

# Quality Monitoring Guidance

**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. These guidance notes apply to Care at Home and Extra Care Services – where the requirements differ depending on the Category this is indicated on the notes.**

**The examples used in these guidance notes are not exhaustive and 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** Care at Home and Extra Care

## 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"> <li>Comprehensive pre-admission documentation in place</li> <li>Needs assessments are comprehensive and clearly identify how the service will meet individual needs prior to service commencement.</li> <li>MCA has been taken into account as part of the pre-admission process</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>Completed pre-admission documents in care plans.</li> <li>Referral forms</li> <li>Initial needs assessments</li> </ul>

### B. Care/Support Plans

Outcome	Criteria	RAG	Comments:
Care/Support plans are person-centred and record the needs of the citizen whilst ensuring a holistic approach to service delivery.	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"> <li>Support plans are functional and navigation is straightforward.</li> <li>Support plans link to and are reflective of the initial needs assessment.</li> <li>Care plans in place to ensure all the current needs of the citizen can be met, including any long-term or temporary health conditions</li> <li>Records are kept confidential in line with Data Protection legislation.</li> <li>Where appropriate end of life plans are in place.</li> <li>Privacy and dignity is maintained at all times</li> <li>Daily records are accurate and evidence personal care being delivered to meet citizen's needs and provide a clear record of care delivered</li> <li>Information within daily records are followed up where required e.g. referrals to professionals due to poor appetite.</li> </ul>



		<p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Care plans</li> <li>• Daily Records</li> <li>• Emergency documentation (eg hospital passport, Red Bag documentation etc)</li> </ul>
	<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"> <li>• Citizens are at the centre of care delivery</li> <li>• Privacy and dignity is maintained at all times</li> <li>• Person centred approach including, front sheet with personal details and photograph, individual preferences and choices, daily and night time routines, preferred toiletries etc.</li> <li>• Life histories in place to support staff to get to know the citizen</li> <li>• End of life plan</li> <li>• Where citizens require support around their finances there is appropriate information in the support plan.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Care plans</li> <li>• Daily Records</li> <li>• Life history</li> <li>• Emergency documentation (eg hospital passport, Red Bag documentation etc)</li> </ul> <p><u>To excel</u></p> <ul style="list-style-type: none"> <li>• Care plans provide a very clear description of citizens' needs and choices and demonstrate an exceptionally person centred approach.</li> <li>• The care plan clearly illustrates the citizen's abilities and promotes independence throughout.</li> <li>• The voice of the citizen resonates throughout the support plan demonstrating choice and control.</li> <li>• 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.</li> <li>• The citizen and the citizen's circle of support including relevant</li> </ul>



			professionals, family or advocates etc. are clearly recorded.
	B3) The MCA and DoLS have been considered and acted upon where applicable.		<ul style="list-style-type: none"> <li>Decision specific mental capacity assessments are in place for those citizens where capacity is in doubt.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>Care plans</li> <li>Records of MCA assessments and Best Interest Decisions</li> </ul>
	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		<ul style="list-style-type: none"> <li>Communication needs are recorded and acted upon.</li> <li>Additional guidance information sought where appropriate including: <ul style="list-style-type: none"> <li>Dementia Outreach Team</li> <li>Speech and Language</li> <li>Team for Visual impairment</li> <li>Specialist support for LD/Mental Health</li> <li>Discussion with family/carers</li> </ul> </li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>Support plans – in depth support plan where communication needs are identified</li> <li>Communication aids</li> <li>Recognising that challenging behaviour can be a method of communication.</li> </ul>
	B5) Communication aids are in use for citizens appropriate to their needs		<ul style="list-style-type: none"> <li>Aids used to support communication for example (not exhaustive list) <ul style="list-style-type: none"> <li>Hearing aids</li> <li>Glasses</li> <li>Talking books</li> <li>Picture cards</li> <li>Signs</li> <li>Body language</li> <li>Makaton</li> </ul> </li> <li>Additional guidance information sought for example <ul style="list-style-type: none"> <li>Dementia Outreach Team</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Speech and Language</li> <li>○ Opticians</li> <li>○ Discussion with family/carer</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>● Care plans – in depth care plan where communication needs are identified and aids used detailed</li> </ul>
	<p>B6) Citizens dietary needs are recorded, and supported</p>		<ul style="list-style-type: none"> <li>● Citizens dietary preferences are recorded and adhered to where possible for example (list not exhaustive) <ul style="list-style-type: none"> <li>○ Vegetarian</li> <li>○ Cultural/religious preferences</li> <li>○ Likes and dislikes</li> </ul> </li> <li>● 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"> <li>○ Smooth/soft diet</li> <li>○ Allergies</li> <li>○ Diabetic diet</li> <li>○ Dietician input</li> </ul> </li> <li>● Appropriate meals prepared where required.</li> <li>● Appropriate risk assessments in place for those citizens who could be at risk e.g. allergies, poor appetite etc.</li> <li>● Where needed citizens are supported appropriately by carer during meal times.</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>● Care plans – evidence of discussion taking place and actioned where appropriate</li> <li>● Risk assessments</li> <li>● Fluid charts/nutritional charts where appropriate</li> </ul> <p><b>To excel</b></p> <ul style="list-style-type: none"> <li>● Information is available in a range of formats</li> <li>● Support workers are matched to citizens to meet equality and diversity needs.</li> <li>● Support/support plans demonstrate that the service has an</li> </ul>



