# Care Home Annual Quality Assurance Provider Review

The Provider self-assessment is in relation to the City of Wolverhampton Council's *Quality Assurance & Suspension Policy 2024 - 2034* annual reviews (business related). Each Provider completes this review through the online link sent from your service area Commissioning Officer and Quality Assurance & Contract Officer. Each self-assessment will be scored according to a quality compliance scoring mechanism. After each self-assessment submission, the service may be required to produce evidence through documentation and photographs, as and when requested.

All data and information provided by the service is held in the strictest of confidence and will be shared with the Integrated Care Board (ICB). PROTECT and RESTRICTED information should only be further shared where there is a legitimate need - i.e., Care Quality Commission (CQC).

* Required

## Business Information

General business information and leadership details

1. Name of Care Home *

2. Name of Parent Company. If not applicable, state N/A. *

[                                        ]

3. Care First ID (as found on Community Care Order Schedule). If you
   are not a commissioned provider, please state N/A. *

[                                        ]

4. CQC Registration Service Number. *

[                                        ]

5. Name of nominated individual. *

[                                        ]

6. Name of Registered Manager. *

[                                        ]

7. Number of registered beds. *

[                                        ]

8.  Number of beds occupied on date of self-assessment. *

9.  Number of Council funded placements. If you do not have funded Council beds, please state N/A. *

10. Number of Continuing Healthcare funded beds. If you do not have CHC funded beds, please state N/A. *

11. Current CQC rating. *

12. Date of last CQC inspection. *

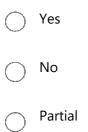13. Is the CQC rating displayed within the home for visitors to view. *

14. List actions that have come from the last CQC inspection. If not applicable, please state N/A. *

15. Are there any improvement actions in place from your quality assurance or management team. If there are no actions required, please state N/A. *

16. Is your service/business registered with the ICO - Information Commissioner's Officer. *

○ Yes

○ No

17. Does your business have Public Liability insurance up to £10m. *

○ Yes

○ No

○ Partial

0. Does your business have Employers Liability insurance up to £5m. *

○ Yes

○ No

○ Partial

1. Does the home display the insurance policies for visitors to view. *

○ Yes

○ No

○ Partial

2. Which Health and Safety company does the home use. *
3. Are there any current health and safety action plans in place.

Please list below, if Yes. If No, state N/A. *

# Safeguarding

4. Does your home have access to and is following the latest Council Adult Safeguarding Enquiry Procedures. *

○ Yes

○ No

○ Partial

5. Does the home report safeguarding issues when necessary to the Counci's EMARF (the Electronic Multi Agency Referral Form). *

○ Yes

○ No

○ Partial

6. Are safeguarding incidents recorded within the home. * Yes

○ No

○ Partial

7. If recorded, how is this done. If not recorded, please state why. *

8. Is there a whistleblowing procedure in place and is it accessible to staff. *

# Health & Safety

18. Is there a Fire Risk Assessment. *

  ○ Yes

  ○ No

  ○ Partial

19. Hs the Fire Risk Assessment been reviewed within the last 12-months or sooner if there have been significant changes to the home. *

  ○
  Yes

  ○
  No

  ○
  Partial

20. Have findings from the Fire Risk Assessment been implemented. *

  ○

  ○

  ○

Yes

No

Partial

# Policies & Procedures

30. Do you have the following up-to-date policies and are they readily available for staff. *

- [ ] Moving and Handling

- [ ] Health and Safety

- [ ] Food Hygiene

- [ ] Human Resources

- [ ] Recruitment and Appraisals

- [ ] Medication

- [ ] Equality and Diversity

- [ ] Modern Slavery

- [ ] Quality Assurance

- [ ] Training

- [ ] Money Handling

- [ ] Gifts and Hospitality

- [ ] Data Protection and GDPR

- [ ] Whistleblowing and Complaints

- [ ] Infection Prevention and Control

- [ ] Business Continuity

- [ ] First Aid

- [ ] Supervision

- [ ] Advocacy

- [ ] Confidentiality

- [ ] Death of a Resident

- [ ] Challenging Behaviours

- [ ] MCA and DoLS

- [ ] Missing Persons and Wandering

- [ ] Nutrition and Hydration

- [ ] Oral and Dental

- [ ] Person-centred and Strength-based Care

- [ ] Tissue Viability (pressure relief)

