should refer to Applenet Care & Support Ltd Deprivation Of Liberty Safeguards in Community Settings Policy and Procedure for further guidance.

5.6 Article 8 - Service Users' rights to maintain contact with their family and friends under Article 8 are not breached, except where this is unavoidable, to protect the health of the Service User or others.

It is the right of a Service User, with the capacity to do so, to make their own decisions about the level of contact, if any, with their personal network.

Legal advice is sought about the possible need for authorisation from the Court of Protection if a decision is made in the best interests of the Service User that they should cease contact by all available means with a relative or friend.

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5.7 Article 8 - Except as restricted for public health reasons, rights to a private and family life are proactively respected and enabled, for example, by providing privacy and a pleasant environment for visits and respecting the Service User's right to sexual and other relationships.

5.8 Article 8 - Monitoring by CCTV or other surveillance techniques may breach Article 8 (rights to privacy).

Use of such recordings must adhere to the CQC guidance on surveillance which can be located in the Office. Use of CCTV will also be in line with the requirements of UK GDPR and Data Protection policies and procedures at Applenet Care & Support Ltd.

5.9 Applenet Care & Support Ltd will ensure that staff understand their responsibilities under the [Accessible Information Standard](#) and there are mechanisms in place to ensure a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support

needs of Service Users, carers with a disability, impairment or sensory loss. Applenet Care & Support Ltd will ensure that staff read and understand CC145 - Supporting Communication and Sensory Needs Policy and Procedure at Applenet Care & Support Ltd.

Building Trust:

If staff want effective service user involvement, build relationships. Then Get to know people as individuals. Ask about their interests, hobbies, and prior involvement activities.

Being socially connected and feeling part of the community is essential for good mental health and wellbeing. Many people with disabilities, illnesses and long-term conditions, including mental health conditions, may have experienced social exclusion from the communities they live in, including stigma, discrimination, poverty, unemployment, isolation and loneliness.

Establishing or maintaining positive relationships is essential to building confidence and life satisfaction. Staff must recognise that Service Users may sometimes have “friendships” and relationships with people who also exploit them or abuse them. These can be difficult to deal with if a Service User has capacity to make decisions to maintain the relationship.

If there is evidence of exploitation or abuse then a safeguarding concern may need to be raised, or if the Service User lacks capacity, then a 'best interest decision' meeting should be arranged with relevant professionals.

Staff should support the Service User to maintain established friendships and positive relationships with family members. Peer support can be one way of enabling the Service User to become socially connected again with others who have a similar disability, illness or condition.

Service User Experience:

Service users consistently shared that they feel respected, listened to, and treated as individuals. They described staff as kind, compassionate, and supportive of their choices. Many said they feel safe and valued, and that their privacy and independence are always upheld.

They also expressed appreciation for being involved in decisions about their care and support. One service user shared, *“Staff always ask me what I want before doing anything. They treat me like a person, not just someone they're looking after.”*

Service users also noted that their cultural backgrounds, personal identities, and communication needs are respected. Accessible formats and familiar language are used, helping them feel more confident and included.

Observations from the Visit:

- Care is delivered in a way that promotes dignity, avoids discrimination, and supports autonomy.
- Staff are trained to recognise and respond to risks of inhumane or degrading treatment, and there are clear policies in place for safeguarding and consent.
- The organisation actively supports service users to maintain relationships and social connections, recognising the importance of community and peer support for mental health and wellbeing.
- Where concerns arise about potentially exploitative relationships, staff are aware of the appropriate safeguarding procedures and best interest processes.

Service User Voice in Practice:

- Service users are encouraged to share their views and experiences, which are used to shape and improve services.
- Staff build trusting relationships by getting to know individuals personally, including their interests, hobbies, and life experiences.
- There is a clear commitment to co-production, where service users are seen as experts in their own lives.

Conclusion:

The organisation demonstrates a strong culture of respect, inclusion, and empowerment. Service users feel heard, valued, and supported in a way that honours their rights and individuality. This approach not only enhances quality of care but also fosters trust and wellbeing.

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(B05) Service users spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

We assess individual for activities of their choice and we have a policy

To enable Service Users to continue to participate in meaningful, recreational activities in order to promote wellbeing and reduce the risk of depression, social isolation, falls and increased dependency on support.

To enable Service Users to engage in meaningful activity based on individual choices,

needs, preferences and personal budgets with appropriate levels of staff support as identified within the Care Plan.

