

<b>Location:</b>				<b>Provider:</b>			
<b>Overview of Service:</b>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>						
<b>Overview of quality intelligence</b>	CQC				<b>Reported areas of concern</b>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	
	Quality Compass						
	Inclusion Glos						
<b>Quality Reviewer completing form and job role:</b>				<b>Provider Contact facilitating Quality Assessment and Job Role:</b>			
<b>Other Service staff who contributed to assessment:</b>				<b>Service Users who contributed to assessment:</b>			
<b>Date initial evidence requested:</b>				<b>Date of Quality Appointment:</b>			
<b>Date action plan sent:</b>				<b>Predicted completion date:</b>			
<b>Areas of assessment</b>	The home and environment		Rota and Staff support/Management presence		Behaviour, Incidents and deterioration		
	Closed cultures		Capacity and restriction, DOLS and MCA		Daily activities, routines and personalised support		
	Health, Deteriorating health, working with medical professionals		Medication		Audits		
<b>Action plan key:</b>	Unless otherwise stipulated: <b>Red actions – evidence to be provided within 1 week</b> <b>Amber actions – evidence to be provided within 4 weeks</b> <b>Green actions – evidence to be provided within 6 weeks</b>						

The home and environment	
<ul style="list-style-type: none"> <li>-welcome, ID check, visitors procedures, first impressions</li> <li>-evidence of IPC/PPE protocols in line with COVID guidelines</li> <li>-is the home safe, clean and free from hazard?</li> <li>-is fire signage and equipment visible and well placed, are smoke alarms and carbon monoxide detectors in place.</li> <li>-items of good quality and upkeep</li> <li>-suitably equipped and accessible for needs of individuals. Suitable toilet/washing facilities.</li> <li>-suitability of door locking restrictions</li> <li>- access to food, drink, and healthy snacks</li> <li>-are individuals involved in home deco decisions</li> <li>- is the home and garden well maintained –</li> <li>- what is the process for maintenance issues</li> <li>-where tenancy is held - tenancy agreements are in place and provided to individual in a suitable format, how are individuals supported to agree, what is covered in the service charge, consider unfair restrictions and notice period.</li> <li>-Who provides accommodation and support? If from same provider- can the person being supported change either the house or care supplier independent of one another?</li> <li>- are service users consulted when an individual moves in, is compatibility considered</li> <li>- Employer’s liability £10m, Public Liability £5m, Professional Liability or Indemnity £2m</li> <li>- Has contents insurance been discussed with tenants? Is this supported to be obtained if required?</li> </ul>	
Any actions:	
Evidenced requested:	

	Rota and Staff support/Management presence
<p>Comments:</p> <ul style="list-style-type: none"> <li>-ask how many staff on shift, of these who are bank/ agency. Can individuals choose staff? Are they skill matched?</li> <li>Support in person or remote method</li> <li>-Does each shift have a permanent member of staff?</li> <li>-Management/ senior staff presence inc weekends? Awareness of team and service user issues?</li> <li>-staff turnover - staff starters/leavers within the last 6 months.(exit interviews?)</li> <li>-days/hours working without a break.</li> <li>-(FO/CO)Adjusted hours, wages and conditions for supporting complex needs. Longer handovers.</li> <li>-On-call systems</li> <li>-missed visits, check ECM</li> <li>-frequency and quality of team meetings. Are actions completed?</li> <li>- evidence of training matrix and training relevant to role, communication training, Oliver McGowan.</li> <li>Policies and procedures library accessible?</li> <li>- interview, references, probation, induction, support through COVID fast track recruitment, involvement in the process of people supported</li> </ul>	
Any actions:	
Evidenced requested:	

Behaviour, Incidents and deterioration	
<ul style="list-style-type: none"> <li>- relevant safeguarding, whistleblowing, PBS training (to only use training in restrictive practices that is certified as complying with the Restraint Reduction Network training standards from April 2021) <a href="https://www.maybo.com/thoughtspace/cqc-rrn-requirements-april/">https://www.maybo.com/thoughtspace/cqc-rrn-requirements-april/</a></li> <li>- PBS plan, ABC's and behaviour log</li> <li>Support from CLDT, LDISS, other?</li> <li>-Safeguarding incidents – nature, frequency, how were they responded to</li> <li>- referrals - adults helpdesk, CQC, DBS?</li> <li>-S42 enquiries</li> <li>-are there punitive responses to behaviour? Any seclusion, segregations or restraint, awareness of Out of Sight CQC report <a href="https://www.cqc.org.uk/publications/themed-work/rssreview">https://www.cqc.org.uk/publications/themed-work/rssreview</a></li> </ul>	
Any actions:	
Evidenced requested:	

Closed cultures	
<ul style="list-style-type: none"> <li>- are professional boundaries maintained? Are family members working in the same cohort</li> <li>-how is independence promoted? (i.e. doing with, not doing for or doing to)</li> <li>-inclusion is promoted</li> <li>- how is dignity and respect promoted – included in minimum mandatory training undertaken. Evidence of Care certificate completed within 12 weeks.</li> <li>-how frequent are complaints and have complaints been acted upon accordingly?</li> <li>- is there managerial presence and evidenced awareness of team and service user issues?</li> <li>-Whistleblowing</li> </ul>	
Any actions:	
Evidenced requested:	

