

Quality Monitoring Guidance

Please be advised that these guidance notes have been produced to support Providers to understand the Quality Monitoring Process and the evidence that will be required on the day of the visit.

In no way are the examples used in these guidance notes exhaustive; they are simply to support Providers with an idea of the types of information that will be looked at. The final report may have evidence of some or all of the examples but could also include evidence that was not in the list of examples given.

Category	Day Services
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SECTION 1: ASSESSMENT AND CARE / SUPPORT PROVISION

A. Service Initiation

Outcome	Criteria	RAG	Comments:
Comprehensive assessment / service initiation processes in place.	A1) Documentation confirms that the provider can meet the needs of the citizen prior to service initiation.		<ul style="list-style-type: none"> Pre-admission documentation in place. Evidence of a visit being offered before placement to support an informed choice MCA has been taken into account as part of the pre-admission process <p><u>Evidence</u></p> <ul style="list-style-type: none"> Completed pre-admission documents in care plans Running records/review of how if any visits prior to placement went Completed pre-admission documents in care plans

B. Care/Support Plans

Outcome	Criteria	RAG	Comments:
Care/Support plans are person-centred and record the needs of the citizen whilst ensuring a	B1) Care/Support plans contain accurate and relevant information on the care and support to be provided, which is in line with the citizen's needs.		<ul style="list-style-type: none"> Care plans in place to ensure all the needs of the citizen can be met, including any long-term health conditions. Person centred approach including, front sheet with personal details and photograph, individual preferences and choices, Brief history in place to support staff to get to know the citizen



<p>holistic approach to service delivery.</p>			
	<p>B2) Care/support plans are person centred, and give a clear picture of the citizen and their preference on how care/support to be provided.</p>		<ul style="list-style-type: none"> • Citizens are at the centre of care delivery. • Privacy and dignity is maintained at all times. • Person centred approach including, front sheet with personal details and photograph, individual preferences and choices, daily and night time routines, preferred toiletries etc. • Life histories in place to support staff to get to know the citizen. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Care plans • Daily Records • Life history • Activity Records • Observations of staff interaction with citizens (e.g. staff responding to citizens requests) (if applicable). <p><u>To excel</u></p> <ul style="list-style-type: none"> • Care plans provide a very clear description of citizens' needs and choices and demonstrate an exceptionally person centred approach. • The care plan clearly illustrates the citizen's abilities and promotes independence throughout. • The voice of the citizen resonates throughout the support plan demonstrating choice and control. • The citizen's life history is comprehensive and up to date, very clearly presented, providing a comprehensive history of the citizen for a new reader to easily understand. <p>The citizen and the citizen's circle of support including relevant professionals, family or advocates etc. are clearly recorded.</p>

	<p>B3) The MCA and DoLS have been considered and acted upon where applicable.</p>		<ul style="list-style-type: none"> • Decision specific mental capacity assessments are in place for those citizens where capacity is in doubt.. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Care plans • Records of MCA assessments and Best Interest Decisions • Representative visitors log/running records
	<p>B4) Care/support plans record citizens' specific needs arising from sensory impairment and are recorded as part of their care plan e.g. speech or hearing i.e. hearing aids.</p>		<ul style="list-style-type: none"> • Communication needs are recorded and acted upon. • Additional guidance information sought where appropriate including: <ul style="list-style-type: none"> ○ Dementia Outreach Team ○ Speech and Language ○ Team for Visual impairment ○ Specialist support for LD/Mental Health ○ Discussion with family/carers <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Support plans – in depth support plan where communication needs are identified. <p>Recognising that challenging behaviour can be a method of communication.</p>
	<p>B5) Communication aids are in use for citizens appropriate to their needs.</p>		<ul style="list-style-type: none"> • Aids used to support communication for example (not exhaustive list); <ul style="list-style-type: none"> ○ Hearing aids ○ Glasses ○ Talking books