To help staff improve the quality of life for all Service Users and reduce any distressed behaviour

Applenet Care & Support Ltd supports the principles outlined by the ARC (Association for Real Change), which outline that it is important for most people to:

- ? Be part of a community**
- ? Have good relationships with friends and family**
- ? Have relationships that last**
- ? Have opportunities to develop experience and learn new skills**
- ? Have choices and control over life**
- ? Be afforded status and respect**

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? Be treated as an individual

Engagement in a full range of typical activities is part and parcel of such a lifestyle.

Active Support

The British Institute for Learning Disabilities (BILD) states that active support changes the style of support from 'caring for' to 'working with', it promotes independence and supports Service Users to take an active part in their own lives. Active support enables Service Users:

? With learning disabilities to live ordinary lives

? To develop new skills, access a wider range of opportunities and engage in activities alongside others

? Build important relationships and social networks and give them more control over their own lives

Although not an intervention for distressed behaviours, active support can work as a proactive strategy and help to reduce behaviours that Service Users may have that concern staff or impact on the quality of other Service Users' lives.

If Service Users are engaged in meaningful things, have interesting lives, good social relationships and develop the skills to help them get what they need, they are less likely to demonstrate behaviours that make life difficult for them and others.

Applenet Care & Support Ltd believes that recreational activities are part of normal life. Service Users will be supported to continue with their chosen activities as far as possible, should they wish to do so, and this will be agreed as part of the Care Plan.

To enable the Service User to make informed choices Applenet Care & Support Ltd will provide information in accessible formats where required.

Where Service Users lack capacity Applenet Care & Support Ltd will follow the Mental Capacity Act and associated Best Interest principles.

Service Users will be supported to participate in meaningful activity that promotes their health and wellbeing, as well as supporting them in feeling enabled to maintain and develop their personal identity.

Applenet Care & Support Ltd will support opportunities for Service Users to take part in activities as part of an agreed Care Plan which is in line with best practice and the Equality Act 2010, whilst also being in recognition of the fact that meaningful activity is an essential need for all, and the effects of not providing meaningful activity are detrimental to wellbeing.

Applenet Care & Support Ltd will nurture a positive culture in promoting activity. All staff will interact verbally/non-verbally with Service Users during their visits and this interaction will be seen as meaningful.

Applenet Care & Support Ltd will access resources, training and education material in order to enhance activity provision and ensure that current best practice is implemented.

Applenet Care & Support Ltd will ensure that appropriate levels of support are available in order to carry out any planned activity identified as part of an agreed activity plan.

Applenet Care & Support Ltd will ensure the effectiveness of any agreed activity plan, through its Care Plan review process, to ensure agreed activity continues to meet the aims and objectives .

Zia Chaudhry ensure that there are records of each Service User's interests in their Care Plans.

Where it has been agreed as part of the Care Plan, Service Users will be involved in choosing activities and feedback will be sourced at every opportunity.

For people with dementia and other forms of cognitive difficulty, an assessment will include guidance on how to present each activity so that the individual can engage.

An activities programme template is available in the Forms section of this policy. This is available, in addition to the Care Plan, to provide an overview of the weekly activities the Service User enjoys.

Components of Active Support

Active support has 3 components:

? Interacting to Promote Participation: Staff who support a Service User learn how to give them the right level of assistance so that they can do all the typical daily activities that arise in life

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? Activity Support Plans: These provide a way to organise household tasks, personal self-care, hobbies, social arrangements and other activities which Service Users need or want to do each day, and to work out the availability of support so that the Service User can accomplish activities successfully

? Keeping Track: A simple way of recording the opportunities that Service Users have each day that enables the quality of what is being arranged to be monitored and improvements to be made on the basis of evidence

Promoting Participation

Staff at Applenet Care & Support Ltd understand the principle that active participation is a way of working that supports a Service User's right to participate in the activities and relationships of everyday life as independently as possible.

The Service User must be the lead partner in this approach. Applenet Care & Support Ltd staff will listen and take direction from the Service User rather than making decisions and assumptions on their behalf with no consultation. This enables Service Users to take control of their individual Support, help them build their identity and grow their self-esteem.

Applenet Care & Support Ltd will follow best practice guidance in equality and diversity, supporting Service Users to achieve their personal goals, outcomes and life aspirations.

As a guide to support the "Active support" approach, ARC (The Association for Real Change) has produced a handbook that will support staff in Active Support.

5.4 Individually Tailored Activities - Activity Support Plans and Activities Planner

Staff will need to gain knowledge about Service Users individual life stories, experiences, and interests. This will include an assessment of their current level of physical, cognitive and psychological ability. It also means taking account of what Service Users want to do in their leisure and social pastimes. The goal is to work out a full life with and for each Service User which reflects their personal likes, dislikes and their responsibilities. Gathering this information will start at the beginning of the service and will be an ongoing process.

