Provide	n.										
Care	Homes Annual Quality Assurance Self-Assessment		TEXT / DATA		MULTIPLE C	HOICE MATRIX	SCORING	ANALYSIS OF EVIDENCE PROVIDED (if requested)	SCORING MECHANISM	SCORING GUIDANCE	
		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 aswer 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. Test 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					(,					_
1	Business Information 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).	-									
	Name of nominated individual. Name of Registered Manager.	-							-		
7	Number of registered beds.	1	1	1	-						
8	Number of beds occupied on date of self-assessment. Number of Council funded placements. If you do not have funded Council beds, please state N/A.				-				0 = 95% beds filled; 1 = 75-94% filled; 2 = less than 74% filled	Increase in bed voids leads to decrease in business viability. Increase in Council beds leads to increase in liability if there is a provider	-
					_				0 = 0-20% beds occupied; 1 = 21-50% occupied; 2 = 51% or more occupied	failure.	
10	Number of Continuing Healthcare funded beds. If you do not have CHC funded beds, please state N/A. Current CQC rating.				-						333 100
12	Date of last CQC inspection.				_				0 = Yes; 2 = No	Para contra transmissione	
	Is the CQC rating displayed within the home for visitors to view. List actions that have come from the last CQC inspection. If not applicable, please state N/A.									Encouraging transparency. 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		1	1					0 = Yes; 2 = No	Those not registered are at risk of a fine. This is now a legal business requirement.	
17	No Does your business have Public Liability insurance up to £10m.	1									
	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	-							0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Recommended liability amount via Procurement.	
	No Partial								U = 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.	
	Which Health and Safety company does the home use.		1	1	1						
21	Are there any current health and safety action plans in place. Please list below, if Yes. If No, state N/A. Safeguarding								0 = no current actions; 2 = actions ongoing	Current actions and rectifications are a risk.	
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 Partal								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.					1	1		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.	1
26	Is there a whistleblowing procedure in place and is it accessible to staff.								0 = Good; 1 = Adequate; 2 = Poor	Required	
27	Health & Safety Is there a Fire Risk Assessment.										
	Yes No Partial				000000000000000000000000000000000000000				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	1							0 = Yes (Fully): 1 = Partial (Partially): 2 = No (Not Compliant)	Any findings of risk should be rectified ASAP.	
	No Partial										
30	Policies & Procedures Do you have the following up-to-date policies and are they readily available for staff. Multiple onswers.										
30	Moving and Handling								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Health and Safety Food Hygiene								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential Essential	
	Human Resources								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Recruitment and Appraisals Medication									Essential Essential	-
	Equality and Diversity								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential	
	Modern Slavery Quality Assurance									Recommended Essential	-
1	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	
									0 - Yes (Fully): 1 - Partial (Partially): 2 - No (Not Complian*)	Escential	
	Gifts and Hospitality Data Protection and GDPR								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential Essential	
	Gifts and Hospitality								0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)		

