

## QUALITY ASSURANCE FRAMEWORK

### INTRODUCTION

#### WHY IS THE COUNCIL IMPLEMENTING A QUALITY ASSURANCE FRAMEWORK?

National and local government policy places a range of duties upon local authorities for shaping the care and support market to deliver improved services and outcomes for citizens.

The Care Act 2014 set out a range of measures, in order that citizens can choose from a diverse range of high quality care and support services; to drive up the overall quality of care in the market; and put citizen needs and outcomes centre stage.

The quality assurance framework therefore aims to deliver or facilitate the following:

- Greater transparency and information about the quality of care services through the publication of provider quality ratings.
- Assist citizens and commissioners to make informed choices when purchasing care and provide peace of mind.
- Drive up quality across the market.
- Support market shaping activity through the acquisition of improved market information.

This schedule concerns the quality assurance framework and system of quality ratings which Birmingham City Council (the Council) is putting in place for those organisations who contract with it through the wider overarching contracting framework within which this schedule sits.

This schedule aims to set out:

- The quality framework and its component parts.
- The methodology and mechanism used to calculate the overall quality rating.
- The process, conditions, expectations and responsibilities.
- How the Council will use the quality ratings in its commissioning activity.

#### OVERARCHING PRINCIPLES

- The delivery of outcomes for service users and citizens are at the forefront of care delivery.
- Care providers are responsible for ensuring they deliver good quality care.
- The Council has a duty to provide assurance of and to drive up the overall quality of care in the city.
- The Council aspires only to do business with good quality providers. In the future it does not intend to contract with those providers that are unable to sustain consistently good quality services.
- The Council will provide a range of support to providers to improve services but not indefinitely.
- The Council will incentivise high quality provision.
- The Council will measure the overall quality of provision by taking into account a range of opinions to provide a balanced view.

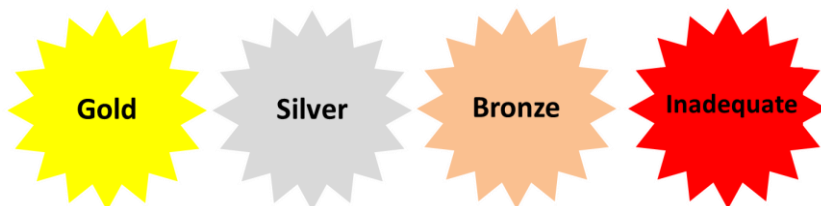
- Quality will be measured against contractual terms and conditions, core standards and the delivery of outcomes.
- The quality assurance framework mechanism and how it operates is transparent and clear.

## OUTCOMES

The framework is focussed on the delivery of outcomes to both citizens and commissioners of care and support. In order to ensure that the framework is consistent with the key priorities of national and local government, it has been aligned to the 4 outcome domains detailed within the Department of Health's Adult Social Care Outcomes Framework (ASCOF). These are:

1. Enhancing quality of life for people with care and support needs
2. Delaying and reducing the need for care and support
3. Ensuring that people have a positive experience of care
4. Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

## THE QUALITY RATING SYSTEM



Quality of provision will be measured and each service given an overall quality rating of either 'Gold', 'Silver', 'Bronze' or 'Inadequate'. The statements below reflect what services in the different bands will look like.

### WHAT DO THESE SERVICES LOOK LIKE?

#### **'Gold'**

- People describe the service as exceptional and distinctive, with staff going out of their way to meet personal preferences and individual outcomes.
- The provider is striving to be a leader in their field.
- The provider exceeds the standards set down by CQC, and contractual terms and core standards.
- The exceptional level of service is delivered consistently over time.

#### **'Silver'**

- People describe the service as good and that it meets their needs and delivers good outcomes.
- The provider meets the standards set down by CQC, and contractual terms and core standards.
- The good level of service is delivered consistently over time.

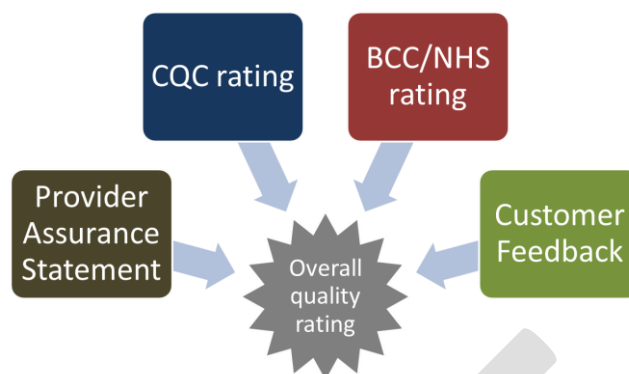
#### **'Bronze'**

- People describe the service as not always good and that it does not always meet their needs or deliver good outcomes.
- The provider is not fully meeting all of the standards set down by CQC and contractual terms and core standards. Improvement is required.
- A good level of service is not consistent over time.

#### **'Inadequate'**

- The provider does not meet key standards set by CQC and contractual terms and core standards.
- People using the service are not safe and they are at risk of harm.
- Significant improvement is required, the service will be at risk of losing its registration.

## WHAT INFORMATION WILL DRIVE THE RATING?



The Quality Framework aims to capture a range of views on the quality of services and use them to produce a single quality rating that can be used to inform care commissioning processes and facilitate citizens to make informed choices. The rating system will therefore draw upon a balanced range of data sources:

- The view of the regulator: The Care Quality Commission (CQC) inspection rating
- The view of the Commissioner: Birmingham City Council or NHS inspection rating
- The view of the citizen or service user: Customer feedback and social worker feedback
- The view of the provider: Assurance statement

### THE CQC RATING

The CQC carries out inspections and rates providers against five elements which ask whether the service is safe, effective, caring, responsive and well-led

The CQC awards the following ratings:

- 'Outstanding' – if at least two of the five elements are rated 'Outstanding' and the other three elements are rated 'Good'.
- 'Good' – if no more than one of the five elements 'Requires Improvement', the other four elements are rated 'Good' and no elements are rated 'Inadequate'
- 'Requires Improvement' – if two or more elements are rated 'Requires Improvement'
- 'Inadequate' – if two or more elements are rated 'Inadequate'

### BIRMINGHAM CITY COUNCIL RATING

Birmingham City Council will carry out an annual planned inspection and will rate providers against terms and conditions and core standards defined in the framework agreement. The Council will inspect providers using a toolkit detailing the standards and the evidence required to achieve each rating band in the following domains:

- a) Involvement and information;
- b) Personalised care and support;
- c) Safeguarding and safety;
- d) Suitability of staffing;
- e) Quality of management;

The inspection toolkit sets out the core standards and the range of criteria by which delivery of these standards is measured. The inspection toolkit sets out the combination of criteria that must be met either fully, mostly, partly or not at all to achieve the either Gold, Silver, Bronze or Inadequate ratings. The toolkits for residential care and home support/supported living are attached as

**Appendix 1 -3.** For residential care homes with nursing, the Joint Quality Assessment Framework toolkit already in use will continue to be utilised.

### **NHS RATING**

The Birmingham Clinical Commissioning Groups (CCG's) monitor the quality of provision in nursing homes, which provide care and support to citizens eligible for Funded Nursing Care or Continuing Health Care. They will carry out an annual planned inspection which will rate providers against terms and conditions defined in the framework agreement. The inspection will use a toolkit detailing the standards and the evidence required in the following domains:

- a) Environment
- b) Patient Experience
- c) Patient Safety
- d) Admission and Discharge
- e) Care Planning
- f) Workforce
- g) Management

The inspection will award the following ratings:

- 'Bright Green - Best achievement award' – for a score of greater than 96% across all domains
- 'Green - Compliance award' – for a score of 95% and above
- 'Amber - Partial compliance award' – for a score between 85% and 94%
- 'Red - Minimal compliance award' - for a score between 60% and 84%

### **CUSTOMER FEEDBACK**

Customer feedback will be used to evaluate what customers think about the service, how it involves and consults with citizens and how responsive the service is. Customer feedback will be rated through the Council's inspection of the delivery of the 'Involvement and information' and 'Personalised care and support' domain core standards.

As a minimum providers will ask citizens and service users the following questions (taken from the Healthwatch Birmingham website) when they seek feedback about their service:

1. How likely are you to recommend this organisation to friends and family if they needed similar care or treatment? (Extremely likely, Likely, Neither likely nor unlikely, Unlikely, Extremely unlikely, Don't know)
2. How do you rate your overall experience of this service? (1 to 5 star)
3. Give a brief description of your experience (Freetext 45 characters)
4. Tell us more about your experience – why was it good or bad? (Freetext)
5. Where applicable rate the different elements of the service. (1 to 5 star)
  - a. Cleanliness
  - b. Staff attitude
  - c. Quality of care
  - d. Quality of food

Providers will encourage service users to leave feedback about the service using the Healthwatch Birmingham website. Where service users are unable to use the website themselves providers are encouraged to send the feedback they have gathered to Healthwatch for uploading onto their website.

The Council will gather data through the social work assessment and review process about how well the provider delivers outcomes for individuals and whether the citizen feels their needs are being met.

Customer feedback will be rated on the following basis:

- 'Gold'
  - There is consistently an overwhelming recommendation of the service evidenced through Friends and Family Test feedback data.
  - There is overwhelming positive outcome delivery feedback from social workers and through the assessment and review process with citizens.
  - The provider can evidence delivery against the 'Gold' citizen voice domain standards during the annual inspection of its service.
- 'Silver'
  - Provider evidences that they achieve the core standards in the 'Involvement and information', and 'Personalised care and support' inspection domains
- 'Bronze'
  - Provider evidences that they partly achieve the core standards in the 'Involvement and information', and 'Personalised care and support' inspection domains
- 'Inadequate'
  - Provider evidences that they do not achieve the core standards in the 'Involvement and information', and 'Personalised care and support' inspection domains

#### **PROVIDER ASSURANCE STATEMENT**

Providers will submit an assurance statement every 6 months (annually in the case of 'Gold' standard providers) which will provide a declaration to Commissioners that contractual terms, conditions and core standards are being met and identify openly and transparently those areas of the service where providers are unable to meet the standards and what action is being taken to address this.

The assurance statement is an opportunity to declare elements of the service that require improvement; or elements of the service that have sufficiently improved. In cases where the provider declares that improvement has been made they can request and pay for (on a cost recovery only basis) an inspection to validate this. If the improvement is validated, the provider's overall rating will be adjusted upwards accordingly (with the exception of 'Gold' standard providers). No validation is required in cases where providers self-identify elements that require improvement and the overall rating will be automatically adjusted downwards.

Providers will carry out a self-assessment of their service using a version of the quality inspection toolkit that the Council will use to assess provider quality. The inspection toolkit sets out the core standards and the range of criteria by which delivery of these standards is measured. The inspection toolkit sets out the combination of criteria that must be met either fully, mostly, partly or not at all to achieve either Gold, Silver, Bronze or Inadequate ratings.

This self-assessment will deliver the assurance statement and a Gold, Silver, Bronze or Inadequate rating which will require validation prior to the provider moving between the rating bands.

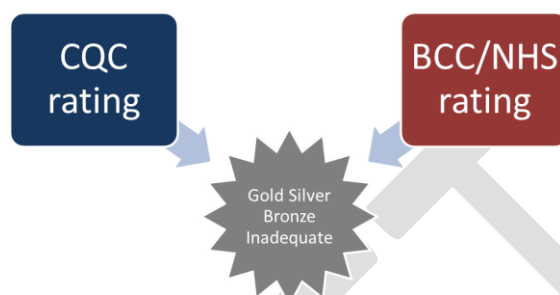
N.B. The assurance statement alone does not enable a provider to be rated 'Gold'.

## QUALITY RATING MECHANISM – HOW IS THE RATING CALCULATED?

### OVERVIEW

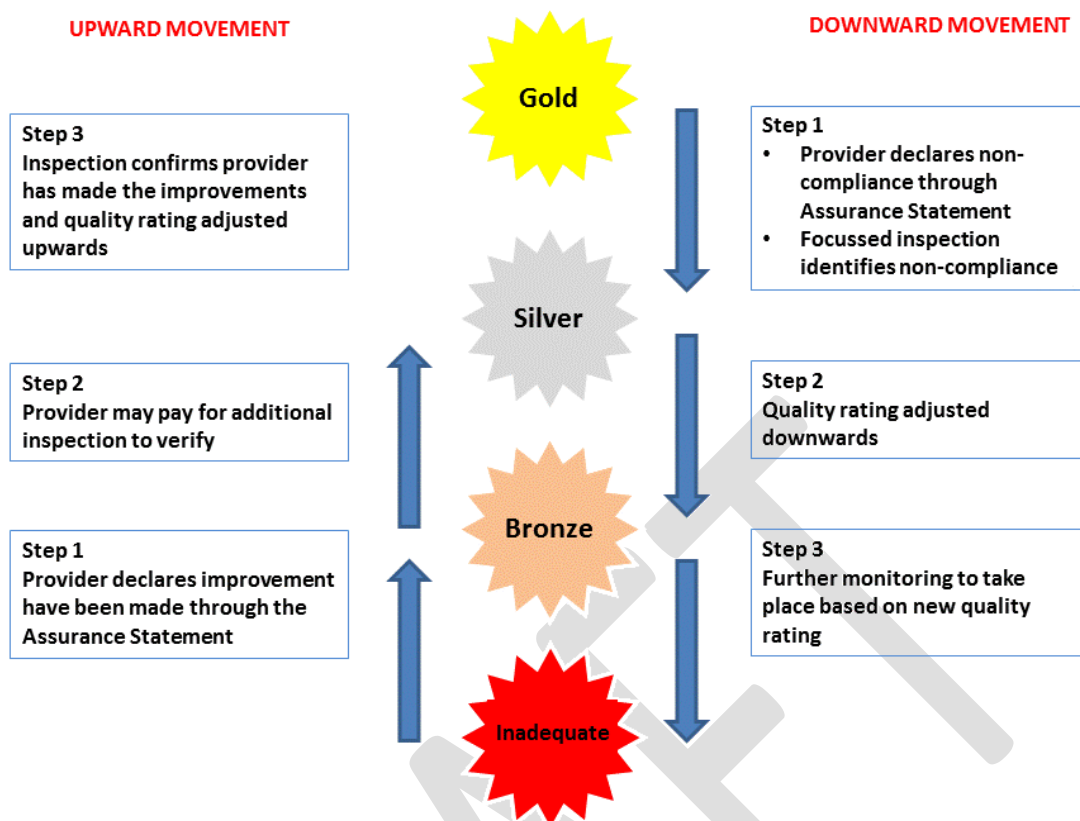
Providers will be given an overall quality rating based upon the most recent full inspection of their service by the CQC, Council or NHS.