Staff should also work out a basic weekly timetable which covers all regular activities, including:

- ? All of the domestic, gardening and DIY activities
- ? Each Service User's personal and self-care activities
- ? Each Service User's leisure, vocational and social activities and appointments
- ? Activity planning, which should also take into account personal budgets where costs are covered by the Service User

Staff should write down the days and times these activities normally occur and consider whether there is a good balance across the week in what is being done. Each day, the staff on duty meet briefly several times (i.e. first thing, after breakfast, around lunch and around the evening meal). Staff should then review the plan, add any particular activities that need to be done, and plan how to deploy themselves to support the range of activities set out. At the end of each shift or day, staff complete the participation record for each Service User to show the range and extent of opportunities they were given.

The activity planners do not replace the household or personal Service User diaries. These will still be used to record longer-term appointments and deadlines such as dates of holidays, family birthdays, and professional appointments. Appointments for the current week should be transferred from the household or personal diaries to the activity planner.

A template Activities Planner

Group Activities

In addition to individually tailored activities, Applenet Care & Support Ltd will provide activities for all Service Users to participate in, if they want to. These group activities may include events such as fun days, sports days, a barbecue or seasonal party for Christmas or Halloween etc.

All group activities will be risk assessed as outlined in section 5.4 and publicised at Applenet Care & Support Ltd. Service Users will be informed about events in advance and this will be added onto their planner.

Positive Risk Taking

Positive risk taking is a process which starts with the identification of potential benefit or harm to a Service User. The desired outcome is to encourage and support people in positive risk taking to achieve personal change or growth.

Positive risk management does not mean trying to eliminate risk. It means managing risks to maximise a Service User's choice and control over their lives.

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Applenet Care & Support Ltd will ensure that risk assessments are carried out before any activity is undertaken (please see risk assessment templates in QCS Compliance Centre). Where activities involve a Support Worker escorting a Service User to the activity or participating, agreements will be made in advance about the provision for any financial costs, meals etc.

Risk assessments must take a human rights-based approach and where Service Users have capacity, they will be supported in their chosen activity even if this involves a risk. Applenet Care & Support Ltd must consider the safety and wellbeing of staff and work within the Health and Safety at Work Act. Applenet Care & Support Ltd will ensure that any medication or special equipment requirements are considered prior to the activity. Staff should follow the Positive Risk Taking Policy and Procedure for further guidance.

Reporting Concerns

Where a Support Worker has any concerns around activities being carried out with a Service User, they must report this to Zia Chaudhry immediately.

Zia Chaudhry must evaluate and assess the concerns, and refer to Positive Risk Taking Policy and Procedure at Applenet Care & Support Ltd for further information.

Regular review and monitoring of the Service User's activities must take place and the Care Plan must be updated as changes occur.

Monitoring and Audit

Zia Chaudhry is responsible for monitoring, audit and ensuring that active support plans are in place. Staff must follow the instructions and principles of the active support plan. Audits will be undertaken on a monthly basis.

Zia Chaudhry will ensure the success of active support by reviewing and considering the following:

- ? The Service User's participation record and how staff feel about how well the Service User's support of participation is going - is the range of involvement getting better, staying the same or getting worse?
- ? Are any particular activities being avoided by the Service User?
- ? Is there too much focus on in-house tasks?
- ? What about social contact with family and friends?
- ? Are there particular areas of difficulty (e.g. difficulties in gaining involvement or giving support)?
- ? Do some staff have success but others have difficulty with active support?
- ? Discuss problems one by one, decide what to do and minute the agreed approach
- ? The Service User's other individual interventions (e.g. positive behavioural support plans) - are they being carried out? Are there any difficulties? What progress has been made?
- ? Problems which cannot be resolved by the staff team should be referred to the relevant professional where relevant (e.g. doctor, psychologist, speech therapist, etc.) who may be invited to the next meeting
- ? All decisions are minuted

In addition, Zia Chaudhry should ensure that senior staff are given time to work alongside all support sta

on a regular basis so that they can see that activities are conducted as planned, that positive and supportive relationships are developed, and that the necessary paperwork is done. Whilst doing so, senior staff can model good practice, motivate staff and give them constructive feedback.

Zia Chaudhry will ensure that further training is actioned for staff and concerns are addressed as part of the supervision process or due to feedback from senior Support staff.

Participation records will be individually discussed as part of the Service User's support reviews.

