

Provider:		TEXT / DATA			MULTIPLE CHOICE MATRIX		SCORING	ANALYSIS OF EVIDENCE PROVIDED (if requested)	SCORING MECHANISM	SCORING GUIDANCE
Care Homes Annual Quality Assurance Self-Assessment		Good Response or Fully Compliant (0 Points)	Adequate Response or Partially Compliant (1 Point)	Poor Response or Not Compliant (2 Points)	Fully Compliant or Good Response (0 Points)	Partially Compliant or Adequate Response (1 Point)	Not Compliant or Poor Response (2 Points)	*Calculations are based on initial answer to QA query. This can be changed if evidence sought has not provided the current evidence.	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.	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).
No.	Quality Question									
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 Council'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 digital 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

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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); 3 months (Partially); Other (Not Compliant)	1 = 2 = 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 Fortnightly Monthly Quarterly Mixture None					0 = Weekly, fortnightly, Mixture (Fully); Monthly (Partially); Quarterly (Not Compliant)	1 = 2 = 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					0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	It is recommended that all staff have a recent picture of themselves on







Provider: Residential Care Homes Quarterly Quality Assurance Self-Assessment		SCORING GUIDANCE
No.	Quality Question	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).
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.	Personal allowance audits should be carried out monthly.
9	Number of Council funded placements. If you do not have funded Council beds, please state N/A.	Increase in Council beds leads to increase in funding liability if there is a provider failure.
10	Number of Self-funder beds.	Decrease in Council funding liability.
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).	Analysis of trends and recitifications ensures likelihood of quality assurance compliance.
12	How are lessons learnt from safeguarding investigations shared with staff.	It is pertinent to ensure lessons learnt are shared with staff to improve quality.
13	How is the process of 'duty of candour' followed in the home and can this be evidenced if asked.	Proves transparency with service users and lessons learnt.
14	Are staff able to articulate or demonstrate know how to report safeguarding concerns to the Local Authority.	All staff should be aware of what a safeguarding issue is and how to report to the Council.
Health & Safety		
15	Is there an appropriate Personal Emergency Evacuation Plan (PEEP) for current residents. Yes No Partial	PEEP plans should be updated when new residents are admitted, during hospital admissions and changes to accommodation structure and teams.
16	Do you perform fire evacuation drills and training to reflect changes in circumstances. Yes No Partial	Fill evacuation 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.
17	How often does the drills and training occur.	Regular drills and training are required. Recommend at least quarterly.
18	Is there an arrangement in place to ensure fixed and moveable equipment is adequately maintained. Yes No Partial	All equipment must be maintained and fixed according to maintenance schedule and recorded.

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19	Is there an equipment maintenance schedule with checks completed on premises (i.e. PAT, LOLER, etc). Yes No Partial	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		
20	Is there a permanent CQC Registered Manager in place. Yes No	Providers are required to have a permanent CQC registered manager in place or in the process of recruitment.
21	If 'Yes' how long. Choose 'Not applicable' if you answer 'No' to question 20. 6 months or less 7 to 12 months 13 to 24 months 2 plus years Not applicable	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.
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	The longer it takes to recruit for a registered manager, the likelihood of reputational issues, low salary, staffing instability and business viability.
23	Does your Registered Manager have management qualifications (i.e., Level 5, management diploma, degree or work experience equivalent, etc). Yes No Partial	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).
24	Does your Deputy Manager have management qualifications (i.e., Level 5, management diploma, degree or work experience equivalent, etc). Yes No Partial	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.
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.	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
26	Does the home utilise a dependency tool for staffing, which tool and how frequently is this reviewed.	It is recommended that homes each have a tool to ascertain staffing level or a matrix.
27	List all current vacancies and roles.	The higher the vacancies and the need for agency staff, the more risk.
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	The higher the vacancies and the need for agency staff, the more risk.