#### Quality rating – annual inspection



The quality rating will be adjusted between annual inspections under the following circumstances and in line with the diagram below:

1. The provider's Assurance statement identifies elements of the service that have fallen below the standard identified at the last full inspection. In this case the provider's rating will be adjusted downwards in year.
2. Negative intelligence gained about the service may trigger a focussed inspection. Where this inspection identifies elements of the service that have fallen below the level identified at the last full inspection, the provider's rating will be adjusted downwards.
3. The provider's Assurance statement identifies that required improvements identified at the last full inspection have been implemented. If the provider chooses to pay for a further inspection that verifies the evidence submitted, then the providers overall rating is adjusted upwards.
4. One of the conditions of a Gold standard rating is delivery against that standard over a consistent time period. Accordingly, there will be no opportunity to move from the Silver band to the Gold band between full annual inspections.
5. In the case of providers rated Inadequate by the CQC, the provider will remain rated overall Inadequate until the CQC has re-inspected and removed its Inadequate rating. Providers who are rated Inadequate will be suspended from bidding for new packages and if significant improvement is not made within the required time, the Council will consider supporting people to move to a different provider.
6. Failure to submit the Assurance Statement will be treated as a contract breach and an automatic rating of Inadequate will be applied. Should this subsequently be received by the Council, the Inadequate rating will be removed and the usual process for assessing the Assurance Statement (as described above) will continue.
7. Falsification of the Assurance Statement will be treated a contract breach and an automatic rating of Inadequate will be applied.



### ANNUAL INSPECTION

Services will receive a minimum annual inspection from the CQC or the Council or the NHS. The most recent full inspection outcome will be used to determine the provider's overall quality rating. The table below describes how the outcomes of these inspections translate into the Council's overall quality rating.

Overall Quality rating	CQC inspection outcome	Council inspection outcome	NHS inspection outcome
Gold	Outstanding	Gold	Bright Green (best achievement)
Silver	Good	Silver	Green (compliance)
Bronze	Requires Improvement	Bronze	Amber (partial compliance)
Inadequate	Inadequate	Inadequate	Red (minimal compliance)

### Example:

In January 2017 'Diamond Home Support' agency are inspected by the Council and are given a Silver rating, which equates to an overall rating of Silver. Later in the year CQC inspect the service in October 2017 and give a rating of Outstanding, which equates to an overall rating of Gold. In this example, the provider has a Silver overall rating from January to September, but then changes to Gold following the CQC inspection in October.



## MID-YEAR UPWARD MOVEMENT BETWEEN RATING BANDS

There will be a single opportunity in the 12 months between annual inspections to move between 'Bronze' and 'Silver' rating bands.

The following steps describe the process that will be followed to move upwards between rating bands.

### *Step 1*

Improvement plan resulting from last annual inspection has been implemented. Providers Assurance statement identifies that it meets sufficient core standards to move to the next rating band.

### *Step 2*

Provider requests an inspection to validate the information supplied in the assurance statement. There will be a charge for this inspection to ensure that the Council is able to recover the costs of officer time spent on the activity.

### *Step 3*

The inspection will be carried out by the Council or body it has commissioned to carry out the activity on its behalf.

### *Step 4*

Where the inspection identifies that sufficient elements of the service now meet the required standards the provider's overall rating will be adjusted upwards to the next band (with the exception of Silver providers seeking to move to Gold).

### Example:

'Diamond Home Support' agency receives its annual inspection in January 2017 and is rated overall Bronze. The inspection identified four elements which were Bronze and require improvement – 'Recruitment and Selection', 'Care Plans', 'Risk Assessment' and 'Citizen Voice'. The provider develops an action plan and implements improvements in the following months. In June 2017 the provider submits its Assurance Statement and declares that it has made the required improvements in 2 of the elements – 'Care Plans' and 'Citizen Voice' and that it wishes to be re-inspected. Following re-inspection the evidence is verified and because the provider is now rated Silver in 5 of the 7 inspection elements they are given a revised overall Silver rating.

## MID-YEAR DOWNWARD MOVEMENT BETWEEN RATING BANDS

The provider's quality rating will be adjusted downwards under the following circumstances:

1. The provider's Assurance Statement identifies elements of the service that have fallen below the standard identified at the last full inspection. In this case the providers rating will be adjusted downwards in year.
2. A 'focussed inspection' is carried out and identifies elements of service that have fallen below the standard identified at the last full inspection. The overall rating is automatically adjusted down to the appropriate rating band. A focussed inspection may be triggered by:

- An unusually high number of concerns or deficiencies which is deemed to present a clear, significant or immediate risk to service users such as quality or safeguarding alerts / issues;
- A series of concerns or deficiencies which individually may not present a clear, significant or immediate risk but present a pattern which indicates an increasing likelihood of clear, significant or immediate risk to service users;
- Evidence of a breach of contract;
- An accumulation of concerns or deficiencies in a rolling three month period that triggers non-compliance;
- CQC serving an improvement or enforcement notice;
- High volumes of complaints or concerns received;
- Feedback from service user and relative meetings and/or questionnaires that is deemed to present a clear, significant or immediate risk to service users;
- Evidence of financial instability through credit alerts which is likely to place care provision at risk; and/or
- Consistent feedback from reviews that citizen's outcomes are not being met.

Example:

'Diamond Home Support' agency receives its annual inspection in January 2017 and is rated overall Silver. In June 2017 a significant amount of intelligence is accumulated by the Council relating to the safety of service users and? systemic concerns about the provider's service operation. A focussed inspection is triggered and rates the provider a Bronze rating in 3 elements of its service – 'Recruitment and selection', 'Care Plans' and 'Risk Assessment'. The provider is no longer deemed to be providing a Silver rated service and the overall rating is adjusted downwards to Bronze.

## HOW WILL THE COUNCIL USE THE QUALITY RATINGS?

### INTEGRATION OF THE QUALITY RATING INTO THE MICRO-TENDERING PROCESS

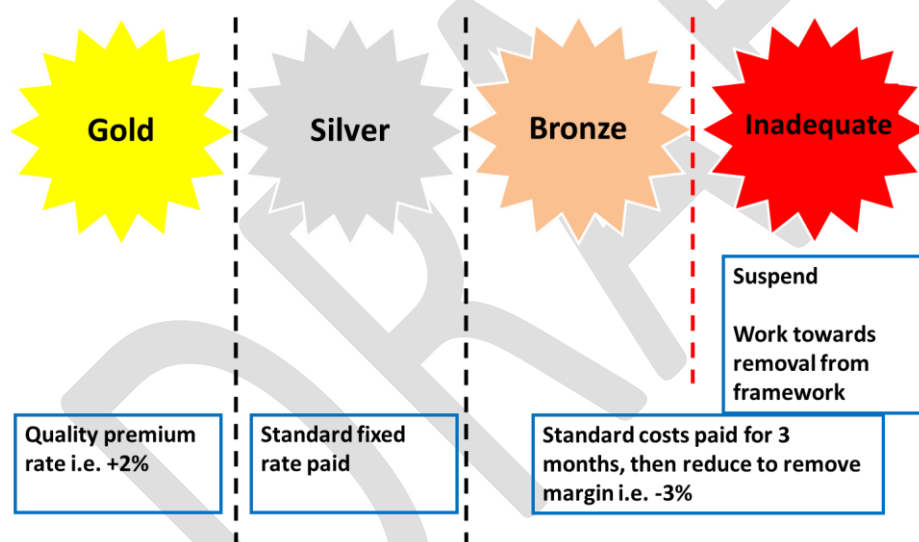
The provider's quality rating will be used when evaluating individual offers for care packages.

In a tendering process where multiple providers bid for a care package the provider with the highest quality rating will win the tender. For example, a Gold rated provider will win the care package over Silver and Bronze providers.

In a tendering process where there is no clear difference between the quality ratings of the providers who make an offer for the package, citizen choice will come into effect and the service user will select the successful provider. Where it is not possible for the citizen to choose or they decline to do so, the Council will identify the earliest of the successful offers received with the highest quality rating.

### INTEGRATION OF THE QUALITY RATING AND PRICE PAID

The Council intends to introduce fixed fee pricing. These fixed fees will be complemented by incentives and disincentives based on the quality rating of the provider as follows:



In recognition of Gold rated providers that are exceeding the contractual and regulatory requirements and show leadership and innovation over a sustained period of time, the Council will pay a 2% quality premium for new packages.

For those providers that are rated as Silver, they will be paid the standard fixed fee for the relevant category of care being delivered.

Providers that meet the Bronze quality standard will be paid a reduced fee if they fail to make the required improvements within the specific timescale. This is to incentivise improvements in quality and to recognise that the necessary standards are not being met and therefore cannot be paid by the Council. The 3% fee reduction is to ensure that the costs of care can continue to be met, but that the provider cannot continue to make a profit from the delivery of poor quality services.

## PUBLICATION OF THE QUALITY RATING

The Council will publish online each provider's overall quality rating, alongside their CQC inspection rating, any NHS quality rating and customer feedback data. This will enable citizens to make informed choices about the care providers they choose to meet their needs and how they compare with other providers in the care market. This will also allow the Council to share market intelligence more readily on a regional and national basis where appropriate.

## THE SUPPORT OFFER

The Council is committed to ensuring that the care market is supported to make the necessary changes described in this strategy. A wide range of providers operate within Birmingham, from national organisations to some of our smaller and more specialist providers. It is therefore important that, regardless of the wider assets and resources a care provider has, they have equal access to the Council and partners support in making changes and improvements in quality. All Framework providers will therefore be entitled to a package of support from Birmingham City Council and its partners, to incentivise improved quality which will include:

- A **dedicated commissioning team** will be aligned to the geographic areas contained in the Geographic Home Support Model below. This will allow commissioners to work locally to support the further shaping of all sectors of the market, development of and linking to community assets and to have a real understanding of the availability and quality of care in their area. They will provide advice and guidance in relation to the Framework ; be proactive in picking up potential quality issues early on in order to reduce more intensive interventions in future; signpost providers to targeted and specialist training; and to continually improve quality.
- A quarterly contract review meeting with commissioners for those providers with the largest market share. This will be used to discuss market intelligence, quality, improvements, innovation and address questions and concerns either party may have about the contract and how it is operating.
- Be provided with **marketing materials**/logos that can be used to promote the service and the Birmingham City Council quality rating. Providers will be required to make all service users aware, whether funded by Birmingham City Council or not, of their quality rating.
- A **training and support programme** aimed at driving up quality, including a career pathway and a Birmingham Care Manager accredited course will be developed to ensure the care sector is an attractive employment choice for people.
- The Council is keen to **explore new ways of working with providers** and to ensure that the market remains sustainable in the future. To support a review of different ways of working that may be used to commission services in the Self-Regulation Phase, the Council will work with groups of interested providers to consider alternatives such as lead provider or consortia models.

- The Council will look to develop models through its Social Value Policy and the Birmingham Business Charter for Social Responsibility to **connect organisations that can support and benefit one another to** improve areas of their business and quality.
- The Council will be seeking to **develop a number of 'care associations'** to act as Independent Quality Assessors (IQAs) and to develop the self-regulation model described above. These IQAs will initially undertake inspections of Gold rated providers, as well as start to work with the Council and the market to develop training, shared resources and to represent the care market in discussions with commissioners.

#### HOW WILL THE COUNCIL WORK WITH GOLD QUALITY PROVIDERS?

The Council seeks to recognise Gold rated providers by:

- Paying a 2% quality premium rate on all new care packages won.
- Reducing the frequency of Assurance Statement submissions from 6-monthly to annually.
- Reduced direct inspection by the Council and delegation of inspections of Gold providers to the Independent Quality Assessor.
- Public acknowledgement through a recognition event and use in marketing materials.
- Involvement in the development of future peer / self-regulation process.

Gold rated providers will also be afforded greater freedoms and flexibilities and be asked to deliver the following over time:

- Support reviews of care packages with citizens and agree ways that care packages can enable citizens to improve independence. This may include signposting and working in partnership with local based public/voluntary organisations. Evidence of this will be considered as part of the annual inspection and will form part of the requirements to meet the 'Gold' standard.
- Providers will be encouraged to support the implementation of Individual Service Funds (ISF) with small groups of citizens where appropriate. An ISF is a flexible funding mechanism designed to provide personalised support to people with complex needs. An Individual Service Fund (ISF) is a restricted fund; money is held by the service provider and used to develop an outcomes-focused support solution to meet the citizen's assessed eligible care and support needs. The Council will look to pilot this approach in advance of the new contract, but will only do so once a provider has been assessed under the proposed quality rating system as 'Gold'.

Providers will be encouraged to support the implementation of assistive technology with the aim of increasing independence and reducing the cost of care to the Council. The Council will look to pilot this approach in advance of the new contract, but will only do so once a provider has been assessed under the proposed quality rating system as 'Gold'.

### **HOW WILL THE COUNCIL WORK WITH SILVER QUALITY PROVIDERS?**

The Council will continue to monitor the quality of its benchmark standard providers to ensure that quality is maintained.

### **HOW WILL THE COUNCIL WORK WITH BRONZE QUALITY PROVIDERS?**

In the future it is the Council's intention only to do business with good quality providers (those rated Gold and Silver). The Council will put in place the following with Bronze standard providers to support this intention:

- Not awarding care packages where there is a better quality rated alternative.
- Providers submitting an Improvement Plan.
- If required improvement is not validated within the specified timescale, the Bronze price will be applied to all new care packages and the Council will commence dialogue with citizens and families about changing care providers for those affected.

### **HOW THE COUNCIL WILL WORK WITH INADEQUATE QUALITY PROVIDERS**

The Council does not intend to contract with inadequate rated providers.

Where the provider has been rated inadequate by CQC they will be suspended from bidding for new care packages by the Council until the provider has satisfied the CQC it has put in place the required improvements and the Inadequate rating has been lifted.