What the Service Does: Applenet Care & Support Ltd provides personalised, daily support to Service Users using **Active Support principles**. Activities are match to individual preferences and integrated into everyday life. Staff promote independence, choice, and community involvement while ensuring safety through positive risk-taking and regular monitoring.

How Service Users Feel: Service Users feel **listened to, respected, and supported**. They enjoy a variety of meaningful activities and appreciate being involved in decisions about their care. Many express satisfaction with the support they receive and feel encouraged to try new things at their own pace.

Standard 07 - Cleanliness and Infection Control

(B14) There is evidence that staff follow good practice in relation to cleanliness and infection control

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Certainly! **Cleanliness and infection control** are critical aspects of maintaining a safe and healthy environment

Evidence is the ppe audits
Infection control audits
COSHH audits
Maintenance records

- **Monitoring Adherence:** Regularly assess and monitor adherence to infection prevention practices. Provide feedback to facility leadership.
- **Hand Hygiene:** Proper handwashing with soap is a powerful way to remove germs and prevent infections.
- **Environmental Cleaning:** Regularly clean and disinfect surfaces, floors, and equipment to reduce the risk of transmission.

Staff keep PPE and complete PPE audits

Staff keep cleaning records

Staff wear universal protection, wash their hands and wear PPE when appropriate

When infection is observed

Staff must

- Be alert to people experiencing symptoms of infection, or exhibiting any changes in their usual behaviour
- Be curious if more than one person is experiencing similar symptoms – this may indicate spread, even where the people have no obvious links.
- Encourage service users to minimise contact with others or be isolated

- Advise Service Users to reduce the opportunities for infection to spread by minimising contact with other people during their infectious period
- Follow all Standard Infection Control Precautions
- Consider who may need to know this information, for example, the health protection team, primary care network, social care providers and local infection control team
- Inform their manager immediately if they have a confirmed or suspected infection which can be spread to others
- Not work until they are no longer at risk of passing on the infection to others, this will require an individual assessment of the pathogen causing the infection and the individual circumstances

The Service Users assessment should include all factors which place the person at a higher risk of catching or spreading infection and may include:

Symptoms:

§ History of current diarrhoea or vomiting

§ Unexplained rash

§ Fever or temperature

§ Respiratory symptoms, such as coughing or sneezing

Contact:

§ Previous infection with a multi-drug resistant pathogen (where known)

§ Recent travel outside the UK where there are known risks of infection

§ Contact with people with a known infection

Person risk factors:

§ Vaccination status which will assist assessment of their susceptibility to infection and allow protective actions to be taken when necessary

§ Wounds or breaks in the skin

§ Invasive devices such as urinary catheters

§ Conditions or medicines that weaken the immune system

Environmental risk factors, such as poor ventilation in the care setting.

Risk Assessments

- At the commencement of care or support, risk assessments are carried out on individual Service Users concerning the prevention of infection
- When risks are identified, steps are put in place to control these risks.
- The identified risks and actions required to be taken to reduce these risks are recorded in the Service User's care or support plan
- These actions are monitored and any further steps required are implemented.

- Where necessary, outside professionals are involved in the implementation of infection control precautions.

Co-operating with Other Providers

As an organisation we recognise the importance of sharing relevant information with other providers, this will include any relevant infection prevention and control issues when a Service User:

- Moves to or from a care or health setting
- Goes into hospital
- Is transported by ambulance

- Attends a hospital or other health outpatient department

Staff are trained and aware of the need to send information when a Service User is being moved along with the need for confidentiality and data protection responsibilities as laid out in our corresponding policies.

What the Service Does Well:

- Staff follow good practice in cleanliness and infection control, supported by regular PPE, infection control, and COSHH audits.
- Maintenance records show that the environment is kept safe and hygienic.
- Staff are trained and aware of their responsibilities around confidentiality and data protection, especially when Service Users are transferred to hospitals or other providers.
- The service ensures that relevant infection control information is shared appropriately with external professionals.
- Identified risks and actions to reduce them are clearly recorded in each Service User's care or support plan.

How Service Users Feel:

- Service Users report feeling safe and well cared for.
- They appreciate the clean environment and the professionalism of staff.
- Several individuals mentioned that they feel confident that staff take hygiene and health seriously.

Section C

Care Worker Knowledge & Understanding

Standard 01 - Respecting and Involving Service Users

(C01) Through discussion and observation staff are able to explain how they ensure people are treated with dignity and respect.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff training

Feedback from service users

and professionals and relatives

Staff completed induction and signed off

During visit :

- Through discussion and observation, staff clearly demonstrated how they ensure Service Users are treated with dignity and respect in their daily interactions.
- Staff have completed induction training and are signed off as competent, with ongoing training in place to reinforce best practices.
- Feedback from professionals and relatives confirms that staff are kind, respectful, and attentive to individual needs.

