

Decision Maker: **Adult and Community Services Performance Development and Scrutiny Committee**

Date: **30th November 2011**

Decision Type: Non-Urgent Non-Executive Non-Key

Title: **QUALITY MONITORING OF DOMICILIARY CARE SERVICES**

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Ward: Boroughwide

1. Reason for report

This report updates Members on the work undertaken to monitor the quality of domiciliary care services provided in the borough by internal and external providers. Members requested an annual update on the quality of this service.

2. **RECOMMENDATION(S)**

Members are asked to note that:

- a) The Council constantly monitors domiciliary services and takes action where concerns are raised.
- b) The Council undertakes quality assurance visits to individual service users.
- c) The Council uses lessons learned from complaints and safeguarding alerts to work with providers in order to continuously improve services.
- d) A report on domiciliary care will be made annually to this Committee.

Corporate Policy

1. Policy Status: Existing policy. Providing care and support to people to help them remain in their own home for as long as possible
 2. BBB Priority: Excellent Council. Supporting independence
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Financial

1. Cost of proposal: No cost There are no costs directly arising from this report.
 2. Ongoing costs: N/A.
 3. Budget head/performance centre: Care Services, Domiciliary Care Budgets
 4. Total current budget for this head: £13m
 5. Source of funding: Existing revenue budgets
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Staff

1. Number of staff (current and additional): LBB staff are engaged in contract monitoring and quality assurance. LBB also provides the reablement service.
 2. If from existing staff resources, number of staff hours: 1.5 FTE staff engaged in contract monitoring/ quality assurance; 5.9 staff are employed by LBB to plan and deliver the in house reablement service, plus 22 re-ablement facilitators.
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Legal

1. Legal Requirement: Statutory requirement.
 2. Call-in: Call-in is applicable
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approximately 1500 current service users receive domiciliary care
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments:

3.0 COMMENTARY

- 3.1 The Council supports approximately 1,500 people in Bromley to stay in their own homes through the provision of domiciliary care services. The Adult and Community Services Policy Development and Scrutiny Committee (ACS PDS) requested an annual report on quality monitoring of this service, following reports in April and November 2010. This report explains the contract monitoring and quality assurance processes which are in place for both external domiciliary care agencies and the in house reablement service. Information is collected through visits to care providers, feedback from service users and the Council's care management staff, and from complaints and safeguarding data.
- 3.2 The work undertaken by the quality monitoring officers has increased during the last year as all domiciliary care is now provided by external providers following the closure of the in house homecare service in June 2011. The Contract Compliance team assisted with the transfer of in house service users to new providers and undertook a critical quality assurance role, making a home visit to ensure that the care packages were still operating successfully six weeks after transfer. This meant that any problems were addressed at an early stage. The Council's in house reablement service is now the default service offer, not just for hospital discharges, but also for new referrals from the community and the reablement service is monitored in the same way as external services.
- 3.3 The current contracts with external providers will expire in August 2012. A gateway review of the service was reported to Executive in July 2011 setting out our procurement strategy for the future. Officers are currently undertaking a procurement exercise to set up a framework of external providers to deliver domiciliary care. The framework will deliver a set of providers who can be asked to deliver care packages, all of whom meet robust quality standards. The new contract will require providers to introduce an electronic call monitoring system which monitors the arrival and departure times of care workers. Electronic call monitoring is already in place for just over 20% of the Borough's domiciliary care service users and its implementation has led to a noticeable reduction in the number of complaints about short visits, or punctuality. Providers are required to submit a breakdown of their hourly rates when submitting prices in order that officers can be reassured that carers were receiving the minimum wage.
- 3.4 Members were previously informed about the introduction of a Quality Assurance Framework (QAF) which sets out detailed quality standards to be met by all providers in key areas. This sets clear improvement goals for providers and enables comparison between them.