Where the Council/NHS has rated a provider Inadequate through its inspection, the Council will put in place the following:

- Immediate suspension from bidding for new care packages.
- Providers will be required to submit an Improvement Plan.
- After submission of the Improvement Plan the provider will be required to attend contract review meetings with Commissioners to review progress/evidence delivery against the Improvement Plan.
- If the Improvement Plan has been completed satisfactorily then the provider is awarded a Bronze overall rating and the suspension is lifted and the Bronze process above will be followed.
- If the Improvement Plan has not been completed satisfactorily within the prescribed timescale, then a multi-agency review meeting will review the care provision, safety of service users and set out the decommissioning plan

## APPENDICES

**Appendix 1** – Proposed Supported Living Inspection Toolkit and Quality Assurance Statement

**Appendix 2** – Proposed Home Support Inspection Toolkit and Quality Assurance Statement

**Appendix 3** – Proposed Care Home Inspection Toolkit and Quality Assurance Statement

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## Quality Framework - Appendix 1

Proposed Monitoring Toolkit and Quality Assurance Statement

# SUPPORTED LIVING

*For Consultation*



Outcome Domain 1 - Involvement and Information

Standard 1 - Respecting & Involving Service Users

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service users understand the care and support choices available to them. They are encouraged to express their views and are always involved in making decisions about the way their care and support is delivered. Their privacy, dignity and independence are respected and their (or their carer's) views and experience are taken into account in the way in which the services is provided.		1.1 Ensure that its staff do not discriminate against people because of their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity, have policies that will incorporate respect for both their staff and service users irrespective of race and gender and treat service users with respect, recognise their diversity, values and human rights.		1.1.1	The care plan should be individually tailored, person centred, include appropriate information on the service users preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-assessment, daily records & across care plans		
				1.1.2	Through observation of staff interaction and discussion with service users there is evidence that service users are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. Service users are treated with kindness, compassion and empathy. Care workers are seen to support service users choices and preferences in regards the way their care and support is delivered.		
				1.1.3	Support workers are able to explain how they ensure people are treated with dignity and respect		
		1.2 Have systems in place that uphold and maintain the service user's privacy, dignity and independence.		1.2.1	Through observation of staff interaction and discussion with service users there is evidence that service users are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. Service users are treated with kindness, compassion and empathy. Support workers are seen to support service users choices and preferences in regards the way their care and support is delivered.		
		1.3 Encourage and support Service Users to always express their view, choices and preferences about the way their care and support is delivered.		1.3.1	The care plan should be individually tailored, person centred, include appropriate information on the service user's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans		
				1.3.2	Support workers are able to explain how they ensure people are treated with dignity and respect		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
		1.4 Put service users at the centre of their care by giving them adequate information in an appropriate and meaningful way to enable them to make informed decisions about the care and support they receive.		1.4.1	The provider meets the requirements of the 'Accessible Information Standard' in its delivery of services including the five basic steps which make up the Standard): 1. Ask: identify / find out if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are. 2. Record: record those needs in a clear, unambiguous and standardised way in electronic and / or paper based record / administrative systems / documents. 3. Alert / flag / highlight: ensure that recorded needs are 'highly visible' whenever the individuals' record is accessed, and prompt for action. 4. Share: include information about individuals' information / communication needs as part of existing data sharing processes (and following existing information governance frameworks). 5. Act: take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.		
				1.4.2	Through observation of staff interaction and discussion with service users there is evidence that service users are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. service users are treated with kindness, compassion and empathy. Care workers are seen to support service users choices and preferences in regards the way their care and support is delivered.		
				1.4.3	Through observation of staff interaction and discussion with service users there is evidence that service users are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.		
		1.5 Take account of service users' choices and preferences and discuss and explain their care and support options with them.		1.5.1	The care plan should be individually tailored, person centred, include appropriate information on the service users preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-placement, daily records & across care plans		
				1.5.2	Care plans contain end of life wishes (non admission to hospital, chosen funeral director etc.) and any specific requirements/wishes in the event of medical emergency		
		1.6 Encourage and support service users to give them feedback about how they can improve their Services and act on the feedback given.		1.6.1	Service users confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.		
				1.6.2	In group supported living service users are involved in decision making meetings enabling them to participate in the life of the home.		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
		1.7 Ensure that service users are able to maintain relationships with family, friends and the community in which they live and will support service users to play an active role in their local communities as far as they are able and wish to do so.		1.7.1	Service users spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.		
		1.8 Provide appropriate support to service users so that they can enjoy a variety of activities and social opportunities based on their preferences and strengths as part of everyday life within the Services.		1.8.1	Service users spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.		

Outcome Domain 1 - Involvement and Information

Standard 2 - Consent

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Where they are able, Service Users give valid consent to the care and support they receive. They understand and know they can change any decision that has been previously agreed about their care and support. Their human rights continue to be respected and are taken into account	2.1	Ensure staff know and understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.		2.1.1	Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.		
	2.2	Assess their capacity as required to give informed consent and ensure this is reviewed regularly.		2.2.1	Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the Mental Capacity Act and that any restrictions are taken into account in line with Deprivation of Liberty Safeguards when providing care and support. Care plans contain the date of the expiry of any authorised Deprivation of Liberty Safeguards. Power of Attorney is clearly documented and evidenced across the care plan where relevant.		
	2.3	Provide Service Users with sufficient information relating to consent and ensure this is reviewed regularly		2.3.1	Service users where appropriate have signed consent forms for their personal care		
	2.4	Support service users to access advocacy services to help them make informed decisions.		2.4.1	Service user have been assessed as to whether they require a Mental Capacity Act advocate and, if so, the required authority been obtained		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	2.5	Follow advanced decisions in line with the Mental Capacity Act 2005.		2.5.1	Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the Mental Capacity Act and that any restrictions are taken into account in line with Deprivation of Liberty Safeguards when providing care and support. Care plans contain the date of the expiry of any authorised Deprivation of Liberty Safeguards. Power of Attorney is clearly documented and evidenced across the care plan where relevant.		
	2.6	Take account of restrictions in line with the Deprivation of Liberty Safeguards when providing care and support.		2.6.1	Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the Mental Capacity Act and that any restrictions are taken into account in line with Deprivation of Liberty Safeguards when providing care and support. Care plans contain the date of the expiry of any authorised Deprivation of Liberty Safeguards. Power of Attorney is clearly documented and evidenced across the care plan where relevant.		
				2.6.2	Care staff are able to describe how they ensure that the principles of the Mental Capacity Act are put into practice in their daily work.		

Outcome Domain 2 - Personalised Care & Support

Standard 3 - Care & Welfare of Service Users

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service users experience appropriate, effective, care and support in an enabling way that safely meets their needs, protects their rights and maximises their independence, health and wellbeing.	3.1	Ensure that service users are involved in their care and support planning		3.1.1	Care plans are signed by the service user where appropriate to evidence their involvement in their care and support planning.		
				3.1.2	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their family/friends) involvement.		
	3.2	Ensure service users know who their key worker is and how they can contact you as the service provider of their services.		3.2.1	There is evidence that a key worker system is in place and that this is clearly recorded in the care plans and that the service user has been given appropriate information about key working system.		
				3.2.2	Service users are aware of who their named support worker is.		
				3.2.3	Support workers understand and can explain the roll of the keyworker if used in the service.		
	3.3	Assess service users in a way that reflects their strengths, abilities and interests and enables them to meet all of their needs and preferences through a written care plan.		3.3.1	The care assessment has been conducted in a way to reflect the service users strengths, abilities and interests so as to enable them to meet all of their needs and preferences. These are reflected in the written care plan and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.		
				3.3.2	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their support workers) involvement.		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	3.4	Assess the needs of the service user including risks to their health and wellbeing.		3.4.1	There is evidence that the service user's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the service user remains safe, their needs are adequately met and their welfare is protected.		
	3.5	Effectively plan the delivery of care and support so the service user remains safe; their needs are adequately met; and their welfare is protected.		3.5.1	There is evidence that the service users needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the service user remains safe, their needs are adequately met and their welfare is protected.		
					Observation of care staff interaction and care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the service user's independence and quality of life.		
	3.6	Regularly review the effectiveness of care plans and ensure that these are kept up to date to support the changing needs of the individual.		3.6.1	Evidence that care plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the service user safe.		
				3.6.2	Evidence that daily records are maintained with up to date information to reflect the current needs of the service user.		
				3.6.3	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	3.7	Assess the risk of harm to the service user, including environmental risks, and ensure that this is effectively managed and reviewed regularly to keep the service user safe.		3.7.1	Evidence that care plans are regularly reviewed and maintained to reflect the current needs of the service user, including reviews of risks and that these are effectively managed to keep the service user safe.		
				3.7.2	Observation of support staff interaction, care plan, risk assessment ,daily notes of care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the service users independence and quality of life.		
	3.8	Provide services in an effective and enabling way to help maximise the service user's independence and quality of life as well as reduce the number of emergency admissions.		3.8.1	Evidence that the care planning and support is designed to maximise the service users independence and quality of life and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible.		
				3.8.2	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.		
				3.8.3	Observation of support staff interaction and support delivery demonstrates that delivery of care is effective, enabling and maximises the service user's independence and quality of life.		
	3.9	Support service users in setting goals to help maximise their independence and improve the quality of their life.		3.9.1	Evidence that the care planning and support is designed to maximise the service user's independence and quality of life and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible.		



Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
				3.9.2	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their family/friends) involvement.		
				3.9.3	Observation of care staff interaction and care delivery demonstrates that delivery of care is effective, enabling and maximises the service users independence and quality of life.		

**Outcome Domain 2 - Personalised Care & Support**

**Standard 4 - Meeting nutritional needs**

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service users are enabled and supported to have a choice of nutritional and balanced food and drink to meet their diverse needs.	4.1	Support service users to make healthy choices and lead healthy lifestyles and provide access to information about healthy and balanced diet.		4.1.1	Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.		
				4.1.2	Service users confirm that they are supported to prepare a healthy diet and assisted to purchase healthy foods.		
	4.2	Support service users to access specialist services, guidance and advice where required.		4.2.1	If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.		
	4.3	Ensure that staff who are involved with food preparation have up-to-date food and hygiene training.		4.3.1	Staff have followed received training in food hygiene		

## Outcome Domain 2 - Personalised Care & Support

### Standard 5 - Co-operating with other service providers

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service users receive safe, coordinated care and support where more than one service provider is involved, or where they are moved to another Service Provider.	5.1	Co-operate and communicate with other service providers of the service user's care and support when this responsibility is shared, or when the service user is transferred to one or more services. Ensure that there is a named individual to support any transition.		5.1.1	Where required and appropriate the care plans should evidence co-operation with other providers of the service user's care and support when responsibility is shared, or where a named service user is transferred to one or more services.		
	5.2	Support service users to access other social care or health and community services as required. [For LD Services there is an expectation that organisations will work together with local statutory health providers to support service users to understand health action plans. This will primarily, but not exclusively, be the service users GP practice and local learning disability health services]		5.2.1	Where applicable there is evidence that staff support service users to access other social care or health and community services as and if required.		

### Outcome Domain 3 - Safeguarding & Safety

#### Standard 6 - Safeguarding People who use the Service from abuse

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service users are protected from abuse or the risk of abuse and their human rights are respected and upheld.	6.1	Take action to identify and prevent abuse from happening in the services and respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.		6.1.1	Service users confirm that they feel safe and observations of care practice confirm this to be the case. Any service users spoken with who have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.		
				6.1.2	Support workers are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.		
	6.2	Be aware of, and follow, their responsibilities under the Local Authority's safeguarding and whistle-blowing policy and procedures.		6.2.1	Support workers are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.		
	6.3	Ensure that appropriate guidance and training about safeguarding adults from abuse is accessible to staff, put into practice, implemented and monitored.		6.3.1	Support workers confirm that they have received appropriate training about safeguarding adults from abuse, Mental Capacity Act & Deprivation of Liberty Safeguards.		
	6.4	Only use Deprivation of Liberty Safeguards when it is in the best interest of the Service User and in accordance with the Mental Capacity Act 2005.		6.4.1	Assessments, together with and care plans effectively maintain people's safety and Deprivation of Liberty Safeguards are only used when in the best interests of the service user.		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	6.5	Review and update the Service User's care and support plan to ensure that individuals are properly supported following any (alleged) abuse.		6.5.1	Assessments, together with and care plans effectively maintain people's safety and Deprivation of Liberty Safeguards are only used when in the best interests of the service user.		
	6.6	Give service users and their family/friends adequate information about how to identify and report abuse, as well as sources of support outside the services, including the Local Authority, and actively support and encourage service users to raise issues and concerns when necessary.		6.6.1	Information is made available to service users and staff, which contains up to date contact details for reporting concerns		
	6.7	Support service users and their support worker when they have to take part in any safeguarding processes.		6.7.1	Information is made available to service users and staff, which inform the process and support and guidance is offered empathically.		

**Outcome Domain 3 - Safeguarding & Safety**

**Standard 7 - Cleanliness & Infection Control**

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service users experience care and support that protects them and reduces the risk of infection.	7.1	Provide sufficient information to Service Users, staff and visitors about infection prevention and control matters.		7.1.1	There is sufficient information provided to service users, staff and visitors about infection prevention and control matters.		
	7.2	Provide staff with appropriate training relating to infection prevention and control and waste management.		7.2.1	Staff are observed to follow good practice in relation to cleanliness & infection control		
				7.2.2	Support workers confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Support workers are able to explain how they ensure appropriate waste management.		

### Outcome Domain 3 - Safeguarding & Safety

#### Standard 8 - Management of Medicines

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users will have the medicines they are prescribed, at the times they need them, and in a safe way.	8.1	Handle medicines safely, securely and appropriately.		8.1.1	Staff are observed to handle medicines safely, securely and appropriately.		
	8.2	Ensure that medicines are stored and administered safely including any homely remedies and covert medication.		8.2.1	Medicines are stored and administered safely including any homely remedies and covert medication.		
	8.3	Keep appropriate records around the prescribing, administration, monitoring and review of medications.		8.3.1	Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.		
	8.4	Involve people in their decisions regarding their medications.		8.4.1	Care plans document that service users have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.		
				8.4.2	Service users confirm that they are involved in decisions regarding their medication.		
	8.5	Ensure that staff handling medications undertake the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.		8.5.1	Support workers where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.		

**Outcome Domain 3 - Safeguarding & Safety**

**Standard 9 - Safety & Suitability of Premises**

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users, together with those who work in or visit the premises, are in safe and accessible surroundings that promotes and protect their wellbeing.	9.1	Ensure that premises take account of Service Users with specific needs and that effective risk management is in place to reduce identified risks.		9.1.1	The use of the premises ensures that service users with specific needs are taken into account, appropriate changes are made and that effective risk management is in place to reduce identified risks.		
	9.2	Have appropriate security arrangements in place to address the risk of unauthorised access to protect the people who use the premises.		9.2.1	There are appropriate security arrangements in place to address the risk of unauthorised access to protect the people who use the premises.		
	9.3	Ensure that staff undertake fire awareness training as well as risk assessment and risk management training.		9.3.1	Fire evacuation procedures are displayed in reception and various parts of the building and the required evacuation practices have been carried out		



Outcome Domain 3 - Safeguarding & Safety

Standard 10 - Safety, Availability & Suitability of Equipment

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users, together with those who work in or visit the premises, are not at risk of harm from unsafe or unsuitable equipment . Service Users benefit from equipment that is comfortable and meets their needs.	10.1	Ensure that equipment is suitable for its purpose, available, properly tested and maintained, used correctly, promotes independence and is stored safely,		10.1.1	Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.		
				10.1.2	Appropriate, clean and well maintained equipment available to meet the identified needs of service users as per identified in their care plan.		
	10.2	Ensure that staff are appropriately trained on how to use equipment safely.		10.2.1	Support workers confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.		

#### Outcome Domain 4 - Suitability of Staffing

##### Standard 11 - Requirements relating to staff recruitment

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users are safe and their health and welfare needs are met by staff who have been appropriately recruited and who have the right qualifications, skills and experience.	11.1	Have effective recruitment and selection procedures in place.		11.1.1	There is a documented process that is reviewed annually.		
	11.2	Carry out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable Disclosure & Barring check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.		11.2.1	Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable Disclosure & Barring check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.		
	11.3	Ensure that when staff are provided by an external organisation that those staff, whether agency, bank or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff.		11.3.1	Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.		
	11.4	Ensure that other people who provide additional services are subject to any appropriate and necessary checks.		11.4.1	Records evidence that other people who provide additional services are subject to any appropriate and necessary checks.		
	11.5	Ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.		11.5.1	The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.		
	11.6	Have robust and effective arrangements around the appropriate behaviour of staff, particularly in their relation to their code of professional conduct and the assessment of stress and other work-related hazards.		11.6.1	The organisation has a robust induction programme, staff handbook including code of conduct and on-going training is available.		

