Provider:

Care Homes Annual Quality Assurance Self-Assessment

No.	Quality Question	TEXT / DATA: Good Response or Fully Compliant (0 Points)	TEXT / DATA: Adequate Response or Partially Compliant (1 Point)	TEXT / DATA: Poor Response or Not Compliant (2 Points)	MULTIPLE CHOICE SCORING MATRIX: Fully Compliant or Good Response (0 Points)	MULTIPLE CHOICE SCORING MATRIX: Partially Compliant or Adequate Response (1 Point)	MULTIPLE CHOICE SCORING MATRIX: Not Compliant or Poor Response (2 Points)	ANALYSIS OF EVIDENCE PROVIDED (if requested) *Calculations are based on initial aswer to QA query. This can be changed if evidence sought has not provided the current evidence.	SCORING MECHANISM: Columns E to J list scoring according to query type and Provider answer. Populate the number outlined in row 4, correlating to the answer from the Provider in each relevant cell. Text answers will be score allocated based on the Providers answer and the Officers perception of the answer to the question. This could change based on evidence gathered from the Provider.	SCORING GUIDANCE: Officers may be require specific evidence and data from Provider to score accurately (i.e., total data for scoring averages and percentages, comparison over previous quarters/years, comparison on 'good' rated Provider data against assessed Provider data).	ICB Comments
	Business Information										
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 (if applicable).										
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.								0 = 95% beds filled; 1 = 75-94% filled; 2 = less than 74% filled	Increase in bed voids leads to decrease in business viability.	
9	Number of Council funded placements. If you do not have funded Council beds, please state N/A.								0 = 0-20% beds occupied; 1 = 21-50% occupied; 2 = 51% or more occupied	Increase in Council beds leads to increase in liability if there is a provider failure.	
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.								0 = Yes; 2 = No	Encouraging transparency.	
14	List actions that have come from the last CQC inspection. If not applicable, please state N/A.								0 = no current actions; 2 = actions ongoing	Current actions and rectifications are a risk.	
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.								0 = no current actions; 2 = actions ongoing	Current actions and rectifications are a risk.	
16	Is your service/business registered with the ICO - Information Commissioner's Officer. Yes No								0 = Yes; 2 = No	Those not registered are at risk of a fine. This is now a legal business requirement.	
17	Does your business have Public Liability insurance up to £10m. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Recommended liability amount via Procurement.	
18	Does your business have Employers Liability insurance up to £5m Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Recommended liability amount via Procurement.	
19	Does the home display the insurance policies for visitors to view. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Encouraging transparency.	
20	Which Health and Safety company does the home use.										
21	Are there any current health and safety action plans in place. Please list below, if Yes. If No, state N/A.								0 = no current actions; 2 = actions ongoing	Current actions and rectifications are a risk.	
	Safeguarding										
22	Does your home have access to and is following the latest Council Adult Safeguarding Enquiry Procedures. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All care homes should be aware of the Council's safeguarding procedures to report on EMARF as a statutory requirement.	
23	Does the home report safeguarding issues when necessary to the Counci's EMARF (the Electronic Multi Agency Referral Form). Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All care homes should be aware of the Council's safeguarding procedures to report on EMARF as a statutory requirement.	
24	Are safeguarding incidents recorded within the home. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All care homes should be logging, monitoring and carrying out trend analysis of safeguarding incidences.	
25	If recorded, how is this done. If not recorded, please state why.								0 = Good; 1 = Adequate; 2 = Poor	A digitial platform recording via a matrix or database for safeguarding and quality issues is best practice. Hardcopy recording is acceptable, but no recommended.	
26	Is there a whistleblowing procedure in place and is it accessible to staff.								0 = Good; 1 = Adequate; 2 = Poor	Required	
	Health & Safety										
27	Is there a Fire Risk Assessment. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Required	
28	Has 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								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	New assessments should be carried out after significant changes to the home or number of service users changes. The more current the assessment, the less risk.	
29	Have findings from the Fire Risk Assessment been implemented. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Any findings of risk should be rectified ASAP.	
	Policies & Procedures										
30	Do you have the following up-to-date policies and are they readily available for staff. *Multiple answers.*										
	Moving and Handling								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Health and Safety								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Food Hygiene								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Human Resources								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Recruitment and Appraisals								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Medication								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Equality and Diversity								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Modern Slavery								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Recommended	
	Quality Assurance								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Training								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Money Handling								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Gifts and Hospitality								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Data Protection and GDPR								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Whistleblowing and Complaints								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Infection Prevention and Control								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Business Continuity								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	First Aid								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Supervision								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Advocacy								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Recommended	