REGISTRATION

- 3.5 Domiciliary care agencies providing personal care are required to register with the Care Quality Commission (CQC) under the Care Quality Commission (Registration) Regulations 2009 introduced by the Health and Social Care Act 2008. Agencies registered with the CQC prior to October 2010 were rated from nil (poor) to three (excellent) stars and these ratings are published on the CQC website. CQC withdrew the star ratings when the new registration process was introduced; therefore newly registered providers have not received a star rating. The CQC have recently withdrawn their proposals to set up a scheme run by an external provider to identify excellent providers and it is currently unclear how or if it proposes to replace the star system. Currently the CQC monitors for compliance against The Essential Standards of Quality and Safety which have replaced the Domiciliary Care National Minimum Standards. Compliance reports may identify 'minor', 'moderate' or 'major' concerns against any of the Essential Standards. Where concerns are identified, they will then take whatever they consider to be the most appropriate action to ensure that the necessary improvements are made
- 3.6 In order to comply with Financial Regulations, care packages that cannot be covered by the Borough's existing contracted providers are offered out to other providers delivering services in

the Borough. Providers are only approached if they are rated two or three stars under the old CQC star rating; or if they are newly registered will only be considered after an initial validation inspection visit by the Contract Compliance Officer and Team Leader. Once validated in this way they are invited to quote for care packages if any cannot be placed with existing providers.

- 3.7 The Council continually monitors the registration status of domiciliary care agencies and if at any time there are concerns about this status the contractual arrangements with the agency are reconsidered. All of the agencies contracted to the Borough have successfully re-registered with the CQC under the new regulations. Only one has been inspected by the CQC in the last year and was found to be compliant with the Essential Standards. The Borough raised concerns with the CQC regarding one of our providers following a series of missed visits which led to a compliance review. The CQC believed there were moderate concerns over the agency's practice in relation to two of the Essential Standards. The agency subsequently addressed the issues and we found them to be compliant at a second review six months later

CONTRACT MONITORING

- 3.8 Contract monitoring meetings are held quarterly with the main providers handling the majority of care packages. The Contract Compliance officers use the Essential Standards of Quality and Safety and the service specification to assess performance. The frequency of monitoring visits to other agencies is scheduled proportionate to risk and previous performance, however each agency is visited at least annually. Monitoring covers four key areas:

- Assessment and Care Planning.
- Protection of Service Users and Staff.
- Staff and Training.
- Organisation and Running of the Business.

- 3.9 At the meeting the monitoring officer discusses progress on each key area with the provider and their staff and scrutinises supporting documentation evidence produced. Following each meeting an action plan is jointly agreed which is then followed up on subsequent visits.

- 3.10 The in house reablement service is regulated by the CQC in the same way as external agencies. Regular quality monitoring is firstly the responsibility of the service itself and in addition officers from the ACS Contract Compliance team undertake regular checks.

- 3.11 Key areas for improvement that have been identified during recent monitoring and are being addressed by agencies are outlined briefly below.

- Risk assessment reviews following a change in a service user's needs.
- Ensuring that risk assessments accurately reflect risks to service users.
- Improvements to the detail and legibility of care logs.
- Ensure that staff follow the care plans when providing the service.
- Review care worker rotas in order to decrease travel time between visits.
- Review of rotas to ensure sufficient time and travel time allowed to each visit.
- Comparison of rotas to care logs to ensure accuracy of visit times.
- Feeding back to the Borough if visit times agreed with service users varies from those prescribed on the service request.
- Increased monitoring and supervision of care workers involved in complaints.
- Ensuring that any issues noted during an agencies quality assurance process are followed up to an appropriate conclusion