Outcome Domain 4 - Suitability of Staffing

Standard 12 - Staffing and Staff Deployment

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service users and their health and welfare needs are met by sufficient numbers of appropriate staff with the right qualifications, knowledge, skills, approach and experience.	12.1	Make sure that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.		12.1.1	Through observation and discussion with service users, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs.		
				12.1.2	Support workers confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).		
				12.1.3	Staff mix reflects service user mix [male carers, language, culture]		
	12.2	Have enough staff on duty that know and understand the specific needs of the Service Users receiving Services in order to deliver safe, effective and consistent care.		12.2.1	Staff on duty are made aware of any issues by way of shift handover records.		
	12.3	Have robust mechanisms in place to manage both expected and unexpected changes in the Services in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).		12.3.1	Support workers confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).		
				12.3.2	The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care and support (for example to cover sickness, vacancies, absences and emergencies).		
	12.4	Ensure that staff are able to communicate effectively and appropriately with service users who may have a variety of needs. Staff should have a basic understanding and appreciation of different cultures and be able to speak and understand English to a good conversational standard.		12.4.1	The provider ensures staff have access to training in communication and diversity to effectively communicate and ensure they understand and can meet the needs of service users.		

Outcome Domain 4 - Suitability of Staffing

Standard 13 - Supporting Staff

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service users are safe and their health and welfare needs are met by staff who are appropriately trained, well supervised, and receive the development opportunities they need to carry out their role effectively whilst keeping their skills and training up to date.	13.1	Ensure that all staff receive appropriate induction at the start of their employment in line with the Skills for Care - Care Certificate.		13.1.1	Support workers confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate		
				13.1.2	The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.		
				13.1.3	The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.		
	13.2	Ensure that all staff receive supervision at least six times per year, that their performance is appraised and that they receive an annual review.		13.2.1	Support workers confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.		
				13.2.2	The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.		
	13.3	Ensure that all staff undertake mandatory training and refresh this as required.		13.3.1	Support workers confirm that they have undertaken appropriate training that this is refreshed and updated as required.		
				13.3.2	The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required. The service's training programme should include: Fire training, falls, infection control, information governance, medications, dignity & respect, complaints, incident reporting, basic life support, safeguarding, Mental Capacity Act & Deprivation of Liberty Safeguards, business continuity		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	13.4	Support staff to acquire further skills and qualifications that are relevant to their role, the work they undertake and the needs of the Service.		13.4.1	Staff knowledge and competence is managed via supervision, with training opportunities identified.		
	13.5	Ensure that any temporary staff have the appropriate training and skills to undertake their role.		13.5.1	Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.		
	13.6	Have appropriate policies and mechanisms in place to prevent and manage incidents of bullying, harassment and violence towards staff.		13.6.1	Support workers confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.		

Outcome Domain 5 - Quality of Management

Standard 14 - Assessing & Monitoring the Quality of Services Provision

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users benefit from safe, quality care due to effective decision making and management of risks to their health, welfare and safety because lessons are learned and the quality of Services is effectively monitored.	14.1	Continually gather and evaluate information about the quality of services delivered to ensure that people receive safe and effective care and support		14.1.1	Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that people receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.		
	14.2	Have a clear decision-making process in relation to care and support of Service Users.		14.2.1	There is a registered manager in post and clear lines of accountability within the organisation and staff are aware of governance		
	14.3	Have mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly.		14.3.1	Support workers confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.		
				14.3.2	The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.		
	14.4	Ensure that incidents are reported and investigated in accordance with the appropriate policies and procedures.		14.4.1	Are all incidents where appropriate are reported to the relevant authorities		
	14.5	Improve Services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.		14.5.1	The provider undertakes analysis to establish patterns and trends and identify any re-training requirements for service improvement.		
	14.6	Identify, manage and monitor risks to Service Users, staff or visitors to the service.		14.6.1	The provider seeks feedback from service users, families/friends and staff		

Outcome Domain 5 - Quality of Management

Standard 15 - Complaints

	Criteria		Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?		
<b>Outcome</b>		<b>Criteria name</b>							
<b>Service Users and/or their nominated representative can be sure that the Service Provider listens to and acts on their complaints and comments. They know that they will not be discriminated against for making a complaint or raising an issue.</b>	15.1	Provide Service Users and their family members/friends with adequate information, in an appropriate and suitable format, about the complaints process, including information on how to contact the Local Authority and the Local Government Ombudsmen.		15.1.1	Service users spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, Local Authority & Local Government Ombudsman				
	15.2	Support Service Users to raise a complaint or make comments about the service.		15.2.1	Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.				
	15.3	Consider fully, respond appropriately and resolve, where possible, any comments and/or complaints.		15.3.1	Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.				
		Support service users throughout the complaints process keeping them informed of the progress and outcome of their complaint in a timely manner.		15.3.2	There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.				
	15.4	Support Service Users to access advocacy services, if this is required to enable a Service User to make a complaint or raise a comment about the service.		15.4.1	There is relevant information that advocacy is a requirement in the care plan				
	15.5	Ensure that learning is taken and shared to improve the experience of Service Users who use the Services.		15.5.1	Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.				
				15.5.2	Staff are listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided				
	15.6	Keep adequate records about the complaint, including any relevant and factual information about the investigation, responses, outcome and actions taken.		15.6.1	There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.				
	15.7	Share details of complaints and the outcomes with the Local Authority.		15.7.1	There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.				

Outcome Domain 5 - Quality of Management

Standard 16 - Records

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users are confident that the records kept by the Service Provider about their care and support (including those that are required to protect their safety and wellbeing) are accurate, fit for purpose, held securely and remain confidential.	16.1	Ensure that the personal records of Service Users receiving Services are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.		16.1.1	Personal records of service users are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.		
				16.1.2	Where appropriate service users' monies are stored and audited correctly [or system in place to ensure the purchase of items on behalf of service user]		
	16.2	Use these records to plan the care and support of the Service User to help ensure that the Service User's rights and best interests remain protected and their needs are met.		16.2.1	There are effective communication /handover arrangements in place		
	16.3	Ensure that when information is inappropriately shared, transferred or lost, this is reported, investigated and acted on in accordance with the appropriate incident reporting procedures.		16.3.1	The provider is following their Data Protection and information Sharing agreement to ensure that service users rights and best interests are protected and their needs best met.		
	16.4	Monitor the standards of practice through a programme of effective audits.		16.4.1	Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to		



## Quality Framework - Appendix 2

Proposed Monitoring Toolkit and Quality Assurance Statement

# HOME SUPPORT

*For Consultation*

Outcome Domain 1 - Involvement and Information

Standard 1 - Respecting & Involving Service Users

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users understand the care and support choices available to them. They are encouraged to express their views and are always involved in making decisions about the way their care and support is delivered. Their privacy, dignity and independence are respected and their (and their family/friends) views and experience are taken into account in the way in which the Services is provided.		1.1	Ensure that its Staff do not discriminate against people because of their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity, have policies that will incorporate respect for both their Staff and Service Users irrespective of race and gender and treat Service Users with respect, recognise their diversity, values and human rights.		1.1.1	The care plan should be individually tailored, person centred, include appropriate information on the service user's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-placement, daily records & across care plans	
					1.1.2	Through staff interaction, daily notes will contain discussion with service users there is evidence that service users are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. Service users are treated with kindness, compassion and empathy. Support workers are seen to support service users' choices and preferences in regards the way their care and support is delivered.	
					1.1.3	Care workers are able to explain how they ensure service users are treated with dignity and respect	
					1.1.4	Service user's sexuality and carer gender preference is respected	
		1.2	Have systems in place that uphold and maintain the service user's privacy, dignity and independence.		1.2.1	Through observation of staff interaction and discussion with service users there is evidence that service users are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. Service users are treated with kindness, compassion and empathy. Care workers are seen to support service users choices and preferences in regards the way their care and support is delivered.	
		1.3	Encourage and support Service Users to always express their view, choices and preferences about the way their care and support is delivered.		1.3.1	The care plan should be individually tailored, person centred, include appropriate information on the service users' preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-assessment, daily records & across care plans	
					1.3.2	Care workers are able to explain how they ensure service users are treated with dignity and respect	

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	1.4	Put service users at the centre of their care by giving them adequate information in an appropriate and meaningful way to enable them to make informed decisions about the care and support they receive.		1.4.1	The Provider meets the requirements of the 'Accessible Information Standard' in its delivery of services (including the five basic steps which make up the Standard): 1. Ask: identify / find out if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are. 2. Record: record those needs in a clear, unambiguous and standardised way in electronic and / or paper based record / administrative systems / documents. 3. Alert / flag / highlight: ensure that recorded needs are 'highly visible' whenever the individuals' record is accessed, and prompt for action. 4. Share: include information about individuals' information / communication needs as part of existing data sharing processes (and following existing information governance frameworks). 5. Act: take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.		
				1.4.2	Through observation of staff interaction and discussion with service users there is evidence that service users are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. Service users are treated with kindness, compassion and empathy. Care workers are seen to support service users choices and preferences in regards the way their care and support is delivered.		
				1.4.3	Through observation of staff interaction and discussion with service users there is evidence that service users are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.		
	1.5	Take account of service users' choices and preferences and discuss and explain their care and support options with them.		1.5.1	The care plan should be individually tailored, person centred, include appropriate information on the service users' preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the provider pre-assessment, daily records & across care plans		
	1.6	Encourage and support Service Users to give them feedback about how they can improve their Services and act on the feedback given.		1.6.1	Service users confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.		

Outcome Domain 1 - Involvement and Information

Standard 2 - Consent

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Where they are able, Service Users give valid consent to the care and support they receive. They understand and know they can change any decision that has been previously agreed about their care and support. Their human rights continue to be respected and are taken into account	2.1	Ensure staff know and understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.		2.1.1	Through observation, the care plan and daily notes there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.		
	2.2	Assess their capacity as required to give informed consent and ensure this is reviewed regularly.		2.2.1	Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the Mental Capacity Act and that any restrictions are taken into account in line with Community Deprivation of Libert Safeguards when providing care and support. Care plans contain the date of the expiry of any authorised Deprivation of Liberty Safeguards. Power of Attorney is clearly documented and evidenced across the care plan where relevant.		
	2.3	Provide Service Users with sufficient information relating to consent and ensure this is reviewed regularly		2.3.1	Service users are provided with accessible and up-to-date information about consent		
	2.4	Follow advanced decisions in line with the Mental Capacity Act 2005.		2.4.1	Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the Mental Capacity Act and that any restrictions are taken into account in line with Community Deprivation of Liberty Safeguards when providing care and support. Care plans contain the date of the expiry of any authorised Deprivation of Lliberty Safeguards. Power of Attorney is clearly documented and evidenced across the care plan where relevant.		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	2.5	Take account of restrictions in line with the Deprivation of Liberty Safeguards when providing care and support.		2.5.1	Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the Mental Capacity Act and that any restrictions are taken into account in line with Community Deprivation of Liberty Safeguards when providing care and support. Care plans contain the date of the expiry of any authorised Deprivation of Liberty Safeguards. Power of Attorney is clearly documented and evidenced across the care plan where relevant.		
				2.5.2	Care staff are able to describe how they ensure that the principles of the Mental Capacity Act are put into practice in their daily work.		

Outcome Domain 2 - Personalised Care & Support

Standard 3 - Care & Welfare of Service Users

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users experience appropriate, effective, care and support in an enabling way that safely meets their needs, protects their rights and maximises their independence, health and wellbeing.	3.1	Ensure that service users are involved in their care and support planning		3.1.1	Care plans are signed by the service user where appropriate to evidence their involvement in their care and support planning.		
				3.1.2	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.		
	3.2	Ensure service users know who their careworker is and how they can contact you as the service provider of their services.		3.2.1	There is evidence that regular carers are in place and that this is clearly recorded in the care plans and that the service user has been given appropriate information about key working system.		
	3.3	Assess service users in a way that reflects their strengths, abilities and interests and enables them to meet all of their needs and preferences through a written care plan.		3.3.1	The care assessment has been conducted in a way to reflect the service users strengths, abilities and interests to meet all of their needs and preferences. These are reflected in the written care plan.		
				3.3.2	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their family/friends) involvement.		
				3.3.3	Service users are able to choose who delivers their care and how it is delivered (i.e. showers/baths, male/female carer)		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	3.4	Assess the needs of the service user including risks to their health and wellbeing.		3.4.1	There is evidence that the service user's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the service user remains safe, their needs are adequately met and their welfare is protected.		
				3.4.2	Falls risk assessments are up to date. Frequent falls followed up with referrals to falls clinic		
	3.5	Effectively plan the delivery of care and support so the service user remains safe; their needs are adequately met; and their welfare is protected.		3.5.1	There is evidence that the service user's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the service user remains safe, their needs are adequately met and their welfare is protected.		
				3.5.2	Observation of care staff interaction and care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the service user's independence and quality of life.		
	3.6	Regularly review the effectiveness of care plans and ensure that these are kept up to date to support the changing needs of the service user.		3.6.1	Evidence that care plans are regularly reviewed and maintained to reflect the current needs of the service user, including reviews of risks and that these are effectively managed to keep the service user safe.		
				3.6.2	Evidence that daily records are maintained with up to date information to reflect the current needs of the service user.		
				3.6.3	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences, and this is reflected in a written care plan that is regularly reviewed with their (and their family/friends) involvement.		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	3.7	Assess the risk of harm to the service user, including environmental risks, and ensure that this is effectively managed and reviewed regularly to keep the service user safe.		3.7.1	Evidence that care and plans are regularly reviewed and maintained to reflect the current needs of the service user, including reviews of risks and that these are effectively managed to keep the service user safe.		
				3.7.2	Observation of care staff interaction and care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the service users independence and quality of life.		
	3.8	Provide services in an effective and enabling way to help maximise the service user's independence and quality of life as well as reduce the number of emergency admissions.		3.8.1	Evidence that the care planning and support is designed to maximise the service users independence and quality of life, and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible.		
				3.8.2	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their family/friends) involvement.		
				3.8.3	Observation of care staff interaction and care delivery demonstrates that delivery of care is effective, enabling and maximises the service user's independence and quality of life.		
	3.9	Support service users in setting goals to help maximise their independence and improve the quality of their life.		3.9.1	Evidence that the care planning and support is designed to maximise the service users independence and quality of life and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible.		



Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
				3.9.2	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their family/friends) involvement.		
				3.9.3	Observation of care plans and daily recordings of staff interaction and care delivery demonstrates that delivery of care is effective, enabling and maximises the service user's independence and quality of life.		

