

Quality Monitoring Framework

Domiciliary Care Services

Outcomes based tool
for the providers of domiciliary care services in Northumberland

NORTHUMBERLAND

Northumberland County Council

Contents

Introduction.....	
The Monitoring Framework Process.....	
Guidance.....	
Standard 1: Improved Health and Emotional Well-being	
1.1 I will receive care, treatment and support that meets my needs.....	
1.2 I will be cared for by care workers with the right skills to do their jobs properly.....	
1.3 I will receive assistance with medication if required, in a safe way.....	
Standard 2: Improved Quality of Life	
2.1 My personal needs will be assessed to ensure I get safe and appropriate care that supports my human rights	
2.2 My domiciliary care service will be reviewed and maintained to make sure it meets my needs.....	
2.3 My service will be flexible and adaptable to my changing needs and requirements.....	
2.4 My home-care agency will routinely check the quality of their service.....	
Standard 3: Increased choice and control	
3.1 I will be consulted about my personal preferences and wishes.....	
3.2 I will receive help with finances if required.....	
3.3 I will be supported and consulted about my preferences and wishes for planning end of life care	
Standard 4: Freedom from discrimination or harassment	
4.1 I will be safe when using a service.....	
4.2 I will receive care, treatment and support that meets my needs.....	
Standard 5: Maintaining personal dignity and respect	
5.1 I will be treated as an individual with dignity and respect.....	
5.2 My personal records and information will be accurate and will be kept safe and confidential.....	
5.3 I will be cared for by care workers who have gone through a thorough recruitment process.....	
Standard 6: Business management	
6.1 CQC registration.....	
6.2 Premises.....	
6.3 Requirements of the Job.....	
6.4 Policies and Procedure.....	
6.5 Sub-contracting.....	
6.6 Logistics.....	
Brief description and evidence of one key achievement.....	
Priority action as a result of this self-assessment.....	

Quality Monitoring Framework for Domiciliary care Services

1. Improved Health and Emotional Well-being			
<i>The Provider promotes and facilitates the health and wellbeing of its service users. Service users enjoy access to appropriate support and treatment when required.</i>			
	Standard	Requirements / Considerations	Example sources of evidence
1.1	<p>Service user outcomes</p> <p><i>I will receive care, treatment and support that meets my needs</i></p> <ul style="list-style-type: none"> • <i>I will get the care that I and my social care professional agree will make a difference to my health and wellbeing.</i> • <i>Care Workers will carry out tasks in accordance with my needs as stated in the care plan.</i> • <i>Care Workers will carry out tasks in accordance with infection control guidelines</i> • <i>Care Workers' experience and training will be matched in order to meet my specific needs.</i> • <i>I will receive appropriate support to eat and drink if help is required</i> 	<p>Areas for Measure</p> <p>Meeting Needs</p> <ul style="list-style-type: none"> • Staff individually and collectively have the skills, knowledge and experience to deliver the services and care which the agency states in its information material that it can provide. • The skills and experience of care staff are matched to the care needs of each service user • Staff are able to communicate effectively with the service user using the individual's preferred method of communication. • Infection control • There are nutrition and fluid monitoring charts in place if required and this is care planned • Service Users foods choices, likes / dislikes, allergies and requirements are taken into account when preparing foods 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> • Positive Service User feedback • Evidence of Service user guide • Evidence of how staff are deployed • Evidence of the skills matching process • Evidence of how sharing of information unique to individuals is shared with relevant staff • Service user care plans • Evidence of nutrition and fluid monitoring charts • Evidence of Infection Control policy and procedures which are know and adhered to by all staff • Evidence of Infection Control training for staff • Internal monitoring processes