QUALITY ASSURANCE

- 3.12 A Quality Assurance Officer is employed to visit service users and their carers to find out first hand how well providers are performing. The information gathered from users is analysed and any issues highlighted are addressed with providers at monitoring meetings and if appropriate form part of action plans. As part of the preparation for the new contracts the Quality Assurance Officer completed a questionnaire with 58 service users (4%) and the results of this have been incorporated into one of the tender evaluation questions.
- 3.13 Key improvement areas identified for agencies are:
- Service users not being informed in advance of a change of carer.
 - Carers in a rush.
 - Carers not always staying for the full length of the planned visit.
 - Consistency of care worker.
- 3.14 When issues about poor standards of service are raised through contract monitoring or by other stakeholders LBB Officers initially investigate them with the agency. Often the investigation will result in the setting of an action plan for the agency which is then regularly monitored to ensure that improvements are made and sustained. If standards fail to improve officers may take additional action; for instance new placements to the agency may be suspended until improvement has been demonstrated. During 2011 the Council suspended new placements to AG Care for a period of 3 months following a succession of complaints about missed visits and poor communication. Our concerns were shared with CQC and following the completion of an action plan placement of care packages was resumed. Regular meetings are held between the Contract Compliance Team, commissioners, brokers and care managers from Care Services Division to ensure that performance information and concerns are shared appropriately. Officers also raise concerns about general quality issues at the quarterly Domiciliary Care Forums.
- 3.15 The Contract Compliance Officers also work with both service users and the providers' quality assurance staff in order to validate the performance monitoring information provided. A variety of methods are used to gather feedback including questionnaires, home visits, telephone calls and feedback from care manager reviews.
- 3.16 The Contract Compliance Team has developed a quality assurance framework (QAF) to enable measurement of the performance of agencies against a range of standards. Providers are required to self assess and gather evidence which demonstrates how they meet the standards. Compliance Officers then validate the collected evidence during monitoring visits. Standards are graded in three groupings 'A', 'B' and 'C' across seven key areas. 'C' graded standards are largely based upon the Essential Standards of Quality and Safety whilst 'B' and 'A' graded standards require providers to demonstrate continuous improvement to the quality of service. The standards are set out in Appendix 1.
- 3.17 Eleven providers were asked to work through the QAF and nine completed it, achieving 'C's in all seven key areas. A number of the agencies made efforts in working towards the 'B' criteria, with one agency completing all of the 'B's in customer care and needing to demonstrate only one more to complete the training and development criteria. Two agencies failed to complete this year's QAF due to changes in management and a lack of handover between personnel. The QAF has been discussed with the new managers and these agencies will be working towards demonstrating the criteria for next year. Most providers have accepted that the process is helpful in getting them to consider ways in which they can develop their service. Compliance

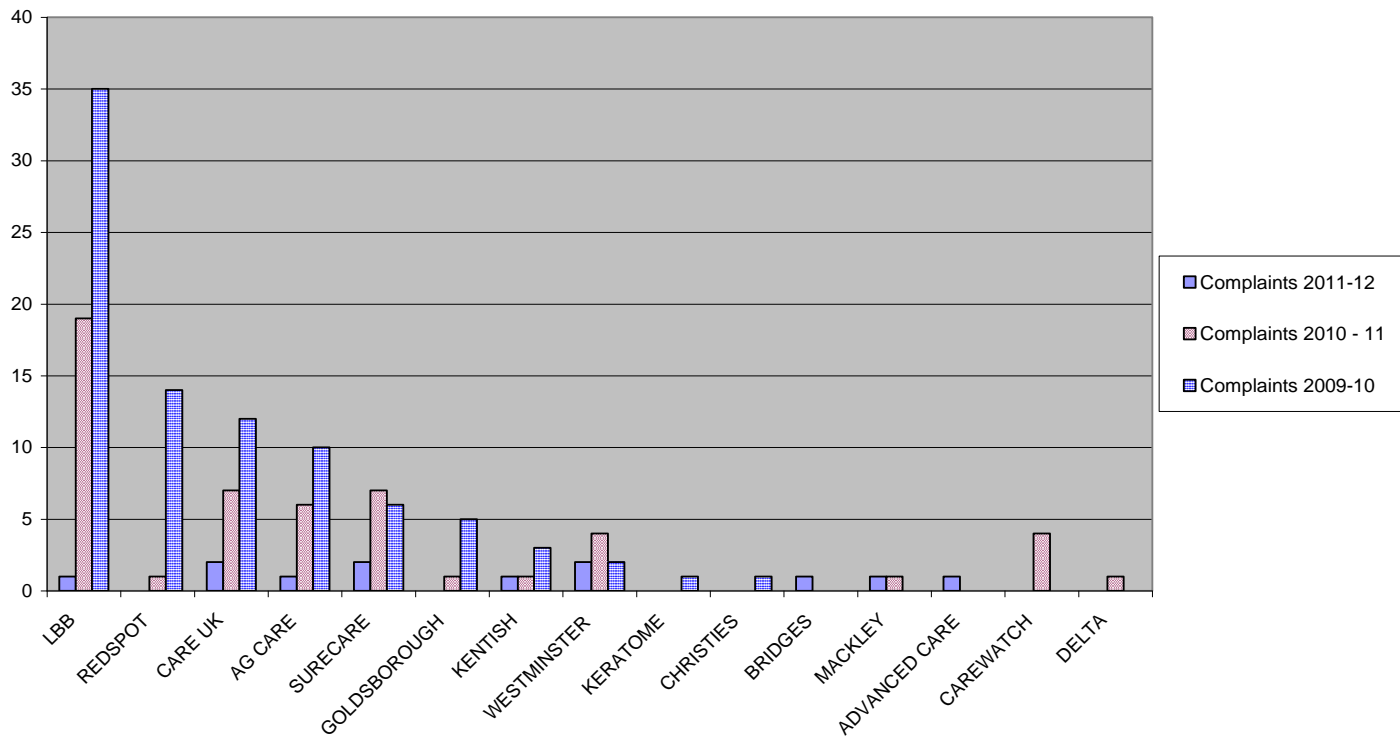
with the QAF will be a contractual obligation in the new contract and failure to demonstrate improvements will impact on the amount of new care packages offered to the agency.

