

| Number | Question | What or how do we measure | What does good look like |
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| Section A - Assessment, Care Planning & Review | | | |
| S01 A01 | <ul style="list-style-type: none"> 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. This is confirmed via the pre-admission, daily records & across care plans. | <ul style="list-style-type: none"> Care plan Daily records | <ul style="list-style-type: none"> Care plans in a format the service user can understand Likes / dislikes, preferences Written in the first person and in a way that shows the individual has been consulted Daily records demonstrate that care is being delivered as per the plan Care plans reviewed monthly Care plans and daily records should complement each other. |
| SO1 A02 | <ul style="list-style-type: none"> There is evidence that service users have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support, (e.g. signed information on admission forms). | <ul style="list-style-type: none"> Service user guide Other information | <ul style="list-style-type: none"> Includes what can be expected from the service Any expectations around conduct How to complain Raising a Safeguarding SU guide is easy to understand and available to them |
| S02 A03 | <ul style="list-style-type: none"> Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any | <ul style="list-style-type: none"> Service user file (including care plan) | <ul style="list-style-type: none"> Where relevant, Mental Capacity Assessments have been undertaken. Proof of Power of Attorney (Health and Wellbeing and / or Financial). |

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| | <p>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.</p> | | |
| S03 A04 | <ul style="list-style-type: none"> Care plans are signed by the service user where appropriate to evidence their involvement in their care and support planning. | <ul style="list-style-type: none"> Care plan | <ul style="list-style-type: none"> Care plan signed by service user / advocate / family member in the last year Or explanation if signature missing |
| | <ul style="list-style-type: none"> There is evidence that where a key worker system is in place that this is clearly recorded in the care plans and that the service user has been given appropriate information about key working system. | <ul style="list-style-type: none"> Care file | <ul style="list-style-type: none"> If scheme is in place the key worker details are accurately recorded and up to date. |
| S03 A06 | <ul style="list-style-type: none"> There is evidence that service users have been given information about | <ul style="list-style-type: none"> Service user guide | <ul style="list-style-type: none"> Links to A02 Contact information is up to date Out of hours / emergency contact available |

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| | how to make contact with the care provider. | | |
| S03 A07 | <ul style="list-style-type: none"> The care assessment has been conducted in a way to reflect the service users' strengths, abilities and interests to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities. | <ul style="list-style-type: none"> Care file including care plan Daily records | <ul style="list-style-type: none"> Strength based care plan (what they can do for themselves as well as what they need help with) Interests and preferred activities captured Is there evidence that they have collated around who is important to the service user and what links to the community they have |
| S03 A08 | <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> Care plan | <ul style="list-style-type: none"> Risk identified and mitigated Care plan says how this will be dealt with Enabling positive risk taking, least restrictive intervention If they have capacity, they are able to make 'unwise decisions' |
| S03 A09 | <ul style="list-style-type: none"> Evidence that care and support plans are regularly reviewed and | <ul style="list-style-type: none"> Care plan | <ul style="list-style-type: none"> Regular reviews that have been updated in the last year |

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| | <p>maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the service user safe.</p> | | |
| S03 A10 | <ul style="list-style-type: none"> Evidence that daily records are maintained with up to date information to reflect the current needs of the individual. | <ul style="list-style-type: none"> Daily records | <ul style="list-style-type: none"> Specific and individualised rather than including generic statements Clear differentiation between fact and opinion. With any opinion including rationale as to how this was reached Recordings are up to date and not recorded retrospectively Concerns escalated and evidenced Contribution from professionals involved as appropriate |
| S03 A11 | <ul style="list-style-type: none"> Evidence that the care planning and support is designed to maximise the service users' independence and quality of life and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible. | <ul style="list-style-type: none"> Care plan | <ul style="list-style-type: none"> Goals, outcomes, aspirations Evidence that the service user has been involved in designing these |
| S04 A12 | <ul style="list-style-type: none"> Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes and include appropriate | <ul style="list-style-type: none"> Care file | <ul style="list-style-type: none"> Information is clear and consistent Dietary restrictions, allergies, likes and dislikes, cultural requirements are recorded |