	Standard	Requirements / Considerations	Example sources of evidence
1.2	<p>Service user outcomes</p> <p><i>I will be cared for by care workers with the right skills to do their jobs properly</i></p> <ul style="list-style-type: none"> <i>I will be cared for by care workers who have the knowledge, skills and experience needed to meet my health and welfare needs</i> <i>Care workers will have both formal and 'on the job' training to meet my needs</i> 	<p>Areas for Measure</p> <ul style="list-style-type: none"> There is a structured induction process, which is completed by new care and support staff The Induction encompasses the Skills for Care – Common Induction Standard There is a training needs analysis for each staff member which is incorporated into the staff training and development plan The provider measures ongoing staff competence in respect of each area of training provided 'On the job' training is with the consent of the service user. 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> Evidence of Staff Training including staff development plan and training needs analysis Evidence of Induction process and shadowing Evidence of training policy and procedure <p>Internal monitoring processes and outcomes with evidence of evaluation</p>

	Standard	Requirements / Considerations	Example sources of evidence
1.3	<p>Service user outcomes</p> <p><i>If my home-care agency is assisting me with medication, I will get the medicines (including eye drops and topical creams) I need, when I need them, and in a safe way.</i></p>	<p>Areas for Measure</p> <p>Medication</p> <ul style="list-style-type: none"> • There is a Medication policy which has been reviewed annually and is known and adhered to by all staff. • Staff only provide assistance with taking medication or administering medication or undertake other health related tasks, when they have received training and it is within their competence • Staff have received any necessary specialist service user specific training and it is: <ul style="list-style-type: none"> ▪ with the informed consent of the service user or their relatives or representative ▪ clearly requested on the care plan by the named assessor <p>Procedures for reporting medication concerns which include:</p> <ul style="list-style-type: none"> • How care and support workers follow the agency's procedures for reporting concerns, responding to incidents and seeking guidance. • How provider identifies and responds to any changes or concerns in an individuals needs <p>Recording administration of medication within the Care plan and records in the home</p> <ul style="list-style-type: none"> • Care and support workers record, with the user's permission, observation of the service user taking medication and any assistance given (including dosage and time of medication) 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> • Evidence of Staff Training • Internal monitoring processes inc. competency checks • Evidence of systems for bringing concerns to the attention of appropriate health professionals and Care Managers • Examples of remedial action and organisational learning where any errors are discovered • Evidence of medication policies and procedures which are known and adhered to by all staff

2. Improved Quality of Life

The provider promotes independence and supports service users to live a fulfilled life, making the most of their capacity and potential

	Standard	Requirements / Considerations	Example sources of evidence
2.1	<p>Service user outcomes</p> <p><i>My personal needs will be assessed to ensure I get safe and appropriate care that supports my human rights and that my wishes have been fully considered</i></p>	<p>Areas for Measure</p> <p>Individuals Care Plans</p> <ul style="list-style-type: none"> • An individual care plan outlining the delivery arrangements for the care is developed and agreed with each service user • The plan is generated from the care needs assessment service user plan, risk and manual handling risk assessment and the service contract or statement of terms and conditions • The plan is informed by the expressed wishes and preferences of the individual service user 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> • Evidence that the care planning is developed from the risk assessment / manual handling assessment/ care needs assessment. • Evidence that care plans have been drawn up and agreed with Service Users • Statements of Service User views • Evidence of training for staff in care planning • Needs assessment policies and procedures which are known and adhered to by all staff • Care plan template and staff guidance information