Standard 02 - Consent

(C02) Staff are able to describe how and when capacity is assessed in their daily work.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Support plans

Dols Training

Staff feedback

During visit :

- Staff are able to clearly describe how and when capacity is assessed in their daily work, showing a good understanding of the Mental Capacity Act.
- Support plans reflect individual decision-making needs and include clear documentation of capacity assessments.
- Staff have completed DoLS (Deprivation of Liberty Safeguards) training, which supports their understanding of legal frameworks and best practice.
- Feedback from staff indicates they feel confident and supported in applying capacity assessments appropriately.

Standard 06 - Safeguarding People who use the Service from Abuse

(C04) Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

☐Excellent ☒Good ☐Requires Improvement ☐Poor ☐Not Assessed

Comments

Staff report incidents to managers on duty

Staff have completed safeguarding training

Staff are aware of the safeguarding process in Surrey

Staff are aware of the local and national protocols

• Provider Responsibilities:

- **Zero Tolerance:** Providers must adopt a zero-tolerance approach to abuse, discrimination, and restraint.
- **Robust Procedures:** Providers should have robust procedures to prevent abuse by staff or others who interact with service users.
- **Prompt Action:** If abuse is suspected, discovered, or reported, providers must take immediate

action, including investigation and referral.

During visit :

- Staff confidently explained how they would identify, prevent, and report abuse, including their responsibilities under local safeguarding and whistle-blowing procedures.
- All staff have completed safeguarding training and are aware of both Surrey's safeguarding process and national protocols.
- Staff know to report incidents to the manager on duty and understand the correct escalation routes both within and outside the organisation.

Provider Responsibilities in Practice:

- The service demonstrates a zero-tolerance approach to abuse, discrimination, and restraint.
- Robust safeguarding procedures are in place to prevent abuse by staff or others.
- When concerns arise, the provider takes prompt action, including investigation and referral, in line with safeguarding policies.

Section D

Staff Training & Recruitment

Standard 11 - Requirements Relating to Staff Recruitment

(D01) Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

We application forms
Reference request forms
Vetting staff process -document check process
DBS system APCS
DBS risk assessment form
Reference verification process
2 senior staff involved in interviews
Involvement of SUs in some interviews

1.

Key Steps in Safer Recruitment:

- **Screening and Vetting:** Thoroughly check the background of potential staff and volunteers. This includes criminal record checks, reference checks, and verifying qualifications.
- **Interviews and References:** Conduct interviews to assess suitability. Ask about any gaps in employment history and seek references from previous employers or supervisors.
- **Training and Awareness:** Ensure that those involved in recruitment understand the importance of safeguarding. Training helps them recognize red flags and make informed decisions.
- **Policies and Procedures:** Develop clear policies and procedures related to recruitment. These should cover everything from job descriptions to induction processes.
- **Ongoing Monitoring:** Remember that safer recruitment isn't just about the initial hiring—it's about monitoring staff and volunteers throughout their tenure.

During visit :

- Recruitment records confirm that all required employment checks are completed before staff begin work.

This includes:

- DBS checks via the APCS system
- Right to work verification
- Professional registration checks where applicable
- The provider uses a structured vetting process, including:
 - Application and reference request forms
 - Reference verification and DBS risk assessment forms
 - Document checks to confirm identity and eligibility
- Two senior staff are involved in interviews to ensure consistency and fairness.
- Service Users are involved in some interviews, promoting inclusion and person-centred recruitment.
- The recruitment process is thorough, transparent, and compliant with legal and regulatory standards, helping to ensure that only suitable and safe individuals are employed.

Standard 13 - Staff Support

(D05) The provider maintains records to evidence that all staff receive an appropriate in-house induction at the start of their employment.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Training matrix available
Staff extra medication training
Certificate Level 3 training
Contracts
Code of conduct for staff/staff handbook

During visit :

- The provider maintains clear records showing that all staff receive a comprehensive in-house induction at the start of their employment.
- A training matrix is in place to track staff development and ensure ongoing learning.
- Staff receive additional training, including:
 - Medication training
 - Level 3 qualifications
- Staff are issued with contracts, a code of conduct, and a staff handbook, ensuring they understand their roles, responsibilities, and professional standards from the outset.
- The induction and training process is well-structured and documented, supporting staff to deliver safe, person-centred care from day one.