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| | details of nutritional assessment information | | <ul style="list-style-type: none"> • Nutritional screening tool in place and used • Food and fluid charts complete and up to date • SALT Guidelines followed |
| SO4 A14 | <ul style="list-style-type: none"> • If required as part of the service to the individual, the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance. | <ul style="list-style-type: none"> • Care file | <ul style="list-style-type: none"> • Referrals made to the to appropriate services • Evidence that recommendations are being implemented. |
| S05 A15 | <ul style="list-style-type: none"> • Where the responsibility for the service users' care and support is shared with other providers, the care and support plans should evidence this co-operation. Where a named service user is transferred to one or more services, records should reflect this appropriately. | <ul style="list-style-type: none"> • Care file | <ul style="list-style-type: none"> • Hospital passport / handover document includes key information |
| S08 A16 | <ul style="list-style-type: none"> • Care & support plans document that service users have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is | <ul style="list-style-type: none"> • Care plans | <ul style="list-style-type: none"> • Appropriate risk assessments in place • If relevant LPA for Health & Welfare documented • Mental Capacity considered where appropriate |

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| | administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider. | | <ul style="list-style-type: none"> • Where capacity is lacking Best Interests process followed and decision making recorded. • Appropriate risk assessments in place • If relevant LPA for Health & Welfare documented • Medication needed refusals documented with information around risk associated and any escalation |
| S06 A17 | <ul style="list-style-type: none"> • Assessments, together with and care/support plans effectively maintain people's safety and DOL's are only used when in the best interests of the service user (where possible). | <ul style="list-style-type: none"> • Care plans | <ul style="list-style-type: none"> • Evidence of decisions being in best interests of the service user and least restrictive practice ensured |
| S02 A18 | <ul style="list-style-type: none"> • Care and support plans evidence that service users are supported and signposted to relevant services and are helped to make informed choices regarding lifestyle factors. Care plans evidence that service users have made choices and decisions about their health and social care needs in accordance with the MCA (2005) regarding decision making and best interests; and evidences | <ul style="list-style-type: none"> • Care plan | <ul style="list-style-type: none"> • Appropriate signposting and / or support to access additional services |

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| | due process has been followed where a choice is made that is in conflict with health promotion messages. | | |
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Section B

| Number | Question | What or how do we measure | What does good look like |
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| Section B – User Experience | | | |
| S01 B01 | <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> Service user conversation Supporting documentation via office | <ul style="list-style-type: none"> Privacy and dignity is maintained Diversity is respected Addressed in a manner that fits their preferences Choice given and respected |
| S01 B02 | <ul style="list-style-type: none"> Service users confirm that they are always placed at the centre of their care and provided with appropriate and adequate information to | <ul style="list-style-type: none"> Service user conversation | <ul style="list-style-type: none"> Service users have access to relevant documentation such as Service User guide and care and support plans Visit preferences considered, and met where possible |

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| | enable them to make informed decisions about the care and support they receive. | | |
| S01 B03 | <ul style="list-style-type: none"> Service users confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon. | <ul style="list-style-type: none"> Service user conversation Minutes of meetings (staff or with specific individuals) if relevant. | <ul style="list-style-type: none"> Service user feedback gathered You said, we did / evidence of listening and feedback. |
| S01 B04 | <ul style="list-style-type: none"> Service users spoken with (where appropriate), confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do. | <ul style="list-style-type: none"> Service user conversations | <ul style="list-style-type: none"> Service user feedback gathered Supported to maintain contact with friends / family Culturally appropriate access to the wider community |
| S01 B05 | <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> Service user conversations | <ul style="list-style-type: none"> Service users get to do activities of their choice on a regular basis if this forms part of the commissioned service. |
| S02 B06 | <ul style="list-style-type: none"> Through observation there is evidence that | <ul style="list-style-type: none"> Observation | <ul style="list-style-type: none"> Visual aids where non-verbal |