	Confidentiality								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential
	Death of a Resident								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential
	Challenging Behaviours								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential
	MCA and DoLS								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential
	Missing Persons and Wandering								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential
	Nutrition and Hydration								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential
	Oral and Dental								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential
	Person-centred and Strength-based Care								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential
	Tissue Viability (pressure relief)								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential
	Record Keeping								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential
	Medical Emergency Response								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential
31	Have policies been reviewed within the home's established timelines and refer to current legislation. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Policies should be reviewed within 3-months of review date recommendation and align to new legislation and regulations.
32	Is your Business Continuity Plan reviewed annually to reflect changes in the service. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Policies should be reviewed within 3-months of review date recommendation and align to new legislation and regulations.
	Leadership & Staffing									
33	What is the management structure for the home, including on call rota.								0 = Good; 1 = Adequate; 2 = Poor	Business should have hierarchal structure, differentiating management and supervisory duties.
34	What is the home's staffing structure.								0 = Good; 1 = Adequate; 2 = Poor	Each department should have a structure with line management duties.
35	Do all staff have annual appraisals. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Annual appraisals are essential.
36	Is there a probationary period for new staff. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Probationary periods should be 3 months for management and 1 month for other staff.
37	How long does probationary period last for new staff. 3 months 6 months 12 months Mixture Other								0 = 12 months, Mixture, 6 months (Fully); 1 = 3 months (Partially); 2 = Other (Not Compliant)	The longer the probationary period, the better quality of staffing skills and retaining staff, particularly management.
38	Are references required for all agency staff. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	References are essential for all agency staff through their agency.
39	Is there a PIN on file for Nurses with revalidation due date. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Nurses must have up to date PIN to practice in the UK as a registered nurse.
40	Are there regular staff meetings in the home. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Best practice include weekly staff meetings with care staff. With daily shift handover meetings. Non-care staff, at least monthly.
41	How often does staff meetings occur. Weekly Fortnighly Monthly Quarterly Mixture None								0 = Weekly, Fortnightly, Mixture (Fully); 1 = Monthly (Partially); 2 = Quarterly (Not Compliant)	Best practice include weekly staff meetings with care staff. With daily shift handover meetings. Non-care staff, at least monthly.
42	How many permanent staff left in the last 12-months. List job roles. If none, state N/A.								0 = Good; 1 = Adequate; 2 = Poor	5% or less of overall staff (0 = Good); 6 - 20% of overall staff (1 = Adequate); 21% plus of overall staff (2 = Poor)
	Recruitment									
43	Is there an application form on file for all roles in the home. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience.
44	Are interview questions and answers recorded and kept on file. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All questions and answers to interviews should be kept on file.
45	Is an employment contract provided for all new permanent staff (this will include appointment offer, employment agreement and job specification). Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All permanent staff should have an employment contract with appointment offer, agreement and specification.
46	Has a DBS check been undertaken for all home staff. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All care home staff must have an up-to-date DBS check. This includes bank staff as well.
47	Are all agency staff checked for DBS compliance. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All agency staff must have an up-to-date DBS check.
48	Has those with a DBS disclosure been reviewed and risk assessed. Yes No Not applicable, no disclosures								0 = Not applicable, no disclosures, Yes (Fully); 2 = No (Not Compliant)	Any disclosures must be reviewed and risk assessed.
49	Has a declaration of criminal convictions been completed on all home staff. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Any criminal convictions must be completed by staff.
50	Has a health declaration and fitness to work been completed on all staff. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Health declarations must be completed at point of new appointment after return to work after 7-days in a row sickness absence.
51	Is there a recent photograph on file for all staff. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	It is recommended that all staff have a recent picture of themselves on their HR record.
52	Has staff gaps in employment history been explored or explained. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Staff gaps during the recruitment process, should be explored and explained as best practice.

53	Is there a list on file of staff qualifications. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Qualifications should be recorded with evidence of certificates, diplomas and degrees.
54	Is your home a licenced sponsor organisation for international recruits. Yes No									
	Medication									
55	Are there clear processes for handling controlled drugs in place. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	There should be clear processes in place for handling controlled drugs as outlined in *NICE Guidelines Managing medicines in care homes Social care guideline [SC1]Published: 14 March 2014 - https://www.nice.org.uk/guidance/sc1*
56	Are there clear procedures in place should an individual repeatedly refuse medication. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Procedures and processes should be included in their Medication Policy. The policy must be up-to-date and reviewed annually.
57	Is there a covert medication policy in place where applicable. Yes No								0 = Yes (Fully); 2 = No (Not Compliant)	Each care home should have a 'covert medication policy' that is up-to-date and reviewed annually.
	Accidents and Incidences									
58	Is the staff aware of the Serious Incidents Reporting Framework (applicable to CHC funded placements). Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Staff should have access to and be aware of the Serious Incidents Reporting Famework.
	Training									
59	Does the home have a training matrix or equivalent monitoring system in place for all staff. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Each home should have a training matrix that is either a digital platform or spreadsheet/document that is regularly monitored.
60	Is the training matrix or equivalent monitoring system able to identify the status of staff training. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	The matrix or monitoring system should have dates of training completed as well as upcoming refresher courses.
61	How is staff training carried out.								0 = Good; 1 = Adequate; 2 = Poor	Training should be carried out by an inhouse trainer, line manager, trainer or reputable external training provider for care homes.
	Access to NHS Commissioned Services									
62	Is the home successfully accessing NHS Commissioned services. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All care homes must have timely access to NHS commissioned services. If they do not, the Commissioner should work with the Provider and Primary Care Network NHS Officer to rectify.
63	Where the service highlighted concerns with access to the NHS, has this been reported appropriately. Please explain. If no issues, please state N/A.								0 = Good; 1 = Adequate; 2 = Poor	Issues must be highlighted and reported in a timely manner. This should not be left for weeks on end.
	Complaints & Compliments									
64	Is the procedure on how to complain and compliment the service communicated to everyone. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	A complaints and compliments procedure must be made accessible by all service users, visitors and professionals. When requesting evidence, this should be available at reception.
65	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								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	This should be included in the homes complaints policy.
66	Is there a record made of all concerns / comments / compliments and the action taken. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	A log whether it's a spreadsheet, database, or form should be kept on file with actions and dates.
67	Does the service identify and act upon trends from received complaints. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Trends shuld be monitored and acted upon as staffing lessons learned.
68	Are compliments shared with staff, residents and other visits to the home. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Compliments should be shared either on display, newsletter, etc.
	Quality Assurance & Auditing									
69	Is there a Quality Assurance matrix or monitoring system in place for the home. If so, please explain the type and details.								0 = Good; 1 = Adequate; 2 = Poor	This could be via spreadsheets, database or headquarters regular quality assurance monitoring with a breakdown of issues and concerns and timely rectifications.
70	Does internal Quality Assurance audits take place and how often.								0 = Good; 1 = Adequate; 2 = Poor	Medication checks take place end of each shift. Refrigerators take place daily, rehabilitation pool checks are every 24-hours. Comprehensive Quality Assurance checks should take place inhouse monthly, or quarterly audits from head office or external specialist provider.
71	Are individuals (service users) data and information in a secure and dedicated office or system. Please explain.								0 = Good; 1 = Adequate; 2 = Poor	Office and filing cabinet must be locked. Computerised must be accessible to relevant staff only.
TOTALS		0	0	0	0	0	0			
	GRAND TOTAL	**0**								