			excellent knowledge of services available.
	B7) The service is proactive in engaging with a range of professionals and agencies and relevant professionals are involved in care/support planning.		<ul style="list-style-type: none"> <li>• A variety of professionals are used where appropriate for example (not exhaustive list) <ul style="list-style-type: none"> <li>○ Dementia Out Reach Team</li> <li>○ Falls Prevention</li> <li>○ Tissue Viability</li> <li>○ Continenence Advisory Service</li> <li>○ Speech and Language Team</li> <li>○ GP</li> <li>○ District Nurse</li> <li>○ Chiropodist</li> <li>○ Dietician</li> <li>○ End of Life Team</li> <li>○ Optician/dentists</li> </ul> </li> <li>• Appropriate follow up information recorded along with the outcome following a professional visit.</li> <li>• Service can evidence professionals recommendations are implemented in a timely manner</li> <li>• Health professional visits are recorded along with the outcome and any follow up appointments.</li> </ul> <p><b><u>Evidence</u></b></p> <ul style="list-style-type: none"> <li>• Care plans</li> <li>• Running records</li> <li>• Handover notes/diaries</li> </ul>
	B8) Provider actively seeks citizen, carer/family and, where appropriate, advocate involvement in the care / support planning and review process.		<ul style="list-style-type: none"> <li>• Citizen is involved in the care planning process where possible, or consultation with family/carer or advocate/MCA</li> </ul> <p><b><u>Evidence</u></b></p> <ul style="list-style-type: none"> <li>• Care plans should evidence who has been involved along with signatures and dates</li> <li>• If citizen or family/carer/advocate do not wish to be involved this should be clearly recorded, signed and dated.</li> </ul>