	First Ald					
					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 MCA and DoLS		 		0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential Essential
	MCA and DoLS Missing Persons and Wandering				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential Essential
	Nissing Persons and Wandering Nutrition and Hydration		 -	1	0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential
	Oral and Dental				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 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) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential
	Tissue Vlability (pressure relief)		 _		0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential
	Record Keeping		 _		0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Essential
	Medical Emergency Response				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 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				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Policies should be reviewed within 3-months of review date
	No				0 = res (ruiy), 1 = Partial (Partially), 2 = No (Not Compliant)	recommendation and align to new legislation and regulations.
	Partial					
32	Is your Business Continuity Plan reviewed annually to reflect changes in the service.					
	Yes				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Policies should be reviewed within 3-months of review date
	No				o - res (rany), 1 - randa (randany), 2 - no (nor complianc)	recommendation and align to new legislation and regulations.
_	Partial					
	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				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Annual appraisals are essential.
	INU Dented					
- 20	Partial Is there a probationary period for new staff.	-	 -			
36	is mere a propagonary period for new statt.					Brobationary pariods should be 2 months for management and 4 months
	Yes				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Probationary periods should be 3 months for management and 1 month for other staff.
	NO					for other stan.
-	Partial	-	-			
37	How long does probationary period last for new staff.					
	3 months				0 = 12 months, Mixture, 6 months (Fully); 1	
	6 months				3 months (Partially); 2	The longer the probationary period, the better quality of staffing skills and
	12 months				Other (Not Compliant)	retaining staff, particuarly management.
	Mixture Other					
38		_	 	_		
38	Are references required for all agency staff.					
	Yes				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	References are essential for all agency staff through their agency.
	Partial It there a BIN on file for Nurser with revalidation due date	_	-	-		
39	Is there a PIN on file for Nurses with revalidation due date.					Nurses must have up to date PIN to practice in the UK as a registered
	Yes				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.
	No Partial					I'M Ju.
40	Are there regular staff meetings in the home.			-		
40						Best practice include weekly staff meetings with care staff. With daily shift
	Yes				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	handover meetings. Non-care staff, at least monthly.
						nandover meetings. NoiPeare stan, at least monthly.
	Partial How often does staff meetings occur.	-	 	_		
41						
	Weekly Fortnighly				0 = Weekly, Fortnightly, Mixture (Fully); 1	
					Monthly (Partially); 2 =	Best practice include weekly staff meetings with care staff. With daily shift
					Quarterly (Not Compliant)	handover meetings. Non-care staff, at least monthly.
	Monthly		 1		councery (not compliant)	
	Quarterly					
	Quarterly Mixture					
	Quarterly Micture None				 0 - Condi 4 - Adominto 2 - Done	
42	Quarterly Mixture				 0 = Good; 1 = Adequate; 2 = Poor	5% or less of overall staff (0 = Good); 6 - 20% of overall staff (1 =
42	Quarterly Micture None				 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)
	Quarteriv Mixture None How many permanent staff left in the last 12-months. List job roles. If none, state N/A. Rectvillment				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)
42	Quarterly Micture None					Adequate); 21% plus of overall staff (2 = Poor)
	Quarteriv Mixture None How many permanent staff left in the last 12-months. List job roles. If none, state N/A. Rectvillment				0 = Good; 1 = Adequate; 2 = Poor 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate); 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best
	Quartery Quartery Mone None None None None None None, state N/A. Recruitment Is three an application form on file for all roles in the home. Yes No					Adequate); 21% plus of overall staff (2 = Poor)
43	Quarteriy Moture None None None None None None None Non					Adequate); 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best
	Quartery Quartery Mone None None None None None None, state N/A. Recruitment Is three an application form on file for all roles in the home. Yes No				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequatel; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience.
43	Quarteriy Moture None None None None None None None Non					Adequate); 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best
43	Quartery Quartery Mone Mow many permanent staff left in the last 12-months. List job roles. If none, state N/A.				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequatel; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience.
43	Quartery Moture None Roome Roome Roo				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequatel; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience.
43	Quartery Quartery Monture Mone Mow many permanent staff left in the last 12-months. List job roles. If none, state N/A.				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequatel; 21% plus of overall staff (2 = Poor) Beet practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file.
43	Quartery Moture None Roome Roome Roo				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate(; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with
43	Quarteriv Wature None How many permanent staff left in the last 12-months. List job roles. If none, state N/A. Eccoliment Is there an application form on file for all roles in the home. Yes No Partial Is an employment contract provided for all new permanent staff (this will include appointment offer, employment agreement and job specification). Yes				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequatel; 21% plus of overall staff (2 = Poor) Beet practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file.
43	Quartery Quartery Moture None Noture Reconcentent staff left in the last 12-months. List job roles. If none, state N/A. Reconcentent R				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate(; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with
43 44 45	Quarteriy Mixture None How many permanent staff left in the last 12-months. List job roles. If none, state N/A.				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate(; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with
43	Quartery Moture None Recontinues Recontinues Recontinues Recontinues Recontinues Recontinues Recontinues Recontinues Recontinues Recontinues Recontinues Recontinues Recontinues Recontinues Reconti				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequatel; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification.
43 44 45	Quarteriy Mixture None How many permanent staff left in the last 12-months. List job roles. If none, state N/A.				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate); 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank
43 44 45	Quartery Quartery Moture None None None Recording Record of the last 12-months. List job roles. If none, state N/A. Recording Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state N/A. Record of the last 12-months. List job roles. If none, state. Record of the last 12-months. List job roles. If none, state. Record of the last 12-months. List job roles. If none, state. Record of the last 12-months. List job roles. If none, state. Record of the last 12-months. List job roles. If none, state. Record of the last 12-months. List job roles. If none, state. Record of the last 12-months. List job roles. If none, state. Record of the last 12-months. List job roles. If none, state. Record of the last 12-months. List job roles. If none, state. Record of the last 12-months. List job roles. If none, state. Record of the la				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequatel; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification.
43 44 45 46	Quarterly Quarterly Mixture None None None None None None None Non				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate); 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank
43 44 45	Quarteriy Mixture None None None Recruitment Recruitme				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate); 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well.
43 44 45 46	Quarterio Y Mixture None None None None None None None Non				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate); 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank
43 44 45 46	Quarterio y Mixture None None None Recruitment Recruit				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate); 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well.
43 44 45 46 47	Quarteriy Mixture None None None None None None Non Non Non Non Non Non Non No				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate); 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well.
43 44 45 46	Quarteriy Moture None Non Recordinate Recordinate Recordinate Recordinate Recordinate Recordinate Recordinate Recordinate Recordinate Recordinate Recordinate Recordinate Recordina				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate(; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well. All agency staff must have an up-to-date DBS check.
43 44 45 46 47	Quarteriy Mixture None None None None None None Non Non Non Non Non Non Non No				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate); 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well.
43 44 45 46 47	Quarterio y Moture None None None None None None None Non				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate(; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well. All agency staff must have an up-to-date DBS check.
43 44 45 46 47 48	Quarteriy Mixture None None None None None None None Non				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate(; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well. All agency staff must have an up-to-date DBS check.
43 44 45 46 47	Quarterio y Moture None None None None None None None Non				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate(; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well. All agency staff must have an up-to-date DBS check. Any disclosures must be reviewed and risk assessed.
43 44 45 46 47 48	Quarteriy Mixture None None None None None None None Non				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate(; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well. All agency staff must have an up-to-date DBS check.
43 44 45 46 47 48	Guarteria y Moture None None None None None None None Non				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate(; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well. All agency staff must have an up-to-date DBS check. Any disclosures must be reviewed and risk assessed.
43 44 45 45 46 47 48 48	Quarterio y Mixture None None None None None None None Non				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate(; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well. All agency staff must have an up-to-date DBS check. Any disclosures must be reviewed and risk assessed.
43 44 45 46 47 48	Quarteria y Moture None None None None None None None Non				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Not applicable, no disclosures, Yes (Fully); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate}; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualitications and experience. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well. All agency staff must have an up-to-date DBS check. Any disclosures must be reviewed and risk assessed. Ary criminal convictions must be completed by staff.
43 44 45 45 46 47 48 48	Quarterio y Mixture None None None None None None None Non				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate(; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well. All agency staff must have an up-to-date DBS check. Any disclosures must be reviewed and risk assessed. Ary criminal convictions must be completed by staff. Health declarations must be completed at point of new appointment after
43 44 45 45 46 47 48 48	Quarterie y Muture None None None None None Resultation Result				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Not applicable, no disclosures, Yes (Fully); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate}; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualitications and experience. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well. All agency staff must have an up-to-date DBS check. Any disclosures must be reviewed and risk assessed. Ary criminal convictions must be completed by staff.
43 44 45 46 47 48 49 50	Quarterio y Moture None None None None None None Non Non Non Non Non Non No				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Not applicable, no disclosures, Yes (Fully); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate(; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well. All agency staff must have an up-to-date DBS check. Any disclosures must be reviewed and risk assessed. Ary criminal convictions must be completed by staff. Health declarations must be completed at point of new appointment after
43 44 45 45 46 47 48 48	Quarterie y Muture None None None None None Resultation Result				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Not applicable, no disclosures, Yes (Fully); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	Adequate(; 21% plus of overall staff (2 = Poor) Best practice should include standard application questions to get the best candidates with the most relevant qualifications and experience. All questions and answers to interviews should be kept on file. All questions and answers to interviews should be kept on file. All permanent staff should have an employment contract with appointment offer, agreement and specification. All care home staff must have an up-to-date DBS check. This includes bank staff as well. All agency staff must have an up-to-date DBS check. Any disclosures must be reviewed and risk assessed. Ary criminal convictions must be completed by staff. Health declarations must be completed at point of new appointment after