Provider:

Nursing or Dual Care Homes Quarterly Quality Assurance Self-Assessment

No.	Quality Question	TEXT / DATA: Good Response or Fully Compliant (0 Points)	TEXT / DATA: Adequate Response or Partially Compliant (1 Point)	TEXT / DATA: Poor Response or Not Compliant (2 Points)	MULTIPLE CHOICE SCORING MATRIX: Fully Compliant or Good Response (0 Points)	MULTIPLE CHOICE SCORING MATRIX: Partially Compliant or Adequate Response (1 Point)	MULTIPLE CHOICE SCORING MATRIX: Not Compliant or Poor Response (2 Points)	ANALYSIS OF EVIDENCE PROVIDED (if requested) *Calculations are based on initial aswer to QA query. This can be changed if evidence sought has not provided the current evidence.	SCORING MECHANISM: Columns D to I list scoring according to query type and Provider answer. Populate the number outlined in row 4, correlating to the answer from the Provider in each relevant cell. Text answers will be score allocated based on the Providers answer and the Officers perception of the answer to the question. This could change based on evidence gathered from the Provider.	SCORING GUIDANCE: Officers may be require specific evidence and data from Provider to score accurately (i.e., total data for scoring averages and percentages, comparison over previous quarters/years, comparison on 'good' rated Provider data against assessed Provider data).	ICB Comments
	Business Information										
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 currently occupied.								0 = 95% beds filled; 1 = 75-94% filled; 2 = less than 74% filled	Increase in bed voids leads to decrease in business viability.	
9	Number of Council funded placements. If you do not have funded Council beds, please state N/A.								0 = 0-20% beds occupied; 1 = 21-50% occupied; 2 = 51% or more occupied	Increase in Council beds leads to increase in funding liability if there is a provider failure.	
10	Number of Continuing Healthcare beds.										
11	Number of Self-funder beds.								0 = 49% or more; 1 = 21-50%; 2 = 0-20% funded	Decrease in Council funding liability.	
	Safeguarding										
12	Does your service analyse safeguarding issues, trends and themes and take steps to prevent further instances through 'lessons learned' and 'in-house action plans' (separate from any 'mutually-agreed' or imposed suspension with CWC).								0 = Good; 1 = Adequate; 2 = Poor	Analysis of trends and recitifications ensures likelihood of quality assurance compliance.	
13	How are lessons learnt from safeguarding investigations shared with staff.								0 = Good; 1 = Adequate; 2 = Poor	It is pertinent to ensure lessons learnt are shared with staff to improve quality.	
14	How is the process of 'duty of candour' followed in the home and can this be evidenced if asked.								0 = Good; 1 = Adequate; 2 = Poor	Proves transparency with service users and lessons learnt.	
15	Are staff able to articulate or demonstrate know how to report safeguarding concerns to the Local Authority.								0 = Good; 1 = Adequate; 2 = Poor	All staff should be aware of what a safeguarding issue is and how to report to the Council.	
	Health & Safety										
16	Is there an appropriate Personal Emergency Evacuation Plan (PEEP) for current residents. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	PEEP plans should be updated when new residents are admitted, during hospital admissions and changes to accommodation structure and teams.	
17	Do you perform fire evacuation drills and training to reflect changes in circumstances. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Fill evacution drills and training are required to reflect any changes within the home structure, team or service users as and when required as a safety component.	
18	How often does the drills and training occur.								0 = Good; 1 = Adequate; 2 = Poor	Regular drills and training are required. Recommend at least quarterly.	
19	Is there an arrangement in place to ensure fixed and moveable equipment is adequately maintained. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All equipment must be maintaned and fixed according to maintenance schedule and recorded.	
20	Is there an equipment maintenance schedule with checks completed on premises (i.e. PAT, LOLER, etc). Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	There should be a maintenance schedule and checks on premises. If held within the business HQ, the Managers must have immediate access to this and are able to provide to commissioners when requested.	
	Leadership & Staffing										
21	Is there a permanent CQC Registered Manager in place. Yes No								0 = Yes (Fully); 2 = No (Not Compliant)	Providers are required to have a permanent CQC registered manager in place or in the process of recruitment.	
22	If 'Yes' how long. Choose 'Not applicable' if you answer 'No' to question 21. 6 months of less 7 to 12 months 13 to 24 months 2 plus years Not applicable								0 = Not applicable, 2 years plus (Fully); 1 = 13 to 24 months (Partially); 2 = 6 months or less (Not Compliant)	The premise is that the longer a registered manager is in their role, the better led the service in regards to quality, delivery and maintenance.	
23	If 'No' to question 21, how long have you been recruiting for this post. If 'Yes' to question 21, choose 'Not applicable'. 3 months or less 4 to 6 months 7 to 12 months More than a year Not applicable								0 = Not applicable (Fully); 1 = 0 to 6 months (Partially) 2 = 7 months to more than a year (Non Compliant);	The longer it takes to recruit for a registered manager, the likelihood of reputational issues, low salary, staffing instability and business viability.	
24	Does your Registered Manager have management qualifications (i.e., Level 5, management diploma, degree or work experience equivalent, etc). Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	It is encouraged that a registered manager has a management qualification or health and social care qualification or relevant work experience in a similar service for a significant period of time (3 years plus is encouraged).	
25	Does your Deputy Manager have management qualifications (i.e., Level 5, management diploma, degree or work experience equivalent, etc). Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	This is not essential but encouraged that the deputy also has a management or health and social care qualification or several years work experience in a similar service.	
26	What is the care staffing ratio per residents. Please list per service type (i.e. complex, dementia, etc). List for day, afternoon and night shift.								0 = Good; 1 = Adequate; 2 = Poor	Providers must deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs and therefore meet the requirements of Section 2 of these regulations (the fundamental standards). There is no set matrix for this, so providers and commissioners must discuss what is adequate per service area and needs of the SU. https://www.cqc.org.uk/guidance-providers/regulations/regulation-18-staffing	
27	Does the home utilise a dependency tool for staffing, which tool and how frequently is this reviewed.								0 = Good; 1 = Adequate; 2 = Poor	It is recommended that homes each have a tool to ascertian staffing level or a matrix.	
28	List all current vacancies and roles.								0 = Good; 1 = Adequate; 2 = Poor	The higher the vacancies and the need for agency staff, the more risk.	
29	What is your agency staffing percentage in relation to overall roles across the service on average, for the last 12-months. 0% agency staff 1 to 10% agency staff 11 to 30% agency staff 31 to 50% agency staff 51% plus agency staff								0 = 1 to 10% (Fully); 1 = 11 to 30% (Partially); 2 = 31 to 50%, 51% plus agency staff (Not Compliant)	The higher the vacancies and the need for agency staff, the more risk.	
30	Have all care staff completed a 'Care Certificate' as part of their induction training. Skills for Care. Care certificate. Available at: https://www.skillsforcare.org.uk/Developing-your-workforce/Care-Certificate/Care-Certificate.aspx Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	It is recommended that homes have at least the 5 day Skills for Care certificate as part of their induction training or an in-house training programme that is similar.	