	B9) Support is planned to meet agreed outcomes for citizens where appropriate.		<p>Where applicable:</p> <ul style="list-style-type: none"> <li>Realistic outcomes and goals are clearly identified with appropriate time lines, and the service can evidence how citizens are supported in reaching those goals</li> <li>There is a mechanism to track and review progress made and this is clearly in use.</li> <li>The service can evidence that 'social calls' are being used in line with Commissioning intentions and contractual requirements</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Care/Support plans</li> <li>One to one records</li> <li>Daily records</li> </ul>
C. Risk Assessment			
Outcome	Criteria	RAG	Comments:
Comprehensive risk assessments and risk management processes in place.	C1) Risk assessments are completed in line with care/support plans, outlining identified risk and relevant preventative measures. The service implements measures so that risk is mitigated.		<ul style="list-style-type: none"> <li>Identified needs from care plan are translated into a risk assessment for each identified risk</li> <li>Risks are identified and assessed as part of the care planning process, and control measures are put in place. The risk assessment should; <ul style="list-style-type: none"> <li>Identify the hazard</li> <li>Assess the risk level (the likelihood and severity of potential harm)</li> <li>Decide who may be harmed</li> <li>Evaluate and implement control measures to prevent, reduce or eliminate the risk.</li> </ul> </li> <li>Risk assessments provide practical strategies for staff to follow for de-escalation of challenging behaviours.</li> <li>The provider makes prompt referrals to other agencies where necessary to manage risk, such as referrals to the Fire Service.</li> <li>Supporting documentation in place to support and inform risk assessments for example (this list is not exhaustive) <ul style="list-style-type: none"> <li>ABC / behaviour charts</li> <li>Body maps</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Falls log</li> <li>○ Food and Fluid charts</li> </ul> <p><b>FOR EXTRA CARE SERVICES ONLY</b></p> <ul style="list-style-type: none"> <li>• In addition to the above</li> <li>• There is information about PEEPs in place, included in each care plan.</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Care plans/Risk assessments</li> <li>• Supporting documentation e.g. Falls log</li> </ul>
	C2 )Risk Assessments are person centred and provide detail of how conditions are managed for the individual		<ul style="list-style-type: none"> <li>• Risk assessments are person centred with detailed information on how identified conditions/risks present in a specific citizen.</li> <li>• Risk assessments detail the triggers may present in relation to the specific citizen along with strategies for mitigating risk for that particular individual.</li> </ul> <p><b>Evidence</b></p> <p>Care plans/Risk assessments</p>
<b>D. Reviewing Process</b>			
<b>Outcome</b>	<b>Criteria</b>	<b>RAG</b>	<b>Comments:</b>
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"> <li>• 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).</li> <li>• Frequency of reviews is reflective of needs and risks identified; full reviews also take place after incidents or major change including hospital visits as well as annually.</li> <li>• Input from professionals directing changes in support delivery including any dietician or health professional.</li> <li>• Changes to plans or assessments are communicated clearly and acted upon.</li> <li>• Evidence of a process for monitoring quality of support planning, risk assessing and reviewing.</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Support plans</li> </ul>



			<ul style="list-style-type: none"><li>• Risk assessments</li><li>• Review documentation</li><li>• Referrals for professional involvement</li><li>• Handover Notes/Records</li><li>• Quality monitoring records</li></ul>
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## SECTION 2 – STAFFING

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"> <li>• 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"> <li>○ Where a reference from the last employer is not available it is recommended that a minimum of 3 references are 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.</li> </ul> </li> <li>• The service can evidence that gaps in employment are investigated.</li> <li>• The appropriate DBS checks have been carried out.</li> <li>• Where applicable the provider has conducted robust risk assessment which clearly detail how risks to citizens would be managed.</li> <li>• Contract of employment is in place.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Staff files</li> <li>• Identity checks, Right to work in the UK checks</li> <li>• Any additional files where relevant.</li> <li>• DBS checklist</li> </ul>
	A2) The service Provider has a clear process to ensure staff DBS checks are updated on a regular basis as appropriate		<p>There is a process in place for employees/providers to check criminal records and there is evidence that the process is being used.</p> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Policy and procedure for DBS checks</li> <li>• DBS checklist – showing ALL staff been checked within 3 years</li> <li>• Staff files</li> </ul>



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"> <li>• Rotas are in line with care planning/provisions.</li> <li>• Rotas are effectively managed with continuity of carer in mind.</li> <li>• Runs are fixed as far as possible and allow for appropriate travel time between calls.</li> <li>• There are mechanisms in place to ensure that changes to rotas are effectively communicated.</li> <li>• The allocation of a support worker takes into consideration the citizens' preferences, choice and needs alongside the skills and strengths of the worker.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Rostering/Scheduling system</li> <li>• Rotas</li> <li>• Electronic Monitoring System (homecare only).</li> </ul>
	A4) Staff are appropriately inducted	<ul style="list-style-type: none"> <li>• Staff complete The Care Certificate (Staff appointed after 1<sup>st</sup> April 2015) which includes Standard 10 –Safeguarding Adults.</li> <li>• Staff complete the Skills for Care (Staff appointed before 31<sup>st</sup> March 2015) – Common Induction Standards which includes Standard 6 Principles of safeguarding in Health and Social Care</li> <li>• Any in-house inductions must include safeguarding to ensure staff understand how when and who to make a referral</li> <li>• The organisations own Whistle Blowing policy is discussed with all new starters</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Staff files</li> <li>• Induction template</li> <li>• Discussion with staff</li> <li>• Staff supervision records</li> </ul>
	A5) Staff are appropriately trained, and this is refreshed as required	<ul style="list-style-type: none"> <li>• There is evidence that staff have completed all mandatory training. This includes including management, care staff, ancillary staff and office staff.</li> <li>• There is evidence that staff complete supplementary training to support citizen's needs.</li> <li>• There is evidence that staff complete any additional training as per contractual requirements – eg GDPR.</li> </ul>