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| | <p>staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.</p> | | <ul style="list-style-type: none"> • Consent is sought and individuals are not rushed. |
| S03 B07 | <ul style="list-style-type: none"> • Service users spoken with confirm that they are involved in their assessment, care and support planning. They are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement. | <ul style="list-style-type: none"> • Service user conversations | <ul style="list-style-type: none"> • Confirmation involved in care planning – e.g., obvious staff are aware of preferences, likes and dislikes • Any changes in support are discussed with service user and / or next of kin. |
| S03 B08 | <ul style="list-style-type: none"> • If a key worker system is in place, then service users are aware of who their named care worker is. | <ul style="list-style-type: none"> • Service user conversation | <ul style="list-style-type: none"> • If there is a keyworker in place is the service user aware of who this is |
| S03 B09 | <ul style="list-style-type: none"> • Observation of care staff interaction and care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected. Also shows that delivery of care is effective, enabling and maximises | <ul style="list-style-type: none"> • Observation | <ul style="list-style-type: none"> • Moving and handling undertaken safely and considerately • Emphasis on safety and wellbeing • Care delivery maximises independence |

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| | the service users' independence and quality of life. | | |
| S04 B10 | <ul style="list-style-type: none"> Service users confirm that they are supported to make healthy choices and lead healthy lifestyles and where appropriate provided with access to information about healthy and balanced diet, recognising individual preferences, cultural and dietary requirements. | <ul style="list-style-type: none"> Service user conversation | <ul style="list-style-type: none"> Choice given to service users at appropriate times How staff interact with service users if meal preparation / provision forms part of the commissioned service. Refusals and / or changes in preferences are recorded. |
| S04 B11 | <ul style="list-style-type: none"> Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these. | <ul style="list-style-type: none"> Observation | <ul style="list-style-type: none"> If nutritional support forms part of the commissioned service it is done in conjunction with the service user. |
| S04 B12 | <ul style="list-style-type: none"> Discussion with staff and / or Observation of staff practice confirms appropriate behaviour in relation to food preparation and hygiene. | <ul style="list-style-type: none"> Service user conversation Observations | <ul style="list-style-type: none"> Suitable access to food and drink. Appropriate practice observed |
| S04 B13 | <ul style="list-style-type: none"> Where applicable there is evidence that staff support service users to access other social care or health services as and if required. | <ul style="list-style-type: none"> Service user conversation | <ul style="list-style-type: none"> Staff support to access other health & social care services if required. Service user is aware of other services or agencies involved |
| S05 B14 | <ul style="list-style-type: none"> Staff are observed to follow good practice in | <ul style="list-style-type: none"> Observation | <ul style="list-style-type: none"> Staff are observed to carry out good hand hygiene |

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| | relation to cleanliness & infection control. | | <ul style="list-style-type: none"> • PPE observed to be used |
| S07 B15 | <ul style="list-style-type: none"> • Staff are observed to handle medicines safely, securely and appropriately. | <ul style="list-style-type: none"> • Observation | <ul style="list-style-type: none"> • Staff explain medication when administering / prompting. • Organisations own policy is followed. |
| S08 B16 | <ul style="list-style-type: none"> • Service users confirm that they are involved in decisions regarding their medication. | <ul style="list-style-type: none"> • Service user conversation | <ul style="list-style-type: none"> • Service users with capacity confirm that they are involved in decision making processes for medication |
| S12 B17 | <ul style="list-style-type: none"> • Through observation and discussion with service users, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support. They confirm that the staff are able to communicate effectively and appropriately with service users who may have a variety of needs. | <ul style="list-style-type: none"> • Servicer user conversation • Observation | <ul style="list-style-type: none"> • Visits are not missed and take place within timescales agreed. • Staff are able to communicate with service users (considering languages, sign-language, non-verbal communication) • Service users have confidence in the carers that attend them. |
| S15 B18 | <ul style="list-style-type: none"> • Service users spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO. | <ul style="list-style-type: none"> • Service user conversation | <ul style="list-style-type: none"> • Service users confirm they know how to complain and who to • Ask service user if they have ever needed to make a complaint |
| S15 B19 | <ul style="list-style-type: none"> • Service users confirm that they feel they would be supported if they have | <ul style="list-style-type: none"> • Service user conversation | <ul style="list-style-type: none"> • Service users who have complained confirm they were kept informed of the |