Outcome Domain 2 - Personalised Care & Support

Standard 4 - Meeting nutritional needs

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users are enabled and supported to have a choice of nutritional and balanced food and drink to meet their diverse needs.	4.1	Support service users to make healthy choices and lead healthy lifestyles and provide access to information about healthy and balanced diet.		4.1.1	Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.		
				4.1.2	Service users confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet and are offered a choice of food and portion size that meets their preferences.		
				4.1.3	The care plan and daily notes demonstrate staff offer choice and advice as appropriate, and understand individual preferences and support these.		
	4.2	Ensure that service users have access to a choice of food and drink that takes into account their preferences, diverse needs and dietary requirements.		4.2.1	Care plans and daily notes indicate care staff have discussion with service users and observation in the service confirms that there is appropriate access to food and drink.		
	4.3	Food and drink are provided in environments that promote Service Users dignity and where appropriate they have a choice about whether to eat alone or with company .		4.3.1	Discussion with service users and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote service users dignity and where appropriate they have a choice about whether to eat alone or with company.		
	4.5	Support service users to access specialist services, guidance and advice where required.		4.5.1	If required as part of the service to the individual the care plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.		
	4.6	Ensure that staff who are involved with food preparation have up-to-date food and hygiene training.		4.6.1	Training records confirm staff have had access to training and daily notes confirms best practice behaviour in relation to food and hygiene.		

Outcome Domain 2 - Personalised Care & Support

Standard 5 - Co-operating with other service providers

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users receive safe, coordinated care and support where they are moved to another Service Provider.	5.1	Co-operate and communicate with other service providers of the individual's care and support when the service user is transferred to one or more services. Ensure that there is a named individual to support any transition.		5.1.1	Where required and appropriate the care plans should evidence co-operation with other providers of the individual's care and support where a named service user is transferred to another service provider.		
	5.2	Encourage service users to access other social care or health and community based services in their localities as required.		5.2.1	Where applicable there is evidence that staff encourage service users to access other social care or health and community based services in their localities if required.		

Outcome Domain 3 - Safeguarding & Safety

Standard 6 - Safeguarding People who use the Service from abuse

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users are protected from abuse or the risk of abuse and their human rights are respected and upheld.	6.1	Take action to identify and prevent abuse from happening in the services and respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.		6.1.1	Service users confirm that they feel safe and observations of care practice confirm this to be the case. Any service users spoken with who have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.		
				6.1.2	Care workers are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.		
	6.2	Be aware of, and follow, their responsibilities under the Local Authority's safeguarding and whistle-blowing policy and procedures.		6.2.1	Care workers are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.		
	6.3	Ensure that appropriate guidance and training about safeguarding adults from abuse is accessible to staff, put into practice, implemented and monitored.		6.3.1	Care workers confirm that they have received appropriate training about safeguarding adults from abuse, Mental Capacity Act & Deprivation of Liberty Safeguards.		
	6.4	Only use Deprivation of Liberty Safeguards when it is in the best interests of the Service User and in accordance with the Mental Capacity Act 2005.		6.4.1	Assessments, together with and care plans, effectively maintain service user's safety and Community Deprivation of Liberty Safeguards are only used when in the best interests of the service user.		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	6.5	Review and update the service user's care plan to ensure that individuals are properly supported following any (alleged) abuse.		6.5.1	Assessments, together with and care plans effectively maintain people’s safety and Community Deprivation of Liberty Safeguards are only used when in the best interests of the service user.		
	6.6	Give service users and their family/friends adequate information about how to identify and report abuse, as well as sources of support outside the services, including the Local Authority, and actively support and encourage service users to raise issues and concerns when necessary.		6.6.1	Service users risk assessment identifies where there is a risk of abuse and measures are in place to reduce the likelihood of safeguarding risk. Contact telephone numbers and leaflets are made available to service users		
	6.7	Support service users and their family/friends when they have to take part in any safeguarding processes.		6.7.1	Information is made available to service users and staff which informs them of the process, and support and guidance is offered empathically.		

Outcome Domain 3 - Safeguarding & Safety

Standard 7 - Cleanliness & Infection Control

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users experience care and support in a clean environment that protects them from, and reduces the risk of, infection.	7.1	Provide staff with appropriate training relating to infection prevention and control and waste management.		7.1.1	Staff are observed to follow good practice in relation to cleanliness & infection control		
				7.1.2	Care workers confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.		

Outcome Domain 3 - Safeguarding & Safety

Standard 8 - Management of Medicines

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users will have the medicines they are prescribed, at the times they need them, and in a safe way.	8.1	Handle medicines safely, securely and appropriately.		8.1.1	Staff record that they handle medicines safely, securely and appropriately.		
	8.2	Ensure that medicines are stored and administered safely.		8.2.1	Medicines are stored and administered safely.		
	8.3	Keep appropriate records around the prescribing, administration, monitoring and review of medications.		8.3.1	Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.		
	8.4	Ensure that staff handling medications undertake the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.		8.4.1	Care workers where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.		

Outcome Domain 3 - Safeguarding & Safety

Standard 10 - Safety, Availability & Suitability of Equipment

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users, together with those who work in or visit the premises, are not at risk of harm from unsafe or unsuitable equipment. Service Users benefit from equipment that is comfortable and meets their needs.	10.1	Ensure that equipment is suitable for its purpose, available, properly tested and maintained. Ensure that it is used correctly and safely, is comfortable, and promotes independence. Ensure it is stored safely		10.1.1	Ensure that equipment is suitable for its purpose, available, properly tested and maintained. Ensure that it is used correctly and safely, is comfortable, and promotes independence. Ensure it is stored safely		
				10.1.2	Appropriate, clean and well maintained equipment is available to meet the identified needs of service users as per identified in their care plan.		
	10.2	Ensure that staff are appropriately trained on how to use equipment safely.		10.2.1	Care workers confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.		



Outcome Domain 4 - Suitability of Staffing

Standard 11 - Requirements relating to staff recruitment

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service users are safe and their health and welfare needs are met by staff who have been appropriately recruited and who have the right qualifications, skills and experience.	11.1	Have effective recruitment and selection procedures in place.		11.1.1	There is a documented process that is reviewed annually.		
	11.2	Carry out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable Disclosure & Barring check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.		11.2.1	Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable Disclosure & Barring check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.		
	11.3	Ensure that when staff are provided by an external organisation that those staff, whether agency, bank or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff.		11.3.1	Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.		
	11.4	Ensure that other people who provide additional services are subject to any appropriate and necessary checks.		11.4.1	Records evidence that other people who provide additional services are subject to any appropriate and necessary checks.		
	11.5	Ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.		11.5.1	The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.		
	11.6	Assess risks around working environment and conditions and make reasonable adjustments to enable staff to fulfil their role.		11.6.1	The organisation has appropriate procedures and guidance for lone working, moving and handling, safety awareness etc. to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.		
	11.7	Have robust and effective arrangements around the appropriate behaviour of staff, particularly in their relation to their code of professional conduct and the assessment of stress and other work-related hazards.		11.7.1	The organisation provides staff with guidance and procedures on code of conduct. This could be in the form of a handbook for staff.		

Outcome Domain 4 - Suitability of Staffing

Standard 12 - Staffing and Staff Deployment

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users are safe and their health and welfare needs are met by sufficient numbers of appropriate staff with the right qualifications, knowledge, skills, approach and experience.	12.1	Make sure that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.		12.1.1	Through observation and discussion with service users, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with service users who may have a variety of needs.		
				12.1.2	Care workers confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).		
				12.1.3	Staff mix reflects service user mix [male carers, language, culture]		
	12.2	Have enough staff available that know and understand the specific needs of the service users receiving services in order to deliver safe, effective and consistent care.		12.2.1	Evidence that care workers have signed to say they have read and understand service users' care plans and risk assessments.		
	12.3	Have robust mechanisms in place to manage both expected and unexpected changes in the Services in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).		12.3.1	Care workers confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).		
				12.3.2	The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).		
	12.4	Have effective mechanisms in place to identify and manage risks that result from inadequate staffing levels.		12.4.1	The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	12.5	Ensure that staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs. Staff should have a basic understanding and appreciation of different cultures and be able to speak and understand English to a good conversational standard.		12.5.1	Through observation and discussion with service users and staff it is demonstrated that effective communication is taking place and that staff are able to speak and understand English to a good conversational standard		

Outcome Domain 4 - Suitability of Staffing

Standard 13 - Supporting Staff

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users are safe and their health and welfare needs are met by staff who are appropriately trained, well supervised, and receive the development opportunities they need to carry out their role effectively whilst keeping their skills and training up to date.	13.1	Ensure that all staff receive appropriate induction at the start of their employment in line with the Skills for Care - Care Certificate.		13.1.1	Care workers confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate		
				13.1.2	The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.		
	13.2	Ensure that all staff receive supervision on a periodic basis, that their performance is appraised and that they receive an annual review.		13.2.1	Care workers confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.		
				13.2.2	The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.		
	13.3	Ensure that all staff undertake mandatory training and refresh this as required.		13.3.1	Care workers confirm that they have undertaken appropriate training that this is refreshed and updated as required.		
				13.3.2	The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required. Safeguarding, Mental Capacity Act & Deprivation of Liberty Safeguards, equality and diversity, fire awareness, falls, infection control, medications, dignity & respect, end of life, complaints, incident reporting, basic life support, safeguarding, dementia,		
	13.4	Care staff to acquire further skills and qualifications that are relevant to their role, the work they undertake and the needs of the Service.		13.4.1	Specialist training such as autism, substance misuse or services to children		
	13.5	Ensure that any temporary staff have the appropriate training and skills to undertake their role.		13.5.1	Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	13.6	Assess risks that may impact on performance and make reasonable adjustments to enable staff to fulfil their role.		13.6.1	Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.		
	13.7	Have appropriate policies and mechanisms in place to prevent and manage incidents of bullying, harassment and violence towards staff.		13.7.1	Care workers confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.		

Outcome Domain 5 - Quality of Management

Standard 14 - Assessing & Monitoring the Quality of Services Provision

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users benefit from safe, quality care due to effective decision making and management of risks to their health, welfare and safety because lessons are learned and the quality of Services is effectively monitored.	14.1	Continually gather and evaluate information about the quality of Services delivered to ensure that service users receive safe and effective care and support		14.1.1	Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that service users receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.		
	14.2	Have a clear decision-making framework in relation to care and support of Service Users.		14.2.1	There is a registered manager in post and clear lines of accountability within the organisation and staff are aware of governance		
	14.3	Have mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly.		14.3.1	Care workers confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.		
				14.3.2	The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.		
	14.4	Ensure that incidents are reported and investigated in accordance with the appropriate policies and procedures.		14.4.1	All incidents are reported and logged (CQC, Commissioners)		
	14.5	Improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.		14.5.1	Does the provider undertake analysis to establish patterns and trends and identify any re-training requirements for service improvement.		
	14.6	Identify, manage and monitor risks to Service Users, staff or visitors to the service.		14.6.1	The provider seeks feedback from service users, families/friends and staff		

Outcome Domain 5 - Quality of Management

Standard 15 - Complaints

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service users and/or their nominated representative can be sure that the service provider listens to, and acts on, their complaints and comments. They know that they will not be discriminated against for making a complaint or raising an issue.	15.1	Provide service users and their families/friends with adequate information, in an appropriate and suitable format, about the complaints process, including information on how to contact the Local Authority and the Local Government Ombudsmen.		15.1.1	Service users spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, Local Authority/Local Government Ombudsmen.		
	15.2	Support service users to raise a complaint or make comments about the service.		15.2.1	Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.		
	15.3	Support people throughout the complaints process keeping them informed of the progress and outcome of their complaint in a timely manner.		15.3.1	There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.		
	15.4	Share details of complaints and the outcomes with the Local Authority.		15.4.1	There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.		

Outcome Domain 5 - Quality of Management

Standard 16 - Records

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users are confident that the records kept by the Service Provider about their care and support (including those that are required to protect their safety and wellbeing) are accurate, fit for purpose, held securely and remain confidential.	16.1	Ensure that the personal records of service users receiving services are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.		16.1.1	Personal records of service users are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.		
				16.1.2	There is a systematic approach to the management of records to ensure that from the moment a record is created to its disposal the provider maintains information so that it serves the purpose it was collected for and disposes of it appropriately when no longer required		
	16.2	Use these records to plan the care and support of the Service User to help ensure that the Service User's rights and best interests remain protected and their needs are met.		16.2.1	There are communication systems for handover in place		
	16.3	Ensure that when information is inappropriately shared, transferred or lost, this is reported, investigated and acted on in accordance with the appropriate incident reporting procedures.		16.3.1	The provider is following their Data Protection and Information Sharing agreement to ensure that service users rights and best interests are protected and their needs best met.		
	16.4	Monitor the standards of practice through a programme of effective audits.		16.4.1	Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency.		



## Quality Framework - Appendix 3

### Proposed Monitoring Toolkit and Quality Assurance Statement

# CARE HOMES

#### *For Consultation*

Note: **Nursing Homes** are proposed to be the subject of the jointly agreed Quality Assessment Framework toolkit as published by CrossCity Clinical Commissioning Group. A copy of which may be requested by emailing: [shapingthemarket@birmingham.gov.uk](mailto:shapingthemarket@birmingham.gov.uk)