31	Is management and care staff having monthly supervisions. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Supervisions whether individually or by groups is pertinent for staff continual professional development.
32	Do supervisions provide the opportunity for care staff to have one-to-one conversations with their line manager. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	One-to-one supervisions are recommended, however, this may not be possible with larger and busy teams.
33	Are supervision records signed off by both the supervisor and supervisee. Yes No							0 = Yes (Fully); 2 = No (Not Compliant)	This is required to ensure transparency and for future appraisals.
34	Does actions take place when identified in supervisions. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Any actions from supervisions, should be followed through, monitored and recorded.
35	What is your currently agency ratio against permanent staff. 0% 1 - 10% 11 - 20% 21 - 35% 36 - 50% 50% plus							0 = 1 - 10% (Fully); 1 = 11 - 20% (Partially); 2 = 21 - 35%, 36 - 50%, 50% plus (Not Compliant)	The higher the ratio of agency staff, the more risk to teams in capturing quality issues, recording and understanding processes.
36	How many permanent staff left in the last quarter. List the roles. If not applicable, please state N/A.							0 = Good; 1 = Adequate; 2 = Poor	Where there is high levels of staff leaving, could be a symptom of service issues and quality risks.
	Recruitment								
37	Are your nurses registered with a membership of any professional body in their file, i.e., NMC.							0 = Good; 2 = Poor	Registered nurses are recommend to be affiliated to a professional body.
38	Is there evidence on file of staff qualifications. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All staff qualifications should be provided and kept on file, particularly management and registered nurses.
39	Has those staff with foreign passports been checked with confirmed evidence on file for 'right to work' in the UK. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Staff who are not British, must prove eligibility to work in the UK and must be kept on file.
40	How many International recruits do you currently employ - numerical response required - this should be a "people count" rather than whole time equivalent. Differentiate between the 3 main role types - "care worker", "non-care worker" and "Registered Nurse".								
	Medication								
41	Are risk assessments put in place where people self-administer their medication. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All service users that self-administer their medication, should be risk assessed and monitored that they are taking them during each shift.
42	Is medication stored securely. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All medications must be stored securely in a medications room or refrigerator (if required).
43	Is there person identifiable information on the MAR sheet. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All service users information should be clear and concise on each MAR sheet.
44	Does the MAR sheet give adequate explanation if or when medication has not been given. This should include appropriate use of the key or coding. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All information regarding medication administration or not, should be provided clearly and concisely on each MAR sheet.
45	Are MAR sheet clear to read. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	MAR sheet information should be easily able to read for each staff member and shift change.
46	Are handwritten additions on the MAR sheets checked and counter signed. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Any changes and additions for MAR sheets should be audited regularly during a shift or auditing schedule. If it's a controlled drug, this will need to be signed off by a registered nurse or Dr.
47	Does the MAR sheet adequately provide instruction on how prescriptions should be administered. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Medication instructions must follow GP or Nurse Practitioner guidance and must be listed on the service user's MAR sheet.
48	Where applicable, are PRN (when required) protocols in place, sufficiently detailed and the reason for each PRN administration clearly documented. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Pro re nata' indicates authorising nurses to administer medications according to Patient's requests and nurses discretion. This is unscheduled medication administration either alone or in addition to routine/regular prescriptions. A protocol and process should be available in each home and for commissioners to review.
49	If medication dosage is variable, is the dosage recorded. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All medication guidance and administering should be recorded on a MAR sheet as well as the service users medication summary.
50	Are regular medication fridge temperature checks carried out and are they within guidelines. Is there a clear checklist schedule for the fridge/s. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Each home should have a refrigeration checklist schedule, monitored by staff and recorded to ensure accuracy depending on medications that are kept in cooler settings.
51	Are regular medication room temperature checks carried out and are they within guidelines. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Each medication room temperature should be checked and follow guidelines stipulated for the medication kept in cooler settings.
52	Is there a protocol in place should the medication room or fridge temperature not be within acceptable ranges. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	A protocol and process must be available to staff when there is an issue with temperature ranges that could effect the medications efficacy.
53	Is there a process to ensure prescriptions are up to date and reviewed as needs/conditions change. Yes No							0 = Yes (Fully); 2 = No (Not Compliant)	There should be a process and schedule to ensure medications are stocked adequately or when there are changes of need/condition there is adequate time to inform the GP Surgery to update prescription and access from pharmacy.
54	Is excess medication stock disposed of correctly. Yes No							0 = Yes (Fully); 2 = No (Not Compliant)	All excess medication stock must be disposed of correctly as per the home's medication policy.
55	Is there a system or process in place to manage medication stock control. Yes No							0 = Yes (Fully); 2 = No (Not Compliant)	Each home should have a medication stock control matrix or schedule and this should be monitored regularly, with a pill count after each shift and allocated audit schedule.
56	If covert medication is being given, is there relevant medical professional input in the decision-making process and consideration to DoLS.							0 = Yes (Fully); 2 = No (Not Compliant)	Each home should have a covert medication policy or it should be included in their medication policy. This should be guided by the affiliated surgery to the home and