	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	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.
30	Is management and care staff having monthly supervisions. Yes No Partial	Supervisions whether individually or by groups is pertinent for staff continual professional development.
31	Do supervisions provide the opportunity for care staff to have on-to-one conversations with their line manager. Yes No Partial	One-to-one supervisions are recommended, however, this may not be possible with larger and busy teams.
32	Are supervision records signed off by both the supervisor and supervisee. Yes No	This is required to ensure transparency and for future appraisals.
33	Does actions take place when identified in supervisions. Yes No Partial	Any actions from supervisions, should be followed through, monitored and recorded.
34	What is your currently agency ratio against permanent staff. 0% 1 - 10% 11 - 20% 21 - 35% 36 - 50% 50% plus	The higher the ratio of agency staff, the more risk to teams in capturing quality issues, recording and understanding processes.
35	How many permanent staff left in the last quarter. List the roles. If not applicable, please state N/A.	Where there is high levels of staff leaving, could be a symptom of service issues and quality risks.
Recruitment		
36	Is there evidence on file of staff qualifications. Yes No Partial	All staff qualifications should be provided and kept on file, particularly management and registered nurses.
37	Has those staff with foreign passports been checked with confirmed evidence on file for 'right to work' in the UK. Yes No Partial	Staff who are not British, must prove eligibility to work in the UK and must be kept on file.
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	All service users that self-administer their medication, should be risk assessed and monitored that they are taking them during each shift.
40	Is medication stored securely. Yes	All medications must be stored securely in a medications

	No Partial	room or refrigerator (if required).
41	Is there person identifiable information on the MAR sheet. Yes No Partial	All service users information should be clear and concise on each MAR sheet.
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	All information regarding medication administration or not, should be provided clearly and concisely on each MAR sheet.
43	Are MAR sheet clear to read. Yes No Partial	MAR sheet information should be easily able to read for each staff member and shift change.
44	Are handwritten additions on the MAR sheets checked and counter signed. Yes No Partial	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.
45	Does the MAR sheet adequately provide instruction on how prescriptions should be administered. Yes No Partial	Medication instructions must follow GP or Nurse Practitioner guidance and must be listed on the service user's MAR sheet.
46	Where applicable, are PRN (when required) protocols in place, sufficiently detailed and the reason for each PRN administration clearly documented. Yes No Partial	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.
47	If medication dosage is variable, is the dosage recorded. Yes No Partial	All medication guidance and administering should be recorded on a MAR sheet as well as the service users medication summary.
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	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.
49	Are regular medication room temperature checks carried out and are they within guidelines. Yes No Partial	Each medication room temperature should be checked and follow guidelines stipulated for the medication kept in cooler settings.
50	Is there a protocol in place should the medication room or fridge temperature not be within acceptable ranges. Yes No Partial	A protocol and process must be available to staff when there is an issue with temperature ranges that could effect the medications efficacy.
51	Is there a process to ensure prescriptions are up to date and reviewed as needs/conditions change. Yes	There should be a process and schedule to ensure medications are stocked adequately or when there are

	No	changes of need/condition there is adequate time to inform the GP Surgery to update prescription and access from pharmacy.
52	Is excess medication stock disposed of correctly. Yes No	All excess medication stock must be disposed of correctly as per the home's medication policy.
53	Is there a system or process in place to manage medication stock control. Yes No	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.
54	If covert medication is being given, is there relevant medical professional input in the decision-making process and consideration to DoLS. Yes No	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 included in their MCA/DoLS assessment.
55	Is there adequate provision for the prescribing, dispensing or administration of medication. Yes No Partial	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.
56	Is the date of opening recorded on medication where appropriate. Yes No Partial	Medications stored and administered must be in-date and recorded on a medication schedule.
57	Number of medication errors in the last quarter.	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
58	Number of medication errors leading to a serious incident in the last quarter.	Serious incidences from medication errors must be recorded and should be considered whether this is a safeguarding event.
Accidents & Incidences		
59	Are accidents/incidents documented appropriately. Yes No Partial	All accidents and incidents must be documented for staff to review and learn lessons from.
60	Do records clearly state actions taken and preventative action to be taken to avoid further occurrences. Yes No Partial	Actions and lessons learned is a preventative measure.
61	Have incidences been referred/reported as necessary - i.e., relative. Yes No Partial	Any accidents and incidences must be notified to the service users next of kin or representative and a recording of doing this.
62	Is the duty of candour process followed. Yes No	The should be a 'duty of candour' process that is followed by staff.
63	Does the Provider assess any trends and do they develop action plans where required. Yes No Partial	Action plans and trends should be carried out and recorded when things go wrong to ensure credibility and accountability.
Training		