Business continuity planning continues to be a focus of attention during monitoring meetings. Business continuity plans were tested twice during the year due to difficult weather conditions and in each case arrangements were found to be robust. Each incidence of using the business continuity arrangements has led to suggestions for improving future arrangements which have been shared with all providers and other council departments.

COMPLAINTS

- 3.18 Front line staff take the lead when dealing with informal (unwritten) complaints. Formal complaints are forwarded to the contract compliance officers by the ACS complaints team for investigation. Investigations are conducted with the relevant agency which is expected to provide any information relevant to the complaint. This may include timesheets, care records from service users' homes and statements from any agency staff involved in the issues raised.
- 3.19 Overall the number of complaints made about domiciliary care agencies continues to reduce. During the year 2010/11 there were 52 formal complaints about domiciliary care, 33 of which were made against the Borough's contracted agencies. Just over 40% of these complaints related to missed or late visits. In the first six months of 2011/12 there have been 12 formal complaints (11 made against contracted agencies). Only 25% related to missed or late visits, a significant drop in comparison to the previous year attributable to both the use of electronic data monitoring systems by some providers and the continued close scrutiny of staff rotas as part of the Borough's monitoring process to ensure good planning and the inclusion of travel time. There has been a noticeable number of complaints (33%) about medication issues, both missed medication and improper recording in 2011-12. The Contract Compliance Officer has followed these up and medication issues are discussed regularly at the Domiciliary Care Forum with the aim of improving practice. The new contract specification sets clearer expectations on providers in respect of medication.
- 3.20 The chart below shows the actual number of complaints per agency for the last 2 financial years and the first 6 months of 2011-12.

Comparison of complaints by agency



3.21 The number of formal complaints received about the services from external agencies has reduced in the last 2.5 years whilst the number of care hours commissioned has risen. In addition to monitoring formal complaints received by agencies the Contract Compliance officer also checks the number of complaints received and resolved by directly by agencies. The actual number of complaints about each agency is set out in the table below.