Note:		No				o = res (runy), ± = rarcial (rarciany), ± = no (not compliant)	their HR record.
Normalization Nor					 		
image: space		Yes No				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	
10 Norward and service decision of all service d		is there a list on file of staff qualifications. Yes No				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	
Image: second secon		Is your home a licenced sponsor organisation for international recruits. Yes					
Image: Section of the sectin of the section of the section of the			_				
Image: Section of the sectin of the section of th	55	Yes No				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	outlined in NICE Guidelines Managing medicines in care homes Social care guideline [SC1]Published: 14 March 2014 -
image: space of the space		Yes No				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	
Image: Section of the sectin of the section of th	57	Is there a covert medication policy in place where applicable. Yes				0 = Yes (Fully); 2 = No (Not Compliant)	
Image: Signature status and status an							
Note that the second secon		Yes No				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	
Note of the second		Training					
9 Ramachine results results that the test best for test best for test best for the test best		Yes No				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	
9 Name and the same and	60	is the training matrix or equivalent monitoring system able to identify the status of staff training. Yes No				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	
a) Into the new scalar ly excessive if some into the new shape in the new shape		How is staff training carried out.				0 = Good; 1 = Adequate; 2 = Poor	
Name Name <th< td=""><td></td><td>Access to NHS Commissioned Services</td><td></td><td></td><td></td><td></td><td></td></th<>		Access to NHS Commissioned Services					
No., does upter VA. Comparison Comp		to the former successfully accessible MUC Commission and any loss					
No. No. Accordination and models and models and models and models and models and product and		Is the home successfully accessing NHS Commissioned services. Yes No				0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	they do not, the Commissioner should work with the Provider and Primary
6: Both the sortic nade adiable from the clade (sorting law statified with the way a compliants base handed. Final Society of		Is the home successfully accessing NHS Commissioned services. Yes No Partial Where the service highlighted concerns with access to the NHS, has this been reported appropriately. Please explain. If no					they do not, the Commissioner should work with the Provider and Primary Care Network NHS Officer to rectify. Issues must be highlighted and reported in a timely manner. This should
66 is hare a recod made of all concerns/ complianets and the action takes. 0	63	Is the hone successfully accessing NHS Commissioned services. Yes No Partial Where the service highlighted concerns with access to the NHS, has this been reported appropriately. Please explain. If no issue, please tate N/A. Complaints & Complements Is the procedure on how to complain and compliment the service communicated to everyone. Yes No				0 = Good; 1 = Adequate; 2 = Poor	they do not, the Commissioner should work with the Provider and Primary Care Network NIS Officer to rectify. Issues must be highlighted and reported in a timely manner. This should not be left for weeks on end. A complaints and compliments procedure must be made accessible by all service users, visitors and professionals. When requesting evidence, this
Yes Natural Partial Partial Restrict for the forme. Yes Natural Partial Restrict for the forme. Yes Natural Partial Partial Restrict for the forme. Yes Natural Partial Partial Restrict for the forme. Yes Natural Partia	63 64 65	Is the home successfully accessing NHS Commissioned services. Yes No Partial Where the service highlighted concerns with access to the NHS, has this been reported appropriately. Please explain. If no issues, please state N/A. CompliantSE 4. Compliments Is the procedure on how to complain and compliment the service communicated to everyone. Yes No Partial Does the 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				0 = Good; 1 = Adequate; 2 = Poor 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	they do not, the Commissioner should work with the Provider and Primary Care Network NHS Officer to rectify. Issues must be highlighted and reported in a timely manner. This should not be left for weeks on end. A complaints and compliaments procedure must be made accessible by all service users, visitors and professionals. When requesting evidence, this should be available at reception.
Note Note Note Note Note Note Note Note	63 64 65 66	Is the home successfully accessing NHS Commissioned services. Yes No Partial Where the service highlighted concerns with access to the NHS, has this been reported appropriately. Please explain. If no Sues, please atte N/A. Compaints & Compliments to the procedure on how to complain and compliment the service communicated to everyone. Yes No No No Partial Shere a reduitive with the way a complaint has been handed. Yes No				0 = Good; 1 = Adequate; 2 = Poor 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	they do not, the Commissioner should work with the Provider and Primary Care Network NIS Officer to rectify. Issues must be highlighted and reported in a timely manner. This should not be left for weeks on end. A complaints and compliments procedure must be made accessible by all service users, viotors and professions. When requesting evidence, this should be available at reception. This should be included in the homes complaints policy. A log whether it's a spreadsheet, database, or form should be kept on file
69 is there a Quality Assurance matrix or monitoring system in place for the home. If so, please explain the type and details. Image: Constraint of the constraint of	63 64 65 66	Is the home successfully accessing NHS Commissioned services. Yes No Partial Service highlighted concerns with access to the NHS, has this been reported appropriately. Please explain. If no Sues, please atte N/A. Compaints & Compliments to the procedure on how to complain and compliment the service communicated to everyone. Yes No No No No No Partial Shere a record made of all concerns / comments / acception taken. Yes No Does the service identify and act upon trends from received complaints. Yes No				0 = Good; 1 = Adequate; 2 = Poor 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	they do not, the Commissioner should work with the Provider and Primary Care Network NIS Officer to rectify. Issues must be highlighted and reported in a timely manner. This should not be left for weeks on end. 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. This should be included in the homes complaints policy. A log whether it's a spreadsheet, database, or form should be kept on file with actions and dates.
1 Are individuals (service users) data and information in a secure and dedicated office or system. Please explain. 0	63 64 65 66 67 68	Is the home successfully accessing NHS Commissioned services. Yes No Partial Where the service highlighted concerns with access to the NHS, has this been reported appropriately. Please explain. If no issue, please state N/A. Complained is a Complements Is the procedure on how to complain and compliment the service communicated to everyone. Yes No 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 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 Does the service and e of all concerns / comments / compliments and the action taken. Yes No Partial Does the service identify and act upon trends from received complaints. Yes No Partial Are compliments shared with staff, residents and other visits to the home. Yes No Partial				0 = Good; 1 = Adequate; 2 = Poor 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	they do not, the Commissioner should work with the Provider and Primary Care Network NIS Officer to rectify. Issues must be highlighted and reported in a timely manner. This should not be left for weeks on end. A complaints and complements procedure must be made accessible by all service users, visitors and professionsk. When requesting evidence, this should be available at reception. This should be included in the homes complaints policy. A log whether it's a spreadsheet, database, or form should be kept on file with actions and dates. Trends shuld be monitored and acted upon as staffing lessons learned.
70 Does internal Quality Assurance audits take place and how often. C F	63 64 65 66 67 68	Is the home successfully accessing NHS Commissioned services. Yes No Partial Where the service highlighted concerns with access to the NHS, has this been reported appropriately. Please explain. If no issue, please state N/A. Compliants ta Compliments Site procedure on how to complain and compliment the service communicated to everyone. Yes No 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 his been handled. Yes Is there are card made of all concerns / comments / compliments and the action taken. Yes No Does the service identify and act upon trends from received complaints. Yes No Partial Are compliments shared with staff, residents and other visits to the home. Yes No Partial Quality Assume & Auditing				0 = Good; 1 = Adequate; 2 = Poor 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	they do not, the Commissioner should work with the Provider and Primary Care Network NISO Officer to nettify. Issues must be highlighted and reported in a timely manner. This should not be left for weeks on end. A complaints and complianments procedure must be made accessible by all service users, violators and professions). When requesting evidence, this should be available at reception. This should be included in the homes complaints policy. A log whether it's a spreadsheet, database, or form should be kept on file with actions and dates. Trends shuld be monitored and acted upon as staffing lessons learned. Compliments should be shared either on display, newsletter, etc.
Image: Control of the second	63 64 65 66 67 68	Is the home successfully accessing NHS Commissioned services. Yes No Partial Where the service highlighted concerns with access to the NHS, has this been reported appropriately. Please explain. If no issue, please state N/A. Compliants ta Compliments Site procedure on how to complain and compliment the service communicated to everyone. Yes No 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 his been handled. Yes Is there are card made of all concerns / comments / compliments and the action taken. Yes No Does the service identify and act upon trends from received complaints. Yes No Partial Are compliments shared with staff, residents and other visits to the home. Yes No Partial Quality Assume & Auditing				0 = Good; 1 = Adequate; 2 = Poor 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant)	they do not, the Commissioner should work with the Provider and Primary Care Network NTS Officer to rectify. Issues must be highlighted and reported in a timely manner. This should not be left for weeks on end. A complaints and compliments procedure must be made accessible by all service users, vitors and professionis. When requesting evidence, this should be available at reception. This should be included in the homes complaints policy. A log whether it's a spreadsheet, database, or form should be kept on file with actions and dates. Trends shuld be monitored and acted upon as staffing lessons learned. Compliments should be shared either on display, newsietter, etc. This could be via spreadsheets, database or headquarters regular quality assurance monitoring with a breaktown of Sisses and occers and timely
	63 64 65 66 67 68 69	Is the home successfully accessing NHS Commissioned services. Yes No Partial Where the successfully accessing that access to the NHS, has this been reported appropriately. Please explain. If no issues, please state N/A. Compliantes & Compliments to procedure on to complian and compliment the service communicated to everyone. Yes No Partial Does the service make available the contact details for the Local Government and Social Care Ombudisman (LGSCO) when an individual is unsatisfied with the way a complaint has been handled. Yes No Partial Does the service make of all concerns / compliments and the action taken. Yes No Partial Does the service identify and act upon trends from received complaints. Yes No Partial Does the service identify and act upon trends from received complaints. Yes No Partial Does the service identify and act upon trends from received complaints. Yes No Partial Diality Assurance & Auditing Diality Assurance & Auditing				0 = Good; 1 = Adequate; 2 = Poor 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Good; 1 = Adequate; 2 = Poor	they do not, the Commissioner should work with the Provider and Primary Care Network NIS Officer to rectify. Issues must be highlighted and reported in a timely manner. This should not be left for weeks on end, A complaints and complianments procedure must be made accessible by all service users, visitors and professionalis. When requesting evidence, this should be available at reception. A log whether it's a spreadsheet, database, or form should be kept on file with actions and dates. Trinds shuld be included in the homes complaints policy. Trinds shuld be included in the homes complaints policy. Trinds shuld be included and acted upon as staffing lessons learned. Compliments should be shared either on display, newsletter, etc. This could be via spreadsheets, database or headquarters regular quality rectifications. Medication checks sate place end of each shift. Refrigerators take place daily, rehabilitation pool checks are every 24-hours. Comprehensive duality Assume checks should be place inhouse monthly or quarterly quarterly of the place inhouse monthly or quarterly
GRAND TOTAL 0	63 64 65 65 67 68 69 70 71	Is the home successfully accessing NHS Commissioned services. Yes No Partial Where the service highlighted concerns with access to the NHS, has this been reported appropriately. Please explain. If no issue, please starte M/A. Compliants 45 Compliments Is the procedure on how to complain and compliment the service communicated to everyone. Yes No 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 Does the service identify and act upon trends from received complaints. Yes No Partial Does the service identify and act upon trends from received complaints. Yes No Partial Are compliments shared with staff, residents and other visits to the home. Yes No Partial Does internal Quality Assurance audits take place and how often.				0 = Good; 1 = Adequate; 2 = Poor 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Yes (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Ves (Fully); 1 = Partial (Partially); 2 = No (Not Compliant) 0 = Good; 1 = Adequate; 2 = Poor 0 = Good; 1 = Adequate; 2 = Poor	they do not, the Commissioner should work with the Provider and Primary Care Network NIS Officer to rectify. Issues must be highlighted and reported in a timely manner. This should not be left for weeks on end. A complaints and compliaments procedure must be made accessible by all service users, visitors and professionalis. When requesting evidence, this should be available at reception. A log whether it's a spreadsheet, database, or form should be kept on file with actions and dates. Trends shuld be included in the homes complaints policy. This should be included in the homes complaints policy. Trends shuld be monitored and acted upon as staffing lessons learned. Compliments should be shared either on display, newsletter, etc. This could be via spreadsheets, database or headquarters regular quality assurance monitoring with a breakdown of issues and concerns and timely rectifications. Medication checks state place end of each shift. Refrigerators take place daily, rehabilitation pool checks are every 24-hours. Comprehensive duality, Kourance checks should be lace inhouse monitor, or quarterly audits from head office or esternal specialist provider.