	Yes No							0 = Yes (Fully); 2 = No (Not Compliant)	medication policy. This should be guided by the affiliated surgery to the home and included in their MCA/DoLS assessment.
57	Is there adequate provision for the prescribing, dispensing or administration of medication. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	There should be an affiliated GP surgery for each home or service users with easy access to a pharmacy to collect or deliver medications and staff on duty to administer during each shift.
58	Is the date of opening recorded on medication where appropriate. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Medications stored and administered must be in-date and recorded on a medication schedule.
59	Number of medication errors in the last quarter.							0 = Good; 1 = Adequate; 2 = Poor	Medication errors should be kept at a minimum and listed for lessons learnt. See NICE guidelines for managing medicines in care homes - https://nice.org.uk/guidance/sc1
60	Number of medication errors leading to a serious incident in the last quarter.							0 = Good; 1 = Adequate; 2 = Poor	Serious incidences from medication errors must be recorded and should be considered whether this is a safeguarding event.
	Accidents & Incidences								
61	Are accidents/incidents documented appropriately. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All accidents and incidents must be documented for staff to review and learn lessons from.
62	Do records clearly state actions taken and preventative action to be taken to avoid further occurrences. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Actions and lessons learned is a preventative measure.
63	Have incidences been referred/reported as necessary - i.e., relative. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Any accidents and incidences must be notified to the service users next of kin or representative and a recording of doing this.
64	Is the duty of candour process followed. Yes No							0 = Yes (Fully); 2 = No (Not Compliant)	The should be a 'duty of candour' process that is followed by staff.
65	Does the Provider assess any trends and do they develop action plans where required. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Action plans and trends should be carried out and recorded when things go wrong to ensure credibility and accountability.
	Training								
66	Does the service offer continuous staff development and mentoring. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Continued professional development and mentoring should be carried out by senior staff to junior staff or new starters to enable good quality practice.
67	Is manual handling training offered to all new care staff and refreshers offered when required. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Every home must provide manual handling training as part of their induction training and refresher training every year or when new equipment is mobilised in-house or an external provider.
68	Does the manual handling training include single care equipment. Yes No							0 = Yes (Fully); 2 = No (Not Compliant)	Though single care equipment is not manditory, it is recommended when there is capacity issues. Single care equipment is being implemented across various LA's across the country.
69	Is medication training offered to all new care staff and refreshers offered when required. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All new care staff must be offered a mediation training course during induction, access to the medication policy and covert medication policy and provide at least an annual refresher course.
70	Is safeguarding training offered to all new staff and refreshers offered when required. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All new care staff must be offered a safeguarding training course during induction, access to the council's safeguarding policy and provide at least an annual refresher course.
71	Is there regular mental capacity act and DoLS training for all staff and refreshers offered when required. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All new care staff must be offered an MCA/DoLS course during induction, access to the council's MCA/DoLS policy and provide at least an annual refresher course.
72	Is specialism training offered (appropriate to the service) to all new care staff and refreshers offered when required. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All new care staff must be offered specialist training during induction and provide at least an annual refresher course.
73	Is behaviours that challenge training offered to all new care staff and refreshers offered when required. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All new care staff must be offered 'behaviours that are challenging' during induction and provide at least an annual refresher course.
74	Is nutritional screening training offered to all new care staff and refreshers offered when required. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All new care staff must be offered nutritional screening training during induction and provide at least an annual refresher course.
75	Is pressure care training offered to all new care staff and refreshers offered when required. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All new care staff must be offered pressure care training during induction and provide at least an annual refresher course.
76	Is infection prevention and control offered to all new care staff and refreshers offered when required. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All new care staff must be offered infection prevention and control training during induction and provide at least an annual refresher course.
	Food & Nutrition								
77	Is a choice of menu available to individuals. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Service users should be offered a choice of food at meal time and take into consideration, service users preferred choices, meat and vegetarian options.
78	If there is a menu, is it available in different formats - i.e., pictural, written. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	A pictural menu and a written menu should be offered for those with a learning disability, aquired brain injury, dementia, etc.
79	Are individual's special dietary needs catered for. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Special dietary needs should be catered for according to their nutrition screening, any medical condition, religious requirement, etc.
80	Is the information regarding specialist diet or IDDSI requirements available for staff. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Specialist dietary or IDDSI (food textures and drink thickness for those with dysphagia) requirements must be available to all care staff and kitchen staff based on assessed need.
81	Where are thickeners stored in the home.							0 = Good; 1 = Adequate; 2 = Poor	Best practice is to store resident's labelled container of thickener safely and securely, in a similar manner to medicines.
82	Where monitoring is required, are individuals at risk of choking regularly assessed during meal times. Yes							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Individualised risk assessment and care planning is required to ensure that vulnerable people are identified and protected and should be clearly documented