COMPLAINTS BY AGENCY			
	2009-10	2010 - 11	2011-12 to September
LBB	35	19	1
REDSPOT	14	1	
CARE UK	12	7	2
AG CARE	10	6	1
SURECARE	6	7	2
GOLDSBOROUGH	5	1	
KENTISH	3	1	1
WESTMINSTER	2	4	2
KERATOME	1	0	
CHRISTIES	1		
BRIDGES		0	1
MACKLEY		1	1
ADVANCED CARE		0	1
CAREWATCH		4	
DELTA		1	
Total	89	52	12

SAFEGUARDING

- 3.22 When safeguarding alerts are received the care management teams instigate the Bromley multi agency safeguarding procedures. Monitoring officers can be involved in safeguarding investigations and always follow up on learning points or action plans at the conclusion of each case. The Council's Adult Safeguarding Manager convenes the Care Services Review Group which brings together safeguarding and contract compliance with the safeguarding lead practitioners and Primary Care Trust staff in order to monitor current information, identify any patterns which need investigation and share any safeguarding concerns about local homes and domiciliary care agencies. This ensures that any potential issues are picked up and factored by into monitoring and training programmes early.
- 3.23 There were 35 safeguarding referrals relating to domiciliary care during 2010/11 and so far this year (to end September) there have been 9 referrals. Many referrals concerned suspected financial abuse, physical abuse or neglect. In every case of suspected financial abuse and in many other cases the police are involved and the care worker suspended as a matter of course whilst an investigation takes place. Officers consider all information available to establish the facts, including whether or not there are patterns of complaints or grumbles about the care worker, or from the user. Where allegations against care workers are substantiated they are reported to the Independent Safeguarding Authority (ISA) which has set up a register to prevent their future employment.
- 3.24 The Council has piloted an accreditation scheme for personal assistants who are employed by users of direct payments. The scheme ensures that satisfactory employment checks have been undertaken including, references, eligibility to work, insurance, enhanced CRB and training qualifications. The details of accredited Personal Assistants will be made available to service users and the wider population who are self funding via the Council's My Life website.

JOINT WORKING TO IMPROVE STANDARDS

- 3.25 The Council hosts a quarterly Domiciliary Care Provider Forum which works to improve on quality and consistency of care in peoples' homes and to promote and share good practice. Membership of the forum is extended to all local agencies, whether or not they contract with the Council. The forum has an annual work plan which has concentrated this year on safeguarding, development of a quality assessment framework, business continuity planning and the developments through the Supporting Independence in Bromley programme. The membership of the forum has continued to increase during the last year and there has been a significant increase in the number of providers that receive their training through the Council's Training Consortium.
- 3.26 The safeguarding team regularly attends provider forums in order to ensure that providers are kept up to date with changing requirements, such as the introduction of the London multi agency safeguarding arrangements. Providers are represented on the Adult Safeguarding Board which ensures that provider issues are considered as part of this multi agency approach.

TRAINING

The Council is committed to working in partnership with local private and voluntary sector providers to ensure adequate provision is made for training and that providers can access a comprehensive training programme. External domiciliary care agencies are encouraged to join a training consortium managed by the Council where providers can pool their available training funds and purchase places on training programmes. Courses are run throughout the year to address identified training needs. The Council works continuously with providers to ensure that

the courses provided are timely and assist providers in balancing the competing demands of delivering care and ensuring that staff receive both induction and refresher training.

- 3.28 The training courses provided for agency managers and their staff address the Essential Standards of Quality and Safety for registered care services. These standards include requirements about the competence of the workforce including their suitability, experience and qualifications. The overall intention of the Care Standards Act 2000 is to improve the quality of care provided and to ensure that services delivered meet user needs.
- 3.29 There are 28 agencies registered to work in Bromley. Nineteen are members of the training consortium. Two new domiciliary care agencies joined the consortium in 2010/11 and a further 5 new providers joined in 2011-12. The Contract Compliance officer ensures that agencies who are not accessing training via the consortium are fulfilling their obligations to train staff by scrutinising staff training and supervision records during monitoring visits.
- 3.30 Within the training programme approximately 35 different courses are currently provided, of which 5 are core training courses; fire safety, first aid, food hygiene, health and safety and manual handling. Safeguarding training and Mental Capacity Act training are available to all workers at nil cost. Other training courses provide valuable learning opportunities for care staff to gain additional skills and knowledge in the areas of infection control, dignity in care, dementia and safe administration of medicines.
- 3.31 The experience of attending formal training courses is valuable to staff because of the additional learning gained from meeting and exchanging experiences with other care workers, however for workers paid by the hour attendance on training courses has to be balanced against income. In order to make the training available more flexible and convenient for workers we are beginning to introduce certificated e-learning courses which can be undertaken at the care workers own convenience. E-learning courses are also cost effective to run which is a further consideration when budgets are under pressure. The Partnership Development Officer has taken several other initiatives to reduce the programme costs, having market tested the training providers to ensure that best value for money is achieved, secured cheaper training venues and negotiated an increase in the financial contribution from consortium members.
- 3.32 Each course delivered by the consortium ends with a test in order to ensure that learning has been achieved. Wherever possible the courses will be accredited in order that they can count towards the care workers professional development and the Qualification Credit Framework (QCF) Diploma which has replaced the NVQ. This system has been endorsed by training consultants and consortium members and recommended to other local authorities as good working practice. The Consortium Partnership Development Officer works closely with trainers in order to identify any areas of training which require further attention.