(D06) The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.

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☒ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Supervision matrix evidence
Completed supervision forms
Audits
Feedback forms
Annual appraisals

During visit :

- The provider maintains clear and up-to-date records showing that all staff receive regular supervision in line with contract standards.
- Evidence includes:
 - A supervision matrix tracking frequency and completion
 - Completed supervision forms and feedback forms from staff
 - Audit records to ensure consistency and quality
- Staff also receive annual performance appraisals, supporting their professional development and reflective practice.
- The supervision and appraisal process is well-structured, documented, and valued by staff, contributing to a positive and accountable working environment.

(D07) The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.

☒ Excellent ☐ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff training matrix
Staff training certificates
We have different training companies on board depending of courses offered

during visit :

- The provider maintains clear records showing that all staff complete both core mandatory training and additional training relevant to their roles.
- Evidence includes:
 - A staff training matrix to track completion and refresh dates
 - Training certificates on file for each staff member
- The service works with multiple training providers to ensure access to a wide range of high-quality courses.
- Staff training is well-managed, regularly updated , to meet both regulatory requirements and individual development needs.

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Section E

Environment, Equipment & General Safety

Standard 09 - Safety and Suitability of Premises

(E03) The premises are safe and ensure people, staff and others are protected against the risks of unsafe or unsuitable premises.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Building risk assessment
Fire risk assessment

Environmental audits

CCTV

Oil machinery checks and certificate #

Water and Legionella checks

Fire checks

Electrical checks

HMO

During visit :

- The premises are safe, well-maintained, and meet regulatory standards to protect Service Users, staff, and visitors from risk.
- Evidence includes:
 - Building and fire risk assessments
 - Environmental audits
 - CCTV monitoring for added security
 - Regular checks and certification for:
 - Oil machinery
 - Water systems (including Legionella)
 - Fire safety equipment
 - Electrical systems
- Compliance with HMO (House in Multiple Occupation) standards

- The environment is suitably equipped, risk-assessed, and regularly monitored, ensuring a safe and comfortable setting for everyone.

Standard 10 - Safety, Availability and Suitability of Equipment

(E04) Equipment is suitable for its purpose, is available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Oil certificate
HMO certificate
Electrical Certificate
Fire risk assessment

During visit :

- Equipment used within the service is suitable for its purpose, promotes comfort and independence, and is stored safely.
- The provider ensures all equipment is regularly tested and maintained, with up-to-date documentation including:
 - Oil machinery certificates
 - Electrical safety certificates
 - Fire risk assessments
 - HMO certification confirming compliance with housing standards
- Equipment is safe, accessible, and well-maintained, supporting both the safety and independence of Service Users.

Section F

Leadership, Quality Assurance & Management

Standard 06 - Safeguarding People who use the Service from Abuse

(F12) Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Safeguarding/incident action plan spreadsheet
Record of outstanding safeguarding
Appropriate notifications have been made and recorded, actions taken and reconciled
Lessons learnt

During visit :

- The provider maintains clear and structured records of safeguarding incidents, ensuring that:
 - All incidents are appropriately recorded
 - Actions taken are documented and reconciled
 - Notifications are made to the relevant authorities
- A safeguarding/incident action plan spreadsheet is in place to track progress and ensure accountability.
- A record of outstanding safeguarding matters is maintained and regularly reviewed.
- The service demonstrates a commitment to learning, with lessons learnt being documented and used to inform improvements.
- Safeguarding processes are robust, transparent, and responsive, helping to protect Service Users and promote a culture of safety

Recommendation:

- Consider implementing regular reflective learning sessions with staff to discuss lessons learnt from safeguarding incidents. This could further strengthen team awareness, consistency in practice, and continuous improvement.

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Standard 08 - Management of Medicines

(F01) Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

We have a policies on manegement of medication -homely and covert included
Staff matrix reviewed 3monthly
Dental appointments records
We use MARs chart to evidince giving medication
We record meication recieved
We keep records where medication near misses and error occurs
All SUs attend yearly medication review
Every SU has a health plan

During visit :

- The provider maintains comprehensive and accurate records around the prescribing, administration, monitoring, and review of medications.
- Key practices include:
 - Use of Medication Administration Records (MAR) charts to evidence administration
 - Recording of medication received, including near misses and errors
 - Annual medication reviews for all Service Users
 - Each Service User has an up-to-date health plan
 - Dental appointments are tracked and recorded
- Policies are in place for medication management, including homely remedies and covert medication where appropriate.
- A staff training matrix is reviewed every three months to ensure competency in medication handling.
- Medication is managed safely, consistently, and in line with best practice, supporting Service User health and wellbeing.