	No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	details of consistency of fluids, texture the resident can manage and feeding strategies (head and body positioning).
83	Depending on need, are individuals supported to eat and drink independently, with assistance or using appropriate assistive aids. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Individuals should be supported with positioning, time between bites and swallowing and texture modification or any aids applicable to their level of dysphagia.
84	Where required are people prompted to drink. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Those with dementia often forget to drink, therefore, it is important that drink levels are monitored and measured by staff and recorded during each shift to ensure hydration.
85	Are drinks made freely available to all individuals. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Individuals with demential or cognitive impairments should be provided with drinks throughout the day and night and topped up to ensure hydration.
86	Is there fluid goals or evidence of a process/strategy to ensure individuals receive adequate fluids. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Fluid goals should be recorded on the resident's nutrition screening and monitored during each shift.
87	Is fluid intake totalled during each shift. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Fluid intake should be recorded and calculated at the end of each shift for those applicable.
88	Is it clear from food recordings how much food is consumed by each individual. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Food consumption should be recorded after each meal, specifically for those with required within their nutrition assessment.
89	Is individual's food and fluid intake in line with dietary needs. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Food and fluid intake must be in line with their nutrition assessment.
90	Does actions take place for individuals when low fluid and food intake is monitored such as contacting professionals or other appropriate steps. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Actions to be recorded and monitored when there is any changes to food and fluid intake. Relevant professionals to be contacted and advised of such changes.
91	Does the service follow advice from professionals such as GP, SALT, and dietician as and when required per individual's specified needs. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Specialist and medical advice for each individual must be applied and reviewed with professionals regularly or when changes to the individuals habits are identified.
92	Are kitchen staff trained in the different consistency of foods. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Where individuals are required to have thickeners, staff must be trained and advised on consistency and when this is required.
93	How are menu's planned and how frequently are they reviewed or changed.							0 = Good; 1 = Adequate; 2 = Poor	Menu's should be planned according to dietary requirements and individuals consulted on preference through their care and support plan.
	Access to NHS Commissioned Services								
94	Is the home successfully accessing NHS Commissioned services. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	If providers are unable to access NHS services, their GP or Primary Care Network representative should be informed as well as their Commissioning Officer.
95	Where the service highlighted concerns with access to the NHS, has this been reported appropriately. Please explain.								
	Physical Environment								
96	Are the communal lounge/s clean, in good repair, fit for purpose and free from hazards. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Ask for a picture of rooms and cleaning schedules if you require evidence.
97	Are individual's rooms clean, in good state of repair, fit for purpose, person-centred and free from hazards. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Ask for a picture of rooms and cleaning schedules if you require evidence.
98	Are bathrooms and toilets clean, in a good state of repair, fir for purpose and free from hazards. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Ask for a picture of rooms and cleaning schedules if you require evidence.
99	Is the kitchen clean, in a good state of repair, fit for purpose and free from hazards. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Ask for a picture of rooms and cleaning schedules if you require evidence.
100	Is the laundry room clean, in a good state of repair, fit for purpose and free from hazards. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Ask for a picture of rooms and cleaning schedules if you require evidence.
101	Is there appropriate hand hygiene equipment around the home. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Ask for pictures of hygiene equipment around the home and location.
102	Does the laundry operate a dirty and clean flow. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Ask for schedule for evidence.
103	Is there a sluice room and is it used appropriately. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request picture and location for evidence, if required.
104	Is the service free of any key infection control risks not already identified in the previous questions that require escalation or further advice or guidance. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Ask for infection control and prevention risk checklist and sign-off.
105	Is the home in a good state of repair. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Ask for pictures of the home in specific locations for evidence.
106	Is waste stored correctly as guidance - i.e., large clinical waste bins locked. Yes No Partial							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Ask for pictures of clinical waste bins and waste contract, if required.
107	Do residents have access to an outside space or garden. What activities are the outside space used for.							0 = Good; 1 = Adequate; 2 = Poor	Ask for pictures of outside space to ensure they are safe and tidy.

	Care & Support							
108	Is the privacy and dignity of people maintained. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Evidence request can be through completed 'service user satisfaction survey', complaints and staff training.
109	Are staff seen to treat people with respect and communicate appropriately. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Evidence request can be through completed 'service user satisfaction survey', complaints and staff training.
110	Are staff using correct PPE. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request PPE and infection control and prevention policy. Request feedback from RWT infection prevention team.
111	Does the service utilise Assistive Technology (AT) to support people to maintain and increase choice, independence and safety. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request evidence of AT systems in use across the home.
112	Are staff safely and professionally conducting manual handling. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request evidence of manual handling assessments and manual handling policy is up to date. Access staff manual handling training and refreshers schedule.
113	Is there access to call bells throughout the home. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Each room should have a call bell next to their bed that is accessible for each individual. Request spot pictures of individuals call bells for evidence.
114	If an individual displayed a behaviour that is challenging, is this managed appropriately. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Access challenging behaviour policy, staff training and refreshers and any risk assessments that include challenging behaviour risk.
115	While maintaining personal choice are people dressed appropriately. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Assessors can request a picture of a council service user as evidence, however, the service user must agree to this.
116	Are individuals repositioned as and when required as per their care and support plan. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request evidence of pressure sore risk assessment and repositioning recording evidence as and when required.
117	Are there adequate care plans and risk assessments to cover clinical care. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Any clinical care must be recorded and updated and reviewed regularly by the registered nurse on premises and allocated GP. Request care plans, MAR chart and medication risk assessment.
118	Is equipment (i.e., slings) individual to the person. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Each individual must have their own sling to ensure infection prevention.
119	Are individuals hygiene being supported. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request hygiene charts as a spot check and laundry schedule.
120	Are sling assessments in place and being carried out by a trained and competent professional. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request spot checks on sling assessments and training schedules with refreshers.
121	Are staff using the correct moving and handling equipment and slings. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Moving and handling equipment and slings must have usage manuals and up to date manual handling training with clean and robust slings.
122	Is the service taking appropriate steps to manage and/or improve pressure areas. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Individuals assessed with pressure sores must have up to date pressure ulcer risk assessment and trained staff to deliver care and/or an on premises nurse and/or district nurse, depending on grade. See Pressure ulcers https://www.nice.org.uk/guidance/qs89/chapter/quality-statement-1-pressure-ulcer-risk-assessment-in-hospitals-and-care-homes-with-nursingQuality standard [QS89]Published: 11 June 2015 -
123	Is the service delivering wound assessment, evaluation and management. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	This could be in-house or provided by the District Nursing service. If delivering onsite, the home should have pressure sore training, policy and monitoring assessment.
124	Is the service taking appropriate steps to manage and/or improve clinical conditions. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	This should include any improvements and deterioration of conditions such as pressure sore, weight loss, cognitive impairment, etc.
125	Where there is an assessed need, is the service appropriately monitoring and managing continence care. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request evidence of pad changes and monitoring for individual service users.
	Activities							
126	Does the service offer a range of social and physical activities for people inside the service. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request activities schedule and attendance for evidence.
127	Does the service offer a range of social and physical activities for individuals outside of the home. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request activities schedule and attendance for evidence.
128	Are activities in both a group and 1:1 basis. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request activities schedule and attendance for evidence.
129	List activities for those individuals bed bound or who prefer to stay in their room.						0 = Good; 1 = Adequate; 2 = Poor	Request 1:1 activities list and participants.
130	Are individuals involved in planning activities and are they person-centred to reflect individual interests. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Service users should be consulted about what indoor and outdoor activities are offered as a group on 1:1. Request activities schedules.
131	Does the home document participation in activities. Yes No Partial						0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request evidence of documentation and schedules.