Provider:			
eside	ntial 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).	ICB C
	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 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.	
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 maintaned and fixed according to maintenance schedule and recorded.	

19	Is there an equipment maintenance schedule with checks completed on premises (i.e. PAT, LOLER, etc). Yes	There should be a maintenance schedule and checks on premises. If held within the business HQ, the Managers mus
	No	have immediate access to this and are able to provide to
	Partial	commissioners when requested.
	Leadership & Staffing	
20	Is there a permanent CQC Registered Manager in place.	
	Yes	Providers are required to have a permanent CQC registered
	No	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 of less	
	7 to 12 months	The premise is that the longer a registered manager is in
	13 to 24 months	their role, the better led the service in regards to quality,
	2 plus years	delivery and maintenance.
	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	The longer it takes to recruit for a registered manager, the
	4 to 6 months	likelihood of reputational issues, low salary, staffing
	7 to 12 months	instability and business viability.
	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).	It is encouraged that a registered manager has a
	Yes	management qualification or health and social care
	No	qualification or relevant work experience in a similar servic
	Partial	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).	This is not essential but encouraged that the deputy also have
	Yes	a management or health and social care qualification or
	No	several years work experience in a similar service.
	Partial	
25	What is the care staffing ratio per residents. Please list per service type (i.e. complex, dementia, etc). List for day,	Providers must deploy sufficient numbers of suitably
	afternoon and night shift.	qualified, competent, skilled and experienced staff to make
		sure that they can meet people's care and treatment need
		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 discu
		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 ascertia
		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-	
28	months.	
28	months. 0% agency staff	
28		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.	
40	Yes	All medications must be stored securely in a medications

	No	room or refrigerator (if required).
	Partial	
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	ls 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 Training	Action plans and trends should be carried out and recorded when things go wrong to ensure credibility and accountability.

-		
64	Does the service offer continuous staff development and mentoring.	Continued professional development and mentoring should
	Yes	be carried out by senior staff to junior staff or new starters
	No	to enable good quality practice.
	Partial	
65	Is manual handling training offered to all new care staff and refreshers offered when required.	Every home must provide manual handling training as part
	Yes	of their induction training and refresher training every year
	No	or when new equipment is mobilised in-house or an external
	Partial	provider.
66	Does the manual handling training include single care equipment.	Though single care equipment is not manditory, it is
00	Yes	recommended when there is capacity issues. Single care
	No	equipment is being implemented across various LA's across
67	Is medication training offered to all new care staff and refreshers offered when required.	All new care staff must be offered a mediation training
67		
	Yes	course during induction, access to the medication policy and
	No	covert medication policy and provide at least an annual
	Partial	refresher course.
68	Is safeguarding offered to all new staff and refreshers offered when required.	All new care staff must be offered a safeguarding training
	Yes	course during induction, access to the council's safeguarding
	No	policy and provide at least an annual refresher course.
	Partial	policy and provide at least all annual refresher course.
69	Is there regular mental capacity act and DoLS training for all staff and refreshers offered when required.	All now care staff must be offered an MCA /Del S course
	Yes	All new care staff must be offered an MCA/DoLS course
	No	during induction, access to the council's MCA/DoLS policy
	Partial	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	All new care staff must be offered specialist training during
	No	induction and provide at least an annual refresher course.
	Partial	
71	Is behaviours that challenge training offered to all new care staff and refreshers offered when required.	
	Yes	All new care staff must be offered 'behaviours that are
	No	challenging' during induction and provide at least an annual
		refresher course.
72	Partial	
72	Is nutritional screening training offered to all new care staff and refreshers offered when required.	All new care staff must be offered nutritional screening
	Yes	training during induction and provide at least an annual
	No	refresher course.
	Partial	
73	Is pressure care training offered to all new care staff and refreshers offered when required.	All new care staff must be offered pressure care training
	Yes	during induction and provide at least an annual refresher
	No	course.
	Partial	course.
74	Is infection prevention and control offered to all new care staff and refreshers offered when required.	All new care staff must be offered infection prevention and
	Yes	
	No	control training during induction and provide at least an
	Partial	annual refresher course.
	Food & Nutrition	
75	Is a choice of menu available to individuals.	
-	Yes	Service users should be offered a choice of food at meal time
	No	and take into consideration, service users preferred choices,
	Partial	meat and vegetarian options.
76		
/0	If there is a menu, is it available in different formats - i.e., pictural, written.	A nictural menu and a written menu should be offered for

	Yes No	those with a learning disability, aquired brain injury,
	Partial	dementia, etc.
77	Are individual's special dietary needs catered for. Yes	Special dietary needs should be catered for according to
	No Partial	their nutrition screening, any medical condition, religious requirement, etc.
78	Is the information regarding specialist diet or IDDSI requirements available for staff.	Specialist dietary or IDDSI (food textures and drink thickness
	Yes	for those with dysphagia) requirements must be available to
	No	all care staff and kitchen staff based on assessed need.
	Partial	
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.	Individualised risk assessment and care planning is required
	Yes	to ensure that vulnerable people are identified and
	No	protected and should be clearly documented details of
	Partial	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	Individuals should be supported with positioning time
	assistive aids. Yes	Individuals should be supported with positioning, time
		between bites and swallowing and texture modification or
	No Partial	any aids applicable to their level of dysphagia.
82	Where required are people prompted to drink.	
02	Yes	Those with dementia often forget to drink, therefore, it is
	No	important that drink levels are monitored and measured by
	Partial	staff and recorded during each shift to ensure hydration.
83	Are drinks made freely available to all individuals.	
	Yes	Individuals with demential or cognitive impairments should
	No	be provided with drinks throughout the day and night and
	Partial	topped up to ensure hydration.
84	Is there fluid goals or evidence of a process/strategy to ensure individuals receive adequate fluids.	
	Yes	Fluid goals should be recorded on the resident's nutrition
	No	screening and monitored during each shift.
	Partial	
85	Is fluid intake totalled during each shift.	
	Yes	Fluid intake should be recorded and calculated at the end of
	No	each shift for those applicable.
	Partial	
86	Is it clear from food recordings how much food is consumed by each individual.	Food consumption should be recorded after each meal,
	Yes	specifically for those with required within their nutrition
	No	assessment.
	Partial	
87	Is individual's food and fluid intake in line with dietary needs.	Freedow of fluid take to second by the fluid of the destruction
	Yes	Food and fluid intake must be in line with their nutrition
	No	assessment.
	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	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 i 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.	Ask for pictures of hygiene equipment around the home an
55	Yes No Partial	location.