	Standard	Requirements / Considerations	Example sources of evidence
2.2	<p>Service user outcomes</p> <p><i>My domiciliary care service will be reviewed and maintained to make sure it meets my needs.</i></p> <ul style="list-style-type: none"> • <i>My needs will be reviewed to identify any changes in my health or circumstances. The process and timing of these reviews will be discussed with me when my needs are assessed.</i> • <i>I will be told in advance when any review meetings will be held, so that I, my carers and other relevant people can be ready and available to be involved in these discussions.</i> • <i>I will be told in writing of the outcome of the review. Any changes will be recorded in my care plan.</i> 	<p>Areas for Measure</p> <p>Staff identifying changing needs</p> <ul style="list-style-type: none"> • Staff are proactive in identifying and reviewing changing need and risk. • Service Users' files show that all Service Users' apparent risks have been reviewed. • Provider updates their own care assessments and continuously review, evaluate and revise care plans for all service users to inform care managers of changing needs. Such plans will reflect that support needs can reduce as well as increase. • Care Plans reflect each individual's changing needs and circumstances. • Reviews of needs are undertaken at least annually or more frequently if required. 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> • Evidence that these plans are owned and developed with individual and family/carer involvement in a format that suits individuals • Positive Service User feedback • Arrangements for developing and reviewing service user plans • Evidence of pro-active communication with care managers • Evidence of systems for bringing concerns to the attention of appropriate health professionals, care managers and wider family members where appropriate

	Standard	Requirements / Considerations	Example sources of evidence
2.3	<p>Service user outcomes</p> <p><i>My service will be flexible and adaptable to my changing needs and requirements.</i></p> <ul style="list-style-type: none"> <i>I will be consulted about the flexibility of my service, and whether informal arrangements have been taken into account in planning service delivery.</i> <i>My care worker will be reliable, dependable and flexible in the way they deal with my day-to-day needs. (My domiciliary care worker will arrive close to my agreed visit time. If they are delayed by more than 30 minutes I will be contacted by telephone about the delay.)</i> <i>Care Workers will explain what will happen during their visit and will assist to carry out personal tasks 'with' me rather than 'to' me.</i> <i>If I have more than one care provider, or if I am moved between services, I will get co-ordinated care.</i> <i>There will be continuity in the contact I have with care workers so that I don't have to keep explaining things over again</i> 	<p>Areas for Measure</p> <p>Flexibility of staff</p> <ul style="list-style-type: none"> Staff are reliable and dependable Staff can respond flexibly to the needs and preferences of service users which arise on a day to day basis and services are provided in a way that meets the outcomes identified in the care plan Staff rotas are appropriate to meet care times Staff have a clear understanding of how they can communicate changing circumstances within their own organisation <p>Responsive Services</p> <ul style="list-style-type: none"> Staff arrive at the home within the time band specified and work for the full amount of time allocated. Care is not rushed, time is allocated in way so that there is enough time to carry out what is required in a way that the service user wants <p>Continuity of staff</p> <ul style="list-style-type: none"> There is continuity in relation to the staff who provide(s) support and care to each service user Staff deployment is in accordance with individual care plans <p>The service proactively seeks to engage other agencies in supporting Service Users.</p> <ul style="list-style-type: none"> Mechanisms are in place between the service and external agencies to facilitate and enable joint working. 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> Positive feedback from Service Users and Care professional Examples where services have changed in response to customer feedback Internal monitoring processes Evidence that Staff rotas reflect the standard. Evidence of a multi-disciplinary approach Evidence of policy and procedure <p>Responses must also include the additional measures taken during peak holidays, high levels of sickness or unexpected absence.</p>

	Standard	Requirements / Considerations	Example sources of evidence
2.4	<p>Service user outcomes</p> <p><i>My home-care agency will routinely check the quality of their service.</i></p> <ul style="list-style-type: none"> <i>The Managers of the agency will regularly monitor the quality of the service they provide to make sure I receive the support I need</i> <i>I will be asked for my views to help make the service better</i> <i>I will be able to share any concerns or views I have about my service in the knowledge that those views are listened and responded to positively</i> <i>Me or someone acting on my behalf can complain and will be listened to.</i> <i>My complaint will be acted on properly.</i> <i>I will receive clear feedback on the investigation and outcome of my complaint and of any service improvements as a result if complaint is upheld</i> 	<p>Areas for Measure</p> <p>There is a Quality Management plan which has been reviewed annually and is known and adhered to by all staff.</p> <ul style="list-style-type: none"> Quality Management plan includes how the service will routinely involve service users/families views in the running of the service <p>There is a process and a procedure for consulting on a regular basis with service users and their carers about the care service and assuring quality and monitoring performance</p> <ul style="list-style-type: none"> Service User feedback is actively sought on their preferred methods of consultation. Service Users are offered a range of opportunities to give their views, make comments, and offer ideas about the services provided. <p>Process is made available and reviewed</p> <ul style="list-style-type: none"> The outcome from the Quality Management process is made available to service users, their family or representatives. There is evidence that feedback is listened to and implemented and includes; Outcomes Actions met 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> Summary of Quality Management plan Evidence of specific monitoring and consultative processes Feedback mechanisms for service users, family carers and Care Managers and evidence of any changes made Examples of recent improvements made to current services through quality management methods