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| | had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint. | | outcome in a timely manner and the service learnt from the complaint <ul style="list-style-type: none"> • Making a complaint does not draw a negative reaction. |
| S06 B20 | <ul style="list-style-type: none"> • Service users confirm that they feel safe and observations of care practice confirms this to be the case. Any service users spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider. | <ul style="list-style-type: none"> • Service user observation • Observation of care | <ul style="list-style-type: none"> • Service users say they feel safe • If able to speak to a service user who has been through a safeguarding enquiry, and they feel that they were supported through the process by the provider • The care seems safe |
| S02 B22 | <ul style="list-style-type: none"> • Service users confirm that they are supported and signposted to relevant services and are helped to make informed choices regarding lifestyle factors. SU's confirm that they are able to discuss choices that may conflict with health promotion messages. | <ul style="list-style-type: none"> • Service user conversation | <ul style="list-style-type: none"> • Staff have knowledge of support and services available. • Supported available even with difficult decisions. • Capacity is considered in relation to specific decisions. |

Section C

| Number | Question | What or how do we measure | What does good look like |
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| Section C – Staff Knowledge & Understanding | | | |
| S01 C01 | <ul style="list-style-type: none"> Staff are able to explain how they ensure people are treated with dignity and respect. | <ul style="list-style-type: none"> Staff conversation | <ul style="list-style-type: none"> Knocking on doors if appropriate or using key safes properly if needed. Knowing preferred names, involving in conversations Awareness of cultural, lifestyle and religious choices Ensuring privacy and maintaining dignity Supporting individual choice Knowing the service users' social history |
| S02 C02 | <ul style="list-style-type: none"> Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work. | <ul style="list-style-type: none"> Staff conversations | <ul style="list-style-type: none"> Staff understand the MCA in relation to their work Understanding about giving choice and having capacity to make some decisions |
| S03 C03 | <ul style="list-style-type: none"> Staff understand and can explain the roll of the keyworker if used in the service. | <ul style="list-style-type: none"> Staff conversations | <ul style="list-style-type: none"> If there is a key worker system in place staff are able to explain what this means for service users |
| S06 C04 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Staff conversations | <ul style="list-style-type: none"> Understand what constitutes abuse Understands who to report to internally and externally – e.g., council and CQC externally |

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| | within and outside of the organisation. | | |
| S06 C05 | <ul style="list-style-type: none"> Staff confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLs. | <ul style="list-style-type: none"> Staff conversations | <ul style="list-style-type: none"> Confirm they've had safeguarding and MCA training |
| S07 C06 | <ul style="list-style-type: none"> Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management. | <ul style="list-style-type: none"> Staff conversations | <ul style="list-style-type: none"> Staff are able to explain how to prevent infection through good hand hygiene and appropriate PPE usage. |
| S08 C07 | <ul style="list-style-type: none"> Staff where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract. | <ul style="list-style-type: none"> Staff conversations – with staff who administer meds | <ul style="list-style-type: none"> Confirm they've received the relevant training and feel competent Staff understand the difference between prompting, assisting and administration. Awareness of out of hours protocols |
| S10 C08 | <ul style="list-style-type: none"> Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so, and | <ul style="list-style-type: none"> Staff conversations | <ul style="list-style-type: none"> Confirm they have moving and handling training Knowledge of what sort of equipment they utilise and how to use it Equipment is available and in suitable state for use |

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| | that support is available if required. | | |
| S12 C09 | <ul style="list-style-type: none"> Staff confirm that staffing levels are appropriate and sufficient and that they feel there are 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). | <ul style="list-style-type: none"> Staff conversations | <ul style="list-style-type: none"> Staff feel that sufficient and suitably qualified staff are available Staff understand what happens if they or others have to be absent at short notice Their rota visits are covered if they are absent. |
| S13 C10 | <ul style="list-style-type: none"> Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate. | <ul style="list-style-type: none"> Staff conversations | <ul style="list-style-type: none"> Staff can confirm that they received an appropriate induction and can explain what was involved e.g., shadow shifts, buddying |
| S13 C11 | <ul style="list-style-type: none"> Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review. | <ul style="list-style-type: none"> Staff conversations | <ul style="list-style-type: none"> Staff confirm they receive regular supervision and appraisal on a regular basis Supervision is a supportive and positive experience? |
| S13 C12 | <ul style="list-style-type: none"> Staff confirm that they have undertaken appropriate training that | <ul style="list-style-type: none"> Staff conversations | <ul style="list-style-type: none"> Staff confirm they have received appropriate training and it is refreshed as required – safeguarding, food hygiene, IP&C etc. |