- [ ] Record Keeping

- [ ] Medical Emergency Response

31. Have policies been reviewed within the home's established timelines and refer to current legislation. *

- ( ) Yes

- ( ) No

- ( ) Partial

32. Is your Business Continuity Plan reviewed annually to reflect changes in the service. *

○ Yes

○ No

○ Partial

# Leadership & Staffing

33. What is the management structure for the home, including on call rota. *

[ ]

34. What is the home's staffing structure. *

[ ]

35. Do all staff have annual appraisals. *

○ Yes

○ No

○ Partial

21. Is there a probationary period for new staff. *

○ Yes

○ No

○ Partial

22. How long does probationary period last for new staff. *

○
3 months

○
6 months

○ 12 months

○ Mixture

○ Other

23. Are references required for all agency staff. *

○
Yes

○
No

○
Partial

24. Is there a PIN on file for Nurses with revalidation due date. *

○ Yes

○ No

○ Partial

25. Are there regular staff meetings in the home. *

○ Yes

○ No

○ Partial

26. How often does staff meetings occur. *

○ Weekly

○ Fortnightly

○ Monthly

○ Quarterly

○ Mixture

○ None

42. How many permanent staff left in the last 12-months. List job roles.
If none, state N/A. *

# Recruitment

43. Is there an application form on file for all roles in the home. *

  ○ Yes

  ○ No

  ○ Partial

44. Are interview questions and answers recorded and kept

  ○ on file. * Yes

  ○ No

  ○ Partial

45. Is an employment contract provided for all new permanent staff (this will include appointment offer, employment agreement and job specification). *

  ○ Yes

  ○ No

  ○ Partial

36. Has a DBS check been undertaken for all home staff. *

○ Yes

○ No

○ Partial

37. Are all agency staff checked for DBS compliance. *

○ Yes

○ No

○ Partial

38. Has those with a DBS disclosure been reviewed and risk assessed. *

○

Yes

○

No

○

Not applicable, no disclosures

46. Has a declaration of criminal convictions been completed on all home staff. *

○ Yes

○ No

○ Partial

47. Has a health declaration and fitness to work been completed on all staff. *

○ Yes

○ No

○ Partial

48. Is there a recent photograph on file for all staff. *

○ Yes

○ No

○ Partial

49. Has staff gaps in employment history been explored or explained. *

○ Yes

○ No

○ Partial

50. Is there a list on file of staff qualifications. *

○ Yes

○ No

○ Partial

51. Is your home a licenced sponsor organisation for international recruits. *

○ Yes

○ No

# Medication

39. Are there clear processes for handling controlled drugs in place. *

○ Yes

○ No

○ Partial

40.     Are there clear procedures in place should an individual repeatedly refuse medication. *

○ Yes

○ No

○ Partial

41.     Is there a covert medication policy in place where applicable. *

○ Yes

○ No

# Accidents & Incidences

58. Is the staff aware of the Serious Incidents Reporting Framework (applicable to CHC funded placements). *

○ Yes

○ No

○ Partial

# Training

59. Does the home have a training matrix or equivalent monitoring system in place for all staff. *

○ Yes

○ No

○ Partial

60. Is the training matrix or equivalent monitoring system able to identify the status of staff training. *

○ Yes

○ No

○ Partial

61. How is staff training carried out. *

## Access to NHS Commissioned Services

42. Is the home successfully accessing NHS Commissioned services. *

     ◯   Yes

     ◯   No

     ◯   Partial

43.     Where the service highlighted concerns with access to the NHS, has this been reported appropriately. Please explain. If no issues, please state N/A. *

# Complaints & Compliments

62. Is the procedure on how to complain and compliment the service communicated to everyone. *

○ Yes

○ No

○ Partial

63. Does the service make available the contact details for the Local Government and Social Care Ombudsman (LGSCO) when an individual is unsatisfied with the way a complaint has been handled. *

○ Yes

○ No

○ Partial

64. Is there a record made of all concerns / comments / compliments and the action taken. *

○ Yes

○ No

○ Partial

65. Does the service identify and act upon trends from received complaints. *

○ Yes

○ No

○ Partial

66.     Are compliments shared with staff, residents and other visits to the home. *

○ Yes

○ No

○ Partial

## Quality Assurance & Auditing

67. Is there a Quality Assurance matrix or monitoring system in place for the home. If so, please explain the type and details. *

68. Does internal Quality Assurance audits take place and how often. *

69. Are individuals (service users) data and information in a secure and dedicated office or system. Please explain. *