		<ul style="list-style-type: none"> <li>• There is evidence that training is refreshed in accordance with contractual requirements, or where this is not specified in the contract, the provider must comply with the minimum learning and development requirements as per Skills for Care or other statutory guidance. (As detailed in Appendix 1).</li> <li>• There is evidence that training needs are continuously assessed by the provider and additional training arranged if necessary. Action is taken if skills gaps are identified.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Staff files/record of supervision</li> <li>• Training Matrix which should include, <ul style="list-style-type: none"> <li>○ All members of staff involved in care delivery must be identified on the training matrix and this should include management and/or office staff.</li> <li>○ training staff have attended</li> <li>○ date attended</li> <li>○ when refresher training is due</li> </ul> </li> <li>• Discussion with staff where required</li> </ul>
	<p>A6) Staff are continually supported and appraised in their role through supervisions, mentoring and competency assessments</p>	<ul style="list-style-type: none"> <li>• Staff receive regular supervisions.</li> <li>• Supervisions are recorded appropriately and signed by both staff member and line manager. Actions recorded and followed up at next supervision.</li> <li>• The service can evidence it conducts staff appraisals checks on a yearly basis and there is evidence that staff performance is monitored and training needs assessed on an ongoing basis.</li> <li>• Action is taken where skills gaps are identified.</li> <li>• Where appropriate provider supports staff in their personal development.</li> <li>• The service is able to evidence that they are able to identify and address any issues of poor performance.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Staff files/record of supervision</li> </ul>



		<ul style="list-style-type: none"> <li>Supervision planner.</li> </ul>
	A7). Effectiveness of training is monitored, within an appropriate timescale, to ensure staff are fully competent and confident in day to day service delivery	<ul style="list-style-type: none"> <li>The service has processes in place to ensure that staff adhere to policy and procedure and deliver care appropriately and follow best practice guidelines.</li> <li>There is a clear process for spot checks and observation of practice and this process is implemented effectively.</li> <li>There is evidence that the provider conducts competency assessments to ensure that staff are appropriately trained.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>Competency assessments</li> <li>Records of spot checks</li> <li>Staff files</li> </ul>
	A8) Staff demonstrate an appropriate understanding of citizens needs and their care and support	<ul style="list-style-type: none"> <li>Staff are aware of the citizens' individual preferences and choices.</li> <li>Staff understand the importance of ensuring citizens equality and diversity needs are discussed and supported.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>Staff training records</li> <li>Team meeting minutes</li> <li>Supervision records</li> <li>Running Records</li> <li>Discussion with staff</li> </ul>

## SECTION 3: SAFEGUARDING

### A. Policies and Procedures

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



			<ul style="list-style-type: none"> <li>- Complaints policies <ul style="list-style-type: none"> <li>• 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.</li> </ul> </li> <li>- Fire Safety policy and procedures</li> <li>• Discussion with staff</li> <li>• Staff team meeting</li> </ul>
<b>B. Safeguarding Information &amp; Referrals</b>			
<b>Outcome</b>	<b>Criteria</b>	<b>RAG</b>	<b>Comments:</b>
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"> <li>• Information concerning safeguarding has been produced and is promoted well.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Emergency Duty Team Safeguarding Poster/leaflets</li> <li>• Posters and leaflets</li> <li>• Notice boards</li> <li>• Service information/ welcome pack</li> </ul>
	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"> <li>• Staff exhibit clear understanding of both safeguarding and whistle blowing.</li> <li>• Staff can describe the whistle blowing and applicable in-house safeguarding policies and procedures.</li> <li>• There is evidence that this knowledge is applied to practice.</li> <li>• Staff are able to confirm where current policies &amp; procedures are located.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Staff discussion</li> <li>• Safeguarding log</li> <li>• Team meeting minutes</li> <li>• Supervision records</li> </ul>