132	Is there a dedicated activities coordinator for the home. How many hours per week do they work. How many days are covered.								0 = Good; 1 = Adequate; 2 = Poor	There should be a dedicated activities coordinator or a role that a care worker on manager takes on as part of their regular duties. Activities should be reviewed regularly with service users.
	Care Planning & Risk Assessment									
133	Are individual's records stored confidentially and securely. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	This should be kept securely on digital systems that have secure software and of offices with cabinets that are locked or office doors locked.
134	Are individual's care plans person-centred through the inclusion of preferences and/or routines. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Service Users should be included in care and support planning. This should be identified by the provider. Or their representative.
135	Are there risk assessments in place for identified risks. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Risk assessments should be clear, concise and up dated regularly to record any changes in risk.
136	Have control measures been put in place for the assessed risk(s). Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Risk assessments should include mitigation and actions for each risk identified.
137	Are care plans and associated documentation accurate, consistent and legible. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All care plans that are written or typed should be easy to follow, clear and concise in regards to need, risk and mitigation.
138	Are there contact details of the relevant professionals, Next of Kin and relatives, etc. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	This should be included in the Service Users personal information documentation.
139	Are person-centred daily records kept regarding the persons health and wellbeing. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Person-centred daily records are updated during each shift and should be requested to evidence.
140	Is information communicated to staff at shift change. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request details on shift handover procedures and information sharing.
141	Does the service assess capacity where appropriate. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Management should assess staffing capacity and prove that they deploy as and when needed.
142	If an assessment is required, is it decision specific. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Assessments should outline any actions and mitigations required based on assessment outcomes to ensure safety and that level of needs are met on a daily basis.
143	Where consent to care cannot be ascertained, has the Best Interest Decision taken place. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request evidence of Best Interest Decision evidence as well as who is the representative.
144	Where applicable, are outcomes recorded, reviewed and progress evidenced. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Outcomes should be listed for all care and support plans with progress or lack of.
145	Are care plans written by a nurse. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Care plans do not necessarily have to be completed by a nurse, but should be signed off if a nursing placement.
146	Has the individuals care plan been developed with the individual or with family, friends and representatives. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All care and support plans should be developed with the Service User, family if they are the official guardian or client welfare representative.
	End of Life (Not all Providers may offer this service)									
147	Is the service undertaking advanced care planning. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	End of Life care advanced planning must be completed, signed off and regularly revised by a registered or palliative nurse and GP within the end of life service. Advanced care planning policy should be requested by the provider. See link for further information: https://www.nice.org.uk/guidance/ng142/resources/end-of-life-care-for-adults-service-delivery-pdf-66141776457925
148	Are DNA / CPRs / RESPECT / FREED being used appropriately and follow the guidance outlined by the Resuscitation Council. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request End of Life policy and procedures. Request an example that is current or recent.
149	Are staff in the service adequately trained to deliver end of life care. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of induction training and refreshers are provided.
150	Does the service have the relevant equipment to meet the needs of people who are at end of life. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request manual handeling equipment schedule, clinical equipment used for individuals and that PAT has occurred and up to date. Specialist equipment should be in line with the guidance from the Resusitation Council.
151	Is the service engaging with the relevant GP / Health Professional to ensure people who are at end of life have the required medication / care. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	There should be regular assessments and reviews carried out for care and medications for those on End of Life. Request assessments and details of the GP and Health Professional.
	Complaints & Compliments									
152	Have complaints been resolved, following the services complaints procedure and been thoroughly investigated. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Request the latest Adults Complaints Team report and any actions from complaints listed in your Trends and Actions Log.
153	Is the outcome communicated to the complainant and other interested parties. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	All complaints processing must adhere to the providers complaints policy and each complaint reviewed with final sign-off, with outcome, with Adults Complaints Team and Adults Commissioning Team.
154	How many complaints have you received in the last quarter. Please outline number and complainant type (i.e., individual, family, professional, etc).								0 = Good; 1 = Adequate; 2 = Poor	Complaint numbers should be assessed based on complaints 'upheld'.
155	How many complaints have been upheld in the last quarter. Please outline number and complainant type (i.e., individual, family, professional, etc).								0 = Good; 1 = Adequate; 2 = Poor	Upheld complaints should be minimal and may have to be agreed on appropriate numbers with the Head of Commissioning and the Adults Complaints Team Manager.
	Quality Assurance & Auditing									
156	When did the last Quality Assurance audit take place in the home.								0 = Good; 1 = Adequate; 2 = Poor	Quality Assurance audits should take place at least quarterly.