SUPPORTING INDEPENDENCE

- 3.35 The Council's approach to supporting independence will change the way that domiciliary care is commissioned for some people. It is anticipated that in order to meet their needs more flexibly a number of service users will choose to directly employ a personal assistant. A personal assistant can be a friend, neighbour, or family member and may not necessarily have received specific training. Training is available to Personal Assistants through the Training Consortium arrangements. This assists in maintaining the quality of care offered to service users and can cover at least the mandatory induction courses which all agency staff are required to undertake.
- 3.36 The Council is about to test the use of prepaid cards for users of direct payments. These will simplify the payment and monitoring arrangements for service users. Under the new contract providers will be expected to have the capacity to receive payment electronically.

4.0 POLICY IMPLICATIONS

National and local policies expect that continuous improvement be achieved in the quality of care delivered by domiciliary care agencies serving the local community.

5.0 LEGAL IMPLICATIONS

- 5.1 Under the NHS and Community Care Act 1990 the Council has a duty to assess individuals' requirements for social care support and depending upon those needs to provide for them. The legislation governing the provision of the support will depend upon the nature of the services required and the reasons for the individual's need for such services: National Assistance Act 1948, Chronically Sick and Disabled Persons Act 1970, Mental Health Act 1983
- 5.2 The Care Standards Act 2000 sets out the standards of care to be provided including that for domiciliary care. This has been supplemented by the requirements of domiciliary care agencies to be registered by the Care Quality Commission pursuant to the Domiciliary Care Agencies Regulations 2002. The Health and Social Care Act 2008 introduced revised Care Quality Commission (Registration) Regulations in 2009.

Non-Applicable Sections:	Financial implications. Personnel Implications
Background Documents: (Access via Contact Officer)	ACS10024 14 th April 2010 Quality Monitoring of Domiciliary Care Services ACS10062 10 th November 2010, Quality Monitoring of Domiciliary Care Services ACS 11033 20 th July 2011, Gateway review – Procurement Strategy for Domiciliary Care Services

QAF Key Areas and Criteria

1 Assessment and Support Planning

- C)** The risk assessment policy and procedure is written down and reviewed in response to changing legislative or contractual requirements and at least every three years.
- C)** Risk assessment procedures address:
- Risk to self
 - Risk to others (including staff and the wider community)
 - Risk from others (including staff and the wider community).
- C)** There is a lone working policy that sets out procedures to minimise the risks to people working alone and to clients.
- C)** Risk assessments of the service and the clients' premises are conducted at service inception and with appropriate frequency thereafter, following an incident and at least annually.
- C)** Clients' files show that risk assessments have been reviewed with appropriate frequency, following an incident or significant change in circumstances, and at least annually.??
- C)** Where staff work alone, risk assessments specifically address the risks faced by lone workers and clients.
- C)** Copies of assessments and service plans are stored in the client files and reviewed as appropriate (at least annually).
- C)** Assessments and service plans are visible in the home shortly after the start of service delivery.
- C)** Clients' individual service plans have been reviewed as required and at least annually.
- C)** The service complies with the Data Protection Act.
- C)** Staff understand and are sensitive to the diverse needs of clients.
- B)** Procedures are in place to trigger a review if changes in need or risk are identified.
- B)** There is evidence of clients' views being incorporated.
- B)** Specialist expertise is sought, where required, when conducting risk assessments and this is documented in both the clients' files and home.
- B)** Clients are supported to meet their cultural needs and are able to observe their religious and cultural customs.
- B)** The agency implements a point of review after the initial assessments have been carried out.
- B)** Assessments and reviews seek to involve other professionals, family and/or friends as the client wishes.