	Yes No	Ask for schedule for evidence.
	Partial	
101	Is there a sluice room and is it used appropriately.	
101	Yes	
	No	Request picture and location for evidence, if required.
	Partial	
102	Is the service free of any key infection control risks not already identified in the previous questions that require	
102	escalation or further advice or guidance.	
	Yes	Ask for infection control and prevention risk checklist and
	No	sign-off.
	Partial	
103	Is the home in a good state of repair.	
105	Yes	Ask for pictures of the home in specific locations for
	No	evidence.
	Partial	
104	Is waste stored correctly as guidance - i.e., large clinical waste bins locked.	
	Yes	Ask for pictures of clinical waste bins and waste contract, if
	No	required.
	Partial	
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
	Care & Support	tidy.
106	Is the privacy and dignity of people maintained.	
100	Yes	Evidence request can be through completed 'service user
	No	satisfaction survey', complaints and staff training.
	Partial	satisfaction survey, complaints and start training.
107	Are staff seen to treat people with respect and communicate appropriately.	
107	Yes	Evidence request can be through completed 'service user
	No	satisfaction survey', complaints and staff training.
	Partial	
108	Are staff using correct PPE.	
100	Yes	Request PPE and infection control and prevention policy.
	No	Request feedback from RWT infection prevention team.
	Partial	······································
109	Does the service utilise Assistive Technology (AT) to support people to maintain and increase choice, independence and	
	safety.	
	Yes	Request evidence of AT systems in use across the home.
	No	
	Partial	
110	Are staff safely and professionally conducting manual handling.	
	Yes	Request evidence of manual handling assessments and
	No	manual handling policy is up to date. Access staff manual
	Partial	handling training and refreshers schedule.
111	Is there access to call bells throughout the home.	
	Yes	Each room should have a call bell next to their bed that is
	No	accessible for each individual. Request spot pictures of
	Partial	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
1	•	refrechers and any rick accessments that include challenging

	No Partial	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 an allocated GP. Request care plans, MAR chart and medicat risk assessment.
116	Is equipment (i.e., slings) individual to the person. Yes No Partial	Each individual must have their own sling to ensure infec 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 us manuals and up to date manual handling training with cle 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- care-homes-with-nursingQuality standard [QS89]Publishe 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 pressu 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 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	Request evidence of pad changes and monitoring for
	No	individual service users.
	Partial	
	Activities	
124	Does the service offer a range of social and physical activities for people inside the service.	
	Yes	Request activities schedule and attendance for evidence.
	No	Request activities schedule and attendance for evidence.
	Partial	
125	Does the service offer a range of social and physical activities for individuals outside of the home.	
	Yes	Request activities schedule and attendance for evidence.
	No	Request activities schedule and attendance for evidence.
	Partial	
126	Are activities in both a group and 1:1 basis.	
	Yes	Request activities schedule and attendance for evidence.
	No	Request activities schedule and attendance for evidence.
	Partial	
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.	Constant second days and the second deal allowed wheet in days and
	Yes	Service users should be consulted about what indoor and
	No	outdoor activities are offered as a group on 1:1. Request
	Partial	activities schedules.
129	Does the home document participation in activities.	
	Yes	
	No	Request evidence of documentation and schedules.
	Partial	
130	Is there a dedicated activities coordinator for the home. How many hours per week do they work. How many days are	There should be a dedicated activities coordinator or a role
	covered.	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	
131	Are individual's records stored confidentially and securely.	This should be kept securely on digital systems that have
	Yes	secure software and of offices with cabinets that are locked
	No	or office doors locked.
	Partial	
132	Are individual's care plans person-centred through the inclusion of preferences and/or routines.	Service Users should be included in care and support
	Yes	planning. This should be identified by the provider. Or their
	No	representative.
	Partial	
133	Are there risk assessments in place for identified risks.	
	Yes	Risk assessments should be clear, concise and up dated
	No	regularly to record any changes in risk.
	Partial	
134	Have control measures been put in place for the assessed risk(s).	
	Yes	Risk assessments should include mitigation and actions for
	No	each risk identified.
	Partial	
135	Are care plans and associated documentation accurate, consistent and legible.	All care plans that are written or typed should be easy to
	Yes	follow, clear and concise in regards to need, risk and
	No	mitigation.
1	Partial	-