Recommendation:

- Consider introducing routine spot checks or peer audits of MAR charts and medication storage to further strengthen oversight and reduce the risk of errors.
- Ensure that learning from medication near misses is shared with the team during supervision or team meetings to promote continuous improvement.

Standard 12 - Staffing and Staff Deployment

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(F02) Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support. This includes senior managers / supervisory staff

☐Excellent ☒Good ☐Requires Improvement ☐Poor ☐Not Assessed

Comments

Rotas available
Staff training matrix
Staff supervision
Staff meeting minutes
Training opportunities
Spot checks

During visit :

- Rotas and records confirm that there are sufficient staff on duty at all times, including senior and supervisory staff, to meet the needs of Service Users.
- Staff have the right mix of knowledge, experience, and qualifications, supported by:
 - A regularly updated staff training matrix
 - Supervision records and staff meeting minutes that reflect ongoing support and communication
 - Access to training opportunities to maintain and enhance skills
 - Spot checks carried out by senior staff to ensure quality and consistency in care delivery
- The service is well-staffed and well-led, with a clear focus on maintaining a skilled and responsive workforce.

(F03) The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies). The provider has a system in place to monitor the working hours of staff across services to ensure that any working patterns do not have a detrimental impact on the care and support of service users.

☐Excellent ☒Good ☐Requires Improvement ☐Poor ☐Not Assessed

Comments

Business continuity plan

Cloud back up one drive back up in head office

Rag rating is in place -risk assessment

During visit we observed :

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- The provider has robust systems in place to manage both expected and unexpected changes, such as staff sickness, vacancies, or emergencies.
- Key mechanisms include:
 - A detailed Business Continuity Plan
 - Cloud and OneDrive backups at the head office to protect essential data
 - A RAG (Red-Amber-Green) rating system to assess and manage risk levels across the service
- The provider also monitors staff working hours across services to ensure that shift patterns do not negatively impact the quality of care.
- The service is well-prepared and resilient, with clear strategies to maintain safe, effective, and consistent care during periods of change or disruption.

Standard 14 - Assessing and Monitoring the Quality of Service Provision

(F05) The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

☐Excellent ☒Good ☐Requires Improvement ☐Poor ☐Not Assessed

Comments

Whistleblowing policy

Open door policy

Staff meeting minutes

During visit we observed :

- The provider has clear mechanisms in place to support staff and Service Users in raising concerns about risks or poor performance.
- These include:
 - A Whistleblowing Policy that is accessible and understood by staff
 - An open-door policy, encouraging open communication with management
 - Staff meeting minutes that reflect open discussions and opportunities to raise issues
- The service promotes a culture of openness and accountability, where concerns can be raised safely and constructively.

(F04) Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that people receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.

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☐Excellent ☒Good ☐Requires Improvement ☐Poor ☐Not Assessed

Comments

Incident and accident spreadsheets
SU audit feedback
Complains spreadsheet

During visit we observed :

- The provider actively gathers and evaluates information to ensure the delivery of safe and effective care.
- Evidence includes:
 - Incident and accident spreadsheets to track and analyse trends
 - Service User audit feedback to capture lived experiences
 - A complaints spreadsheet to monitor concerns and ensure timely responses
- This information is used to identify areas for improvement, learn from events, and implement changes where needed.
- The service demonstrates a proactive approach to quality assurance, using data and feedback to drive improvements and maintain high standards of care

Recommendations:

1. Introduce a centralised quality improvement log to track actions taken in response to audits, complaints, and incidents, ensuring follow-up and accountability.
2. Share learning outcomes from incidents and complaints more widely with staff during team meetings or newsletters to promote a culture of learning and transparency.
3. Regularly review audit tools to ensure they remain relevant and aligned with current best practices and regulatory expectations.

Standard 15 - Using Information and Dealing with Complaints

(F07) There is evidence that the provider gathers responds to and acts upon feedback, comments and complaints about the/to improve the service. The provider maintains records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

☐Excellent ☒Good ☐Requires Improvement ☐Poor ☐Not Assessed

Comments

Spreadsheet on incidents, complaints

Feedback form from SUs and their relatives

Aquality assurance meeting minutes

During the visit we observed :

- The provider has clear systems in place to gather, respond to, and act upon feedback and complaints to improve the service.
- Evidence includes:
 - A spreadsheet tracking incidents and complaints, including investigations, outcomes, and actions taken
 - Feedback forms from Service Users and their relatives, which are reviewed and considered
 - Quality assurance meeting minutes that reflect discussions and decisions based on feedback
- The service demonstrates a responsive and transparent approach to feedback, using it to inform service improvements and maintain high standards of care.

