



Nursing & Dual Registered Care Home Quarterly Joint Quality Assurance Self- Assessment

The purpose of a Joint Quality Assurance Self-Assessment is to identify quality compliance, risk, improvements and offer support where possible for the benefit of the service and people in receipt of care. The assessment based on CQC's KLOE (key lines of enquiry) themes, also provides reassurances to the city of Wolverhampton Council and Integrated Care Board as to the quality of the service being provided. 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.

Officers may request evidence for specific queries listed. Submissions may also lead to an unannounced monitoring visits of your premises as part of the quality assurance process.

Dual registered care homes will complete the Nursing Care Home Quarterly Joint Quality Assurance Self-Assessment and not the Residential form.

* 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 currently occupied. *

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

10. Number of Continuing Healthcare beds. *

11. Number of Self-funder beds. *

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).

13. How are lessons learnt from safeguarding investigations shared with staff.

14. How is the process of 'duty of candour' followed in the home and can this be evidenced if asked. *

15. Are staff able to articulate or demonstrate know how to report safeguarding concerns to the Local Authority. *

Health & Safety

16. Is there an appropriate Personal Emergency Evacuation Plan (PEEP) for current residents. *

- Yes
- No
- Partial

17. Do you perform fire evacuation drills and training to reflect changes in circumstances. *

- Yes
- No
- Partial

18. How often does the drills and training occur.

19. Is there an arrangement in place to ensure fixed and moveable equipment is adequately maintained. *

- Yes
- No
- Partial

20. Is there an equipment maintenance schedule with checks completed on premises (i.e. PAT, LOLER, etc). *

- Yes
- No
- Partial

Leadership & Staffing

21. Is there a CQC Registered Manager in place. *

- Yes
- No

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

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

24. Does your Registered Manager have management (i.e., Level 5, nursing, management diploma, degree or work experience equivalent, etc). *

- Yes
- No
- Partial

25. Does your Deputy Manager have management qualifications (i.e., Level 5, nursing, management diploma, degree or work experience equivalent, etc). *

- Yes
- No
- Partial

26. What is the care staffing ratio per residents. Please list per service type (i.e. nursing, complex, dementia, etc). List for day, afternoon and night shift. *

27. Does the home utilise a dependency tool for staffing, which tool and how frequently is this reviewed. *

28. List all current vacancies and roles. *

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

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

31. Is management and care staff having monthly supervisions. *

- Yes
- No
- Partial

32. Do supervisions provide the opportunity for care staff to have one-to-one conversations with their line manager. *

- Yes
- No
- Partial

33. Are supervision records signed off by both the supervisor and supervisee. *

- Yes
- No

34. Does actions take place when identified in supervisions. *

- Yes
- No
- Partial

35. What is your currently agency ratio against permanent staff. *

- 0%
- 1 - 10%
- 11 - 20%
- 21 - 35%
- 36 - 50%
- 50% plus

36. How many permanent staff left in the last quarter. List the roles. If not applicable, please state N/A. *

Recruitment

37. Are your nurses registered with a membership of any professional body in their file, i.e., NMC. *

- Yes
- No
- Partial

38. Is there evidence on file of staff qualifications. *

- Yes
- No
- Partial

39. Has those staff with foreign passports been checked with confirmed evidence on file for 'right to work' in the UK. *

- Yes
- No
- Partial

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

42. Is medication stored securely. *

- Yes
- No
- Partial

43. Is there person identifiable information on the MAR sheets. *

- Yes
- No
- Partial

44. Does the MAR sheets give adequate explanation if or when medication has not been given. This should include appropriate use of the key or coding. *

- Yes
- No
- Partial

45. Are MAR sheets clear to read. *

- Yes
- No
- Partial

46. Are handwritten additions on the MAR sheets checked and counter signed. *

- Yes
- No
- Partial

47. Does the MAR sheets adequately provide instruction on how prescriptions should be administered. *

- Yes
- No
- Partial

48. Where applicable, are PRN (when required) protocols in place, sufficiently detailed and the reason for each PRN administration clearly documented. *

- Yes
- No
- Partial

49. If medication dosage is variable, is the dosage recorded. *

- Yes
- No
- Partial

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

51. Are regular medication room temperature checks carried out and are they within guidelines. *

- Yes
- No
- Partial

52. Is there a protocol in place should the medication room or fridge temperature not be within acceptable ranges. *

- Yes
- No
- Partial

53. Is there a process to ensure prescriptions are up to date and reviewed as needs/conditions change. *

- Yes
- No

54. Is excess medication stock disposed of correctly. *

- Yes
- No

55. Is there a system or process in place to manage medication stock control. *

- Yes
- No

56. If covert medication is being given, is there relevant medical professional input in the decision-making process and consideration to DoLS. *