135 Are there contact details of the relevant professionals, Next of Kin and relatives, etc. This should be included in the Service Users personal information documentation. 137 Are person-centred daily records kept regarding the persons health and wellbeing. Person-centred daily records are updated during each shift and should be requested to evidence. 138 Are person-centred daily records kept regarding the persons health and wellbeing. Person-centred daily records are updated during each shift and should be requested to evidence. 138 Does the service assess capacity where appropriate. Person-centred daily records are updated during each shift and persons health and well person. 139 Does the service assess capacity where appropriate. Management should assess staffing capacity and prove that they deplay as and when needed. 140 Here consent to care cannot be ascertained, has the first interest Decision takem place. Request evidence of Best Interest Decision evidence as well as who is the requestance. 141 Where consent to care cannot be ascertained, has the first interest Decision takem place. Request evidence of Best Interest Decision evidence as well as who is the expresentative. 142 Where consent to care cannot be ascertained, has the first interest Decision takem place. Request evidence of Best Interest Decision evidence as well as who is the evidence of Best Interest Decision evidence as well as who is the evidence of Best Interest Decision evidence as well as who is the evidence of Best Interest Decision evi			
No information documentation. 137 Are person-centred daily records kept regarding the persons health and wellbeing. Parsing	136		
Partial			
137 Are person-centred daily records kept regarding the persons health and wellbeing. No Person-centred daily records are updated during each shift and should be requested to evidence. 138 Very Person-centred daily records are updated during each shift and should be requested to evidence. 138 Is information communicated to staff at shift change. 139 Does the service asses capacity where appropriate. 139 Does the service asses capacity where appropriate. No Partial 140 If an assessment is required, is it decision specific. No Partial 140 If an assessment is required, is it decision specific. No Partial 141 Where consent to care cannot be ascertained, has the Best Interest Decision taken place. No Partial 142 Where applicable, are outcomes recorded, reviewed and progress evidenced. No Partial 143 Has the individuals care plan been developed with the individual or with family, friends and representatives. No Partial 143 Has the individuals care plan been developed with the individual or with family, friends and representative. No Partial 144 Where applicable, are outcomes recorded, reviewe			information documentation.
Vec Person-centred daily records are updated during each shift and should be requested to evidence. 138 is information communicated to staff at shift change. Request details on shift handover procedures and information sharing. 139 Does the service assess capacity where appropriate. Request details on shift handover procedures and information sharing. 139 Does the service assess capacity where appropriate. Management should assess staffing capacity and prove that they deploy as and when needed. 140 If an assessment is required, is it decision specific. Assessments should outline any actions and mitigations. 140 If an assessment is required, has the Best Interest Decision taken place. Request evidence of Best Interest Decision evidence as well as who is the representative. 141 Where applicable, are outcomes recorded, reviewed and progress evidenced. Wet 142 Where applicable, are outcomes recorded, reviewed and progress evidenced. Bartial 143 No Partial Outcomes should be listed for all care and support plans with progress or last of. 144 Where applicable, are outcomes recorded, reviewed and progress evidenced. Exect outcomes recorded, reviewed and progress evidenced. 143 No Partial All care and support plans should be leveloped with the reside defined r			
No and should be requested to evidence. Partial isinformation communicated to staff at shift change. Yes Request details on shift handover procedures and information sharing. Partial Management should assess staffing capacity and prove that they deploy as and when needed. Partial Management should assess staffing capacity and prove that they deploy as and when needed. Partial Assessment is required, is it decision specific. Assessment is required, is it decision specific. Assessment is required as a contome to ensure safety and that level of needs are met on a daily basis. Partial Request details on shift handover procedures as well as who is the representative. No Request evidence of Best Interest Decision taken place. Yes Request evidence of Best Interest Decision evidence as well as who is the representative. No Partial Outcomes should be listed for all care and support plans with progress or lack of. No Partial All care and support plans should be developed with the individual or with family, friends and representatives. No Partial All care and support plans should be developed with the service. Advanced care planning, we service undertaking advanced care planning. No Partial In the service advanced planning must be completed	137		
Partial Partial 138 Isifemation communicated to staff at shift change. Yes Request details on shift handover procedures and information sharing. 139 Description sharing. Request details on shift handover procedures and information sharing. 139 Description sharing. Management chould assess staffing capacity and prove that they deploy as and when needed. 140 If an assessment is required, is it decision specific. Yes 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 Request evidence of Best Interest Decision evidence as well as who is the representative. 142 Where applicable, are outcomes recorded, reviewed and progress evidenced. Outcomes should be listed for all care and support plans who is the representative. 143 Has the individuals care plan been developed with the individual or with family, friends and representative. All care and support plans should be developed with the service undertaking advanced care planning. 144 Is the individuals care plan been developed with the individual or with family, friends and representative. End of Life care advanced planning must be completed, service undertaking advanced care planning. 145 Hes the individuals care planning. Yes Find of Life care advanced planning must be completed, s			, , , ,
138 is information communicated to staff at shift change. Request details on shift handover procedures and information sharing. 139 Does the service assess capacity where appropriate. Management should assess staffing capacity and prove that they deploy as and when needed. 140 If an assessment is required, is it decision specific. Assessment 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 assertained, has the Best Interest Decision taken place. Request evidence of Best Interest Decision required based on assessment and an itigations 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 assertained, has the Best Interest Decision taken place. Request evidence of Best Interest Decision evidence as well as who is the representative. 142 Where applicable, are outcomes recorded, reviewed and progress evidenced. Ves No Partial Outcomes should be listed for all care and support plans with the providers may offer this service) 143 Is the individuals care plan been developed with the individual or with family, friends and representatives. All care and support plans should be developed with the service user family if they are the official guardian or client welfare representative. 144 Is the service undertaking advanced care plaming. End of			and should be requested to evidence.
Yes Request details on shift handover procedures and information sharing. 139 Does the service assess capacity where appropriate. Yes Management should assess staffing capacity and prove that they deploy as and when needed. 140 If an assessment outcomes the service assess capacity where appropriate. Yes 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. 140 Where consent to care cannot be ascertained, has the Best Interest Decision taken place. Request evidence of Best Interest Decision evidence as well as who is the representative. 142 Where applicable, are outcomes recorded, reviewed and progress evidenced. 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 representative. All care and support plans should be developed with the service User, family if they are the official guardian or client wefare representative. 144 Is the service undertaking advanced care planning. End of tife care advanced planning must be completed, signed off and regulary revised by a registered or pallative. 144 Is the service undertaking advanced care planning. Fend of tife care advanced planning must be completed, signed off and regulary revised by a registered or pallative. 144 Is the service underta			
No Information sharing. 139 Does the service assess capacity where appropriate. Yes 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 Assessment 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 assertained, has the Best Interest Decision taken place. No 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 Outcomes should be listed for all care and support plans with progress or lack of. 143 Where applicable, are outcomes recorded, reviewed and progress evidenced. Yes No Outcomes should be listed for all care and support plans with progress or lack of. 144 Where applicable, are outcomes recorded, reviewed and progress evidenced. Yes No End of Life (Not all Providers may offer this service.) 144 Is the service undertaking advanced care planning. Yes No End of Life (Not all Providers may offer this service.) 144 Is the service undertaking advanced care planning. Yes No End of Life provide regulary revised by a registered or paliative nurse and GP within the end of life service. Advanced planning must be completed, sigred of and regulary revised by the provider. See link fo	138		
Partial Partial 139 Does the service assess capacity where appropriate. Yes Management should assess staffing capacity and prove that they deploy as and when meeded. 140 If an assessment is required, is it decision specific. Yes Assessments should outline any actions and mitigations required based on assessment outcomes to ensure softey 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 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 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. No All care and support plans should be listed for all care and support plans with progress or lack of. 144 Its be service undertaking advanced care planning. Yes End of Life (Not all Providers may offer this service) 144 Is the service undertaking advanced care planning. Yes End of Life policy which the service. 145 Are DNA / CPRs / RESPECT / FREED being used appropriately and follow the guidance outlined by the Resuscitation Council. Yes Request End of Life policy and procedures. Request an example that is current or recent. 146 Are DNA / CPRs / RESPECT / FREED being used app			
139 Does the service assess capacity where appropriate. Yes Management should assess staffing capacity and prove that they deploy as and when needed. 140 If an assessment is required, is it decision specific. No 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 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 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. No Partial All care and support plans should be developed with the Service User, family if they are the official guardian or client weffor representative. 144 Here service undertaking advanced care planning. Yes End of Life (Not all Providers may offer this service) 144 Here service undertaking advanced care planning. Yes End of Life (Not all Providers may offer this service) 144 Here service undertaking advanced care planning. Yes End of Life (Not all Providers may offer this service) 144 Here service undertaking advanced care planning. Yes End of Life (Not all Providers may offer this service) <t< td=""><td></td><td></td><td>information sharing.</td></t<>			information sharing.
ves 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 Assessment is required based on assessment outcomes to ensure safety and that level of needs are the on a daily basis. 141 Where consent to care cannot be ascertained, has the Best interest Decision taken place. Yes 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 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. All care and support plans should be developed with the Service User, family if they are the official guardian or client welfare representative. 144 Is the service undertaking advanced care planning. End of Life care advanced planning must be completed, signed off and regularly revised by a registered or palliative if e-care-for aduits-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-do-aduits-service. delivery.pdf-66141776457925 145 Are DNA / CPRs / RESPECT / FREED being used appropriately and follow the guidance outlined by the Resuscitation Council. Request End of Life training applicable to staff delivering this specialist care. Ens			
No they deploy as and when needed. 140 If an assessment is required, is it decision specific. Yes Assessment 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. Request evidence of Best Interest Decision evidence as well as who is the representative. 142 Where applicable, are outcomes recorded, reviewed and progress evidenced. Outcomes should be listed for all care and support plans with progress or lack of. 142 Where applicable, are outcomes recorded, reviewed and progress evidenced. Outcomes should be listed for all care and support plans with progress or lack of. Yes No Partial All care and support plans should be developed with the individual or with family, friends and representative. All care and support plans should be developed with the Service User, family if they are the official guardian or client welfare representative. Yes No Partial End of Life (Not 2II) Providers may offer this service) 144 Yes Service User, family if they are the official guardian or client welfare representative. No Partial End of Life care advanced planning must be completed, signed off and regularly revised by a registered or paliative nurse and 6P within the end of life service. Advanced care planning policy should	139		
Partial Assessment is required, is it decision specific. Yes Assessment is required, is it decision specific. Yes Assessment specific. No Partial 141 Where consent to care cannot be ascertained, has the Best Interest Decision taken place. Yes Request evidence of Best Interest Decision evidence as well as who is the representative. Partial as who is the representative. 142 Where consent to care cannot be ascertained, near the Best Interest Decision taken place. Yes No Partial as who is the representative. 142 Where applicable, are outcomes recorded, reviewed and progress evidenced. Ves 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. No Partial 144 Is the service undertaking advanced care planning. Yes No No Partial 144 Is the service undertaking advanced care planning. Yes Yes No Partial 144 Is the service undertaking advanced care planning. Yes No Partial End of Life Care davanced planning must be completed, signed off and regular/yesources/end-of-lif			
140 If an assessment is required, is it decision specific. Assessment 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 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 Request evidence of Best Interest Decision evidence as well as who is the representative. 143 Has the individuals care plan been developed with the individual or with family, friends and representatives. Yes No Outcomes should be listed for all care and support plans should be developed with the Service User, family if they are the official guardian or client welfare representative. 144 Its the service undertaking advanced care planning. Yes No All care and support plans should be developed with the greated planning must be completed, signed off and regularly revised by a registered or pallative nurse and GP within the end of life service. Advanced Janned plancy, Suddance/ng142/resources/end-of-life care for-adults-service-deliver/.pdf-66141776457825 145 Are DNA / CPRs / RESPECT / FREED being used appropriately and follow the guidance outlined by teh Resuscitation Council. Yes No Request End of Life panicy and procedures. Request an example that is current or recent. 146 Are ENA / CPRs / RESPECT / FREED being used appropriately and follow the guidance outlined by teh Resuscitation Council. Yes No			they deploy as and when needed.