	Standard	Requirements / Considerations	Example sources of evidence
2.4	<i>cont</i>	<p>Areas for Measure - cont.</p> <p>There is a written complaints policy and procedure that has been reviewed in the last three years and this is used as a tool for service development.</p> <ul style="list-style-type: none"> • All service users, carers and staff are made aware of the complaints procedures and how to use them. • A record is kept of all complaints and compliments including details of the investigation and action taken within reasonable response times in accordance with the organisations complaints policy. • The organisation carry out an ongoing analysis of concerns/complaints to identify emerging patterns • The organisation uses the findings to inform its quality management and service/staff development and improvement plans • Positive action is taken to encourage, enable & empower service users to use the complaints & compliments procedure including access to appropriate interpretation methods of communication. 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> • Evidence of training for staff • Internal complaints and concerns monitoring process • Feedback and response mechanisms for service users, family carers and Care Managers and evidence of any changes made as a result • Evidence of any recent improvements made as a result of the complaints process. • Evidence of complaints policy and procedure which are know and adhered to by all staff

3. Increased choice and control

The Service Users have access to choice and control of good quality care, which is responsive to individual needs and preference.

	Standard	Requirements / Considerations	Example sources of evidence
3.1	<p>Service user outcomes <i>I will be consulted about my personal preferences and wishes about how I would like the service to be carried out.</i></p> <ul style="list-style-type: none"> <i>I will receive good advice and information to make choices.</i> <i>Tasks will be undertaken in a way that reflects my daily habits/routines and any associated risks will be managed appropriately.</i> <p><i>I (and/or someone acting on my behalf) will be respected, involved in my care and support, and told what's happening at every stage</i></p> <ul style="list-style-type: none"> <i>I will be involved in discussions about my care, treatment and support.</i> <i>I will get support to help me make decisions and care workers will respect my privacy and dignity.</i> <i>Before I receive any care, treatment or support I will be asked whether or not I agree to it.</i> <i>I will have choices about the care workers who support me, and whilst I understand there will be some day to day barriers to always having the care workers of my choosing, I have the ultimate right to refuse services from staff with whom I am</i> 	<p>Areas for Measure The service has a clear, documented approach to empowering Service Users and supporting their independence.</p> <ul style="list-style-type: none"> A Care plan is drawn up with the involvement of the service users whenever possible or their representatives on their behalf, their relatives and friends and any other professionals as appropriate The Care plan takes into account the service user's wishes and preferences in relation to the way in which the care is provided and their own chosen lifestyle – as long as it conforms to legal requirements. The care plan is used to determine what and how services are to be delivered to service users. Staff understand the approach and can describe how they work with Service Users to promote independence. There is a documented approach to risk taking that enables staff to understand the meaning of "appropriate risk taking" and discourages risk avoidance as the key feature of support planning. Care assessments use appropriate methods of communication so that the service user and their representatives are fully involved. The risk assessment policy and procedure is reviewed at least every three years. 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> Evidence of how the provider undertakes active and ongoing discussions with individuals Evidence of how the provider uses their knowledge of individuals assessed needs to inform the service provided Evidence of how the provider supports individuals to make an informed choice about their service Evidence of the use of risk management strategies, with examples, to continue to promote maximum independence The identification of risks and staff guidance Evidence of staff training in risk assessments

