



Residential Care Home Quarterly Quality Assurance Self-Assessment



The purpose of a 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 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 visit of your premises as part of the quality assurance process.

* 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 Self-funder beds. *

Safeguarding

11. 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). *

12. How are lessons learnt from safeguarding investigations shared with staff. *

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

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

Health & Safety

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

17. How often does the drills and training occur. *

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

Yes

No

Partial

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

Yes

No

Partial

Leadership & Staffing

20. Is there a permanent CQC Registered Manager in place. *

Yes

No

21. If 'Yes' how long. Choose 'Not applicable' if you answer 'No' to question 20. *

6 months of less

7 to 12 months

13 to 24 months

2 plus years

Not applicable

22. If 'No' to question 20, how long have you been recruiting for this post.
If 'Yes' to question 20, choose 'Not applicable'. *

3 months or less

4 to 6 months

7 to 12 months

More than a year

Not applicable

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

Yes

No

Partial

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

Yes

No

Partial

25. 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. *

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

27. List all current vacancies and roles. *

28. 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

29. 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

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

Yes

No

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

Yes

No

Partial

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

0%

1 - 10%

11 - 20%

21 - 35%

36 - 50%

50% plus

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

Recruitment

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

38. 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 "Manager". *

Medication

39. Are risk assessments put in place where people self-administer their medication. *

- Yes
- No
- Partial

40. Is medication stored securely. *

- Yes
- No
- Partial

41. Is there person identifiable information on the MAR sheet. *

- Yes
- No
- Partial

42. 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

43. Are MAR sheet clear to read. *

- Yes
- No
- Partial

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

- Yes
- No
- Partial

45. Does the MAR sheet adequately provide instruction on how prescriptions should be administered. *

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

48. 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

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

Yes

No

52. Is excess medication stock disposed of correctly. *

Yes

No

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

Yes

No

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

Yes

No

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

58. Number of medication errors leading to a serious incident in the last quarter. *

Accidents & Incidences

59. Are accidents/incidents documented appropriately. *

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

62. Is the duty of candour process followed. *

Yes

No

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

Yes

No

Partial

Training

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

Yes

No

Partial

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

Yes

No

Partial

Food & Nutrition

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

79. Where are thickeners stored in the home. *

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

- Yes
- No
- Partial

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

Yes

No

Partial

82. Where required are people prompted to drink. *

Yes

No

Partial

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

Yes

No

Partial

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

- Yes
- No
- Partial

85. Is fluid intake totalled during each shift. *

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

Yes

No

Partial

88. 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

89. 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

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

Yes

No

Partial

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

Access to NHS Commissioned Services

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

- Yes
- No
- Partial

93. Where the service highlighted concerns with access to the NHS, has this been reported appropriately. Please explain. *

Physical Environment

94. Are the communal lounge/s clean, in good repair, fit for purpose and free from hazards. *

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

Yes

No

Partial

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

Yes

No

Partial

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

Yes

No

Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

102. 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

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

Care & Support

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

108. Are staff using correct PPE. *

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

117. Are individuals hygiene being supported. *

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

Yes

No

Partial

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

Yes

No

Partial

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

Yes

No

Partial

Activities

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

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

- Yes
- No
- Partial

129. Does the home document participation in activities. *

- Yes
- No
- Partial

130. 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

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

Yes

No

Partial

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

Yes

No

Partial

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

Yes

No

Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

139. Does the service assess capacity where appropriate. *

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

143. 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.

144. Is the service undertaking advanced care planning.

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

Yes

No

Partial

148. 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

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

- Yes
- No
- Partial

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

- Yes
- No
- Partial

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

152. 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

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

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

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

- Yes
- No
- Partial

156. Are call bell responsiveness being checked. *

- Yes
- No
- Partial

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

Yes

No

Partial

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

Yes

No

Partial

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