	B3) There is a designated and appropriately trained safeguarding lead		<ul style="list-style-type: none"> <li>• There is at least one trained person who is the safeguarding lead for the provider.</li> <li>• The safeguarding lead is identified in service documentation and will manage and oversee all referrals.</li> </ul> <p><u>Evidence</u></p> <p>Discussion with provider</p>
	B4) The Provider ensures clear records are kept and maintained of all incidents that endanger citizens' safety.		<ul style="list-style-type: none"> <li>• The Provider ensures clear records are kept and maintained of any incidents at the service.</li> <li>• 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.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Safeguarding Log</li> <li>• Incident and accident book</li> <li>• Referrals to Fire Service</li> <li>• CQC notifications</li> </ul>
	B5) The Provider can evidence systems are in place to ensure service improvement and citizen safety		<ul style="list-style-type: none"> <li>• Lessons learned from Safeguarding/Coroner recommendations are recorded, implemented and applied into practice</li> <li>• There is evidence of regular and effective auditing processes at the service.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>- Team meeting notes</li> <li>- Auditing records</li> <li>- Minutes from any lessons learned minutes</li> <li>- Safeguarding folder</li> <li>- Recommendations from previous visits either regulatory or Contractual are acted upon</li> </ul>





C. Communication			
Outcome	Criteria	RAG	Comments:
Communication practices in place to keep staff, citizens and carers up to date on relevant issues.	C1) Processes are in place to ensure communication of relevant information between staff and other professionals.		<ul style="list-style-type: none"> <li>• Communication practices are in place to ensure all relevant parties are updated.</li> <li>• Topical issues are cascaded to all relevant parties where appropriate.</li> <li>• There is evidence of regular team meetings and mechanisms to ensure information is effectively cascaded.</li> <li>• Robust information is recorded at the end of each visit.</li> <li>• There are methods in place to consult with Staff/Citizens/Relatives on a regular basis.</li> <li>• Systems are in place to ensure citizens' physical and mental health needs are communicated to other professionals when transferred between settings (e.g. emergency admissions)</li> <li>• Policies and Procedures including topical issues are regularly discussed at team meetings eg infection control, fire safety</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Staff/citizen/relatives meetings/events</li> <li>• Newsletters/websites</li> <li>• Running records</li> <li>• Leaflets and information posters where appropriate</li> <li>• Welcome/information pack</li> </ul>



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



	<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"> <li>• End of life wishes are recorded and where citizens do not want to discuss this it is recorded and reviewed again after an appropriate amount of time.</li> <li>• The provider has robust documentation on citizens who do not wish to be resuscitated and this is clearly displayed within the citizens documentation.</li> <li>• 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"> <li>○ 'Opted out' through registration on the NHS Organ Donor Register.</li> <li>○ 'Opted in', with deemed consent where everyone is considered to have agreed to become an organ donor unless they have opted out.</li> <li>○ In an excluded group.</li> </ul> </li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Support plans</li> <li>• DNAR documentation</li> </ul>
	<p>A4) The Service can evidence that electoral registration and voting process are taken into consideration</p>	<p><b>FOR EXTRA CARE SERVICES ONLY:</b></p> <ul style="list-style-type: none"> <li>• Evidence of citizens choice of voting in person, postal vote or not interested in voting is recorded.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Support plans</li> <li>• List of citizens voting choice</li> <li>• Evidence of sending out postal vote applications.</li> <li>• Where required evidence of contact with the electoral registration office for citizen who are unable to sign their name yet want a postal vote.</li> </ul>

## 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"> <li>Information about the services offered is made available to both new and existing citizens, families and carers.</li> <li>The service regularly updates citizens of any significant incidents affecting the service.</li> </ul> <p><b><u>Evidence</u></b></p> <ul style="list-style-type: none"> <li>Up to date Welcome/Information Pack</li> <li>Leaflets/posters/newsletters</li> <li>Website</li> </ul>