Outcome Domain 1 - Involvement and Information

Standard 1 - Respecting & Involving Service Users

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions (EofE unless otherwise noted)	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users understand the care and support choices available to them. They are encouraged to express their views and are always involved in making decisions about the way their care and support is delivered. Their privacy, dignity and independence are respected and their (or their carer's) views and experience are taken into account in the way in which the Services are provided.		1.1 Ensure that its Staff do not discriminate against people because of their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity, have policies that will incorporate respect for both their Staff and Service Users irrespective of race and gender and treat Service Users with respect, recognise their diversity, values and human rights.		1.1.1	The care plan should be individually tailored, person centred, include appropriate information on the service user's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans		
				1.1.2	Through observation of staff interaction and discussion with service users there is evidence that service users are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. Service users are treated with kindness, compassion and empathy. Care workers are seen to support service user's choices and preferences in regards the way their care and support is delivered.		
				1.1.3	Care workers are able to explain how they ensure people are treated with dignity and respect		
				1.1.4	Service user's sexuality and carer gender preference are respected		
		1.2 Have systems in place that uphold and maintain the Service User's privacy, dignity and independence.		1.2.1	Through observation of staff interaction and discussion with service users there is evidence that service users are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. Service users are treated with kindness, compassion and empathy. Care workers are seen to support service user's choices and preferences in regards the way their care and support is delivered.		
		1.3 Encourage and support Service Users to always express their view, choices and preferences about the way their care and support is delivered.		1.3.1	The care plan should be individually tailored, person centred, include appropriate information on the SU's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans		
				1.3.2	Care workers are able to explain how they ensure people are treated with dignity and respect		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions (EofE unless otherwise noted)	Reference to legislation / policy guidance	How and where is the evidence maintained?
		1.4 Put service users at the centre of their care by giving them adequate information in an appropriate and meaningful way to enable them to make informed decisions about the care and support they receive.		1.4.1	The Provider meets the requirements of the 'Accessible Information Standard' in its delivery of services (including the five basic steps which make up the Standard): 1. Ask: identify / find out if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are. 2. Record: record those needs in a clear, unambiguous and standardised way in electronic and / or paper based record / administrative systems / documents. 3. Alert / flag / highlight: ensure that recorded needs are 'highly visible' whenever the individuals' record is accessed, and prompt for action. 4. Share: include information about individuals' information / communication needs as part of existing data sharing processes (and following existing information governance frameworks). 5. Act: take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.		
				1.4.2	Through observation of staff interaction and discussion with service users there is evidence that service users are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. Service users are treated with kindness, compassion and empathy. Care workers are seen to support service user's choices and preferences in regards the way their care and support is delivered.		
				1.4.3	Through observation of staff interaction and discussion with service users there is evidence that service users are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.		
				1.4.4	Family & friends important to the service user are involved and informed of the service user's care regularly (unless Care Plan specifically restricts this)		
		1.5 Take account of Service Users' choices and preferences and discuss and explain their care and support options with them.		1.5.1	The care plan should be individually tailored, person centred, include appropriate information on the service user's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions (EofE unless otherwise noted)	Reference to legislation / policy guidance	How and where is the evidence maintained?
				1.5.2	Life histories completed for all residents (with help of family if necessary/appropriate)		
				1.5.3	Care plans contain service user's end of life wishes (non admission to hospital, chosen funeral director etc) and any specific requirements/wishes in the event of medical emergency		
				1.5.4	Service users are able to personalise their rooms		
	1.6	Encourage and support Service Users to give them feedback about how they can improve their Services and act on the feedback given.		1.6.1	Service users confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.		
				1.6.2	Service users are involved in decision making meetings enabling them to participate in the life of the home . The home sends out service user and family questionnaires. Suggestions & views received from service users & family/friends through meetings, questionnaires or otherwise, are acted on and fed back (e.g 'You said - we did')		
	1.7	Ensure that Service Users are able to maintain relationships with family, friends and the community in which they live and will support Service Users to play an active role in their local communities as far as they are able and wish to do so.		1.7.1	Service users spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.		
				1.7.2	Service users have access to phones (including smart phones), email, SKYPE, etc to facilitate communication with friends/ relatives. Family & friends are able to visit at all times of day and are aware they can take service users out (unless specifically restricted by care plan).		
	1.8	Provide appropriate support to Service Users so that they can enjoy a variety of activities and social opportunities based on their preferences and strengths as part of everyday life within the Services.		1.8.1	Service users spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.		
				1.8.2	The home has a dedicated activities co-ordinator and there is evidence of involvement of all staff in activities		
				1.8.3	A variety of activities are available that meet the personal and cultural needs and choices of all service users both in the home and in the Community		
				1.8.4	Service users have an opportunity to practice their faith within the home or on accompanied visits to religious establishments outside if necessary		

Outcome Domain 1 - Involvement and Information

Standard 2 - Consent

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Where they are able, Service Users give valid consent to the care and support they receive. They understand and know they can change any decision that has been previously agreed about their care and support. Their human rights continue to be respected and are taken into account	2.1	Ensure staff know and understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.		2.1.1	Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.		
	2.2	Assess service users' mental capacity as required to give informed consent and ensure this is reviewed regularly.		2.2.1	Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the Mental Capacity Act and that any restrictions are taken into account in line with Deprivation of Liberty Safeguards when providing care and support. Care plans contain the date of the expiry of any authorised Deprivation of Liberty Safeguards. Power of Attorney is clearly documented and evidenced across the care plan where relevant.		
	2.3	Provide Service Users with sufficient information relating to consent and ensure this is reviewed regularly		2.3.1	Service users are provided with accessible and up-to-date information about consent		
	2.4	Support Service Users to access advocacy services to help them make informed decisions.		2.4.1	Service user have been assessed as to whether they require a Mental Capacity Act advocate and, if so, the required authority been obtained		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	2.5	Follow advanced decisions in line with the Mental Capacity Act 2005.		2.5.1	Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the Mental Capacity Act and that any restrictions are taken into account in line with Deprivation of Liberty Safeguards when providing care and support. Care plans contain the date of the expiry of any authorised Deprivation of Liberty Safeguards. Power of Attorney is clearly documented and evidenced across the care plan where relevant.	-	
	2.6	Take account of restrictions in line with the Deprivation of Liberty Safeguards when providing care and support.		2.6.1	Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the Mental Capacity Act and that any restrictions are taken into account in line with Deprivation of Liberty Safeguards when providing care and support. Care plans contain the date of the expiry of any authorised Deprivation of Liberty Safeguards. Power of Attorney is clearly documented and evidenced across the care plan where relevant.	-	
				2.6.2	Care staff are able to describe how they ensure that the principles of the Mental Capacity Act are put into practice in their daily work.		

Outcome Domain 2 - Personalised Care & Support

Standard 3 - Care & Welfare of Service Users

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users experience appropriate, effective, care and support in an enabling way that safely meets their needs, protects their rights and maximises their independence, health and wellbeing.	3.1	Ensure that Service Users are involved in their care and support planning		3.1.1	Care plans are signed by the service user where appropriate to evidence their involvement in their care and support planning.		
				3.1.2	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.		
				3.1.3	Do care plans contain service users' end of life wishes, ( non admission to hospital, chosen funeral director etc)?		
	3.2	Ensure Service Users know who their key worker is, and how they can contact you as the Service Provider of their Services.		3.2.1	There is evidence that a key worker system is in place and that this is clearly recorded in the care plans and that the service user has been given appropriate information about key working system.		
				3.2.2	Service users are aware of who their named care worker is.		
				3.2.3	Care workers understand and can explain the role of the keyworker if used in the service.		
	3.3	Assess Service Users in a way that reflects their strengths, abilities and interests and enables them to meet all of their needs and preferences through a written care plan.		3.3.1	The care assessment has been conducted in a way to reflect the service user's strengths, abilities and interests so as to enable them to meet all of their needs and preferences. These are reflected in the written care plan and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
				3.3.2	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their family/friends) involvement.		
					Service users are able to choose who delivers their care and how it is delivered (ie showers/baths, male/female carer)		
	3.4	Assess the needs of the Service User including risks to their health and wellbeing.		3.4.1	There is evidence that the service user's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the service user remains safe, their needs are adequately met and their welfare is protected.		
				3.4.2	Falls risk assessments are up to date. Frequent falls are followed up with referrals to falls clinic		
	3.5	Effectively plan the delivery of care and support so the Service User remains safe; their needs are adequately met; and their welfare is protected.		3.5.1	There is evidence that the service user's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the service user remains safe, their needs are adequately met and their welfare is protected.		
					Observation of care staff interaction and care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the service user's independence and quality of life.		
	3.6	Regularly review the effectiveness of care and support plans and ensure that these are kept up to date to support the changing needs of the individual.		3.6.1	Evidence that care plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the service user safe.		



Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
				3.6.2	Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.		
				3.6.3	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.		
	3.7	Assess the risk of harm to the service user, including environmental risks, and ensure that this is effectively managed and reviewed regularly to keep the Service User safe.		3.7.1	Evidence that care plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the service user safe.		
				3.7.2	Observation of care staff interaction and care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the service user's independence and quality of life.		
	3.8	Provide services in an effective and enabling way to help maximise the service user's independence and quality of life as well as reduce the number of emergency admissions.		3.8.1	Evidence that the care planning and support is designed to maximise the service user's independence and quality of life and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible.		
				3.8.2	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.		
				3.8.3	Observation of care staff interaction and care delivery demonstrates that delivery of care is effective, enabling and maximises the service user's independence and quality of life.		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
				3.8.4	Service users have access to dental, optician and chiropody services		
				3.8.5	Service users' need to mobilise (rather than in chair) is considered. Service users have their own walking aids within reach, or available nearby		
	3.9	Support service users in setting goals to help maximise their independence and improve the quality of their life.		3.9.1	Evidence that the care planning and support is designed to maximise the service user's independence and quality of life and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible.		
				3.9.2	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.		
				3.9.3	Observation of care staff interaction and care delivery demonstrates that delivery of care is effective, enabling and maximises the service user's independence and quality of life.		

Outcome Domain 2 - Personalised Care & Support

Standard 4 - Meeting nutritional needs

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users are enabled and supported to have a choice of nutritional and balanced food and drink to meet their diverse needs.	4.1	Support Service Users to make healthy choices and lead healthy lifestyles and provide access to information about healthy and balanced diet.		4.1.1	Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.		
				4.1.2	Service users confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet, and are offered a choice of food and portion size that meets their preferences.		
				4.1.3	Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.		
	4.2	Ensure that Service Users have 24hr access to a choice of food and drink that takes into account their preferences, diverse needs and dietary requirements. Ensure there is accessible information about meals and meal times.		4.2.1	Discussion with service users and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote service users dignity and they have a choice about whether to eat alone or with company.		
	4.3	Food and drink are provided in environments that promote Service Users dignity and they have a choice about whether to eat alone or with company.		4.3.1	Discussion with service users and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote service users dignity and they have a choice about whether to eat alone or with company.		
	4.4	An appropriate malnutrition screening tool such as the Malnutrition Universal Screening Tool (MUST) is used to carry out a full nutritional assessment (where this is indicated).		4.4.1	Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.		
	4.5	Support Service Users to access specialist services, guidance and advice where required.		4.5.1	If required as part of the service to the individual, the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	4.6	Ensure that staff who are involved with food preparation have up-to-date food and hygiene training.		4.6.1	Observation of staff practice confirms appropriate behaviour in relation to food and hygiene.		

Outcome Domain 2 - Personalised Care & Support

Standard 5 - Co-operating with other service providers

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users receive safe, coordinated care and support where more than one Service Provider is involved, or where they are moved to another Service Provider.	5.1	Co-operate and communicate with other Service Providers of the individual's care and support when this responsibility is shared, or when the Service User is transferred to one or more Services. Ensure that there is a named individual to support any transition.		5.1.1	Where required and appropriate the care plans should evidence co-operation with other providers of the service user's care and support when responsibility is shared, or where a named service user is transferred to one or more services.		
	5.2	Support service users to access other social care or health services as required. [For LD Services there is an expectation that organisations will work together with local statutory health providers to support service users to understand health action plans. This will primarily, but not exclusively, be the service users GP practice and local learning disability health services]		5.2.1	Where applicable there is evidence that staff support service users to access other social care or health services as and if required.		

### Outcome Domain 3 - Safeguarding & Safety

#### Standard 6 - Safeguarding People who use the Service from abuse

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users are protected from abuse or the risk of abuse and their human rights are respected and upheld.	6.1	Take action to identify and prevent abuse from happening in the Services and respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.		6.1.1	Service users confirm that they feel safe and observations of care practice confirm this to be the case. Any service users spoken with who have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.		
				6.1.2	Care workers are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.		
	6.2	Be aware of, and follow, their responsibilities under the Local Authority's safeguarding and whistle-blowing policy and procedures.		6.2.1	Care workers are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.		
	6.3	Ensure that appropriate guidance and training about safeguarding adults from abuse is accessible to staff, put into practice, implemented and monitored.		6.3.1	Care workers confirm that they have received appropriate training about safeguarding adults from abuse, Mental Capacity Act and Deprivation of Liberty Safeguards.		
	6.4	Only use Deprivation of Liberty Safeguards when it is in the best interests of the Service User and in accordance with the Mental Capacity Act 2005.		6.4.1	Assessments, together with and care plans effectively maintain people's safety and Deprivation of Liberty Safeguards are only used when in the best interests of the service user.		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	6.5	Review and update the Service User's care and support plan to ensure that individuals are properly supported following any (alleged) abuse.		6.5.1	Assessments, together with care plans, effectively maintain people's safety and Deprivation of Liberty Safeguards are only used when in the best interests of the service user.		
	6.6	Give Service Users and their Carers adequate information about how to identify and report abuse, as well as sources of support outside the Services, including the Local Authority, and actively support and encourage Service Users to raise issues and concerns when necessary.		6.6.1	Information is made available to service users and staff which contains up to date contact details for reporting concerns.		
	6.7	Support Service Users and their carers when they have to take part in any safeguarding processes.		6.7.1	Information is made available to service users and staff which informs them of the process, and support and guidance is offered empathically.		

Outcome Domain 3 - Safeguarding & Safety

Standard 7 - Cleanliness & Infection Control

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users experience care and support in a clean environment that protects them from, and reduces the risk of, infection.	7.1	Have effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.		7.1.1	Assessment of the environment confirms that the provider has effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.		
	7.2	Provide sufficient information to Service Users, staff and visitors about infection prevention and control matters.		7.2.1	There is sufficient information provided to service users, staff and visitors about infection prevention and control matters.		
	7.3	Provide staff with appropriate training relating to infection prevention and control and waste management.		7.3.1	Staff are observed to follow good practice in relation to cleanliness & infection control		
				7.3.2	Care workers confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.		



### Outcome Domain 3 - Safeguarding & Safety

#### Standard 8 - Management of Medicines

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users will have the medicines they are prescribed, at the times they need them, and in a safe way.	8.1	Handle medicines safely, securely and appropriately.		8.1.1	Staff are observed to handle medicines safely, securely and appropriately.		
	8.2	Ensure that medicines are stored and administered safely including any homely remedies and covert medication.		8.2.1	Medicines are stored and administered safely including any homely remedies and covert medication.		
	8.3	Keep appropriate records around the prescribing, administration, monitoring and review of medications.		8.3.1	Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.		
	8.4	Involve service users in their decisions regarding their medications.		8.4.1	Care plans document that service users have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly, this is evidenced by an assessment of capacity and best interest decision making, and signed agreements from the GP and pharmacy provider.		
				8.4.2	Service users confirm that they are involved in decisions regarding their medication.		
				8.4.3	There is a Mental Capacity Act assessment in place, with review date, specific to any covert medication administration, and appropriate Deprivation of Liberty assessment if necessary		
	8.5	Ensure that staff handling medications undertake the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.		8.5.1	Care workers, where responsible, are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.		

Outcome Domain 3 - Safeguarding & Safety

Standard 9 - Safety & Suitability of Premises

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users, together with those who work in or visit the premises, are in safe and accessible surroundings that promotes and protect their wellbeing.	9.1	Protect service users, staff and others against the risks of unsafe or unsuitable premises.		9.1.1	The premises are safe and ensure service users, staff and others are protected against the risks of unsafe or unsuitable premises.		
				9.1.2	Bedrooms, bathrooms & communal areas provide a safe & comfortable environment		
				9.1.3	The temperature in the home is suitable (not too warm/cold)		
	9.2	Ensure that premises take account of Service Users with specific needs and that effective risk management is in place to reduce identified risks.		9.2.1	The use of the premises ensures that service users with specific needs are taken into account, appropriate changes are made and that effective risk management is in place to reduce identified risks.		
				9.3.1	There are appropriate security arrangements in place to address the risk of unauthorised access to protect the people who use the premises.		
	9.4	Ensure that staff undertake fire safety training as well as risk assessment and risk management training.		9.4.1	Fire evacuation procedures are displayed in reception and various parts of the building and the required practice evacuations have been carried out		
				9.4.2	Emergency services can access the building quickly when called.		