			<ul style="list-style-type: none"> ○ Picture cards ○ Signs ○ Body language ○ Makaton <p><u>Evidence</u></p> <ul style="list-style-type: none"> ● Additional guidance from professionals followed and recorded within care plans. <p>View some of the aids available (if applicable).</p>
	<p>B6) Citizens dietary needs are recorded, and supported.</p>		<ul style="list-style-type: none"> ● Citizens are involved in the menu planning process. ● Appropriate meals are outsourced if the home cannot meet the dietary preferences of citizens. ● Citizens dietary preferences are recorded and adhered to where possible for example (list not exhaustive); <ul style="list-style-type: none"> ○ Vegetarian ○ Cultural/religious preferences ○ Likes and dislikes ● Citizens dietary requirements are recorded appropriately both in the care plans and on individual dietary requirement sheets held in the kitchen for example (list not exhaustive); <ul style="list-style-type: none"> ○ Smooth/soft diet ○ Allergies ○ Diabetic diet ○ Dietician input ● Kitchen staff are aware of the dietary preferences and requirements of citizens. ● Appropriate risk assessments in place for those citizens who could be at risk e.g.choking, allergies, poor appetite etc.



			<ul style="list-style-type: none"> Where needed citizens are supported appropriately by staff during meal times. <p><u>Evidence</u></p> <ul style="list-style-type: none"> Citizens meeting minutes Care plans – evidence of discussion taking place and actioned where appropriate.
	<p>B7) The service is proactive in engaging with a range of professionals and agencies and relevant professionals are involved in care/support planning.</p>		<ul style="list-style-type: none"> Holistic approach to care delivery to ensure that the citizen receives all the care and support needed. A variety of professionals are used where appropriate for example (not exhaustive list); <ul style="list-style-type: none"> Dementia Out Reach Team Falls Prevention Tissue Viability Continence Advisory Service Speech and Language Team GP District Nurse Chiropodist Dietician Optician/dentists Service can evidence professionals' recommendations are implemented in a timely manner.
	<p>B8) Provider actively seeks citizen, carer/family and, where appropriate,</p>		<ul style="list-style-type: none"> Citizen is involved in the care planning process where possible, or consultation with family/carers



	advocate involvement in the care / support planning and review process.		<p><u>Evidence</u></p> <ul style="list-style-type: none"> • Care plans should evidence who has been involved along with signatures and dates • If citizen or family/carer/advocate do not wish to be involved this should be clearly recorded, signed and dated.
	B9) Support is planned to meet agreed outcomes for citizens.		<ul style="list-style-type: none"> • Delivering personalised service to meet individual outcomes • Knowledge of meeting outcome expectations of the citizens • Where appropriate health outcomes have been factored in • Realistic outcomes and goals are clearly identified, and the service can evidence how citizens are supported for the goals to be achieved. • There is a mechanism to track and review progress made and this is clearly in use. • Where one to one support the service is able to evidence that the support is meeting the citizen's needs and the Commissioner's intentions <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Support plans • Daily records • Use of 'Additional Hours' (where applicable) • Staff rotas • Citizen feedback
C. Risk Assessment			
Outcome	Criteria	RAG	Comments:
Comprehensive risk assessments and risk management	C1) Risk assessments are completed in line with care/support plans, outlining identified risk and relevant preventative measures. The service implements		<ul style="list-style-type: none"> • Identified needs from care plans are translated into a risk assessment for each identified risk. • Risks are identified and assessed as part of the care planning



<p>processes in place.</p>	<p>measures so that risk is mitigated.</p>		<p>process, and control measures are put in place. The risk assessment should:</p> <ul style="list-style-type: none"> ○ Identify the hazard ○ Assess the risk level (the likelihood and severity of potential harm) ○ Decide who may be harmed ○ Evaluate and implement control measures to prevent, reduce or eliminate the risk. <ul style="list-style-type: none"> ● Risk assessments provide practical strategies for staff to follow for de-escalation of challenging behaviours. ● The provider makes prompt referrals to other agencies where necessary to manage risk, such as referrals to the Fire Service. ● Where appropriate - Risk assessments consider citizens' ability to use call bells, and where citizens are not able to do so, there is evidence that appropriate observations/equipment is in place to minimise risks. ● There are clear and up to date PEEPs in place included in each care plan. ● Supporting documentation is in place to support and inform risk assessments for example (this list is not exhaustive) <ul style="list-style-type: none"> ○ ABC / behaviour charts ○ Body maps ○ Falls log ○ Weight charts <p><u>Evidence</u></p> <ul style="list-style-type: none"> ● Care plans/Risk assessments ● Supporting documentation e.g. weight charts
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	C2) Risk Assessments are person centred and provide detail of how conditions are managed for the individual.		<ul style="list-style-type: none"> • Risk assessments are person centred with detailed information on how identified conditions/risks present in a specific citizen. • Risk assessments detail the triggers may present in relation to the specific citizen along with strategies for mitigating risk for that particular individual. <p><u>Evidence</u> Care plans/Risk assessments</p>
D. Reviewing Process			
Outcome	Criteria	RAG	Comments:
Care/Support plans are reviewed to ensure citizens' identified needs continue to be met.	D1) Care plans and risk assessments are reviewed and updated within appropriate timescales and/or where changes to individual needs are identified.		<ul style="list-style-type: none"> • Evidence of processes for reviewing support plans and risk assessments. This should also be in line with citizens' involvement in the review process (see Section 1 B8). • Frequency of reviews is reflective of needs and risks identified; full reviews also take place after incidents or major change including hospital visits. • Input from professionals directing changes in support delivery including any dietician or health professional. • Changes to plans or assessments are communicated clearly and acted upon. • Evidence of a process for monitoring quality of support planning, risk assessing and reviewing. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Support plans • Risk assessments