### 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"> <li>Citizens' life history, interests and hobbies are recorded.</li> <li>Where citizens are supported to take part in activities there are clear links to citizens' interests and hobbies.</li> <li>Activities that citizens engage with are recorded to help inform future activities.</li> </ul> <p><b><u>Evidence</u></b></p> <ul style="list-style-type: none"> <li>Support plans</li> <li>Activity records/file</li> <li>Photographs</li> </ul> <p><b><u>To excel</u></b></p> <ul style="list-style-type: none"> <li>There is evidence that the service has an excellent knowledge of activities available to citizens.</li> <li>There are numerous examples of citizens being signposted to services that can support activities.</li> <li>Expertise and resources are available to enable clients to develop their talents and abilities.</li> </ul>



	<p>B2) Citizens are supported to be involved in the wider community where appropriate.</p>	<ul style="list-style-type: none"> <li>• Community links important to the citizen have been identified in the support plan with evidence of how this is supported.</li> <li>• Citizens/relatives/advocate have been involved where applicable.</li> <li>• 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.</li> </ul> <p><b><u>Evidence</u></b></p> <ul style="list-style-type: none"> <li>• Support Plan</li> <li>• One to One discussion notes</li> <li>• Support review records</li> <li>• Activity records/file</li> </ul>
	<p>B3) There is evidence that independence is promoted where applicable.</p>	<ul style="list-style-type: none"> <li>• Support plans outline what the citizen can do for themselves and what they need support with.</li> <li>• The service evidences that citizens are empowered to undertake tasks independently.</li> </ul> <p><b><u>Evidence</u></b></p> <ul style="list-style-type: none"> <li>• Support plans</li> <li>• Risk assessments</li> <li>• Reviews</li> </ul>
	<p>B4) There is a robust complaints procedure and complaints are recorded appropriately. Information is available to citizens, family etc and (where applicable) there is evidence that citizens understand how to complain.</p>	<ul style="list-style-type: none"> <li>• Citizens, family and carers are supplied with information on how to make a complaint including the NCC complaints contact information.</li> <li>• Outcomes of complaints investigations are provided to complainants within a timely manner.</li> <li>• Analysis of complaints takes place regularly to learn from these events.</li> <li>• The service actions any recommendations to reduce future complaints</li> </ul> <p><b><u>Evidence</u></b></p> <ul style="list-style-type: none"> <li>• Welcome/information pack</li> <li>• Support plan reviews</li> <li>• Complaints policy</li> <li>• Complaints register and investigations</li> </ul>



			<ul style="list-style-type: none"> <li>Staff meeting minutes</li> </ul>
<b>C. Citizen Involvement</b>			
<b>Outcome</b>	<b>Criteria</b>	<b>RAG</b>	<b>Comments:</b>
Citizen involvement is central to the Service	C1) There is evidence that citizens have been involved in / consulted about any changes to service provision		<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> <p><b><u>Evidence</u></b></p> <ul style="list-style-type: none"> <li>Outcome of any surveys that have taken place/reports on citizen feedback.</li> <li>Records of discussions with citizens</li> </ul>

**Information required to be sent to Contracts Officer xxxxx**

**Send to: xxx@nottinghamcity.gov.uk**

**By: dd mmm 2021**

	<b><u>Evidence Required</u></b>	<b><u>Should include or if not within the evidence required this should also be provided</u></b>	<b><u>Quantity/Amount required</u></b>
<b><u>Citizen Information</u></b>	<b><u>Care Plan</u></b>	Completed pre-admission documents	2 complete care plans
		Records of MCA assessments and Best Interest Decisions	
		Life history	
		Guidance from professionals followed and recorded within care plans.	
		Dietary preferences	
		Risk assessments and associated documents e.g. behaviour charts	
	Emergency documentation (eg hospital passport, Red Bag documentation etc)		
	Citizens Review/Care plan review meeting minutes		Last 6 months for the citizens care plans provided
	Running records/ Daily Records	Running records/ Daily Records including Fluid charts/nutritional charts where appropriate	2 weeks
	One to one records (if applicable)		2 weeks
Meetings/ Communication Methods	Citizens/Residents meeting minutes (if applicable)		4
	Staff team meeting minutes		4
	Relatives meeting minutes or alternative communication notes/minutes (if applicable)		If applicable Example of latest available
	Newsletters/websites		If applicable Example of latest available
	Alternative format of documents		Example and/or description
	Service information/ welcome pack		Copy of welcome pack
	2 Staff file including		2 staff files
Staff	Staff files	<ul style="list-style-type: none"> <li>Completed Application Form</li> </ul>	2 staff files
		<ul style="list-style-type: none"> <li>Completed Induction template</li> </ul>	3 for each of the 2 staff files provided
		<ul style="list-style-type: none"> <li>Completed Staff supervision records</li> </ul>	For each of the 2 staff files provided
		<ul style="list-style-type: none"> <li>staff appraisal</li> </ul>	3 for each of the 2 staff files (where available)
		<ul style="list-style-type: none"> <li>Competency assessments if separate to supervision records</li> </ul>	For last 6 months, for each of the 2