Outcome Domain 3 - Safeguarding & Safety

Standard 10 - Safety, Availability & Suitability of Equipment

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users, together with those who work in or visit the premises, are not at risk of harm from unsafe or unsuitable equipment (including furnishings or fittings). Service Users benefit from equipment that is comfortable and meets their needs.	10.1	Ensure that equipment is suitable for its purpose, available, properly tested and maintained. Ensure that it is used correctly and safely, is comfortable, and promotes independence. Ensure it is stored safely and used in compliance with the Regional Guidance for Community Equipment in Care Homes (NEAP) available at: <a href="http://www.streamliningsocialcare.org">http://www.streamliningsocialcare.org</a>		10.1.1	Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.		
				10.1.2	Appropriate, clean and well maintained equipment available to meet the identified needs of individuals as per identified in their care plan.		
	10.2	Ensure that staff are appropriately trained on how to use equipment safely.		10.2.1	Care workers confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.		

#### Outcome Domain 4 - Suitability of Staffing

##### Standard 11 - Requirements relating to staff recruitment

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users are safe and their health and welfare needs are met by staff who have been appropriately recruited and who have the right qualifications, skills and experience.	11.1	Have effective recruitment and selection procedures in place.		11.1.1	There is a documented process that is reviewed annually.		
	11.2	Carry out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable Disclosure & Barring check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.		11.2.1	Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable Disclosure & Barring check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.		
	11.3	Ensure that when staff are provided by an external organisation that those staff, whether agency, bank or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff.		11.3.1	Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.		
	11.4	Ensure that other people who provide additional services are subject to any appropriate and necessary checks.		11.4.1	Records evidence that other people who provide additional services are subject to any appropriate and necessary checks.		
	11.5	Ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.		11.5.1	The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.		
	11.6	Assess risks around working environment and conditions and make reasonable adjustments to enable staff to fulfil their role.		11.6.1	The organisation will ensure that staff personal circumstances are considered as part of supervision.		
	11.7	Have robust and effective arrangements around the appropriate behaviour of staff, particularly in their relation to their code of professional conduct and the assessment of stress and other work-related hazards.		11.7.1	The organisation has a robust induction programme, staff handbook including code of conduct and on-going training is available		

#### Outcome Domain 4 - Suitability of Staffing

##### Standard 12 - Staffing and Staff Deployment

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users are safe, and their health and welfare needs are met by sufficient numbers of appropriate staff with the right qualifications, knowledge, skills, approach and experience.	12.1	Make sure that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.		12.1.1	Through observation and discussion with service users, they confirm that there are sufficient staff on duty with the relevant knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with service users who may have a variety of needs.		
				12.1.2	Care workers confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).		
				12.1.3	The home has a dedicated activities co-ordinator and there is evidence of involvement of all staff in activities		
				12.1.4	Staff mix reflects service user mix [male carers, language, culture]		
	12.2	Have enough staff on duty that know and understand the specific needs of the Service Users receiving Services in order to deliver safe, effective and consistent care.		12.2.1	Staff on duty are made aware of any issues by way of shift handover records.		
	12.3	Have robust mechanisms in place to manage both expected and unexpected changes in the Services in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).		12.3.1	Care workers confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).		
				12.3.2	The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).		
	12.4	Have effective mechanisms in place to identify and manage risks that result from inadequate staffing levels.		12.4.1	Contingency planning can be evidenced.		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	12.5	Ensure that staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs. Staff should have a basic understanding and appreciation of different cultures and be able to speak and understand English (or the language most appropriate to the Services) to a good conversational standard.		12.5.1	Through observation and discussion with service users and staff it is demonstrated that effective communication is taking place and that staff are able to speak and understand English to a good conversational standard		
	12.6	Ensure that staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs. Staff should have a basic understanding and appreciation of different cultures and be able to speak and understand English (or the language most appropriate to the Services) to a good conversational standard.		12.6.1	Relevant training is provided to staff in specialist areas of care.		

#### Outcome Domain 4 - Suitability of Staffing

##### Standard 13 - Supporting Staff

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users are safe, and their health and welfare needs are met by staff who are appropriately trained, well supervised, and receive the development opportunities they need to carry out their role effectively whilst keeping their skills and training up to date.	13.1	Ensure that all staff receive appropriate induction at the start of their employment in line with the Skills for Care - Care Certificate.		13.1.1	Care workers confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate		
				13.1.2	The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.		
	13.2	Ensure that all staff receive supervision at least six times per year, that their performance is appraised and that they receive an annual review.		13.2.1	Care workers confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.		
				13.2.2	The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.		
	13.3	Ensure that all staff undertake mandatory training and refresh this as required.		13.3.1	Care workers confirm that they have undertaken appropriate training that this is refreshed and updated as required.		
				13.3.2	The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required. The Home's training programme should include: Fire training, pressure ulcers, falls, infection control, information governance, medications, dignity & respect, end of life, complaints, incident reporting, basic life support, safeguarding, Deprivation of Liberty Safeguards & Mental Capacity Act, dementia, business continuity		
	13.4	Support staff to acquire further skills and qualifications that are relevant to their role, the work they undertake and the needs of the Service.		13.4.1	Staff knowledge and competence is managed via supervision, with training opportunities identified.		
	13.5	Ensure that any temporary staff have the appropriate training and skills to undertake their role.		13.5.1	Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
	13.6	Assess risks that may impact on performance and make reasonable adjustments to enable staff to fulfil their role.		13.6.1	Any issues are identified by performance management or staff supervision.		
	13.7	Have appropriate policies and mechanisms in place to prevent and manage incidents of bullying, harassment and violence towards staff.		13.7.1	Care workers confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.		



Outcome Domain 5 - Quality of Management

Standard 14 - Assessing & Monitoring the Quality of Services Provision

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users benefit from safe, quality care, due to effective decision making and management of risks to their health, welfare and safety because lessons are learned, and the quality of Services is effectively monitored.	14.1	Continually gather and evaluate information about the quality of Services delivered, to ensure that service users receive safe and effective care and support		14.1.1	Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that service users receive safe and effective care and support, and that the provider uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.		
	14.2	Have a clear decision-making framework in relation to care and support of Service Users.		14.2.1	There is a registered manager in post and clear lines of accountability within the organisation and staff are aware of governance		
	14.3	Have mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly.		14.3.1	Care workers confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.		
				14.3.2	There are regular Staff Meetings, with minutes kept (including a list of those present) and actions are followed through		
				14.3.2	The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.		
	14.4	Ensure that incidents are reported and investigated in accordance with the appropriate policies and procedures.		14.4.1	All incidents reported and logged (CQC, Commissioners)		
	14.5	Improve Services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.		14.5.1	The provider undertakes analysis to establish patterns and trends and identify any re-training requirements for service improvement.		
	14.6	Identify, manage and monitor risks to Service Users, staff or visitors to the service.		14.6.1	The provider seeks feedback from service users, families and staff		

Outcome Domain 5 - Quality of Management

Standard 15 - Complaints

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users and/or their nominated representative can be sure that the Service Provider listens to and acts on their complaints and comments. They know that they will not be discriminated against for making a complaint or raising an issue.	15.1	Provide Service Users and their family members/friends with adequate information, in an appropriate and suitable format, about the complaints process, including information on how to contact the Local Authority and the Local Government Ombudsmen.		15.1.1	Service users & family members/friends spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, the Local Authority and the Local Government Ombudsman		
	15.2	Support Service Users to raise a complaint or make comments about the service.		15.2.1	Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.		
	15.3	Consider fully, respond appropriately and resolve, where possible, any comments and / or complaints.		15.3.1	Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.		
				15.3.2	There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and/or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.		
	15.4	Support people throughout the complaints process keeping them informed of the progress and outcome of their complaint in a timely manner.		15.4.1	There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and/or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.		
	15.5	Support Service Users to access advocacy services, if this is required to enable a Service User to make a complaint or raise a comment about the service.		15.5.1	There is relevant information that advocacy is a requirement in the care plan		
	15.6	Ensure that learning is taken and shared to improve the experience of Service Users who use the Services.		15.6.1	Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.		

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
				15.6.2	Staff are listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided		
				15.6.3	There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.		
				15.6.4	There is evidence that the provider has a range of regular, organised meetings where service users, relatives and staff can provide feedback and this is listened to, acted upon appropriately and people are kept informed of the outcome.		
	15.7	Keep adequate records about the complaint, including any relevant and factual information about the investigation, responses, outcome and actions taken.		15.7.1	There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.		
	15.8	Share details of complaints and the outcomes with the Local Authority.		15.8.1	There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.		

Outcome Domain 5 - Quality of Management

Standard 16 - Records

Outcome	Criteria	Criteria name	Requirement met - Fully / Mostly/Partly/No	Question	Inspection Toolkit questions	Reference to legislation / policy guidance	How and where is the evidence maintained?
Service Users are confident that the records kept by the Service Provider about their care and support (including those that are required to protect their safety and wellbeing) are accurate, fit for purpose, held securely and remain confidential.	16.1	Ensure that the personal records of Service Users receiving Services are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.		16.1.1	Personal records of service users are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.		
				16.1.2	There is a systematic approach to the management of records to ensure that from the moment a record is created to its disposal the home maintains information so that it serves the purpose it was collected for and disposes of it appropriately when no longer required		
				16.1.3	Service users' monies are stored and audited correctly [or system in place to ensure the purchase of items on behalf of service users]		
	16.2	Use these records to plan the care and support of the Service User to help ensure that the Service User's rights and best interests remain protected and their needs are met.		16.2.1	The home uses a communication book/handover sheets		
	16.3	Ensure that when information is inappropriately shared, transferred or lost, this is reported, investigated and acted on in accordance with the appropriate incident reporting procedures.		16.3.1	The provider is following their Data Protection and information Sharing agreement to ensure that service users' rights and best interests are protected and their needs best met.		
	16.4	Monitor the standards of practice through a programme of effective audits.		16.4.1	The manager maintains a log to evidence the applications made for authorisation under Deprivation of Liberty Safeguards, including the date sent, the outcome, the date of the outcome and date of expiry. If authorised the log records that CQC is notified.		
				16.4.2	Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.		

## **PROPOSED ENTRY CRITERIA TO JOIN BIRMINGHAM CITY COUNCIL'S FRAMEWORK AGREEMENT 2018 – 2021 – RESIDENTIAL CARE WITH AND WITHOUT NURSING**

The Council proposes to operate a framework agreement (2018 – 2021) for all residential care homes both with and without nursing that it contracts with. This document sets out a range of proposed criteria for entering the framework.

It is proposed this will be operated as an open framework, whereby the Council allows new providers to join the agreement at any time, subject to the relevant entry criteria being met.

To drive up quality, the Council proposes not to allow a provider who is currently rated by the Care Quality Commission (CQC) as 'Inadequate' to enter the framework agreement. Where a provider has not received a CQC rating under the new ratings system, the Council will work with CQC to seek support with prioritising CQC inspections. Where this is not possible within the time available, the Council will conduct an inspection prior to contract award, under the Birmingham City Council Quality Rating System. Should this identify the provider as Inadequate under the Council's rating system, it is proposed that the provider will not be allowed to enter the framework agreement.

It is proposed that all providers seeking to join the framework agreement will have to have at least one of the following, the most recent of which will be considered for entry onto the framework:

- a CQC rating of Requires Improvement, Good or Outstanding;
- a Birmingham City Council quality rating of Gold, Silver or Bronze (as detailed in the Quality Assurance Framework); or
- a NHS Joint Quality Assessment Framework (JQAF) score of Amber, Green or Bright Green

Beyond this, it is proposed that a more detailed set of entry criteria will maximise the quality of providers that can enter the Framework and to reduce potential risks to all parties, this will include the following:

### **CQC DOCUMENTATION**

The applicant will submit:

- CQC registration certificate relating to current location.
- Confirmation that the location has a registered manager and the name of that manager.
- Registration certificate for residential or nursing care under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015.
- Registration under one of the following CQC categories:
  - The service user band for the location being Younger Adults 18-64 years E.g. mental health, learning disability, physical disability.
  - The service user band for the location Older Adults 65+ years.

## DOCUMENTATION

The applicant will submit:

- Employers Liability (£10 million) and Public Liability (£5 million) insurance certificates.
- Incorporation Certificate – if a Limited Company, the name on the certificate must match the name of the company applying to join the framework.
- Charity Certificate (if applicable).
- BACS form – containing relevant payment details
- Data sharing agreement – fully completed with relevant signatures
- Birmingham Business Charter for Social Responsibility – submit an action plan (to be approved by the Council) detailing how the principles of the Charter shall be implemented during the duration of this Agreement; and provide on each anniversary date, beginning from the commencement date an annual statement confirming how the principles of the Charter have been implemented.

## POLICY AND PROCEDURES

The applicant will submit:

- Data Protection Policy
- Safeguarding Policy – to include procedures relating to adult and child safeguarding where relevant to the service being provided.
- Health and Safety Policy
- Business Continuity Policy
- Equal Opportunities Policy
- Recruitment and Selection Policy

## FINANCIAL VIABILITY

- The operating company has at least two months staffing salaries in reserve.
- Financial accounts – If the company has been trading for more than 12 months either the most recent profit and loss account or expenditure statement; Balance sheet. If the company has been trading for less than 12 months then a 2 year financial forecast must be submitted.
- Credit check – the Council may decide to exclude a provider from the framework if information on their credit check indicates they are at financial risk. Examples of the type of information the Council may use to assess a providers financial risk are: Commercial Delphi

score, financial stability odds, credit limit, average debt history, CCJ history, information from the financial account submission.

#### **PROFESSIONAL STANDING**

The detailed grounds for mandatory and discretionary exclusion from the framework agreement under the Public Contract Regulations 2015 R57(1), (2) and (3); and the Public Contract Directives 2014/24/EU Article 57(1) are set out in the document on the following webpage:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/551130/List\\_of\\_Mandatory\\_and\\_Discretionary\\_Exclusions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf)

DRAFT

## **PROPOSED ENTRY CRITERIA TO JOIN BIRMINGHAM CITY COUNCIL'S FRAMEWORK AGREEMENT 2018 – 2021 – SUPPORTED LIVING**

The Council proposes to operate a framework agreement (2018 – 2021) for all supported living care providers it contracts with. This document sets out a range of proposed criteria for entering the framework.

It is proposed this will be operated as an open framework, whereby the Council allows new providers to join the contract at any time, subject to the relevant entry criteria being met.

To drive up quality, the Council proposes not to allow a provider who is currently rated by the Care Quality Commission (CQC) as 'Inadequate' to enter the framework agreement. Where a provider has not received a CQC rating under the new ratings system, the Council will work with CQC to seek support with prioritising CQC inspections. Where this is not possible within the time available, the Council will conduct an inspection prior to contract award, under the Birmingham City Council Quality Rating System. Should this identify the provider as Inadequate under the Council's rating system, it is proposed that the provider will not be allowed to enter the Framework.

It is proposed that all providers seeking to join the framework will have to have at least one of the following, the most recent of which will be considered for entry onto the framework:

- a CQC rating of Requires Improvement, Good or Outstanding;
- a Birmingham City Council quality rating of Gold, Silver or Bronze (as detailed in the Quality Assurance Framework);

Beyond this, it is proposed that a more detailed set of entry criteria will maximise the quality of providers that can enter the framework agreement and to reduce potential risks to all parties, this will include the following:

### **CQC DOCUMENTATION**

The applicant will submit:

- CQC registration certificate relating to current location.
- Confirmation that the location has a registered manager and the name of that manager.
- Registration certificate for domiciliary care / home care under the Health and Social Care Act 2008 Regulated Activities) (Amendment) Regulations 2015.
- Registration under one of the following CQC categories:
  - The service user band for the location being Younger Adults 18-64 years E.g. mental health, learning disability, physical disability.
  - The service user band for the location Older Adults 65+ years.