SECTION 2 – STAFFING

A. Staff

Outcome	Criteria	RAG	Comments:
Staff have been through appropriate processes to ensure they are suitable to work in this area.	A1) A robust and appropriate recruitment and selection process is followed in the appointment of all staff.		<ul style="list-style-type: none"> • Staff have been through an appropriate recruitment process. This includes evidence of a minimum of two written references, one of which from their last employer. <ul style="list-style-type: none"> ○ Where a reference from the last employer is not available i.e. in cases where the applicant has no work experience, a minimum of 3 references must be obtained, one of these should be from someone with a professional standing in the community e.g. college, GP, church, etc. A risk assessment should also be included, which details the acceptability of the references. • The service can evidence that gaps in employment are investigated. • The appropriate DBS checks have been carried out prior to any shifts being undertaken. • Where applicable the provider has conducted robust risk assessment, which clearly detail how risks to citizens would be managed. • Contract of employment is in place. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Staff files • Identity checks, Right to work in the UK checks



		<ul style="list-style-type: none"> Any additional files where relevant.
	A2) The service Provider has a clear process to ensure staff DBS checks are updated on a regular basis as appropriate.	<ul style="list-style-type: none"> There is a process in place for employees/provider to check criminal records and update information for existing staff and there is evidence that the process is being used. <p><u>Evidence</u></p> <ul style="list-style-type: none"> Policy and procedure for DBS checks DBS checklist Staff files
Citizens needs are met by a suitable and appropriately trained workforce.	A3) The service is suitably staffed at all times taking into account citizen's needs and preferences.	<ul style="list-style-type: none"> Appropriate level of staffing in place to ensure that the identified needs of citizens and the layout of the building are met. Rotas are effectively managed with continuity of carer in mind. There are mechanisms in place to ensure that changes to rotas are effectively communicated. The allocation of carers takes into consideration the citizens' preferences, choice and needs alongside the skills and strengths of the worker. The service can evidence that 'one to one' hours are being delivered and staffing for this is separate from the core staff provision. <p><u>Evidence</u></p> <ul style="list-style-type: none"> Staff rotas, which should include; <ul style="list-style-type: none"> Key of abbreviations used All staff roles identified



		<ul style="list-style-type: none"> ○ Identified First Aider on each shift
	A4) Staff are appropriately inducted.	<ul style="list-style-type: none"> • Staff complete The Care Certificate (Staff appointed after 1st April 2015) which includes Standard 5 – Work in a Person Centred Way. • Staff complete the Skills for Care – Common Induction Standards which includes Standard 7 Person Centred Support • Any in-house inductions must include care planning to ensure staff understand how to use and update them appropriately <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Staff files • Induction template <p>Discussion with staff (where required).</p>
	A5) Staff are appropriately trained, and this is refreshed as required.	<ul style="list-style-type: none"> • All mandatory training has been completed by staff and is refreshed annually or in accordance with contractual requirements along with any supplementary training required to support the needs of the citizens. Where the contract does not specify frequency of training, the provider must comply with the minimum learning and development requirements as per Skills for Care. • The service can evidence it conducts staff competency checks on a yearly basis and there is evidence that staff performance is monitored and training needs assessed on an ongoing basis. Action is taken where skills gaps are identified. • The service is able to evidence that all staff involved in care delivery have had relevant and up to date training. This includes office staff, management and ancillary staff where appropriate.