64	Does the service offer continuous staff development and mentoring. Yes No Partial	Continued professional development and mentoring should be carried out by senior staff to junior staff or new starters to enable good quality practice.
65	Is manual handling training offered to all new care staff and refreshers offered when required. Yes No Partial	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.
66	Does the manual handling training include single care equipment. Yes No	Though single care equipment is not mandatory, it is recommended when there is capacity issues. Single care equipment is being implemented across various LA's across
67	Is medication training offered to all new care staff and refreshers offered when required. Yes No Partial	All new care staff must be offered a medication training course during induction, access to the medication policy and covert medication policy and provide at least an annual refresher course.
68	Is safeguarding offered to all new staff and refreshers offered when required. Yes No Partial	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.
69	Is there regular mental capacity act and DoLS training for all staff and refreshers offered when required. Yes No Partial	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.
70	Is specialism training offered (appropriate to the service) to all new care staff and refreshers offered when required. Yes No Partial	All new care staff must be offered specialist training during induction and provide at least an annual refresher course.
71	Is behaviours that challenge training offered to all new care staff and refreshers offered when required. Yes No Partial	All new care staff must be offered 'behaviours that are challenging' during induction and provide at least an annual refresher course.
72	Is nutritional screening training offered to all new care staff and refreshers offered when required. Yes No Partial	All new care staff must be offered nutritional screening training during induction and provide at least an annual refresher course.
73	Is pressure care training offered to all new care staff and refreshers offered when required. Yes No Partial	All new care staff must be offered pressure care training during induction and provide at least an annual refresher course.
74	Is infection prevention and control offered to all new care staff and refreshers offered when required. Yes No Partial	All new care staff must be offered infection prevention and control training during induction and provide at least an annual refresher course.
Food & Nutrition		
75	Is a choice of menu available to individuals. Yes No Partial	Service users should be offered a choice of food at meal time and take into consideration, service users preferred choices, meat and vegetarian options.
76	If there is a menu, is it available in different formats - i.e., pictorial, written.	A pictorial menu and a written menu should be offered for

	Yes No Partial	A pictorial menu and a written menu should be offered for those with a learning disability, acquired brain injury, dementia, etc.
77	Are individual's special dietary needs catered for. Yes No Partial	Special dietary needs should be catered for according to their nutrition screening, any medical condition, religious requirement, etc.
78	Is the information regarding specialist diet or IDDSI requirements available for staff. Yes No Partial	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.
79	Where are thickeners stored in the home.	Best practice is to store resident's labelled container of thickener safely and securely, in a similar manner to medicines.
80	Where monitoring is required, are individuals at risk of choking regularly assessed during meal times. Yes No Partial	Individualised risk assessment and care planning is required to ensure that vulnerable people are identified and protected and should be clearly documented details of consistency of fluids, texture the resident can manage and feeding strategies (head and body positioning).
81	Depending on need, are individuals supported to eat and drink independently, with assistance or using appropriate assistive aids. Yes No Partial	Individuals should be supported with positioning, time between bites and swallowing and texture modification or any aids applicable to their level of dysphagia.
82	Where required are people prompted to drink. Yes No Partial	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.
83	Are drinks made freely available to all individuals. Yes No Partial	Individuals with demential or cognitive impairments should be provided with drinks throughout the day and night and topped up to ensure hydration.
84	Is there fluid goals or evidence of a process/strategy to ensure individuals receive adequate fluids. Yes No Partial	Fluid goals should be recorded on the resident's nutrition screening and monitored during each shift.
85	Is fluid intake totalled during each shift. Yes No Partial	Fluid intake should be recorded and calculated at the end of each shift for those applicable.
86	Is it clear from food recordings how much food is consumed by each individual. Yes No Partial	Food consumption should be recorded after each meal, specifically for those with required within their nutrition assessment.
87	Is individual's food and fluid intake in line with dietary needs. Yes No Partial	Food and fluid intake must be in line with their nutrition assessment.

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	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.
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	Specialist and medical advice for each individual must be applied and reviewed with professionals regularly or when changes to the individuals habits are identified.
90	Are kitchen staff trained in the different consistency of foods. Yes No Partial	Where individuals are required to have thickeners, staff must be trained and advised on consistency and when this is required.
91	How are menu's planned and how frequently are they reviewed or changed.	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		
92	Is the home successfully accessing NHS Commissioned services. Yes No Partial	If providers are unable to access NHS services, their GP or Primary Care Network representative should be informed as well as their Commissioning Officer.
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	Ask for a picture of rooms and cleaning schedules if you require evidence.
95	Are individual's rooms clean, in good state of repair, fit for purpose, person-centred and free from hazards. Yes No Partial	Ask for a picture of rooms and cleaning schedules if you require evidence.
96	Are bathrooms and toilets clean, in a good state of repair, for for purpose and free from hazards. Yes No Partial	Ask for a picture of rooms and cleaning schedules if you require evidence.
97	Is the kitchen clean, in a good state of repair, fit for purpose and free from hazards. Yes No Partial	Ask for a picture of rooms and cleaning schedules if you require evidence.
98	Is the laundry room clean, in a good state of repair, fit for purpose and free from hazards. Yes No Partial	Ask for a picture of rooms and cleaning schedules if you require evidence.
99	Is there appropriate hand hygiene equipment around the home. Yes No Partial	Ask for pictures of hygiene equipment around the home and location.
100	Does the laundry operate a dirty and clean flow.	