Yes Assessments should outline any actions and mitigations No Partial 141 Where consent to care cannot be ascertained, has the Best Interest Decision taken place. No Partial 142 Where applicable, are outcomes recorded, reviewed and progress evidenced. Partial Outcomes should be listed for all care and support plans with progress or lack of. Partial Partial 143 Has the individuals care plan been developed with the individual or with family, friends and representative. Ves No Partial All care and support plans should be developed with the individual or with family, friends and representative. Yes No Partial Partial 144 Is the service undertaking advanced care planning. Yes State service undertaking advanced care planning. Yes End of Life (Not all Providers may offer this service) 144 Is the service undertaking advanced care planning. Yes End of Life care advanced planning must be completed, signed of fand regularly revised by a registered or palliative nurse and GP within the end of life service. Advanced care planning policy should be requested by a registered or palliative nurse and GP within the end of life service. Advanced care planning unust be completed, signed of fand regularly revised by a			
Yes 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. Request evidence of Best Interest Decision evidence as well as who is the representative. 142 Where applicable, are outcomes recorded, reviewed and progress evidenced. 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. No All care and support plans should be developed with the Service User, family if they are the official guardian or client wefare representative. 144 Is the service undertaking advanced care planning. End of Life Care advanced planning must be completed, signed off and regularly revised by a registered or palitative nurse and GP within the end of life service. Advanced care planning. 145 Are DNA / CPRs / RESPECT / FREED being used appropriately and follow the guidance outlined by the Resuscitation council. Request End of Life information: https://www.nice.org.ukguidance/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 the Resuscitation council. Request End of Life training applicable to staff delivering this service. 146 Are DNA / CPRs / RESPECT / FREED being used appropriately and follow the guidance outlined by the Resuscitation recent. Requ	140		Assessments should outline any actions and mitigations
Partial and that level of needs are met on a daily basis. 141 Where consent to care cannot be accertained, has the Best Interest Decision taken place. Request evidence of Best Interest Decision evidence as well as who is the representative. Partial Request evidence of Best Interest Decision evidence as well as who is the representative. Partial Outcomes should be listed for all care and support plans with progress or lack of. 142 Where applicable, are outcomes recorded, reviewed and progress evidenced. Yes 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. All care and support plans should be developed with the Service User representative. Yes No Partial All care and support plans should be developed with the Service. 144 Is the service undertaking advanced care planning. End of Life (Not all Providers may offer this service) 144 Is the service undertaking advanced care planning. End of Life care advanced planning must be completed, signed off and regularly revised by a registered or palitative 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.nee.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 the Resuscitatio			required based on assessment outcomes to ensure safety
141 Where consent to care cannot be ascertained, has the Best Interest Decision taken place. Request evidence of Best Interest Decision evidence as well as who is the representative. 142 Where applicable, are outcomes recorded, reviewed and progress evidenced. 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. 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. 144 Has the individuals care plan been developed with the individual or with family, friends and representatives. 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. 144 Is the service undertaking advanced care planning. 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.ince.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 Request End of Life policy and procedures. Request an example that is current or recent. 146 Are DNA / CPRs / RESPECT / FREED being used appropriately and follow the guidan			and that level of needs are met on a daily basis.
Yes Request evidence of Best Interest Decision evidence as well as who is the representative. Partial who is the representative. 142 Where applicable, are outcomes recorded, reviewed and progress evidenced. Yes No Dutcomes 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 143 Has the individuals care plan been developed with the individual or with family, friends and representatives. Yes No Partial 144 Has the individuals care plan been developed with the individual or with family, friends and representatives. Yes All care and support plans should be developed with the Service User, family if they are the official guardian or client welfare representative. Image: text of the service undertaking advanced care planning. Fed of Life (Not all Providers may offer this service) Image: text of the service undertaking advanced care planning. Fen of Life care advanced planning must be completed, signed off and regularly revised by a registered or pallative nurse and 6P within the end of Life exect. 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 I45 Are DNA / CPRs / RESPECT / FREED bei			· · · · · · · · · · · · · · · · · · ·
No as who is the representative. Partial Outcomes should be listed for all care and support plans with progress or lack of. 142 Where applicable, are outcomes recorded, reviewed and progress evidenced. Yes 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 All care and support plans should be developed with the Service User, family if they are the official guardian or client weffare representative. Partial Is the service undertaking advanced care planning. Yes No Partial Is the service undertaking advanced care planning. Yes Yes No Partial 144 Is the service undertaking advanced care planning. Yes Partial 144 Is the service. 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 training applicable to staff delivering this specialist care. Ensure training is up to date and part of 145 Are DNA / CPRs / RESPECT / FREED being used appropriately and follow the guidance outlined by teh Resuscitation Coun	141		
Partial Partial 142 Where applicable, are outcomes recorded, reviewed and progress evidenced. No 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 All care and support plans should be developed with the Service User, family if they are the official guardian or client weffare representative. 144 Has the individuals care plan been developed with the individual or with family, friends and representatives. Partial All care and support plans should be developed with the Service User, family if they are the official guardian or client weffare representative. 144 Is the service undertaking advanced care planning. Yes No 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 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 Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of			
142 Where applicable, are outcomes recorded, reviewed and progress evidenced. Yes 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 All care and support plans should be developed with the Service User, family if they are the official guardian or client wefare representative. 144 Has the individuals care plan been developed with the individual or with family, friends and representatives. No All care and support plans should be developed with the Service User, family if they are the official guardian or client wefare representative. 144 Has the service undertaking advanced care planning. Yes End of Life (Not all Providers may offer this service) 144 Is the service undertaking advanced care planning. Yes 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 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 Request End of Life training applicable to staff delivering this			as who is the representative.
Yes Outcomes should be listed for all care and support plans with progress or lack of. Partial Has the individuals care plan been developed with the individual or with family, friends and representatives. Yes All care and support plans should be developed with the Service User, family if they are the official guardian or client welfare representative. Partial All care and support plans should be developed with the Service User, family if they are the official guardian or client welfare representative. Partial End of Life (Not all Providers may offer this service) 144 Is the service undertaking advanced care planning. Yes 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. 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. Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of the policy and procedures.	4.42		
No with progress or lack of. 143 Has the individuals care plan been developed with the individual or with family, friends and representatives. Yes All care and support plans should be developed with the Service User, family if they are the official guardian or client welfare representative. 144 Is the service undertaking advanced care planning. Yes End of Life (Not all Providers may offer this service) 144 Is the service undertaking advanced care planning. Yes End of Life care advanced planning must be completed, signed off and regularly revised by a registered or paliative 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 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 Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of	142		Outcomes should be listed for all care and support plans
Partial Partial 143 Has the individuals care plan been developed with the individual or with family, friends and representatives. Yes 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) Image: Service undertaking advanced care planning. Yes 144 Is the service undertaking advanced care planning. Yes 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 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 Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of			
143 Has the individuals care plan been developed with the individual or with family, friends and representatives. All care and support plans should be developed with the Service User, family if they are the official guardian or client welfare representative. 143 Has the individuals care plan been developed with the individual or with family, friends and representatives. All care and support plans should be developed with the Service User, family if they are the official guardian or client welfare representative. 144 Is the service undertaking advanced care planning. End of Life (Not all Providers may offer this service) 144 Is the service undertaking advanced care planning. 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. 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. Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of			
Yes All care and support plans should be developed with the Service User, family if they are the official guardian or client welfare representative. In a full care and support plans should be developed with the Service User, family if they are the official guardian or client welfare representative. In a full care and support plans should be developed with the Service User, family if they are the official guardian or client welfare representative. In a full care and support plans should be developed with the Service User, family if they are the official guardian or client welfare representative. In a full care and support plans should be requested by a registered or palliative method for an 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 In a re and A core and part 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 In a re and A core and part of life policy and procedures. Request an example that is current or recent. Yes No Partial In a re staff in the service adequately trained to deliver end of life care. Yes No Partial <td>142</td> <td></td> <td></td>	142		
No Service User, family if they are the official guardian or client welfare representative. End of Life (Not all Providers may offer this service) Image: Service User, family if they are the official guardian or client welfare representative. 144 Is the service undertaking advanced care planning. Image: Service User, family if they are the official guardian or client welfare representative. 144 Is the service undertaking advanced care planning. 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 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	145		All care and support plans should be developed with the
Partial weirare representative. End of Life (Not all Providers may offer this service) If is the service undertaking advanced care planning. Yes 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: Partial 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. 145 Are DNA / CPRs / RESPECT / FREED being used appropriately and follow the guidance outlined by teh Resuscitation Council. Yes 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 Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of			Service User, family if they are the official guardian or client
End of Life (Not all Providers may offer this service) 144 Is the service undertaking advanced care planning. Yes 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: Partial 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 Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of			welfare representative.
144 Is the service undertaking advanced care planning. 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: 145 Are DNA / CPRs / RESPECT / FREED being used appropriately and follow the guidance outlined by teh Resuscitation Council. 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. Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of			
Yes 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 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 Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of	144		
No 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 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	144		End of Life care advanced planning must be completed
Partial 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 Request End of Life policy and procedures. Request an example that is current or recent. Partial Are staff in the service adequately trained to deliver end of life care. Yes Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of			
Image:			
145 Are DNA / CPRs / RESPECT / FREED being used appropriately and follow the guidance outlined by teh Resuscitation 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. Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of			
Image:			
145 Are DNA / CPRs / RESPECT / FREED being used appropriately and follow the guidance outlined by teh Resuscitation Council. Yes No 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 Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of			
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			
Council. Yes No Partial Are staff in the service adequately trained to deliver end of life care. Yes Request End of Life policy and procedures. Request an example that is current or recent. Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of			
Council. Yes No Partial Are staff in the service adequately trained to deliver end of life care. Yes Request End of Life policy and procedures. Request an example that is current or recent. Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of	145	Are DNA / CPRs / RESPECT / EREED being used appropriately and follow the guidance outlined by teb Desuscitation	
Yes Request End of Life policy and procedures. Request an example that is current or recent. No Partial Are staff in the service adequately trained to deliver end of life care. Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of	145		
No example that is current or recent. Partial Are staff in the service adequately trained to deliver end of life care. Yes Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of			Request End of Life policy and procedures. Request an
Partial Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of			example that is current or recent.
146 Are staff in the service adequately trained to deliver end of life care. Yes Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of			
Yes No. Request End of Life training applicable to staff delivering this specialist care. Ensure training is up to date and part of	146		
specialist care. Ensure training is up to date and part of	140		
l linduction training and refreshers are provided			
	I		induction training and refreshers are provided