			<p>Evidence</p> <ul style="list-style-type: none"> • Training Matrix which should include, training staff have attended, date attended and when refresher training is due. All members of staff involved in care delivery must be identified on the training matrix and this should include management and/or office staff. • Discussion with staff (where required).
	<p>A6) Staff are continually supported and appraised in their role through supervisions, mentoring.</p>		<ul style="list-style-type: none"> • Staff receive regular supervisions. • Supervisions are recorded appropriately and signed by both staff member and line manager. Actions recorded and followed up at next supervision. <p>Evidence</p> <ul style="list-style-type: none"> • Staff files/record of supervision
	<p>A7) Effectiveness of training is monitored, within an appropriate timescale, to ensure staff are fully competent and confident in day to day service delivery.</p>		<ul style="list-style-type: none"> • The service has processes in place to ensure that staff are adhere to policy and procedure and deliver care appropriately and follow best practice guidelines. • There is a clear process for spot checks and observation of practice and this process is implemented effectively. • There is evidence that the provider conducts competency assessments to ensure that staff are appropriately trained. <p>Evidence</p> <ul style="list-style-type: none"> • Competency assessments • Records of spot checks • Staff files

	<p>A8) Staff demonstrate an appropriate understanding of citizens needs and their care and support.</p>		<ul style="list-style-type: none"> • Staff are aware of the citizens individual preferences and choices. • Staff understand the importance of ensuring citizens equality and diversity needs are discussed and supported. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Staff training records • Team meeting minutes • Supervision records • Running Records <p>Discussion with staff (where required).</p>
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SECTION 3: SAFEGUARDING

A. Policies and Procedures

Outcome	Criteria	RAG	Comments:
Appropriate policies and procedures including Safeguarding are in place to ensure the safety of citizens.	A1) Staff have access to safeguarding policies and procedures, including an up to date copy of the 'Nottingham and Nottinghamshire Multi Agency Safeguarding Vulnerable Adults Procedure for raising a concern and referring.		<ul style="list-style-type: none"> The <i>Nottingham and Nottinghamshire Multi Agency Safeguarding Vulnerable Adults Procedure</i> for raising a concern and referring is available for staff to access and refer to where necessary. In-house safeguarding policy in place which makes reference to local procedure and has the appropriate and up to date referrals details. <p><u>Evidence</u></p> <ul style="list-style-type: none"> Copy of Provider's Safeguarding guidance available Copy of NCC policy
	A2) Policies and procedures are regularly reviewed and updated as necessary.		<ul style="list-style-type: none"> All appropriate policies and procedures in place with evidence that they are reviewed and updated where appropriate. There should be clear procedures in place around citizen finances ensuring effective risk assessments are undertaken and there are regular checks of transaction records. Staff are informed of any updates and are able to access policies and procedures at all times. <p><u>Evidence</u></p> <ul style="list-style-type: none"> View Policies and procedures include (this list is not exhaustive) <ul style="list-style-type: none"> Health and Safety Residents Finance



			<ul style="list-style-type: none"> - MCA/Best Interests - Safeguarding and whistleblower <ul style="list-style-type: none"> • Safeguarding policy must refer to the local government policy. - HR policies and procedures – eg disciplinary policy - Complaints policies <ul style="list-style-type: none"> • The policy must include the option that if the complainant is not satisfied with provider's response they can complain to Nottingham City Council's complaints team. - Fire Safety policy and procedures <ul style="list-style-type: none"> • Discussion with staff (where required). • Staff team meeting
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B. Safeguarding Information & Referrals

Outcome	Criteria	RAG	Comments:
Relevant information on safeguarding is made available to citizens, relatives and/or carers.	B1) Information on safeguarding is made available and is accessible to citizens and their families and other key partners.		<ul style="list-style-type: none"> • Information concerning safeguarding has been produced and is promoted well. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Emergency Duty Team Safeguarding Poster/leaflets • Posters and leaflets • Notice boards • Service information/ welcome pack
	B2) Manager and staff know when, how, where and to whom to make a safeguarding referral and this is evidenced in practice.		<ul style="list-style-type: none"> • Staff exhibit clear understanding of both safeguarding and whistle blowing. • There is evidence that this knowledge is applied to practice.