	Standard	Requirements / Considerations	Example sources of evidence
3.1	<p>Cont. <i>uncomfortable.</i></p> <ul style="list-style-type: none"> • <i>Service managers will listen and act on any concerns I have about the care workers who support me</i> • <i>I will be informed about and/or meet my care worker before commencement of service</i> • <i>I will have my individual needs respected</i> • <i>My individual specialist needs will be taken into account, such as sensory loss, mental health needs, and cultural/religious needs.</i> 	<p>Areas for Measure - cont.</p> <ul style="list-style-type: none"> • Staff carrying out risk assessments and reviews are competent to do so. • There are systems in place to ensure that staff can be deployed / redeployed if there are any choices or concerns from service users and staff • The Care plan sets out in detail the action that will be taken by care and support workers to meet the assessed needs, including specialist needs and communication requirements • The Care plan identifies areas of flexibility to enable the service user to maximise their potential and maintain their independence. • The plan is signed by the service user or their representative on their behalf and is available in a language and format that the service user can understand. • A copy of the plan is held by the service user unless there are clear and recorded reasons not to do so. • Reviews of needs are undertaken at least annually or more frequently if required and care plans are updated to reflect this. 	<ul style="list-style-type: none"> • Risk assessment policies and procedures which are known and adhered to by all staff

	Standard	Requirements / Considerations	Example sources of evidence
3.2	<p>Service user outcomes</p> <p><i>If I have been assessed as requiring help with managing my financial affairs:</i></p> <ul style="list-style-type: none"> • <i>My care worker will be honest and open with me in relation to the management of my finances</i> • <i>I will be given a receipt for all monies in line with financial procedures;</i> • <i>Whenever possible I will be asked to sign my agreement to any transaction.</i> <p><i>If I am paying for my own care:</i></p> <ul style="list-style-type: none"> • <i>Invoices will be accurate</i> • <i>I will receive my invoices in a timely manner</i> • <i>I will receive information about what exactly I am being charged for and the costs reflect the quality of service I receive</i> • <i>Any issues and concerns regarding payments will be dealt with quickly, courteously and I will receive a satisfactory outcome</i> 	<p>Areas for Measure</p> <ul style="list-style-type: none"> • The registered person ensures that there are policies and procedures in place for staff on the safe handling of service users' money and property • There are invoice procedures for private and direct payment clients • Where service users are unable to take responsibility for the management of their own finances, this is recorded on the risk assessment and action taken to minimise the risk. • Cash transactions are regularly recorded on cash record sheets if staff are handling a service users money (e.g. shopping) • There are procedures to prevent staff from personal benefit when working with vulnerable people. • There is a documented risk assessment addressing potential for personal benefit 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> • Positive Service User feedback • Internal finance monitoring processes and documentation • Evidence of invoice procedure for private clients / direct payment clients which also includes safe handling of service users' money • Evidence of Finance policy and procedure which includes safe handling of service users' money which is known and adhered to by all staff

	Standard	Requirements / Considerations	Example sources of evidence
3.3	<p>Service user outcomes</p> <p><i>I will be supported and consulted about my preferences and wishes for planning end of life care and how I would like the service to be carried out</i></p> <ul style="list-style-type: none"> <i>I will be involved in discussions about my care, treatment and support.</i> <i>I will get support to help me make decisions and care workers will respect my privacy and dignity.</i> <i>I will have my individual needs respected</i> 	<p>Areas for Measure</p> <p>The service has a clear, documented approach to supporting service users' end of life wishes.</p> <ul style="list-style-type: none"> The provider is able to demonstrate that there are robust process and procedures in place to ensure that residents (and families, where appropriate) are consulted about their wishes for end of life care An end of life care plan is drawn up with the involvement of the service user whenever possible or their representatives on their behalf, their relatives and friends and any other professionals as appropriate The end of life care plan takes into account the service user's wishes and preferences in relation to the way in which the care is provided 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> Evidence of how the provider undertakes active and ongoing discussions with individuals about End of Life Evidence of how the provider supports individuals to make an informed choice about their care Plans for liaison with health professionals and use of palliative care standards Knowledge of bereavement counselling opportunities / provision including documentation to share with service users and family members Evidence of End of Life Care training for staff Evidence of End of Life policy and procedure which are known and adhered to by all staff