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| | this is refreshed and updated as required. | | <ul style="list-style-type: none"> • They feel competent to undertake their role |
| S13 C13 | <ul style="list-style-type: none"> • Where appropriate and when asked, agency staff confirm that they have been inducted to the service appropriately. | <ul style="list-style-type: none"> • Staff conversations | <ul style="list-style-type: none"> • If agency staff are being utilised, they can confirm that they received a relevant induction into the service. |
| S13 C14 | <ul style="list-style-type: none"> • Staff confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work. | <ul style="list-style-type: none"> • Staff conversations | <ul style="list-style-type: none"> • Staff members confirm they feel supported and are aware of bullying and harassment policy • Is there a policy for contacting managers inside and outside of office hours? • Do they feel confident to raise concerns and are they followed up appropriately? • Are there issues within the staff team? |
| S14 C15 | <ul style="list-style-type: none"> • Care workers confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so. | <ul style="list-style-type: none"> • Staff conversations | <ul style="list-style-type: none"> • Staff members feel confident and supported in raising concerns about risk and poor practice • There is a whistleblowing policy that staff are aware of • They are aware of external avenues of escalation. |
| S15 C16 | <ul style="list-style-type: none"> • Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings. Their views are taken into account and feedback is provided. | <ul style="list-style-type: none"> • Staff conversations | <ul style="list-style-type: none"> • Staff meetings take place regularly, with adequate notice • There is an agenda and the chance for all to add agenda items. • Staff surveys are undertaken and / or suggestion boxes are available • Feedback is given to staff on ideas raised |
| S12 C17 | <ul style="list-style-type: none"> • Discussions with staff confirm that they have | <ul style="list-style-type: none"> • Staff conversations | <ul style="list-style-type: none"> • Awareness of current pressures and promotions e.g., flu, oral care |

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| | appropriate knowledge and understanding of current health promotion messages to help support service users to maximise their health and wellbeing and live a fulfilled life. | | |
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Section D

| Number | Question | What or how do we measure | What does good look like |
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| Section D – Staff Training & Recruitment | | | |
| S11 D01 | <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> Recruitment records | <ul style="list-style-type: none"> DBS checks plus risk assessments etc. where relevant Right to work Registration to professional bodies e.g., nursing Full employment history back to leaving full time education 2 references which have been checked Application form Interview questions and answers with decision |
| S11 D02 | <ul style="list-style-type: none"> Records show that when staff are provided by an external organisation that | <ul style="list-style-type: none"> Staff filing for voluntary and agency staff | <ul style="list-style-type: none"> Confirms that DBS, training, right to work checks, references and employment |

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| | <p>those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.</p> | | <p>history and registration have all been checked by the agency</p> |
| S11 D03 | <ul style="list-style-type: none"> Records evidence that other people who provide additional services are subject to any appropriate and necessary checks. | <ul style="list-style-type: none"> Records for other services coming in e.g hairdressers, chiropodists, activities etc. | <ul style="list-style-type: none"> DBS check if private individuals Valid ID badge sufficient for public sector agencies |
| S11 D04 | <ul style="list-style-type: none"> The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities. | <ul style="list-style-type: none"> Staff handbook Policies and procedures Job descriptions Contracts Induction | <ul style="list-style-type: none"> Has appropriate documentation in place |
| S13 D05 | <ul style="list-style-type: none"> The provider maintains records to evidence that all staff receive an appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate | <ul style="list-style-type: none"> Staff records | <ul style="list-style-type: none"> Each file contains details of induction Staff new to care have or are completing Care Certificate |

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| S13 D06 | <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> Staff records | <ul style="list-style-type: none"> Supervision records Appraisal / performance records |
| S13 D07 | <ul style="list-style-type: none"> The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required. | <ul style="list-style-type: none"> Staff records | <ul style="list-style-type: none"> Training matrix to make sure mandatory is up to date and selection of additional courses appropriate to the role are available. Training is not only eLearning. |

Section E

| Number | Question | What or how do we measure | What does good look like |
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| Section E – Environment, Equipment & General Safety | | | |
| S07 E02 | <ul style="list-style-type: none"> Medicines are stored and administered safely including any homely remedies and covert medication. | <ul style="list-style-type: none"> Medicine storage | <ul style="list-style-type: none"> Medication is stored as per instructions |
| S10 E04 | <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> Risk assessments for large equipment | <ul style="list-style-type: none"> Sufficient equipment available and maintained Relevant risk assessments in place |