			<ul style="list-style-type: none"> • Staff are able to confirm where current policies & procedures are located. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Staff discussion (where required) • Safeguarding Log • Team Meeting minutes • Supervision records.
	<p>B3) There is a designated and appropriately trained safeguarding lead.</p>		<ul style="list-style-type: none"> • There is at least one trained person who is the safeguarding lead for the provider. • The safeguarding lead is identified in service documentation and will manage and oversee all referrals. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Discussion with provider
	<p>B4) The Provider ensures clear records are kept and maintained, of all incidents that endanger citizens' safety.</p>		<ul style="list-style-type: none"> • The Provider ensures clear records are kept and maintained of any incidents at the service. • The records contain clear description of the incident along with clear information on the actions taken by the provider. Where appropriate the provider records the outcome of any referrals/notifications. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Safeguarding Log • Incident and accident book • Referrals to Fire Service

<p>There is ongoing learning and service improvement</p>	<p>B5) The Provider can evidence systems are in place to ensure service improvement and citizen safety.</p>		<ul style="list-style-type: none"> • Safeguarding/Coroner recommendations actions and outcomes form are recorded, implemented and applied into practice. • There is evidence of regular and effective auditing processes at the service. • Where applicable; <ul style="list-style-type: none"> ○ There is evidence that call bell response times are in line with the services policy. ○ Call bell response times are regularly audited and reviewed. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Team meeting notes • Auditing records • Minutes from any lessons learned • Safeguarding folder • Recommendations from previous visits either regulatory or Contractual are acted upon. • Recommendations from Quality Assurances processes are acted upon.
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C. Communication

Outcome	Criteria	RAG	Comments:
<p>Communication practices in place to keep staff, citizens and carers up to date on relevant issues.</p>	<p>C1) Processes are in place to ensure communication of relevant information between staff and other professionals.</p>		<ul style="list-style-type: none"> • Communication practices are in place to ensure all relevant parties are updated. • Topical issues are cascaded to all relevant parties where appropriate. • There is evidence of regular team meetings and mechanisms to ensure information is effectively cascaded. • Robust information is recorded at the end of each visit. • There are methods in place to consult with Staff/Citizens/Relatives on a regular basis. • Systems are in place to ensure citizens' physical and mental health



			<p>needs are communicated to other professionals when transferred between settings (e.g. emergency admissions).</p> <ul style="list-style-type: none"> • Policies and Procedures in relation to topical issues e.g. Fire Safety, Infection Control etc.) are regularly discussed at team meeting. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Staff/citizen/relatives meetings/events • Newsletters/websites • Running records • Leaflets and information posters where appropriate • Welcome/information pack • Handovers
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SECTION 4: EQUALITY AND DIVERSITY

A. Commitment to Equality and Diversity

Outcome	Criteria	RAG	Comments:
Equality and diversity considerations are central to service delivery.	A1) Equality and Diversity needs are discussed with citizens and addressed in care/support plans.		<ul style="list-style-type: none"> Support plans reflect the citizen's cultural, spiritual, religious choices and preferences along with how these choices will be supported. Proactive approach taken where possible to source any support that may be required to support citizen's choices. Information is provided in an alternative format. <p><u>Evidence</u></p> <ul style="list-style-type: none"> Support plans Review meetings Additional alternative formats of documents Any evidence of family/carers consultation (if citizen lacks capacity)
	A2) The diverse needs and preferences of all citizens in the service are recorded and catered for.		<ul style="list-style-type: none"> Menus/information relating to the service is available in different formats e.g. language, easy read. Different foods for cultural reasons Resources are made available to support equalities and diversity The service is accessible and has necessary adaptations to meet diverse needs <p><u>Evidence</u></p> <ul style="list-style-type: none"> Support /care plans Daily records



			<ul style="list-style-type: none"> • Citizens Meetings • Menus
	<p>A3) End of life wishes and preferences are discussed and recorded. These are in line with the citizens cultural and religious beliefs.</p>		<ul style="list-style-type: none"> • The provider has robust documentation on citizens who do not wish to be resuscitated and this is clearly displayed within the citizens documentation. • Information on organ donation should be recorded in line with the relevant legislation. The information should specify the citizens choice; <ul style="list-style-type: none"> ○ 'Opted out' through registration on the NHS Organ Donor Register. ○ 'Opted in', with deemed consent where everyone is considered to have agreed to become an organ donor unless they have opted out. ○ In an excluded group. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Support plans • DNAR documentation (where available)
	<p>A4) The Service can evidence that electoral registration and voting process are taken into consideration.</p>		<ul style="list-style-type: none"> • Not Applicable