4 Freedom from discrimination or harassment

The Service users have access to care without hindrance from discrimination or prejudice. Service users feel safe and are safeguarded from harm.

	Standard	Requirements / Considerations	Example sources of evidence
4.1	<p>Service user outcomes</p> <p><i>I will be safe when using a service</i></p> <ul style="list-style-type: none"> <i>I will be protected from abuse or the risk of abuse, discrimination and harassment and care workers will respect my human rights</i> <i>Should any serious incidents occur, relevant authorities are notified</i> 	<p>Areas for Measure</p> <p>There are robust policies and procedures that have been reviewed / updated in the last three years and are in accordance with current legislation and Northumberland inter agency policy for safeguarding and protecting adults and children, which are known and adhered to by all staff.</p> <ul style="list-style-type: none"> Prompt action, consistent with agreed procedures, is taken in response to individual concerns from staff, Service Users or others and appropriate support is provided to them. A log records detail of incidents and outcomes and shows that appropriate action is taken, including reporting to appropriate authorities as appropriate, (including the service commissioner, contract manager and CQC) <p>There is a Whistle Blowing policy which has been reviewed in the last three years which is known and adhered to by all staff</p> <p>There are appropriate arrangements to enable Service Users and staff to access help in crisis or emergency.</p> <ul style="list-style-type: none"> Emergency call-out and out-of-hours support arrangements are documented and publicised to Service Users and staff in ways appropriate to their needs. There is a no-response policy and procedure 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> Evidence that Service users and families know how to raise concerns / safeguarding alerts Internal Safeguarding monitoring processes Identification of a lead senior member of the organisation for safeguarding issues and communications Evidence of Safeguarding training for all Staff Evidence of Safeguarding Adults and Children policies and procedures which are known and adhered to by all staff Evidence that policies and Procedures reflect local arrangements

	Standard	Requirements / Considerations	Example sources of evidence
4.1		<ul style="list-style-type: none"> • There is a plan for dealing with any disruption to the service (Contingency planning). 	<p>Cont.</p> <ul style="list-style-type: none"> • Evidence of Whistle Blowing policy and procedure which is known and adhered to by all staff • Evidence of a no-response procedure • Evidence of contingency planning • The identification of a post holder with lead responsibility for emergency planning • Identification of key factors to be considered in the event of an emergency

	Standard	Requirements / Considerations	Example sources of evidence
4.2	<p>Service user outcomes</p> <p><i>I will receive care, treatment and support that meets my needs</i> <i>My home-care agency will meet my needs relating to the following</i></p> <ul style="list-style-type: none"> • <i>My cultural background and the language I speak</i> • <i>My sex (gender)</i> • <i>My disability</i> • <i>My age</i> • <i>My sexuality (whether I am a lesbian, gay, bisexual or heterosexual person).</i> • <i>My religion or belief</i> • <i>My gender reassignment</i> • <i>My pregnancy or maternity</i> • <i>My marital or civil partnership status</i> 	<p>Areas for Measure</p> <p>There are Equality & Diversity policies/procedures which have been reviewed in the last three years which are known and adhered to by all staff</p> <ul style="list-style-type: none"> • Compliance with the Equality Act 2010 and reasonable adjustments (e.g. for sensory, physical, mental health needs or autism spectrum disorder). • Person-centred assessment (self-assessment if possible) and family/advocate involvement as necessary, to identify health, social, personal and emotional needs, outcomes and preferences. • Staff have received Equality and Diversity training 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> • The provider is able to demonstrate appropriate approach to equality issues. • Internal monitoring processes • Evidence of any adjustments made with examples • Evidence of Equality and Diversity Staff Training • Evidence of Equality and Diversity policy and procedures which are known and adhered to by all staff

5 Maintaining personal dignity and respect

The Provider provides care and support that respects the individuals and preserves their dignity at all times.