B) Clients confirm that staff are sensitive to their particular needs and respect their right to choice and control.

A) The agency can demonstrate that changes have been made to improve service delivery as a result of policy and procedure review.

A) Reviews of needs and risks are used to inform service development and strategic planning.

2 Security, Health and Safety

C) Information is provided to clients about health and safety within the service.

C) Out-of-hours support arrangements are documented and publicised to clients in ways appropriate to their needs.

C) Clients and staff understand and correctly describe the out of hours support procedures.

C) There is a plan for dealing with any disruption to the service which covers all service users.

B) The plan is documented and there is evidence of it having been tested.

B) Staff are able to describe the health and safety procedures and the impact on their work.

B) There is a periodic (at least annual) review of the effectiveness of the out-of-hours support.

A) The service can demonstrate that changes have been made as a result of policy and procedure review.

A) The service can demonstrate that changes have been made to improve service delivery as a result of review or testing of these procedures.

3 Safeguarding and Protection from Abuse

C) There is a Safeguarding Vulnerable Adults policy and procedure which complies with good practice and local multi-agency agreements.

C) There are recruitment checks, including professional references and CRB checks for staff.

C) There is a whistle blowing procedure in accordance with the Public Interest Disclosure Act 1998.

C) Individual client risk assessments address the potential for abuse from others.

C) Lone working risk assessments address the increased risk to clients.

C) Prompt action is taken in response to individual concerns from staff, clients or others and appropriate support is provided to them.

C) The service deals appropriately with alleged perpetrators.

- C)** The safeguarding and protection from abuse procedure is promoted in ways appropriate to clients' needs.
- C)** Clients know how to report concerns outside the organisation.
- C)** The service feeds back appropriately on action that has, or has not been taken following an allegation, and why.
- C)** A log records details of cases and outcomes and shows that appropriate action is taken, including reporting to appropriate authorities (including the service commissioner and contract manager).
- C)** Staff are appropriately supported through supervision in dealing with abuse cases.
- C)** There is documented evidence that staff are made aware of the potential for personal benefit through abuse and this has been reviewed in the last three years.
- C)** There are policies/procedures to prevent staff from personal benefit when working with vulnerable people.
- C)** A code of conduct (or similar document) makes clear appropriate boundaries for staff and is reviewed every three years.
- C)** Information to clients makes clear what are appropriate boundaries for staff.
- B)** There is a periodic (at least annual) review of the effectiveness of safeguarding and protection from abuse policies and procedures and their implementation.
- B)** CRB checks are updated every three years.
- B)** Clients understand what constitutes abuse and know to whom they should report any concerns.
- B)** Clients confirm they know what support they can expect to receive if they report a concern.
- B)** Clients confirm that they feel confident that concerns will be dealt with appropriately.
- B)** The service promotes safeguarding and protection with clients on a regular basis.
- A)** The policy and procedure review seeks to identify and address disincentives to reporting concerns.
- A)** Staff are able to explain how their practice maintains effective boundaries.
- A)** Staff are able to describe the policies concerning relationships with clients.
- A)** The service can demonstrate that changes have been made in response to client feedback.
- A)** The service can demonstrate that changes have been made to improve service delivery as a result of review or following an incident.
- A)** The service can demonstrate changes have been made to improve service delivery as a result of policy and procedure review.