	Yes No Partial	Ask for schedule for evidence.
101	Is there a sluice room and is it used appropriately. Yes No Partial	Request picture and location for evidence, if required.
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	Ask for infection control and prevention risk checklist and sign-off.
103	Is the home in a good state of repair. Yes No Partial	Ask for pictures of the home in specific locations for evidence.
104	Is waste stored correctly as guidance - i.e., large clinical waste bins locked. Yes No Partial	Ask for pictures of clinical waste bins and waste contract, if required.
105	Do residents have access to an outside space or garden. What activities are the outside space used for.	Ask for pictures of outside space to ensure they are safe and tidy.
Care & Support		
106	Is the privacy and dignity of people maintained. Yes No Partial	Evidence request can be through completed 'service user satisfaction survey', complaints and staff training.
107	Are staff seen to treat people with respect and communicate appropriately. Yes No Partial	Evidence request can be through completed 'service user satisfaction survey', complaints and staff training.
108	Are staff using correct PPE. Yes No Partial	Request PPE and infection control and prevention policy. Request feedback from RWT infection prevention team.
109	Does the service utilise Assistive Technology (AT) to support people to maintain and increase choice, independence and safety. Yes No Partial	Request evidence of AT systems in use across the home.
110	Are staff safely and professionally conducting manual handling. Yes No Partial	Request evidence of manual handling assessments and manual handling policy is up to date. Access staff manual handling training and refreshers schedule.
111	Is there access to call bells throughout the home. Yes No Partial	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.
112	If an individual displayed a behaviour that is challenging, is this managed appropriately. Yes	Access challenging behaviour policy, staff training and refreshers and any risk assessments that include challenging

	No Partial	refreshers and any risk assessments that include challenging behaviour risk.
113	While maintaining personal choice are people dressed appropriately. Yes No Partial	Assessors can request a picture of a council service user as evidence, however, the service user must agree to this.
114	Are individuals repositioned as and when required as per their care and support plan. Yes No Partial	Request evidence of pressure sore risk assessment and repositioning recording evidence as and when required.
115	Are there adequate care plans and risk assessments to cover clinical care. Yes No Partial	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.
116	Is equipment (i.e., slings) individual to the person. Yes No Partial	Each individual must have their own sling to ensure infection prevention.
117	Are individuals hygiene being supported. Yes No Partial	Request hygiene charts as a spot check and laundry schedule.
118	Are sling assessments in place and being carried out by a trained and competent professional. Yes No Partial	Request spot checks on sling assessments and training schedules with refreshers.
119	Are staff using the correct moving and handling equipment and slings. Yes No Partial	Moving and handling equipment and slings must have usage manuals and up to date manual handling training with clean and robust slings.
120	Is the service taking appropriate steps to manage and/or improve pressure areas. Yes No Partial	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-nursing Quality standard [QS89] Published: 11 June 2015 -
121	Is the service delivering wound assessment, evaluation and management. Yes No Partial	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.
122	Is the service taking appropriate steps to manage and/or improve clinical conditions. Yes No Partial	This should include any improvements and deterioration of conditions such as pressure sore, weight loss, cognitive impairment, etc.
123	Where there is an assessed need, is the service appropriately monitoring and managing continence care.	