	Standard	Requirements / Considerations	Example sources of evidence
5.1	<p>Service user outcomes I will be treated as an individual with dignity and respect <i>I will receive care, treatment and support that meets my needs</i></p> <ul style="list-style-type: none"> • <i>If I have more than one care provider, or if I am moved between services, I will get co-ordinated care.</i> • <i>I will have continuity of care and care workers.</i> • <i>Where possible, the same care workers will visit me in order to provide continuity of care and to respect my personal dignity.</i> • <i>The number of care workers involved in delivering my care will be related to the amount of care I require and/or specialist skills required;</i> • <i>I will know in advance when my regular workers will be away and who will replace them in times of sickness or holiday</i> • <i>I will have care workers who are compatible with my requirements.</i> • <i>I will have care workers who are courteous and helpful at all times, and who show me respect.</i> • <i>Care workers will be motivated and positive in providing my service</i> 	<p>Areas for Measure</p> <ul style="list-style-type: none"> • The registered manager ensures that there is continuity in relation to the care or support worker (s) who provide (s) the service to each service user • Staff deployment is in accordance with individual care plans (numbers and skills and taking into account gender issues) • Consultation with service users around any staff changes (which will include instances where carers have raised concerns or feel unable to continue to provide support) • The number of staff going into each service users home is kept to minimum and ensures that consistency is maintained with a minimum number of staff to respect individuals dignity <p>Staff are made aware of and understand their professional boundaries and their practice reflects this.</p> <ul style="list-style-type: none"> • A Code of Conduct (or similar document) makes clear appropriate boundaries for staff and volunteers. • Information to Service Users makes clear what are appropriate boundaries for staff and volunteers. • Staff are clear of their responsibilities 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> • Internal monitoring processes • Evidence of additional measures taken during peak holidays, high levels of sickness or unexpected absence • Evidence of working with other organisations and professionals to improve co-ordination • Staffing rotas reflect the standard/numbers of carers. • Positive Service User feedback with clear examples • Evidence of code of conduct which is known and adhered to by all staff

	Standard	Requirements / Considerations	Example sources of evidence
5.2	<p>Service user outcomes</p> <p><i>My personal records and information will be accurate and will be kept safe and confidential.</i></p> <p><i>The language and content of daily records about my care will be clear, factual, none judgemental and respectful.</i></p>	<p>Areas for Measure</p> <p>There is a Confidentiality policy which has been reviewed in the last three years which is known and adhered to by all staff</p> <ul style="list-style-type: none"> • Care & support staff respect information given by service users or their representatives in confidence and handle information about service users in accordance with Data Protection Act 1998, the agency's written policies and procedures and in the best interests of the service user • Suitable provision is made for the safe & confidential storage of service user records & information including the provision of lockable filing cabinets and shielding of computer screens or hand written records from general view when displaying personal data. • The agency maintains all the records required for the protection of service users and the efficient running of the business for the requisite length of time • Daily records and care plans will be recorded in a manner which is factual and avoids personal opinion or judgements • There are confidential waste facilities 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> • Access to records for service users • Evidence of training in recording techniques for staff • Provisions for storage of files • System for recording incidents • Policies and procedures which are known and adhered to by all staff • Guidance to staff • Destruction Policy and guidance