4 Fair Access, Diversity and Inclusion

- C)** There is a policy (or policies) and procedures that cover:
- Equal opportunity, diversity, anti-discriminatory practice and harassment
 - Discrimination on any grounds that cause a person to be treated with injustice
- C)** There is a recruitment and selection policy that aims to eliminate discrimination in recruitment processes.
- C)** There is a planned approach to managing and responding to concerns or incidents.
- C)** Equality and diversity policies and procedures are covered in staff induction and training programmes, and integrated into staff management practices.
- C)** The communication needs of clients are catered for.
- C)** The service has clear procedures for staff to follow when terminating a service.
- C)** Clients confirm that they are given information about possible grounds for termination of the service.
- B)** The policies and procedures have been reviewed in the last three years and are in accordance with current legislation.
- B)** Policies and procedures are communicated to clients in ways appropriate to their needs and clients can confirm that this happens.
- B)** The service can demonstrate changes have been made to improve service delivery as a result of monitoring performance.
- A)** Staff are able to describe the policies and procedures, the principles behind them and the implications for their work.
- A)** There is a periodic (at least annual) review of the effectiveness of the equal opportunities and anti-discriminatory policies and plans.
- A)** Records show that staff are specifically recruited or trained to ensure their understanding and sensitivity to the diverse needs of clients.
- A)** The service can demonstrate changes have been made to improve service delivery as a result of policy and procedure review.

5 Customer Care

- C)** Clients consistently receive care at the times agreed at the start of the service or following review.
- C)** Times agreed with clients are fed back to the relevant Care Manager if they differ from those originally proposed.
- C)** Regular carers are allocated to clients to ensure consistency of care.

- C)** Clients are informed if carers are going to be more than 15 minutes late.
- C)** There are procedures for consulting service users and staff about the service on a regular basis including:
- Periodic (at least annual) visits to clients by supervisor or manager
 - Periodic (at least quarterly) supervision meetings for staff
 - Conducting an annual service user survey
 - Regular monitoring of records kept in clients' homes and of timesheets.
- B)** Clients are always informed in advance when agreed times cannot be met.
- B)** Clients are always informed in advance if they're to receive a change in carer.
- B)** Clients only receive care from 'unknown' carers in exceptional circumstances.
- B)** The service can demonstrate that changes have been made based on quality assurance data.
- A)** The service has a clear, documented approach to empowering clients and supporting their independence.
- A)** Staff understand the approach and can describe how they work with clients to promote independence.

6 Complaints

- C)** The complaints procedure is as straightforward as possible.
- C)** The complaints procedure specifically addresses complaints from external individuals or organisations.
- C)** Action is taken in response to individual complaints.
- C)** A log records outcomes to complaints and shows that appropriate action is taken within the agreed response times.
- C)** Outcomes of complaints are fed back to complainants.
- C)** There is a publicised appeals process.
- C)** The procedure is available in plain English and other formats appropriate to the needs of the client group.
- C)** The procedure is publicised in ways appropriate to the needs of the client group e.g. in client handbooks.
- B)** Staff, clients and third parties know how to use the procedure and are empowered to do so.
- B)** Clients confirm that they feel able to complain and are confident that their complaint will be dealt with in a positive manner.

B) There is a periodic review (at least annual) of complaints received.

A) The agency and its staff see complaints as a positive tool.

A) There is a periodic review (at least annual) that asks whether there is sufficient awareness of the procedure and what would inhibit complaints.

A) The service can demonstrate that reviews of policy, procedure and complaints received have been used to improve service delivery.

7 Staff Training and Development

C) Staff are appropriately inducted and trained.

C) Staff carrying out assessments have been trained to do so.

C) There is a variety of staff training targeted to meet the needs of the clients being supported.

C) Staff are committed to continuing professional development.

C) The health and safety procedures are covered in the staff induction.

C) Induction training includes raising staff awareness of the potential for their clients' needs and risks to change and staff are proactive in identifying these changes.

C) Safeguarding and protection from abuse policies and procedures are covered in staff induction and training programmes.

C) The nature and limits of relationships between staff and clients are covered in staff induction and training programmes, and integrated into staff management practices.

B) Empowerment and promoting independence are covered in staff induction and training programmes.

B) Staff are able to describe how their practice promotes safeguarding.

A) End-of-life care is included in the staff training programme.

A) Staff receive training in dealing with and encouraging complaints.