	Partial	induction training and reneshers 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 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.
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 schecked 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.
OTALC	1	
OTALS		

Compliance Level	Residential Qtr	Nur/Dual Qtr	Annual	RAG
		Scoring Points		1040
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

OUALITY ASSURANCE DASHROARD SCOPING

QUALITY ASSURANCE DASHBOARD SCORING																		
Criteria Type	Percentage (%) of Overall Criteria Value				Scoring I	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/D	ual Qtr Categories	& Scoring	Resident	tial Qtr Categories	& Scoring	Annual	Categories and	d Scoring								
Quality Assurance Self-Assessments	30	Good / Fully Compliant 0 -101	Adequate / Partially Compliant 102 - 202	Poor / Not Compliant 203 - 304	Good / Fully Compliant 0 - 94	Adequate / Partially Compliant 95 - 198	Poor / Not Compliant 199 - 298	Good / Fully Compliant 0 - 58	Adequate / Partially Compliant 59 - 117	Poor / Not Compliant 118 - 176	100	34%	60	34%	80	0.33823978		
Suspensions / Termination of Contract / Monitoring	20	Ongoing Monitoring	Partial Suspension	Full Suspension	Termination of Contract	32 - 138	199 - 298	0-36	39-11/	118-170	10					50%	50%	
		5	10	15	20				_									
CQC Rating	10	Outstanding	Good (rating within last 3 months)	Good (rating within last 3 years) 2	Good (rating over 3 years ago) 4	Requires Improvement	Inadequate (automatic suspension) 8	No Rating			2					20%	20%	
		U	0	2	4	6	8	10	L									
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	1											
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 10							5					50%		
Embargoes	10	Providers that Refuse to Comply With QA Assessments (in hosted CWC, not commissioned) 10									0					0%		
Contractual Obligations	10	Provider Has Contract/Framewor k and Completes Contractual Performance Schedule/s	Provider Has Contract/Frame work and Partially Complete Contractual Performance Schedule/s	Provider is Commissioned by Spot Only							5					50%		
TOTAL	100%	0	5	10	J						126				1	1	I	1]
IVIAL	100%					222222111111111111111111111111111111111				***********************	120							

Self-Assessment Care Home Schedule	(List date of return in the allocated green cell)									
PROVIDER	ANNUAL RE May	TURN 2024-25 June Jul	QTR 2 2024-25 v August Septembe	QTR 3 2024-25	QTR 4 2024-25 mber January February March	NOTES				
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			