	Standard	Requirements / Considerations	Example sources of evidence
5.3	<p>Service user outcomes</p> <p><i>I will be cared for by care workers who have gone through a thorough recruitment and induction process and who have the right training and skills to do their jobs properly</i></p> <ul style="list-style-type: none"> <i>I will be supported by care workers who are well managed and who have the chance to develop and improve their skills</i> 	<p>Areas for Measure</p> <ul style="list-style-type: none"> There is a rigorous recruitment and selection procedure which meets the requirements of legislation, equal opportunities and anti discriminatory practice and which ensures the protection of service users and their relatives. Staff recruitment and induction has a clear focus on promoting the intrinsic value of each individual service user and ensures that the values of each member of staff are consistent with this message All managers & staff are provided with a written job description, person & work specification identifying their responsibilities & accountabilities & copies of the organisations Staff Handbook There are Staff supervision and appraisal mechanisms to monitor staff competence in core areas of service delivery Statutory and mandatory training (e.g. medication, moving and handling, handling service user's finances) are covered in staff supervisions and appraisals There is documentary evidence that supervision specifically addresses the nature and limits of relationships between staff and service users and maintains dignity. 	<p>Responses should not be limited to but must include:</p> <ul style="list-style-type: none"> Evidence of recruitment process specifically showing how the values of staff have been tested and are found to be in line with best practice. Evidence that staff have clear messages through induction and training that the human rights of people are at the forefront of the service requirements Supervision and appraisal processes Opportunities for training and development Opportunities for career development within the organisation Opportunities for staff to contribute to the running of the service Key worker system in operation Approaches to observe staff performing their duties Evidence of suitably qualified trainers Evidence of how any training problems are addressed

6 Business Management			
<i>The organisation can demonstrate good business management which assists them to meet all service users outcomes</i>			
	Standard	Requirements / Considerations	Example sources of evidence
6.1	CQC registration	<ul style="list-style-type: none"> Valid CQC Registration Certificate 	Valid Certificate in place
6.2	Business Premises	<ul style="list-style-type: none"> The facilities are suitable and sufficient for the needs of the service provision Suitable meeting / training rooms (including meeting rooms for confidentiality) Confidential information storage facilities 	Description of premises
6.3	Requirements of the job	<ul style="list-style-type: none"> The person managing the service is approved, trained and skilled. It is clear what all staff roles / responsibilities are. Arrangements are in place for the Owner, Managers and Senior Staff defining their roles and responsibilities Clear reporting and accountability mechanisms are in place and understood by all staff. An accountable senior member of staff is contactable at all operational times. 	Clear staffing structure and all staff are aware of this
6.4	Policies and Procedures	<ul style="list-style-type: none"> Staff understand and have access to up-to-date copies of all policies, procedures and codes of practice. Service users have access to relevant information on the policies and procedures and other documents in appropriate formats There is a system that ensures all staff are aware of, understand and implement all core company policies 	<ul style="list-style-type: none"> Clear, well-publicised policies, procedures and staff training on: <ul style="list-style-type: none"> - Health and Safety - Safeguarding Adults/Children - Mental Capacity Act 2005 - Deprivation of Liberty Safeguards (DoLS) - Equality and Diversity - Infection Control - Medication management - Data Protection/confidentiality - Whistle Blowing - Inter-agency information sharing <p><i>Note: Some training may be for designated staff, but all staff should have an awareness of policies/ procedures and codes of conduct.</i></p>

	Standard	Requirements / Considerations	Example sources of evidence
6.5	Sub Contracting	<p>Where Sub-contracting is required as part of the contract guarantee, the provider will have in place:</p> <ul style="list-style-type: none"> • Suitable arrangements for checking the quality of the sub-contracted provider • Suitable arrangements for checking the quality of work provided as part of the contract • Financial arrangements 	
6.6	Logistics	<ul style="list-style-type: none"> • There is a system in place to calculate how long it will take for staff to travel between visits. This ensures that full time requirements are given to rotas which take into account staff travel times for walkers, cyclists and drivers. 	<p>Evidence of a tool, system or process and Evidence of rota planning</p>