Capacity and restriction, DOLS and MCA	
<p>- are MCA and DoLS decisions completed appropriately? Any additional restrictions during COVID 19, RAG area, vaccine MCA / BI, including flu and COVID 19</p> <p>-Appropriate professionals involved -is advocacy necessary if lacking capacity, (POhWER) -are there punitive measures used? i.e. Responses to behaviour, what restrictions in the environment are in place and why? Is DoLS agreed, reviewed, advocacy involved -are physical restrictions in place appropriate and reasonable to physical need? Are staff trained? Access to advocacy</p>	
Any actions:	
Evidenced requested:	

Daily activities and routines and personalised support	
<p>-rota meets needs – staffing levels, shift leaders, drivers -evidence of daily routines and choices -support plans in accessible formats and personalised, involvement in support planning, positive risk taking encouraged activities available and SU involved in activity planning? 'Active' lifestyle encouraged? Weight monitored responded to, diabetes risk, Involvement in meal planning -communication needs are being met -how is contact with friends/family being maintained? frequency and methods/ gatherings / parties COVID – following current advice, visiting and testing arrangements, risk assessments -relationships supported / privacy</p>	

<p>- how are independent living skills promoted?          - individuals meetings, tenant meetings          -community access promoted and access arrangements/ vehicle, taxi, bus pass, cost          -employment, volunteering, and training opportunities          -(FO) Are transitions along care and support pathways well planned?</p>	
<p>Any actions:</p>	
<p>Evidenced requested:</p>	

	<b>Health, Deteriorating health, working with medical professionals</b>
<p>-trained specific to health needs?          -staff completed Health inequalities training          -Appointment records          -signs of any deterioration, staff awareness of this, aging-support to do this well, dementia pathway  <a href="https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/person-centred-future-planning">https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/person-centred-future-planning</a>.          -Considering environment / mobility, EoL plans etc.; weights monitored, if necessary, specific care plans, awareness of diabetes, screening, oral health          -Behaviour, mental health, physical health, HAP, CLDT input, LDISS, IHOT          -How has this been monitored / progressed.          -(FO) Health outcomes focus on recovery support. Crisis planning to prevent relapse.          - physical needs – environment and equipment          -My Health passport,          -If DNACPR/ purple ReSPECT form completed. in place, followed a process including MCA / BI and appropriate professionals / advocacy. check staff knowledge of DNACPR          -RESTORE2 / NEWS2 training and application          -appropriate admission / discharge from hospital including discharge planning and updated support docs</p>	

<p>-GP LD register to access AHC with HAP created, (printable versions, share link / hard copy). Awareness of supercharge me / inc. meds review in last year, STOMP, -COVID 19 diagnosis, staff knowledge of contributing factors to increased risk eg epilepsy, mobility needs, LD, symptoms can be masked such as coughing Red bag scheme appropriate at this location</p>	
<p>Any actions:</p>	
<p>Evidenced requested:</p>	

	Medication
<p>MARs, clear and populated. Are there gaps in administration? Safe storage, temps -audits, weekly, monthly, actions progressed -any errors, followed appropriate investigation process -adhered to medication processes -PRN process, PRN last resort and protocols followed Training and competency, Learnpro – single point of access -Homely remedy list seen by GP/pharmacist -Meds are Annually reviewed, STOMP. <a href="https://www.england.nhs.uk/wp-content/uploads/2019/06/stomp-stamp-family-leaflet.pdf">https://www.england.nhs.uk/wp-content/uploads/2019/06/stomp-stamp-family-leaflet.pdf</a></p>	
<p>Any actions:</p>	
<p>Evidenced requested:</p>	

	Audits
<p>-Finance audits weekly/monthly, daily balance checks, fair and appropriate spending, shared expenditure, budgeting -Support plans/risk assessment are reviewed annually</p>	

<p><i>-environmental risk assessment, H&amp;S audits, walk around, PAT testing, electrical checks, boiler servicing</i></p> <p><i>- certifications</i></p> <p><i>-Fire equipment checked regularly, fire drills completed, lessons learnt, PEEPs, fire risk assessment</i></p> <p><i>-safeguarding log kept, processes followed</i></p>	
<b>Any actions:</b>	
<b>Evidenced requested:</b>	

	<b>Anything additional</b>
<i>-Details of discussion</i>	
<b>Any actions:</b>	
<b>Evidenced requested:</b>	

<b>Date published and sent to provider</b>	
<b>Action plan progress visit date</b>	

Use the link below for signposting to further resources and details of the Quality review process and documents.

[www.gloucestershire.gov.uk/the-disability-quality-assurance-team/](http://www.gloucestershire.gov.uk/the-disability-quality-assurance-team/)