- Yes
- No

57. Is there adequate provision for the prescribing, dispensing or administration of medication. *

- Yes
- No
- Partial

58. Is the date of opening recorded on medication where appropriate. *

- Yes
- No
- Partial

59. Number of medication errors in the last quarter. *

60. Number of medication errors that led to a serious incident. *

Accidents & Incidences

61. Are accidents/incidences documented appropriately. *

- Yes
- No
- Partial

62. Do records clearly state actions taken and preventative action to be taken to avoid further occurrences. *

- Yes
- No
- Partial

63. Have incidences been referred/reported as necessary - i.e., relative. *

- Yes
- No
- Partial

64. Is the duty of candour process followed.

- Yes
- No

65. Does the Provider assess any trends and do they develop action plans where required. *

- Yes
- No
- Partial

Training

EFFECTIVE - KEY LINE OF ENQUIRY

66. Does the service offer continuous staff development and mentoring. *

- Yes
- No
- Partial

67. Is manual handling training offered to all new care staff and refreshers offered when required. *

- Yes
- No
- Partial

68. Does the manual handling training include single care equipment. *

- Yes
- No

69. Is medication training offered to all new care staff and refreshers offered when required. *

- Yes
- No
- Partial

70. Is safeguarding training offered to all new staff and refreshers offered when required. *

- Yes
- No
- Partial

71. Is there regular mental capacity act and DoLS training for all staff and refreshers offered when required. *

- Yes
- No
- Partial

72. Is specialism training offered (appropriate to the service) to all new care staff and refreshers offered when required. *

- Yes
- No
- Partial

73. Is behaviours that challenge training offered to all new care staff and refreshers offered when required. . *

- Yes
- No
- Partial

74. Is nutritional screening training offered to all new care staff and refreshers offered when required. *

- Yes
- No
- Partial

75. Is pressure care training offered to all new care staff and refreshers offered when required. *

- Yes
- No
- Partial

76. Is infection prevention and control offered to all new care staff and refreshers offered when required. *

Yes

No

Partial

Food & Nutrition

77. Is a choice of menu available to individuals. *

- Yes
- No
- Partial

78. If there is a menu, is it available in different formats - i.e., pictural, written. *

- Yes
- No
- Partial

79. Are individual's special dietary needs catered for. *

- Yes
- No
- Partial

80. Is the information regarding specialist diet or IDDSI requirements available for staff. *

- Yes
- No
- Partial

81. Where are thickeners stored in the home. *

82. Where monitoring is required, are individuals at risk of choking regularly assessed during meal times. *

- Yes
- No
- Partial

83. Depending on need, are individuals supported to eat and drink independently, with assistance or using appropriate assistive aids. *

- Yes
- No
- Partial

84. Where required are people prompted to drink. *

- Yes
- No
- Partial

85. Are drinks made freely available to all individuals. *

- Yes
- No
- Partial

86. Is there fluid goals or evidence of a process/strategy to ensure individuals receive adequate fluids. *

- Yes
- No
- Partial

87. Is fluid intake totalled during each shift. *

- Yes
- No
- Partial

88. Is it clear from food recordings how much food is consumed by each individual. *

- Yes
- No
- Partial

89. Is individual's food and fluid intake in line with dietary needs. *

- Yes
- No
- Partial

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

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

92. Are kitchen staff trained in the different consistency of foods. *

- Yes
- No
- Partial

93. How are menu's planned and how frequently are they reviewed or changed. *

Access to NHS Commissioned Services

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

- Yes
- No
- Partial

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

97. Are individual's rooms clean, in good state of repair, fit for purpose, person-centred and free from hazards. *

- Yes
- No
- Partial

98. Are bathrooms and toilets clean, in a good state of repair, fir for purpose and free from hazards. *

- Yes
- No
- Partial

99. Is the kitchen clean, in a good state of repair, fit for purpose and free from hazards. *

- Yes
- No
- Partial

100. Is the laundry room clean, in a good state of repair, fit for purpose and free from hazards. *

- Yes
- No
- Partial

101. Is there appropriate hand hygiene equipment around the home. *

- Yes
- No
- Partial

102. Does the laundry operate a dirty and clean flow. *

- Yes
- No
- Partial

103. Is there a sluice room and is it used appropriately. *

- Yes
- No
- Partial

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

105. Is the home in a good state of repair. *

- Yes
- No
- Partial

106. Is waste stored correctly as guidance - i.e., large clinical waste bins locked. *

- Yes
- No
- Partial

107. Do residents have access to an outside space or garden. What activities are the outside space used for. *

Care & Support

108. Is the privacy and dignity of people maintained. *

- Yes
- No
- Partial

109. Are staff seen to treat people with respect and communicate appropriately. *

- Yes
- No
- Partial

110. Are staff using correct PPE. *

- Yes
- No
- Partial

111. Does the service utilise Assistive Technology (AT) to support people to maintain and increase choice, independence and safety. *