SECTION 5: CITIZEN INVOLVEMENT AND EMPOWERMENT

A. Service Information and Communication

Outcome	Criteria	RAG	Comments:
There is an appropriate level of information available about the service.	A1) Information about the service is available and accessible to citizens, their families and other appropriate parties.		<ul style="list-style-type: none"> • Information about the service is made available to both new and existing citizens, families and carers • Evidence that up to date topics are discussed with citizens/families/carers either in a group setting or on a one to one basis. • <u>Evidence</u> • Up to date Welcome/Information Pack • Leaflets/posters/newsletters • Website • One to one discussion notes • Citizen meeting minutes •

B. Empowerment

Outcome	Criteria	RAG	Comments:
Citizen empowerment is central to the Service.	B1) Citizens are supported to engage in activities of their choice.		<ul style="list-style-type: none"> • Activities that citizens engage with / do not engage with are recorded to help inform future activities. • Citizens are aware of and have been involved in selecting any pre-planned activities e.g. posters, leaflets, activities plan, discussion in citizens meetings etc. • Citizens interests and hobbies are recorded <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Care plans • Activity records/file • Citizens meetings



			<ul style="list-style-type: none"> • Photographs <p><u>To Excel</u></p> <ul style="list-style-type: none"> • There is evidence that the service has an excellent knowledge of activities available to citizens. • The provider has innovative approaches to encourage citizen participation in activities. • There are numerous examples of citizens being signposted to services that can support activities. • Expertise and resources are available to enable clients to develop their talents and abilities. <p>There is evidence of citizens being supported by the service to engage in exceptional and outstanding activities of their choice.</p>
	<p>B2) Citizens are supported to be involved in the wider community where appropriate.</p>		<ul style="list-style-type: none"> • Community links important to the citizen have been identified in the support plan with evidence of how this is supported. • Citizens/relatives/advocate have been involved where applicable. • The Service can evidence a proactive approach to community services attending the care home for those who are unable or disinclined to go into the community. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Support Plan • One to One discussion notes • Support review records • Activity records/file
	<p>B3) There is evidence that independence is promoted where applicable.</p>		<ul style="list-style-type: none"> • Support plans outline what the citizen can do for themselves and

			<p>what they need support with.</p> <ul style="list-style-type: none"> • The service evidences that citizens are empowered to undertake tasks independently. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Support plans • risk assessments • reviews <p>Staff discussion/observation</p>
	<p>B4) Information is available to citizens, family etc and (where applicable) there is evidence that citizens understand how to complain.</p> <p>There is a robust complaints procedure. Complaints are recorded, investigated appropriately and actions implemented as required.</p>		<ul style="list-style-type: none"> • Citizens, family and carers are supplied with information on how to make a complaint including the NCC complaints contact information. • Outcomes of complaints investigations are provided to complainants within a timely manner. • Analysis of complaints takes place regularly to learn from these events. • The service actions any recommendations to reduce future complaints. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Welcome/information pack • Support plan reviews • Complaints policy • Complaints register and investigations • Staff meeting minutes • Residents meeting minutes

C. Citizen Involvement



Outcome	Criteria	RAG	Comments:
<p>Citizen involvement is central to the Service.</p>	<p>C1) There is evidence that citizens have been involved in / consulted about any changes to service provision.</p>		<ul style="list-style-type: none"> • A variety of methods are used to consult and engage citizens about the service provision and it is evident that the methods of involvement and engagement are appropriate and effective. • Regular consultation is undertaken to ensure citizens views are taken into account. The provider is able to evidence that citizens views are central to how services are delivered. • Citizens have the opportunity to be involved in staff interviews or other aspects of service delivery. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Outcome of any surveys that have taken place/reports on citizen feedback. • Records of discussions with citizens about menus, activities and decoration of the home. • Citizen interview questions / records of interview notes. <p>Where appropriate citizens representative, involvement in provider board meetings, etc.</p>

KEY RECOMMENDATIONS ARISING FROM THIS MONITORING VISIT

Section	Recommendation