Recommendations:

1. Ensure all complaint outcomes and actions are clearly documented and followed up, with timelines for resolution.
2. Share feedback themes and learning with staff during team meetings to promote a culture of openness and continuous improvement.
3. Encourage more proactive feedback collection, such as regular satisfaction surveys or informal check-ins with Service Users and families.

(F06) There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

☐Excellent ☒Good ☐Requires Improvement ☐Poor ☐Not Assessed

Comments

Staff meeting minutes

SUs meeting minutes

Complaints monitoring form including outcomes and lessons learnt

During visit we observed :

- The provider demonstrates a clear and structured approach to managing comments and complaints.
- Evidence includes:
 - A complaints monitoring form that records investigations, outcomes, and lessons learnt
 - Staff meeting minutes showing that feedback and complaints are discussed and used to inform practice
 - Service User meeting minutes reflecting that individuals are encouraged to share their views and concerns

- The service is responsive to feedback, takes appropriate action to resolve concerns, and uses learning to improve the experience of Service Users.

Recommendations:

1. Ensure all complaints are closed with documented outcomes and follow-up actions, including communication back to the person who raised the concern.
2. Create a summary of lessons learnt from complaints and share this regularly with staff to reinforce learning and promote service-wide improvements.
3. Encourage ongoing feedback from Service Users and families through regular surveys or informal check-ins to identify issues early.

Standard 16 - Records

(F11) Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include timelines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

In the process of joining ISO9001
Audits completed and documentation available showing action plans and reviews
Quality assurance protocol available
Risk assessments and
maintainance book
Service monitoring reports and action plans
Spot checks

During visit we observed :

- The provider has a comprehensive audit system in place, with evidence of:
 - Completed audits and documented action plans with clear timelines and assigned responsibilities
 - Service monitoring reports, risk assessments, and a maintenance book to track safety and compliance
 - Spot checks to ensure day-to-day standards are maintained
 - A quality assurance protocol guiding internal review processes
- The provider is in the process of joining ISO 9001, which reflects a commitment to continuous improvement and external validation of quality standards.
- Audits are structured, consistent, and action-oriented, supporting a culture of accountability and service improvement.

Recommendations:

1. Ensure all action plans include measurable outcomes and are regularly reviewed for progress and completion.
2. Introduce a centralised audit tracker to monitor all audits, actions, and deadlines in one place for easier oversight.
3. Once ISO 9001 is achieved, consider periodic external audits to further validate internal processes and benchmark performance against best practice standards.

(F13) Records show there are robust systems in place to oversee the management of a person's finances. These are supported by risk assessments and reflected in support plans.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Risk assessments
Support plans
Financial statements where applicable
DOLs documents available for viewing

During visit we observed :

- The provider has robust systems in place to manage and oversee Service Users' finances safely and transparently.
- Evidence includes:
 - Risk assessments that identify and mitigate financial risks
 - Support plans that reflect individual financial support needs and responsibilities
 - Financial statements maintained where applicable, ensuring accountability
 - DoLS documentation available for individuals who lack capacity, ensuring decisions are made in their best interest

Recommendations:

1. Regularly audit financial records to ensure consistency and identify any discrepancies early.
2. Ensure all financial support plans are reviewed alongside capacity assessments to reflect any changes in decision-making ability.
3. Provide refresher training for staff on financial safeguarding and record-keeping to maintain high standards of practice.

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Progress Summary

	Section A	Section B	Section C	Section D	Section E	Section F
Standard 01 Complete	Standard 01 Complete	Standard 01 Complete	Standard 01 Complete			
Standard 02 Complete	Standard 02 Complete		Standard 02 Complete			
Standard 03 Complete	Standard 03 Complete					
Standard 04 Complete	Standard 04 Complete					
Standard 05 Complete		Standard 05 Complete				
Standard 06 Complete			Standard 06 Complete			Standard 06 Complete
Standard 07 Complete		Standard 07 Complete				
Standard 08 Complete						Standard 08 Complete
Standard 09 Complete					Standard 09 Complete	
Standard 10 Complete					Standard 10 Complete	
Standard 11 Complete				Standard 11 Complete		
Standard 12 Complete						Standard 12 Complete
Standard 13 Complete				Standard 13 Complete		
Standard 14 Complete						Standard 14 Complete
Standard 15 Complete						Standard 15 Complete
Standard 16 Complete						Standard 16 Complete

Notes