## DOCUMENTATION

The applicant will submit:

- Employers Liability (£10 million) and Public Liability (£5 million) insurance certificates.
- Incorporation Certificate – if a Limited Company, the name on the certificate must match the name of the company applying to join the framework.
- Charity Certificate (if applicable).
- BACS form – containing relevant payment details
- Data sharing agreement – fully completed with relevant signatures
- Birmingham Business Charter for Social Responsibility – submit an action plan (to be approved by the Council) detailing how the principles of the Charter shall be implemented during the duration of this Agreement; and provide on each anniversary date, beginning from the commencement date an annual statement confirming how the principles of the Charter have been implemented.

## POLICY AND PROCEDURES

The applicant will submit:

- Data Protection Policy
- Safeguarding Policy – to include procedures relating to adult and child safeguarding where relevant to the service being provided.
- Health and Safety Policy
- Business Continuity Policy
- Equal Opportunities Policy
- Recruitment and Selection Policy

## FINANCIAL VIABILITY

- The operating company has at least two months staffing salaries in reserve.
- Financial accounts – If the company has been trading for more than 12 months either the most recent profit and loss account or expenditure statement; Balance sheet. If the company has been trading for less than 12 months then a 2 year financial forecast must be submitted.
- Credit check – the Council may decide to exclude a provider from the framework if information on their credit check indicates they are at financial risk. Examples of the type of information the Council may use to assess a providers financial risk are: Commercial Delphi

score, financial stability odds, credit limit, average debt history, CCJ history, information from the financial account submission.

#### **PROFESSIONAL STANDING**

The detailed grounds for mandatory and discretionary exclusion from the framework agreement under the Public Contract Regulations 2015 R57(1), (2) and (3); and the Public Contract Directives 2014/24/EU Article 57(1) are set out in the document on the following webpage:

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DRAFT

## PROPOSED ENTRY CRITERIA TO JOIN BIRMINGHAM CITY COUNCIL'S FRAMEWORK AGREEMENT 2018–2021 - HOME SUPPORT

The Council proposes to operate a framework agreement (2018 – 2021) for all home support providers; however these arrangements will be adapted to reflect current supply and demand. This will mean the following:

### HOME SUPPORT FRAMEWORK

It is proposed this will be operated as a closed framework, whereby the Council will contract with a fixed number of providers (minimum of 78 and maximum of 97) the detail of which is set out below in table 1. The proposed service model is geographically based within the new proposed Birmingham boundary and is split into 5 key areas (see **Appendix 2**) – with a mixture of small, medium and large providers in each area. It is proposed that applicants to join the framework will be assessed via a procurement process, which will ask providers to demonstrate that they meet the minimum requirements listed in **Appendix 1**.

In addition, it is proposed that all providers seeking to join the new framework agreement will have to be registered and located within the Birmingham Local Authority Boundary as defined by the Boundaries Commission.

It is proposed that all providers meeting the minimum requirement will progress to the next stage where they will be subject to an evaluation process based on their Care Quality Commission (CQC) or Birmingham City Council quality rating and financial credit score – Examples of the type of information the Council may use to assess a providers financial risk are: Commercial Delphi score, financial stability odds, credit limit, average debt history, County Court Judgement history, and/or information from the financial accounts submission.

It is proposed that this evaluation will generate a score for each provider which will be used to rank them. Entry onto the framework and decisions about allocating a provider their geographical area of choice will be determined by their ranking in relation to other providers.

To drive up quality, the Council is proposing that it will not allow a provider who is currently rated by the CQC as 'Inadequate' to enter the framework agreement. Where a current provider has not received a CQC rating under the new ratings system, the provider will be expected to work together with CQC to seek support with prioritising a CQC inspection. Where this is not possible within the time available, the Council will conduct an inspection prior to contract award, under the Birmingham City Council Quality Rating System. Should this identify the provider as Inadequate under the Council's proposed rating system, the provider will not be allowed to enter the framework agreement.

It is proposed that all providers seeking to join the framework agreement must have at least one of the following, the most recent of which will be considered for entry onto the framework:

- A CQC rating of Outstanding, Good or Requires Improvement;

- A Birmingham City Council Quality Rating of Gold, Silver or Bronze (as detailed in the Quality Framework);

## GEOGRAPHICAL AREA MODEL

The Council proposes to establish a closed framework for home support with a reduced number of providers across five geographical areas (Appendix 2 – Geographical area map).

A key part of the methodology is to provide a fair distribution of care hours in each area taking into account the number of citizens requiring services and, the forecast for future requirements. The geographically-based model will take into account the road route, accessibility and natural barriers so that each area is cohesive and carers can reasonably travel between calls.

The Council are proposing the following criteria for area- based working. Providers will be categorised into three categories, Small, Medium and Large as indicated in the table below based on the current market supply across the proposed geographical model:

Supplier Size	Number of Weekly Hours
Large	Over 2,000
Medium	Between 1,000 and 2,000
Small	Under 1,000

Dependent on the size of the provider they will be able to tender their preference on a geographical area basis; providers will be allocated their preference based on an assessment of tender response and current quality rating.

- Small Providers will be able to tender for up to 3 different geographical areas and successful providers will be awarded 1 area.
- Medium Providers will be able to tender up to 4 different geographical areas and successful providers may be awarded up to 2 areas.
- Large Provider will be able to tender up to 5 different geographical areas and successful providers may be awarded up to 3 areas.

The last two lines on the table 1, below show minimum **(78)** and maximum **(97)** number of providers who could be awarded a 'lot' under the proposed geographical model

TABLE 1

	<b>No of large providers</b>	<b>No of medium providers</b>	<b>No of small providers</b>	<b>Total</b>
Area 1 (North)	3	7	14	24
Area 2 (West)	3	5	12	20
Area 3 (East)	3	5	12	20
Area 4 (South Central)	3	4	8	15
Area 5 (South West)	3	5	10	18
Min providers	6	16	56	78
Max providers	15	26	56	97

Specialist providers, for example working around specialisms like brain injury or sensory impairment, will be able to tender on a city wide basis for these specialisms.

## **APPENDIX 1 – MINIMUM ENTRY CRITERIA**

Detailed below are the proposed criteria each applicant will be required to meet to be considered for entry to the framework agreement:

### **CQC DOCUMENTATION**

The applicant will submit:

- CQC registration certificate relating to current location.
- Confirmation that the location has a registered manager and the name of that manager.
- Registration certificate for Domiciliary Care / Home Care under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015.
- Registration under one of the following CQC categories:
  - The service user band for the location being Children 0-17 years.
  - The service user band for the location being Younger Adults 18-64 years E.g. mental health, learning disability, physical disability.
  - The service user band for the location Older Adults 65+ years.

### **COMPANY DOCUMENTATION**

The applicant will submit:

- Employers Liability (£10 million) and Public Liability (£5 million) insurance certificates.
- Incorporation Certificate – if a Limited Company, the name on the certificate must match the name of the company applying to join the framework.
- Charity Certificate (if applicable).
- BACS form – containing relevant payment details
- Data sharing agreement – fully completed with relevant signatures
- Birmingham Business Charter for Social Responsibility – submit an action plan (to be approved by the Council) detailing how the principles of the Charter shall be implemented during the duration of this Agreement; and provide on each anniversary date, beginning from the commencement date an annual statement confirming how the principles of the Charter have been implemented.

### **POLICY AND PROCEDURES**

The applicant will submit:

- Data Protection Policy

- Safeguarding Policy – to include procedures relating to adult and child safeguarding where relevant to the service being provided.
- Health and Safety Policy
- Business Continuity Policy
- Equal Opportunities Policy
- Recruitment and Selection Policy

#### **FINANCIAL VIABILITY**

- The operating company has at least two months staffing salaries in reserve.
- Financial accounts – If the company has been trading for more than 12 months either the most recent profit and loss account or expenditure statement; Balance sheet. If the company has been trading for less than 12 months then a 2 year financial forecast must be submitted.
- Credit check – the Council may decide to exclude a provider from the framework if information on their credit check indicates they are at financial risk. Examples of the type of information the Council may use to assess a providers financial risk are: Commercial Delphi score, financial stability odds, credit limit, average debt history, CCJ history, information from the financial account submission.

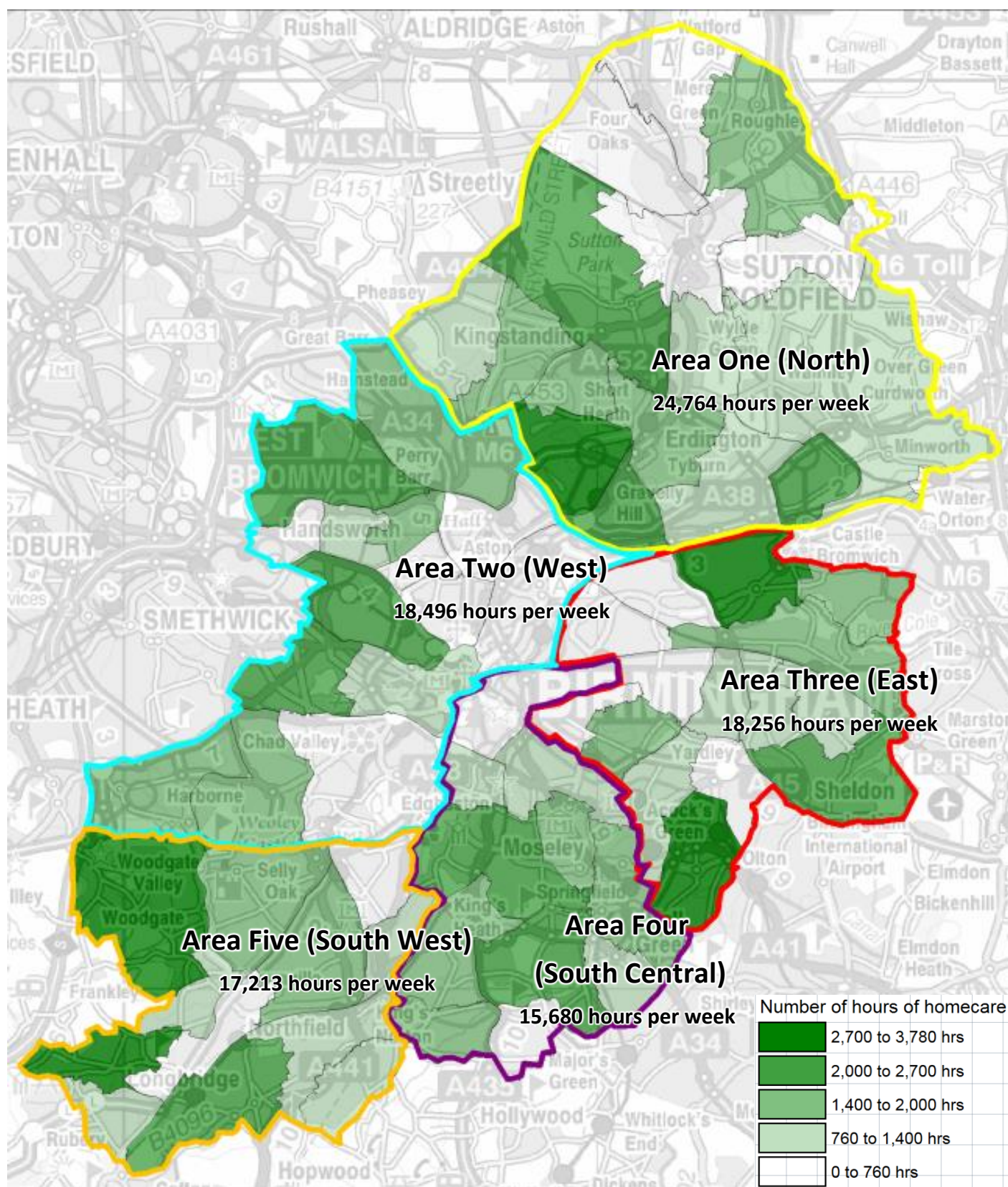
#### **PROFESSIONAL STANDING**

The detailed grounds for mandatory and discretionary exclusion from the framework agreement under the Public Contract Regulations 2015 R57(1), (2) and (3); and the Public Contract Directives 2014/24/EU Article 57(1) are set out in the document on the following webpage:

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**Appendix 2 - : Five geographic areas**





**Proposed (2018) Wards allocated to each area:**

<p>Area One (North)</p> <p>Sutton Mere Green</p> <p>Sutton Four Oaks</p> <p>Sutton Roughley</p> <p>Sutton Trinity</p> <p>Sutton Reddicap</p> <p>Sutton Vesey</p> <p>Sutton Wylde Green</p> <p>Sutton Walmley &amp; Minworth</p> <p>Oscott</p> <p>Kingstanding</p> <p>Perry Common</p> <p>Stockland Green</p> <p>Erdington</p> <p>Gravelly Hill</p> <p>Pype Hayes</p> <p>Castle Vale</p>	<p>Area Two (West)</p> <p>Perry Barr</p> <p>Handsworth Wood</p> <p>Holyhead</p> <p>Handsworth</p> <p>Birchfield</p> <p>Aston</p> <p>Nechells</p> <p>Lozells</p> <p>Newtown</p> <p>North Edgbaston</p> <p>Ladywood</p> <p>Soho &amp; Jewellery Quarter</p> <p>Quinton</p> <p>Harborne</p> <p>Edgbaston</p>	<p>Area Three (East)</p> <p>Alum Rock</p> <p>Ward End</p> <p>Bromford &amp; Hodge Hill</p> <p>Shard End</p> <p>Glebe Farm &amp; Tile Cross</p> <p>Heartlands</p> <p>Yardley &amp; West Stechford</p> <p>Yardley East</p> <p>Garretts Green</p> <p>Sheldon</p> <p>South Yardley</p> <p>Acocks Green</p> <p>Tyesley &amp; Hay Mills</p> <p>Small Heath</p> <p>Bordesley Green</p>
<p>Area Four (South Central)</p> <p>Bordesley &amp; Highgate</p> <p>Balsall Heath West</p> <p>Sparkbrook &amp; Balsall Heath East</p> <p>Moseley</p> <p>Sparkhill</p> <p>Hall Green North</p> <p>Hall Green South</p> <p>Brandwood &amp; Kings Heath</p> <p>Billesley</p> <p>Druids Heath &amp; Monyhull</p> <p>Highters Heath</p>	<p>Area Five (South West)</p> <p>Bartley Green</p> <p>Weoley &amp; Selly Oak</p> <p>Bourneville &amp; Cotteridge</p> <p>Bournebrook &amp; Selly Park</p> <p>Stirchley</p> <p>Allens Cross</p> <p>Frankley Great Park</p> <p>Northfield</p> <p>Rubery &amp; Rednall</p> <p>Longbridge &amp; West Heath</p> <p>Kings Norton North</p> <p>Kings Norton South</p>	