**Commented [JH1]:** I would want 2 application forms



		<ul style="list-style-type: none"> <li>Records of spot checks</li> </ul>	<p>staff files provided.</p> <p>For last 6 months, for each of the 2 staff files provided.</p>
	Supervision planner for all staff		Min of 6 month.
	Training Matrix		For all staff
	DBS checklist - Identity checks, Right to work in the UK checks, etc.		Completed DBS excel file
	Staff rota – Completed ACTUAL rota not planned		<p>Extra Care - 1 month (date range)</p> <p>Home Care – 2 weeks for the 2 staff members</p>
Policies	Policies and Procedures	Policy and procedure for DBS checks	<p>Completed Policies and Procedures form</p> <p>Provide the following policies:</p> <ul style="list-style-type: none"> <li>Policy and procedure for DBS checks</li> <li>Providers Safeguarding Policy</li> </ul>
		Provider's Safeguarding guidance	
		Copy of NCC policy <i>Nottingham and Nottinghamshire Multi Agency Safeguarding Vulnerable Adults Procedure</i>	
		Health and Safety	
		Residents Finance	
		MCA/Best Interests	
		Safeguarding and whistleblower	
		HR policies and procedures	
Complaints policies			
		Fire Safety policy and procedures	
Safeguarding	<p>Service specific evidence e.g. photographs of Notice boards detailing safeguarding information on;</p> <ul style="list-style-type: none"> <li>Emergency Duty Team Safeguarding Poster/leaflets.</li> <li>General Posters and leaflets about safeguarding</li> </ul>		<p>Photograph or description from provider of what is available and where.</p>
	Safeguarding log		Last 12 months
Audits	Incident and accident book		6 months
	Complaints register and investigations		Last 12 months
	Outcome of any surveys that have taken place/reports on citizen feedback.		Last 12 months (if appropriate)
	Referrals to Fire Service		Last 3 notifications
	CQC notifications		List of last 3 notifications
	evidence of regular and effective auditing processes at the service (NOT: Medicines or Cleaning)	Minutes from any lessons learned	
Safeguarding folder			
Recommendations from previous visits either regulatory or Contractual are acted upon			



## Training Requirements

Training	Maximum Refresher Frequency
Safeguarding Adults	At least every year
Safeguarding Children	At least every year
Fire safety	At least every year
First Aid and Basic Life Support	At least every year
Medication management and administration	At least every year
Moving and handling objects	At least every year
Moving and transferring people	At least every year
Positive behaviour support and non-restrictive practice	At least every year
End of Life	At least every year
Food Hygiene	At least every year

Training	Maximum Refresher Frequency
Infection prevention and control	At least every year
Equality and Diversity	At least every 3 years
Fluids and nutrition	At least every 3 years
Dignity	At least every 3 years
Health and Safety Awareness	At least every 3 years
Mental capacity and deprivation of liberty safeguards	At least every 3 years
Person centred care	At least every 3 years
Communication	At least every 3 years
Recording and Reporting	At least every 3 years

Plus any other training relevant for your service

**Health and Safety**

<b>H&amp; S disclaimer</b>	The Provider was reminded that in line with their legal obligations and the contract they have in place with Nottingham City Council that they must ensure they deliver their services in accordance with the Health and Safety at Work Act 1974 and all associated legislation and comply with all statutory requirements. This also relates to any sub-contractors delivering services on behalf of the provider
<b>Signed</b>	

**KEY RECOMMENDATIONS ARISING FROM THIS MONITORING VISIT**

Section	Recommendation