- Yes
- No
- Partial

112. Are staff safely and professionally conducting manual handling. *

- Yes
- No
- Partial

113. Is there access to call bells throughout the home. *

- Yes
- No
- Partial

114. If an individual displayed a behaviour that is challenging, is this managed appropriately. *

- Yes
- No
- Partial

115. While maintaining personal choice are people dressed appropriately. *

- Yes
- No
- Partial

116. Are individuals repositioned as and when required as per their care and support plan. *

- Yes
- No
- Partial

117. Are there adequate care plans and risk assessments to cover clinical care. *

- Yes
- No
- Partial

118. Is equipment (i.e., slings) individual to the person. *

- Yes
- No
- Partial

119. Are individuals hygiene being supported. *

- Yes
- No
- Partial

120. Are sling assessments in place and being carried out by a trained and competent professional. *

- Yes
- No
- Partial

121. Are staff using the correct moving and handling equipment and slings. *

- Yes
- No
- Partial

122. Is the service taking appropriate steps to manage and/or improve pressure areas. *

- Yes
- No
- Partial

123. Is the service delivering wound assessment, evaluation and management. *

- Yes
- No
- Partial

124. Is the service taking appropriate steps to manage and/or improve clinical conditions. *

- Yes
- No
- Partial

125. Where there is an assessed need, is the service appropriately monitoring and managing continence care. *

- Yes
- No
- Partial

Activities

126. Does the service offer a range of social and physical activities for people inside the service. *

- Yes
- No
- Partial

127. Does the service offer a range of social and physical activities for individuals outside of the home. *

- Yes
- No
- Partial

128. Are activities in both a group and 1:1 basis. *

- Yes
- No
- Partial

129. List activities for those individuals bed bound or who prefer to stay in their room. *

130. Are individuals involved in planning activities and are they person-centred to reflect individual interests. *

- Yes
- No
- Partial

131. Does the home document participation in activities. *

- Yes
- No
- Partial

132. Is there a dedicated activities coordinator for the home. How many hours per week do they work. How many days are covered. *

Care Planning & Risk Assessment

133. Are individual's records stored confidentially and securely. *

- Yes
- No
- Partial

134. Are individual's care plans person-centred through the inclusion of preferences and/or routines. *

- Yes
- No
- Partial

135. Are there risk assessments in place for identified risks. *

- Yes
- No
- Partial

136. Have control measures been put in place for the assessed risk(s). *

- Yes
- No
- Partial

137. Are care plans and associated documentation accurate, consistent and legible. *

- Yes
- No
- Partial

138. Are there contact details of the relevant professionals, Next of Kin and relatives, etc. *

- Yes
- No
- Partial

139. Are person-centred daily records kept regarding the persons health and wellbeing. *

- Yes
- No
- Partial

140. Is information communicated to staff at shift change. *

- Yes
- No
- Partial

141. Does the service assess capacity where appropriate. *

- Yes
- No
- Partial

142. If an assessment is required, is it decision specific. *

- Yes
- No
- Partial

143. Where consent to care cannot be ascertained, has the Best Interest Decision taken place. *

- Yes
- No
- Partial

144. Where applicable, are outcomes recorded, reviewed and progress evidenced. *

- Yes
- No
- Partial

145. Are care plans written by a nurse. *

- Yes
- No
- Partial

146. Has the individuals care plan been developed with the individual or with family, friends and representatives. *

- Yes
- No
- Partial

End of Life - to be completed by homes that offer this service ONLY.

147. Is the service undertaking advanced care planning.

- Yes
- No
- Partial

148. Are DNA / CPRs / RESPECT / FREED being used appropriately and follow the guidance outlined by the Resuscitation Council.

- Yes
- No
- Partial

149. Are staff in the service adequately trained to deliver end of life care.

- Yes
- No
- Partial

150. Does the service have the relevant equipment to meet the needs of people who are at end of life.

- Yes
- No
- Partial

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

Complaints & Compliments

152. Have complaints been resolved, following the services complaints procedure and been thoroughly investigated. *

- Yes
- No
- Partial

153. Is the outcome communicated to the complainant and other interested parties. *

- Yes
- No
- Partial

154. How many complaints have you received in the last quarter. Please outline number and complainant type (i.e., individual, family, professional, etc). *

155. How many complaints have been upheld in the last quarter. Please outline number and complainant type (i.e., individual, family, professional, etc). *

Quality Assurance & Auditing

156. When did your last internal Quality Assurance audit take place in the home. *

157. When was your last medication audit. What was the results. *

158. Are there care file, daily notes and daily charts audits conducted and identified issues rectified. *

- Yes
- No
- Partial

159. Are call bell responsiveness being checked. *

- Yes
- No
- Partial

160. Are appropriate specialism audits conducted - i.e., personnel, recruitment files, IPC, weights/MUST, dining experience, health and safety, etc. *

- Yes
- No
- Partial

161. Are there financial audits relating to individual's personal allowance conducted. *

- Yes
- No
- Partial

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms