



Cabinet Report: 16th February 2016

Appendix 4

Southampton Integrated Commissioning Unit Domiciliary Care and Support Quality Standards Monitoring Tool

Service:

Completed by:

Position:

Date:

The Quality Standards Monitoring Tool

The purpose of this tool is to provide evidence to the commissioners and the quality and safeguarding team within Southampton Integrated Commissioning Unit that you as a health and social care provider are providing services that are safe, effective, compassionate and high quality. Throughout the provision of care and support staff must have received training and be able to demonstrate their understanding and knowledge of the Care Quality Commission (CQC) Fundamental Standards Regulations, The Care Act 2015 and The Mental Capacity Act 2005

You will note that each outcome has links to CQC fundamental standards regulations. This is for guidance only and to support you when completing this tool. The responsibility for the maintenance and continuation of good quality services remains firmly with the service provider who is the named registered person/provider for the service and in accordance with the Health and Social Care Act 2008 (Regulated Activities)(Amendment) Regulations 2015, Care Quality Commission requirements and the expectations of Southampton City Council and Southampton City Clinical Commissioning Group. No responsibility shall be taken by Southampton City Council or Southampton City Clinical Commissioning Group if a service does not meet these required standards and any enforcement action that may be taken against the provider due to poor standards of service delivery.

When completing your answers please ensure you provide evidence of how you are meeting each standard. Where you are not meeting a standard please document why and what actions are in place with timescales to meet the standard. If necessary attach an action/improvement plan when returning the quality standards monitoring tool.

Dignity in Care

The standard dictionary meaning of dignity is:

A state, quality or manner worthy of esteem or respect; and (by extension) self- respect. Dignity in care, therefore, means the kind of care, in any setting, which supports and promotes, and does not undermine a person's self-respect regardless of any difference. Or, as one person receiving care put it briefly, 'being treated like I was somebody'

Dignity must be at the centre of everything we do if we are to achieve high quality, person-centred care and support. Dignity focuses on the value of every person as an individual. It means respecting other's views, choices and decisions, not making assumptions about how people want to be treated and working with care and compassion.

These principles are to be upheld by providers throughout the delivery of care services. They should shape the ethos of the providers operations.

SERVICE OUTCOME 1: ASSESSMENT , RISK AND SUPPORT PLANNING

All Service Users receive an assessment of their care and support needs and associated risks.

All Service Users have an up-to-date care and support plan.

All Service Users have a current risk management plan.

Assessment and support planning procedures place Service Users’ views at the centre. Services are provided and managed by skilled staff.

Service Users Representatives are involved as appropriate.

Standard 1.

The needs of Service Users and any risks are assessed on a consistent and comprehensive basis.

Care Quality Commission (CQC) Fundamental Standards regulations 9 10 11 12 13 14 17 18 19

Strategic Outcomes: Increased choice & control, Health & wellbeing, Making a positive contribution, Quality of life, Economic wellbeing

Quality Standards

1.1	Care Providers have needs and risk assessment policy and procedures. Comprehensive needs and risk assessments are placed in Service User files with evidence of specialist input if appropriate.	
-----	---	--

1.2	Service Users have given consent and are involved in developing their support plans and risk assessments	
1.3	Staff carrying out needs and risk assessments and negotiating support, Person Centred Plan and risk management plans are trained and competent to do so.	
1.4	Support Providers needs and risk assessment procedures are fully addressed and covered in staff induction and training programmes.	
1.5	Risk assessment procedures address: Risk to self, Risk to others (including staff and the wider community) and Risks from others (including staff and the wider community).	
1.6	All personal records are securely stored.	

Standard 2.

**All Service Users have individual outcomes-focused support, within a Person Centred Planning Process.
Risk management strategies address individual needs and the risks identified by the assessment process.**

CQC Fundamental Standards regulations 9 10 11 12 13 14 17 18

Strategic Outcomes: Freedom from discrimination & harassment, Increased choice & control

Quality Standards

2.1	Support and risk management plans include measures to eliminate, minimise or respond to identified risks in all aspects of the Service User's life.	
2.2	Clear links can be seen between assessments of needs and associated risks, and support plans.	
2.3	PCPs (which include support plans) incorporate individual outcomes which have been negotiated with Service Users and, if appropriate, carers, relatives or other advocates.	
2.4	Staff are aware of current legislation and are encouraged to advise formal carers of their rights to an assessment of their needs.	

2.5	Staff are aware of CQC Fundamental standards and work within this.	
-----	--	--

2.6	Service Users are given multiple opportunities about how their Care and Support Plan is provided.	
-----	---	--

2.7	Where a service user has been assessed to lack capacity to give consent to care and treatment there is written evidence that a mental capacity assessment has been completed and a best interest decisions has been made on their behalf in line with legislation.	
-----	--	--

Standard 3.

Reviewing.

Assessments and risk management plans/ PCP's are reviewed on a programmed, consistent and systematic basis.

CQC Fundamental Standards regulations 9 10 11 12 13 14 17 18

Strategic Outcomes: Personal dignity & respect, Increased choice & control, Making a positive contribution, Quality of life.

Quality Standards

3.1	All needs and risk assessments, support plans and PCPs are reviewed regularly and are kept up to date.	
3.2	Where there is a change to the circumstances and/or the Care Needs of a Service User, their care plans and are revised at that time to take account of revised needs, risks and outcomes.	
3.3	Support and risk management plans clearly show review dates.	
3.4	Needs / risk assessments and support / risk management plans are quality monitored internally, at no longer than 4 monthly intervals.	
3.5	Review outcomes are recorded and necessary actions taken. Service Users and their representatives are given copies of relevant plans and reviews. All	

	comments, views and disagreements are recorded. These are responded to, where necessary.	
3.6	Where there is an aim to develop independent living skills for the service user there are clear achievable targets within support plans and evidence of progression.	

SERVICE OUTCOME 2: SECURITY, HEALTH AND SAFETY

The security, health and wellbeing of all individual Service Users, staff are protected.

Standard 1.

The Provider has a Health and Safety Policy. This is reviewed, at least, annually, and complies with current legislation. There are comprehensive and legally valid health and safety procedures that protect staff and service users. These cover all relevant aspects of operations.

CQC Fundamental Standards regulations 12 13 14 15 16 17 18 20

Strategic Outcomes: Health & wellbeing, Quality of life.

Quality Standards

1.1	Staff are trained in Health and Safety Procedures and are able to demonstrate and understand their responsibilities throughout their work activities.	
1.2	Staff are aware of and follow the Support Providers Incident Reporting Policy in line with any local arrangements.	
1.3	Where staff work alone, risk assessments specifically address the risks faced by lone workers and Service Users. The Service should have a Lone Working Policy that addresses these risks.	

1.4	Staff work practices show awareness of infection prevention and control.	
1.5	All specialist equipment, aids and adaptations used by the Service are regularly assessed and maintained in accordance with their maintenance schedule.	

Standard 2.

The service has a co-ordinated approach to assessing and managing security and health and safety risks that potentially affect all Service Users, staff and the wider community.

CQC Fundamental Standards regulations 11 12 13 15 17

Strategic Outcomes: Health & wellbeing, Quality of life.

Quality Standards

2.1	There are regular environmental risk assessments of each Service Users situation, environment and fire risk. In accordance with the providers own policies and procedures, and legal requirements.	
2.2	Fire safety plans and a referral to Hampshire Fire and Rescue should be completed for all people where a risk assessment identifies this is necessary.	
2.3	These assessments are recorded and actioned by the Support Provider.	

Standard 3.		
The Provider has appropriate arrangements to enable Service Users to access help in crisis or emergency.		
CQC Fundamental Standards regulations 12 17 18		
Strategic Outcomes: Health & wellbeing, Economic wellbeing		
Quality Standards		
3.1	Emergency call-out and out-of-hours support arrangements are given to Service Users in ways appropriate to their needs and this is documented.	
3.2	There is a written emergency call-out and out-of-hours policy and procedure in place and staff understand this.	

Standard 4.		
The service addresses the health and welfare needs of Service Users appropriately in a pro-active and reactive manner.		
CQC Fundamental Standards regulations 9 10 11 12 13 14 17 18		
Strategic Outcomes: Making a positive contribution, Health & wellbeing, Personal dignity & respect, Quality of life.		
Quality Standards		
4.1	All Service Users have a current Health Action Plan (HAP) within their person centred plans written in conjunction with Service Users and/or their families.	
4.2	Service users are supported and encouraged to eat a healthy balanced diet. Providers must ensure that Service User's nutritional and hydration needs are met. This is to be reflected within the individual's support plan.	
4.3	Staff identify where the person who uses services is at risk of poor nutrition, dehydration or has swallowing difficulties when they first begin to use the service and as their needs change. Action is taken to respond to these risks, including notifying the Service Purchaser.	

4.4	Where support is provided with meals and there is an identified risk of malnutrition and dehydration food and fluid intake is recorded and monitored. Concerns are passed to relevant professionals and recorded.	
4.5	Where there is an identified risk of choking Support Providers must evidence compliance with recommendations following a service user specific SALT assessment; a support plan is in place and support staff have received appropriate training.	
4.6	Health issues that arise are identified, reported to the Provider Management team and dealt with promptly. These are notified to the Service Purchaser.	
4.7	All Service Users have a front sheet in their files which details immediately required information about the Individual, including name, DOB, current, medication, allergies, health issues, key contacts etc.	
4.8	All Service Users are registered with a local GP, dentist and optician as required.	

<p>Standard 5.</p> <p>People who use services will have their medicines at the times they need them and in a safe way. The provider has a medication policy which complies with:</p> <p>Medicines Act 1968 Misuse of Drugs Act 1971 Safer management of Controlled Drugs regulations 2006 Regulation 13 of the Health and Social Care Act 2008 Mental Capacity Act 2005</p>		
<p>CQC Fundamental Standards regulations 9 10 11 12 13 16 17 18 19 20</p>		
<p>Strategic Outcomes: Health and wellbeing, dignity and respect and quality of life</p>		
<p>Quality Standards</p>		
5.1	Assistance with medication is given with the valid and informed consent of the Service User. In the absence of the Service User having capacity to	

	consent, there is evidence that a best interest procedure has been followed.	
5.2	All staff supporting service users with medication have received training and have been assessed by the trainer and are confirmed as competent by the Service Provider.	
5.3	There is evidence that staff have been issued with and understand the provider's medication policy and procedure and have access to up to date legislation and guidance.	
5.4	The provider's medication policy and procedure includes requirements relating to obtaining, storage, administering, monitoring, disposal of medications, preferences and views of service users.	
5.5	If the providers medication policy includes support with obtaining and administering homely / 'over the counter' remedies including herbal products there is a written protocol which must include: <ul style="list-style-type: none"> • Getting advice from a doctor, pharmacist or registered nurse • Making it clear what carers can assist with for example, headache, heartburn or cough • Keeping records of purchase, administration and disposal 	
5.6	Staff have access to up to date information regarding medication, side effects, adverse reactions etc.	
5.7	Staff understand the importance of monitoring the effect of medication and are aware of action to take if service user's medical condition or wellbeing changes.	
5.8	Providers ensure that all service users who are supported with medication have an accurate detailed list of medicines within their care/support plan. This includes clear precise instructions for staff around delivery of medication; especially PRN.	
5.9	The call times for service users requiring assistance with medication are spaced appropriately to ensure safe administration of medication.	
5.10	There is a clear policy on what action to take in the event of a medication error, incident, refusal to take medication or missed call which prevents the service user having their medication. This includes notifying the commissioner and CQC	
5.11	There are systems in place that ensure a prompt response when incidents	

	detailed in 5.10 occur so the risk of them being repeated is reduced to a minimum.	
--	--	--

<p>Standard 6.</p> <p>End of Life Care</p> <p>The Service provides good quality, consistent End of Life Care.</p>		
<p>CQC Fundamental Standards regulations 9 10 11 12 13 14 17 18 19</p>		
<p>Strategic Outcomes: Consistent high quality care, in line with service users’ preferences, dignity and quality at the end of their life.</p>		
<p style="text-align: center;">Quality Standards</p>		
6.1	The service provider has an understanding of the key principles of palliative and end of life care. The provider has an End of Life policy that and follows local and national policy strategies.	
6.2	The service has processes in place to discuss, record and communicate the wishes and preferences of service users who are approaching the end of their life.	
6.3	The service has suitably trained staff who are able to deliver high quality end of life care, that meets the social, emotional, physical and spiritual needs of service users.	
6.4	The Service Provider is able to access key contacts in health, social care and the voluntary sector, to contribute to a multidisciplinary approach to end of life care.	
6.5	The Service Provider is able to access information, and to offer this and relevant support to others after the death of a service user.	

SERVICE OUTCOME 3: SAFEGUARDING AND PROTECTION FROM ABUSE

**Providers have a duty to protect and safeguard the welfare of vulnerable adults.
This responsibility includes the Safety and wellbeing of staff/professionals visiting or working in the service.
This involves working in partnership to protect vulnerable groups from abuse.
Providers must seek to employ a human rights based approach to delivering care and support, in line with the recommendations of the Equality and Human Rights Commission.**

Standard 1.

Providers have policies and procedures for safeguarding and protecting vulnerable adults and children. These policies must be no more than two years old and in accordance with current legislation.

CQC Fundamental Standards regulations 12 13 16 17 18 19 20

Strategic Outcomes: Freedom from discrimination & harassment, Personal dignity & respect, Quality of life.

Quality Standards

1.1	The provider procedures, which are updated at least every 2 years, comply with the current local child and adult protection policy and procedures.	
1.2	The provider carries out recruitment checks, including professional references, POVA and DBS checks, for staff. This includes right to work in the U.K.	
1.3	Providers have a whistle blowing procedure. Staff must be aware of this. All matters raised under this procedure are dealt with fully and fairly. The right of staff to raise concerns is respected.	
1.4	Clear evidence of partnership working with relevant external agencies is demonstrated by the Provider.	

Standard 2.		
<p>Staff are aware of policies and procedures. Their practice both safeguards Service Users and promotes understanding of abuse.</p> <p>Staff are trained about Safeguarding Adults and children’s policies and processes.</p> <p>There are clearly documented procedures for supporting Service Users to deal with their finances.</p>		
CQC Fundamental Standards regulations 10 11 12 13 14 16 17 18 19 20		
Strategic Outcomes: Freedom from discrimination & harassment, Economic wellbeing, Personal dignity & respect.		
Quality Standards		
2.1	The provider and their staff should respond to all individual concerns raised, in accordance with Policies and Procedures.	
2.2	Victims of abuse, discrimination, harassment should be given appropriate support by the provider.	
2.3	Service User’s financial arrangements are managed competently by the provider. All financial transaction records are maintained securely.	
2.4	A log records all details of concerns raised, investigations and outcomes. It shows the actions taken, including reporting to appropriate authorities (including the service commissioner and contract manager).	
2.5	Safeguarding and protection from abuse policies and procedures are covered in staff induction and training programmes, and integrated into staff management practices.	
2.6	Where a service user lacks capacity and is deprived of their liberty the provider can evidence that they have acted in accordance with the MCA 2005 deprivation of liberty safeguards	
2.7	Staff are able to describe the policies and procedures, the reasons behind them and the implications for their work.	
2.8	Staff can describe and have ready access to accessible information detailing how they would report any actual or suspected abuse or neglect, and who incidents should be reported to.	

2.9	Service Users and their Representatives are informed about Safeguarding Adults and Children Procedures. This includes information about how to report concerns and who they should contact to make such reports. Providers should communicate properly and fully about actions taken or not taken.	
2.10	There is an open and honest culture within the organisation that encourages candour, openness and honesty at all levels. Training, policies and practice reflect current requirements	

<p>Standard 3.</p> <p>Staff are made aware of and understand their professional boundaries and their practice reflects this.</p>		
<p>CQC Fundamental Standards regulations 10 11 13 17 18 19</p>		
<p>Strategic Outcomes: Personal dignity & respect, Freedom from discrimination & harassment, Economic wellbeing.</p>		
<p>Quality Standards</p>		
3.1	Providers have procedures to prevent staff from gaining or taking personal benefit when working with vulnerable people or their representatives.	
3.2	The nature and limits of relationships between staff and Service Users, and other people in the Service User's household, or connected to the Service User, are covered in staff induction and training programmes, and integrated into staff management practices.	
3.3	Staff are able to describe and have ready access to information detailing the policies concerning relationships with Service Users or those visiting Service Users.	
3.4	Staff are able to explain how their practice maintains effective boundaries.	
3.5	The provider has a Code of Conduct which makes clear the appropriate boundaries for staff.	

Standard 4.	
Staff support and manage Service Users financial transactions appropriately.	
CQC Fundamental Standards regulations 9 10 11 12 13 17 18 19	
Strategic Outcomes: Freedom from discrimination & harassment, Economic wellbeing, Personal dignity & respect.	
Quality Standards	
4.1	There is evidence that Service Users are supported to deal with their finances as appropriate.
4.2	There is a fully detailed log and audit trail of Service User benefits and their financial position.
4.3	All financial transactions in relation to Service Users are kept and detailed and are available to audit.
4.4	Where staff cars are used and Service Users contribute to this there is a support plan in place stipulating method of payment; invoices are signed by Management and there are clear records of purpose of journeys and payments made.
4.5	If the provider is supplying support either directly or through a third party above what has been commissioned and the service user is chargeable a support plan must be in place.

SERVICE OUTCOME 4: DIVERSITY AND INCLUSION

Diversity and Inclusion are essential components of all Service Provision. The service acts within the law and ensures Service Users and/or their representatives are well-informed about their rights and responsibilities. Providers must seek to employ a human rights based approach to delivering care and support, in line with the recommendations of the Equality and Human Rights Commission.

Standard 1.

Diversity and Inclusion are essential to and embedded within the service.

CQC Fundamental Standards regulations 9 10 11 12 13 14 17 18 19

Strategic Outcomes: Making a positive contribution, Increased choice and control, Personal dignity & respect, Freedom from discrimination & harassment, Health & wellbeing, Quality of life.

Quality Standards

1.1	The Provider has policies and procedures that cover Equal Opportunities, Diversity, Anti-Discriminatory Practice, Harassment, and Community Cohesion and Social Inclusion. These policies and processes cover all aspects related to staff, service users, and their representatives.	
1.2	The policies and procedures are reviewed within a two year period and are in accordance with all current legislation.	
1.3	Equality and diversity policies and procedures are covered in staff induction and training programmes, and integrated into staff management practices.	
1.4	There is a recruitment and selection policy that aims to eliminate discrimination in recruitment processes. The provider collects and analyses data about applications and uses this to identify and respond to any issues regarding the make-up and diversity of its workforce.	
1.5	Providers should have a workforce that best represents the population structure and composition of Southampton; this includes aspects such as people from BME groups and disabled people.	

1.6	Service Users or families confirm that information and support is made available to them to meet their cultural, religious and/or lifestyle needs including sexual orientation, in an easy to read and accessible format.	
1.7	Service Providers must ensure that they provide full and equal access to services for all people with diagnoses of HIV and/or AIDS and related conditions, in line with the principles of the Equality Act	

Standard 2.

Dignity Principles. Providers must recognise the essential nature of ensuring Service Users are always treated with dignity and respect. These standards are fundamental to providing a positive service.

CQC Fundamental standards regulations 9 10 11 12 13 17 18

Strategic Outcomes: Making a positive contribution, Increased choice and control, Personal dignity & respect, Freedom from discrimination & harassment, Health & wellbeing, Quality of life.

Quality Standards

2.1	These principals are to be upheld by providers throughout the delivery of care services. They should shape the ethos of the providers operations.	
2.2	Value the uniqueness of the individual.	
2.3	Uphold the responsibility for individuals to shape care and support services they receive.	
2.4	Value communicating with Services Users and their representatives in ways that are meaningful for them.	
2.5	Respect how individual's dignity may be affected when delivering all aspects of their care.	
2.6	Recognise the importance of an individual's surroundings and environment when visiting their home	

2.7	The organisation has a culture that actively promote the dignity of everybody.	
2.8	Recognise the need to challenge care that may reduce the dignity of the individual.	

SERVICE OUTCOME 5: SERVICE USER INVOLVEMENT AND EMPOWERMENT

**There is a commitment to empowering Service Users and supporting their independence.
Service Users are well informed so that they can communicate their needs and views and make informed choices.
Service Users are empowered to engage in the wider community and to develop social networks.
Service Users are enabled and encouraged to make informed decisions about the structure and operation of their own Care and Support service.**

Standard 1.

Service Users and their representatives are consulted on all significant matters which affect their lives and their views are taken into account.

CQC Fundamental Standards regulations 10 11 12 13 16 17 18 20

Strategic Outcomes: Making a positive contribution, Increased choice and control, Quality of life, Health and wellbeing.

Quality Standards

1.1	The Provider has a Statement of Rights and Responsibilities. The Provider has a Service User Guide.	
1.2	Service Users must be fully engaged in consultation about their service. Service Users who require additional support to facilitate reasonable adjustments should be made for effective communication.	

1.3	Formal and/or informal consultation takes place and proposals are modified where possible in the light of Service User feedback. This process should involve the development of Service User Forums by Providers.	
1.4	Service Users confirm that they receive feedback on changes that have or have not been made, and why.	

Standard 2.

The service promotes and supports independence.

CQC Fundamental Standards 9 10 11 12 13 14 15 17 18 19

Strategic Outcomes: Increased choice and control, Making a positive contribution, Personal dignity & respect, Economic wellbeing.

Quality Standards

2.1	The service has a clear, documented approach to empowering Service Users and supporting their independence.	
2.2	Assessments of Service User risks balance the duty of care and the promotion of independence.	
2.3	Empowerment and promoting independence are covered in staff induction and training programmes, and integrated into staff management practices.	
2.4	Service User Independence is promoted with appropriate skills training by the provider.	
2.5	The provider ensures the use of appropriate equipment and adaptations to meet individual needs, in conjunction with other professional services.	
2.6	Service Users and their representatives confirm that they are encouraged to take part in active decision making about their home and the services they receive.	
2.7	The individual is encouraged to control their personal finances and is given support to acquire budgeting skills.	

2.8	The support worker is trained in appropriate communication skills to meet individual's needs.	
-----	---	--

Standard 3.		
Service Users are encouraged to consider ways in which they can participate in the wider community.		
CQC Fundamental standards regulations 9 10 11 12 13 17 18		
Strategic Outcomes: Increased choice and control, Freedom from discrimination & harassment, Making a positive contribution, Personal dignity & respect, Economic wellbeing, Quality of life.		
Quality Standards		
3.1	Support plans show that staff and Service Users have discussed wishes and aspirations for employment, training, education, social and leisure activities.	
3.2	The provider actively and safely encourages and promotes links with friends and families.	
3.3	Support plans reflect that Service Users have been enabled to overcome barriers to participating in the wider community.	
3.4	The provider seeks to enable the Service Users to access and stimulating activities within the local community. These activities should respond to the care and support plans for each individual and reflect changes in wishes and abilities.	
3.5	The provider has an up to date policy on payments for activities with Service Users which staff are aware of and can demonstrate knowledge of. This should be available in a range of formats for service users to access.	
3.6	The Provider should clearly state within the care and support plan what the Service User's community participation and activities consist of. These should be in line with what has been commissioned.	

Standard 4.		
There is a written Complaints Policy and Procedure that is reviewed annually.		
CQC Fundamental Standards regulations 10 12 13 16 17 18 19 20		
Strategic Outcomes: Health & wellbeing, Quality of life.		
Quality Standards		
4.1	The provider complaints policy and procedure is simple and clear and is available in accessible formats appropriate to the needs of the Service User and relative or formal carer.	
4.2	The provider complaints policy includes full information on how to contact the provider to raise a complaint or concerns and a timescale that will apply for the investigation and response. The provider should endeavour to have a named individual as the contact person.	
4.3	Action is taken in response to individual complaints. A log records concerns raised, outcomes to complaints and shows that appropriate action is taken. There should be reasonable response times specified in these policies and all response times should be agreed with the complainant.	
4.4	Outcomes of complaints are fed back to complainants.	
4.5	The policy and procedure is publicised in ways appropriate to the needs of the Service User group e.g. Service User information packs, guides, notice boards, etc.	
4.6	Staff receive training in dealing with and encouraging complaints.	
4.7	Staff, Service Users and third parties know how to use the procedure and are empowered to do so.	
4.8	There is evidence that Independent advocacy is sought, where available to help Service Users, carers and family members to use the complaints system.	
4.9	The Provider has evidence of changes to service provision which stemmed from complaints and this is shared with the commissioner.	

SERVICE OUTCOME 6: DELIVERY OF SERVICE

**People are kept safe and their health and welfare needs are met.
Staff are competent to carry out their work and are properly trained, supervised and appraised.**

**Standard 1.
People who use services are safe and their health and welfare needs are met by competent staff.**

CQC Fundamental Standards 8 9 10 12 13 14 15 16 17 18 19 20

Strategic outcomes: Increased choice and control, making positive contribution, personal dignity & respect

Quality Standards		
1.1	The service manager has the necessary qualifications, time, skills and experience to manage the regulated activity.	
1.2	All staff receive comprehensive induction and training which meets the requirements of the care certificate framework and CQC fundamental standards	
1.3	Induction is undertaken by all staff when they start their job. There is evidence that they have been assessed and signed off as competent to work unsupervised.	
1.4	Staff are trained so that they are capable and competent of providing the correct level of support to meet the needs of each service user they work with.	
1.5	Where learning and development is delivered by a trainer the provider has identified and confirmed that the trainer is qualified to do so.	
1.6	Staff receive the learning and development opportunities they need to carry out their role and keep their skills up to date.	

1.7	Staff are trained, assessed and signed off as competent to support with medication. Where errors occur systems are in place to ensure support and re-training for staff members.	
1.8	Where staff make errors the provider is responsible for ensuring that staff members are fully safe and competent to carry out these duties in the future.	
1.9	Training records for all staff are kept and can be produced on request.	
1.10	When consulted service users or their representatives can confirm that staffs conduct is profession and respects their right to choice and control.	
Standard 2.		
Staff are supported and managed at all times and are clear about their lines of accountability.		
CQC Fundamental Standards regulations 8 9 10 12 13 17 18 19		
Strategic outcomes: Health and wellbeing, quality of life		
Quality Standards		
2.1	A support structure is in place for one to one supervision, spot checks and group meetings. They are undertaken at a time and frequency agreed between the line manager or supervisor and the staff member and they are recorded.	
2.2	Supervisory support arrangements are in place, monitored and reviewed for all staff delivering care and support.	
2.3	All new staff are given shadowing opportunities in order to familiarise themselves with the service and users of the service.	
2.4	Staff have a yearly appraisal that promotes their professional development and reflects any regulatory and/or professional developments.	

Standard 3.		
People who use services are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.		
CQC Fundamental Standards regulations 8 9 10 12 13 14 17 18 19		
Strategic Outcomes: Increased choice and control, health and wellbeing, making a positive contribution , quality of life		
Quality Standards		
3.1	There are sufficient numbers of staff employed by the provider with the right competencies, knowledge, qualifications, skills and experience to meet the needs of people who use services at all times.	
3.2	Staff responsible for coordinating care visits have knowledge of service users' needs and carers' capability and availability in order to ensure consistency and reliability of care.	
3.3	Service users have a small team of carers providing support. Details of staff allocated to each service user is clearly recorded in service user's home file.	
3.4	Service users have regular care workers who are allocated immediately or within one month of start of care package.	
3.5	The Provider can demonstrate that they have carried out a needs analysis and risk assessment as the basis for deciding on their staffing levels.	
3.6	The Provider has a business continuity plan which evidences how they will respond to unexpected changing circumstances in the service for example to cover sickness, vacancies, absences, severe weather situations and emergencies.	
3.7	The Support Provider shall ensure that sufficient travel time is allowed between visits to ensure that support workers arrive promptly at the agreed time.	

Standard 4. Communication and Recording		
Detailed and clear communication is essential to service delivery.		
CQC Fundamental Standards regulations 8 9 10 12 13 14 16 17 18 19 20		
Strategic Outcomes: Health and wellbeing, quality of life, dignity		
Quality Standards		
4.1	All staff are given training and guidance in how to communicate effectively with Service Users and their representatives. They can demonstrate their area of responsibility when reporting and recording and who they report too.	
4.2	There are recorded and documented processes in place which evidence effective sharing of information.	
4.3	Office communication books/logs are audited to ensure information is transferred, followed up and action taken where necessary.	
4.4	Service Users are informed by the provider of any changes to their care worker or call times, including individual changes due to unavoidable circumstances.	
4.5	Evidence of communication with Service Users and all other professionals is recorded, shared where necessary and actioned.	
4.6	The provider must inform Southampton City Council/Clinical Commissioning Group of all relevant matters that affect the care given to service users.	
4.7	Service users and or their representatives are consulted fully and properly about all aspects of their ongoing care and support.	
4.8	The delivery of care and support should only be as commissioned. Any deviants should be reported to SCC/CCG as soon as possible which includes under or over delivery of hours.	
4.9	There are robust monitoring/auditing process in place to validate that the hours commissioned are provided and evidence of this is made	

	available if requested by staff from the integrated commissioning unit	
--	--	--

SERVICE OUTCOME 7: ASSESSING AND MONITORING THE QUALITY OF SERVICE PROVISION

The provider has effective systems for gathering, recording and evaluating accurate information about the quality and safety of the care, treatment and support the service provides and its outcomes.

Standard 1.
The organisation regularly seek the views of service users and their representatives about the quality and effectiveness of the service they receive.

CQC Fundamental Standards regulations 8 9 10 13 16 17 18 19 20a

Strategic outcomes: Health and wellbeing, increased choice and control

Quality Standards		
1.1	An anonymous Service User survey is completed annually by the provider. It is analysed and used to identify areas where improvements are needed and an action plan is completed and shared with the quality and safeguarding team. It should include a question about whether the service user would recommend the service provider to their friends and family.	
1.2	Service User reviews are completed 6 monthly or sooner where risks are identified.	
1.3	Following individual reviews there is evidence that action has been taken to improve and make changes where necessary.	
1.4	Service users, formal carers and family have access to and are aware of how to make a complaint to the provider and to the purchaser.	

1.5	As from the 1 st April there is a requirement that the providers latest CQC rating is displayed at their premises and on their website	
1.6	The provider will inform the quality and safeguarding team within 24 hours of a CQC inspection.	

Standard 2.

Audits are completed on a regular basis from both branch level and organisation level.

CQC Fundamental Standards regulations 8 12 13 14 16 17 18 19

Strategic outcomes: Health and wellbeing, quality of life,

Quality Standards

2.1	Record of care logs, medication records, financial transactions, food and fluid charts are returned to branch at least monthly, audited and evaluated. Audit results will be made available to SCC/CCG if requested.	
2.2	Where the provider has undertaken an investigation there is accountability and a clear audit trail to protect people who use the service from inappropriate unsafe care or support.	
2.3	Systems are in place to continuously identify, analyse and review risks, adverse events, incidents, errors and near misses; wherever possible involving service users in risk management to promote their skills.	

SERVICE OUTCOME 8: Housing provision. Maintenance, management, roles and responsibilities.

Standard 1.		
Ensuring that the supported accommodation of Service Users is provided to a high standard and that action is taken to deal with all maintenance issues.		
CQC Fundamental Standards regulations 10 12 13 15 17 18		
Strategic Outcomes: Health, wellbeing, quality of life		
Quality Standards		
1.1	There is a clear schedule that sets out the responsibilities for maintenance and repairs of supported accommodation. This clearly shows which organisations are responsible for the various aspects of buildings, maintenance, physical environment etc. The responsibilities of housing providers, care providers and service user are clear to all.	
1.2	These schedules clearly specify responsibilities for repairs and maintenance, and include a timescale for actioning of all maintenance and repair matters.	
1.3	Key worker sessions take place and are recorded with clear themes around maintaining tenancies that reinforce the service users understanding and responsibilities. This may require alternate communication formats e.g easy read.	
1.4	Housing is maintained as a minimum to comply with the Housing Health and Safety Rating System (introduced under the Housing Act 2004).	
1.5	There are effective liaising and communication arrangements between the Service User, housing providers and care and support providers, including a regular meeting scheduled at a minimum of six monthly.	
1.6	Action is taken promptly and effectively when housing and environment issues are identified.	
1.7	There is evidence that the service purchaser and housing provider have	

	been notified within 24 hours of all significant housing and environmental matters.	
1.8	The provider informs the commissioner immediately of any issues that may affect the Service Users ability to maintain their tenancy. This could include changes in behaviour, management of finances or capacity.	
1.9	Evidence of Service User involvement in the management of their tenancy through risk assessments of their environment.	