157	When was your last medication audit. What was the results.								0 = Good; 1 = Adequate; 2 = Poor	Medication audits should occur daily.
158	Are there care file, daily notes and daily charts audits conducted and identified issues rectified. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Daily notes charts should be audited weekly, care files audited monthly.
159	Are call bell responsiveness being checked. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Call bell checks should be carried out hourly and at the end of each shift.
160	Are appropriate specialism audits conducted - i.e., personnel, recruitment files, IPC, weights/MUST, dining experience, health and safety, etc. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	HR files should be checked annually. IPC should be schecked weekly. Weights, MUST, dining and regular health audits should be carried out weekly. Health and Safety should be carried out monthly.
161	Are there financial audits relating to individual's personal allowance conducted. Yes No Partial								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Personal allowance audits should be carried out monthly.
TOTALS		0	0	0	0	0	0			
	GRAND TOTAL	**0**								

Compliance Level	Residential Qtr	Nur/Dual Qtr	Annual	RAG
	Scoring Points			
Good / Fully Compliant	0 - 94	0 -101	0 - 58	Green
Adequate / Partially Compliant	95 - 198	102 - 202	59 - 117	Amber
Poor / Not Compliant	199 - 298	203 - 304	118 - 176	Red

QUALITY ASSURANCE DASHBOARD SCORING

Criteria Type	Percentage (%) of Overall Criteria Value	Scoring Mechanism									QTR Scoring Example Provider X (Res)	%	Annual Scoring Example Provider X (Res)	%	Average SA Scoring (annual and last quarter return)	% Scoring Mechanism	% of Criteria Scoring	Notes
		Nursing/Dual Qtr Categories & Scoring			Residential Qtr Categories & Scoring			Annual Categories and Scoring										
Quality Assurance Self-Assessments	30	Good / Fully Compliant	Adequate / Partially Compliant	Poor / Not Compliant	Good / Fully Compliant	Adequate / Partially Compliant	Poor / Not Compliant	Good / Fully Compliant	Adequate / Partially Compliant	Poor / Not Compliant	100	34%	60	34%	80	0.33823978		
		0 -101	102 - 202	203 - 304	0 - 94	95 - 198	199 - 298	0 - 58	59 - 117	118 - 176								
Suspensions / Termination of Contract / Monitoring	20	Ongoing Monitoring	Partial Suspension	Full Suspension	Termination of Contract						10					50%	50%	
		5	10	15	20													
CQC Rating	10	Outstanding	Good (rating within last 3 months)	Good (rating within last 3 years)	Good (rating over 3 years ago)	Requires Improvement	Inadequate (automatic suspension)	No Rating			2					20%	20%	
		0	0	2	4	6	8	10										
S.42's over 2-years (scoring once according to each area (2 x 'risk reduced' = 3)	10	No Safeguarding Issues in past 2-years	Risk Removed	Currently Investigating	Risk Reduced	Risk Remains					4					40%		1 risk removed, 2 risk reduced
		0	1	2	3	4												
Complaints Upheld	10	No Complaints in Past 12-months	Complaints Recorded, But No Complaints Upheld in Past 12-months	Complaints Recorded, and One or More Complaints Upheld in Past 12-months							5					50%		
		0	5	10														
Embargoes	10	Providers that Refuse to Comply With QA Assessments (in hosted CWC, not commissioned)									0					0%		
		10																
Contractual Obligations	10	Provider Has Contract/Framework and Completes Contractual Performance Schedule/s	Provider Has Contract/Framework and Partially Complete Contractual Performance Schedule/s	Provider is Commissioned by Spot Only							5					50%		
		0	5	10														
TOTAL	**100%**										126							

Self-Assessment Care Home Schedule *(List date of return in the allocated green cell)*

PROVIDER	ANNUAL RETURN 2024-25		QTR 2 2024-25			QTR 3 2024-25			QTR 4 2024-25			NOTES
	May	June	July	August	September	October	November	December	January	February	March	
Arbour Lodge												
Aldergrove Manor												
Anville Court												
Apple Tree												
Ashley Court												
Aspen Lodge Residential Care Home												
Atholl House Nursing Home												
Belvidere Court												
Bentley Court												
Bethrey House												
Bradley Resource Centre												
Charnwood												
Coachmans Cottage												
Coton Grange												
Coton House												
Duke Street Bungalows												
East Park Court												
Engelberg												
Ernest Bold Resource Centre												
Eversleigh Care Centre												
Foxland Grange (previously Sunrise of Tettenhall)												
Glenthorne House												
Goldthorn Lodge												
Hampton Court EMI Nursing Home (? parent company)												
Harper House												
Highcroft Hall												
Hilton House												
Inshore Support Limited - 110 Wellington												
Inshore Support Limited - 112 Wellington												
Inspirations												
Knoll House Nursing Home												
Langdale and Keswick (Parkfields / Jaffray)												
Langdale and Keswick (Parkfields) / Jaffrey Care Society												
Lavender Court												
Lime Tree Court												
Mancroft												
Maplebrook Care Home												
Meadowcroft												
Mill House												
Mountfield House												
Newbridge House												
Newcross Care Home												
Orchard House Nursing Home												
Park Road CCT												
Parkdale												
Parkfield House / Transitions Care												
Pear Tree Lane												
Penn House												
Primrose Nursing Home												
Redhouse												
Royal Park Care Home												
Stourbridge												
The Cedar Grange												
The Coach House												

The Croft Residential Home												
The Leylands												
Trinity Court Nursing Home												
Victoria Court												
Walton House												
Wanderers House												
Waterside House												
Welbeck House												
Wellesley House												
Wentworth Lodge												
Woodfields Residential Carehome												
Woodlands Quaker Care Home												
Wrottesley Park House Care Home												
Wulfrun Rose												