Section F

| Number | Question | What or how do we measure | What does good look like |
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| Leadership, Quality Assurance & Management | | | |
| S08 F01 | <ul style="list-style-type: none"> Appropriate records are maintained around the prescribing, administration, monitoring and review of medications. | <ul style="list-style-type: none"> Medication records Care plans MARS sheets Medication policy – reference to covert and homely remedies PRN policy | <ul style="list-style-type: none"> Appropriate records Sample MARS Check – no gaps, appropriate codes used, allergies recorded, PRN protocol – what, when to give, how given / TMARS – body map Audits in place – issues addressed as result. |
| S12 F02 | <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> Rotas and records | <ul style="list-style-type: none"> Sufficient staff to cover visits Staff on shift have relevant skills, knowledge and experience Visits undertaken within timeframes expected and clashes are avoided Travel time is considered within rotas |
| S12 F03 | <ul style="list-style-type: none"> 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). | <ul style="list-style-type: none"> Process to cover sickness and leave | <ul style="list-style-type: none"> Bank and agency arrangements in place Business Continuity Plan in place Emergency contacts up to date |
| S14 F04 | <ul style="list-style-type: none"> Records show that the provider continually gathers and evaluates | <ul style="list-style-type: none"> Feedback | <ul style="list-style-type: none"> Feedback is collected and when appropriate is acted on. |

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| | <p>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.</p> | | <ul style="list-style-type: none"> • Incidents / accident collation and analysis • Complaints log • Safeguarding log / audit • A Service Improvement Plan (or similar) is in place to collate information and drive continuous improvement |
| S14 F05 | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Whistleblowing policy | <ul style="list-style-type: none"> • Local Authority whistleblowing contacts available • Safeguarding information available |
| S15 F06 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Complaints policy | <ul style="list-style-type: none"> • Robust system to record, investigate, learn from, make improvements and share with everyone concerned |

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| | <p>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.</p> | | |
| S15 F07 | <ul style="list-style-type: none"> • There is evidence that the provider has a range of regular, organised meetings where service users, relatives and staff can provide feedback and this is listened to, acted upon appropriately and people are kept informed of the outcome. | <ul style="list-style-type: none"> • Staff meetings • Service user / relative meetings | <ul style="list-style-type: none"> • Meetings take place and with sufficient notice to attend. • Minutes taken and distributed • Actions taken and carried forward. |
| S15 FO8 | <ul style="list-style-type: none"> • There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority. | <ul style="list-style-type: none"> • Complaints policy | <ul style="list-style-type: none"> • Outcomes shared with Local Authority |
| S16 F09 | <ul style="list-style-type: none"> • Personal records of service users are clear, accurate, factual, complete, personalised, fit for purpose, up to date, held securely and remain confidential. | <ul style="list-style-type: none"> • Personal records for service users | <ul style="list-style-type: none"> • Accurate, factual, complete, up to date, stored securely, remain confidential |
| S16 F11 | <ul style="list-style-type: none"> • Records evidence that a range of appropriate and | <ul style="list-style-type: none"> • Audits | <ul style="list-style-type: none"> • A range of appropriate audits have been created and embedded. |

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| | <p>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.</p> | | <ul style="list-style-type: none"> The information gathered is analysed and robust and measurable Action Plans are produced |
| S06 F12 | <ul style="list-style-type: none"> Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required. | <ul style="list-style-type: none"> Care Plans Audits | <ul style="list-style-type: none"> Appropriate notifications made to the Regulator with action taken as needed Safeguarding incidents reported to Local Authority |
| S16 F13 | <ul style="list-style-type: none"> A finance policy and operational guidance are in place to support staff and service users with the management of monies. | <ul style="list-style-type: none"> Finance policy | <ul style="list-style-type: none"> Include guidance for staff on how to document decisions and record expenditure Include guidance for reviewing financial arrangements Arrangements and guidance in place for the storage, security and access to bank cards, cash, books and PIN numbers If applicable include details about tenancy agreements if reference within is made to finances, bills, rent etc. |

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| | | | <ul style="list-style-type: none">• Arrangements in place are regularly reviewed and audited. |
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