	Yes No Partial	Request evidence of pad changes and monitoring for individual service users.
Activities		
124	Does the service offer a range of social and physical activities for people inside the service. Yes No Partial	Request activities schedule and attendance for evidence.
125	Does the service offer a range of social and physical activities for individuals outside of the home. Yes No Partial	Request activities schedule and attendance for evidence.
126	Are activities in both a group and 1:1 basis. Yes No Partial	Request activities schedule and attendance for evidence.
127	List activities for those individuals bed bound or who prefer to stay in their room.	Request 1:1 activities list and participants.
128	Are individuals involved in planning activities and are they person-centred to reflect individual interests. Yes No Partial	Service users should be consulted about what indoor and outdoor activities are offered as a group on 1:1. Request activities schedules.
129	Does the home document participation in activities. Yes No Partial	Request evidence of documentation and schedules.
130	Is there a dedicated activities coordinator for the home. How many hours per week do they work. How many days are covered.	There should be a dedicated activities coordinator or a role that a care worker or manager takes on as part of their regular duties. Activities should be reviewed regularly with service users.
Care Planning & Risk Assessment		
131	Are individual's records stored confidentially and securely. Yes No Partial	This should be kept securely on digital systems that have secure software and of offices with cabinets that are locked or office doors locked.
132	Are individual's care plans person-centred through the inclusion of preferences and/or routines. Yes No Partial	Service Users should be included in care and support planning. This should be identified by the provider. Or their representative.
133	Are there risk assessments in place for identified risks. Yes No Partial	Risk assessments should be clear, concise and up dated regularly to record any changes in risk.
134	Have control measures been put in place for the assessed risk(s). Yes No Partial	Risk assessments should include mitigation and actions for each risk identified.
135	Are care plans and associated documentation accurate, consistent and legible. Yes No Partial	All care plans that are written or typed should be easy to follow, clear and concise in regards to need, risk and mitigation.

136	Are there contact details of the relevant professionals, Next of Kin and relatives, etc. Yes No Partial	This should be included in the Service Users personal information documentation.
137	Are person-centred daily records kept regarding the persons health and wellbeing. Yes No Partial	Person-centred daily records are updated during each shift and should be requested to evidence.
138	Is information communicated to staff at shift change. Yes No Partial	Request details on shift handover procedures and information sharing.
139	Does the service assess capacity where appropriate. Yes No Partial	Management should assess staffing capacity and prove that they deploy as and when needed.
140	If an assessment is required, is it decision specific. Yes No Partial	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.
141	Where consent to care cannot be ascertained, has the Best Interest Decision taken place. Yes No Partial	Request evidence of Best Interest Decision evidence as well as who is the representative.
142	Where applicable, are outcomes recorded, reviewed and progress evidenced. Yes No Partial	Outcomes should be listed for all care and support plans with progress or lack of.
143	Has the individuals care plan been developed with the individual or with family, friends and representatives. Yes No Partial	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)		
144	Is the service undertaking advanced care planning. Yes No Partial	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
145	Are DNA / CPRs / RESPECT / FREED being used appropriately and follow the guidance outlined by teh Resuscitation Council. Yes No Partial	Request End of Life policy and procedures. Request an example that is current or recent.
146	Are staff in the service adequately trained to deliver end of life care. Yes No	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

	Partial	induction training and refreshers are provided.
147	Does the service have the relevant equipment to meet the needs of people who are at end of life. Yes No Partial	Request manual handling 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 Resuscitation Council.
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	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		
149	Have complaints been resolved, following the services complaints procedure and been thoroughly investigated. Yes No Partial	Request the latest Adults Complaints Team report and any actions from complaints listed in your Trends and Actions Log.
150	Is the outcome communicated to the complainant and other interested parties. Yes No Partial	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.
151	How many complaints have you received in the last quarter. Please outline number and complainant type (i.e., individual, family, professional, etc).	Complaint numbers should be assessed based on complaints 'upheld'.
152	How many complaints have been upheld in the last quarter. Please outline number and complainant type (i.e., individual, family, professional, etc).	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		
153	When did your last internal Quality Assurance audit take place in the home.	Quality Assurance audits should take place at least quarterly.
154	When was your last medication audit. What was the results.	Medication audits should occur daily.
155	Are there care file, daily notes and daily charts audits conducted and identified issues rectified. Yes No Partial	Daily notes charts should be audited weekly, care files audited monthly.
156	Are call bell responsiveness being checked. Yes No Partial	Call bell checks should be carried out hourly and at the end of each shift.
157	Are appropriate specialism audits conducted - i.e., personnel, recruitment files, IPC, weights/MUST, dining experience, health and safety, etc. Yes No Partial	HR files should be checked annually. IPC should be checked weekly. Weights, MUST, dining and regular health audits should be carried out weekly. Health and Safety should be carried out monthly.
158	Are there financial audits relating to individual's personal allowance conducted. Yes No Partial	Personal allowance audits should be carried out monthly.
TOTALS		
		GRAND TOTAL

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											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
Criteria Type	Percentage (%) of Overall Criteria Value	Scoring Mechanism																
		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							

