LONDON BOROUGH OF BROMLEY
REGISTERED NURSING CARE CONTRACT MONITORING
QUALITY ASSESSMENT FORM

Contract Compliance Monitoring Visit

Name of Provider	
Nominated Individual	
Registered Manager	
In Attendance for Provider	
Contract Compliance Officer(s)	
Date of Visit	
Date of Last LBB Visit	
Date of Last CQC Inspection	

Unannounced/Announced Visit

Service Overview

PART 1 – Previous Recommendations & Overview

Last CQC Report:	
CQC Inspection Ratings: ➔ Since 2013 **Last Inspection Report for Provider: ➔**	☆ **Outstanding** – the service is performing exceptionally well. ● **Good** - the service is performing well and meeting our expectations. ● **Requires improvement** – the service isn't performing as well as it should and we have told the service how it must improve. ● **Inadequate** – the service is performing badly and we've taken enforcement action against the provider of the service. ● **No rating/under appeal/rating suspended** –Ratings being reviewed by CQC and to be published soon.
Safe	
Caring	
Effective	
Responsive	
Well-led	

CQC Ratings & Insurance Displayed?	**YES**	**NO**
Does the provider have their most recent ratings clearly displayed?		
Does the provider have a valid Public Liability Insurance (£10m)?		
Does the provider have a valid Employers Liability Insurance (£5m)?		

Were there any points to note from the last CQC inspection, and have the necessary action points been implemented?

Point from Report	Current Situation	Action Point

Were there any points to note from the last LBB monitoring visit, and have the necessary action points been implemented?

Point from Report	Provider Response	Update

During discussion with staff members, were any specific feedback/comments provided:

During discussion with service users and visitors, were any specific feedback/comments provided:

OBSERVATIONS	**YES**	**NO**
Do service users appear to be clean, comfortable and appropriately dressed?		
Where appropriate, are all service users occupied with meaningful stimulation?		
Is everyone at ease?		
Are staff responsive to people's needs? Do they respond quickly when people seek help e.g. answer call bells?		

PART 2 – Key Standards Performance Monitoring

Service User Files	File 1	File 2	File 3
Date Care Support Started			
Client Information Sheet (NOK info, GP etc.?)			
Risk Assessment (Health and Safety)			
Risk Assessment (Manual Handling)			
Risk Assessment (Medication)			
Risk Assessment (Fire)			
Support Plan			
Evidence of Reviews			
Complaints recorded			

NOTE: all areas of C, B and A must be covered in order to score A, all areas of C & B must be covered to score B etc.

Care Planning

1. Pre-admission Assessments

	Previous and Current Scores	P	C
A	The pre-assessment forms the basis of an individual on-going care plan.		
B	Service users are only using the service once a full and appropriate assessment has been completed.		
C	There is evidence that a measurable assessment tool is in place.		
D	There is no evidence of a pre-assessment completed by the provider.		

Comments:

2. Are care plans in place and reviewed?
Is the service user involved in the care planning process?

	Previous and Current Scores	P	C
A	Service users are actively involved in the assessment of their care needs which enables them to make choices. Care plans are regularly updated and the level of support required is adjusted with changing needs of the service user. Care plans reflect input from other professionals (including RGN) and record how all contributors were involved in the process.		
B	Care plans are detailed, person centred and clearly describes the care, treatment and support needs of the person. Service user involvement in care planning is evident and care plans are consistently reviewed.		
C	Care plans are in place and reviewed regularly, but there is no evidence to suggest that the service user (or advocate) has been involved in its creation.		
D	Care plans are incomplete or inconsistent; do not reflect the person's needs or preferences; are out of date and infrequently reviewed.		

Comments:

3. Are risk assessments in place and reviewed? Is the service user involved in the risk assessment process?

	Previous and Current Scores	P	C
A	Risk assessments are continuously updated and reflect service user's changing health, personal, social and financial needs. Service users (or advocate) are involved in their own risk assessments and any subsequent revisions. The provider uses external health care professionals and best practice when developing risks and mitigations.		
B	Risk assessments are reviewed and updated regularly and reflect service users changing care needs. Risk assessments are used to support people to have as much freedom, choice and control as possible.		
C	Risk assessments are in place, support needed is clearly documented, but risks are not re-assessed consistently.		
D	Risk assessments contain too limited or inadequate information (e.g. no date or time, no associated action plan etc.). Risk assessments provide no clarity on what action staff would need to undertake or are out of date.		

Comments:

The Provider provides pressure area care:	YES	NO
Does the Provider carry out and document an assessment of pressure ulcer risks (e.g. waterlow score) and identify pressure ulcer risk factors (e.g. the person has significantly limited mobility, inability to reposition themselves, history of pressure ulcers)?		

4. Consent, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

	Previous and Current Scores	P	C
A	Regular DoLS audits are conducted to review consent and change in circumstances of the service user. If restrictions are needed, ensure they are least restrictive, time limited and under constant review.		
B	Care plans clearly detail capacity to make decisions and how this may fluctuate, as well as what support should be provided to meet the needs. Best interests decisions are carried out appropriately with the person, their advocate and a multi-disciplinary team (e.g. a group of healthcare workers such as psychiatrists, social workers etc.)		
C	Mental capacity assessments and DoLS referrals have been completed by the provider where appropriate. Staff received training about MCA, Positive Behaviour Support and DoLS at levels appropriate to their role and this training is regularly refreshed.		
D	There has been no capacity assessment, best interests decision meetings and no DoLS applications made where necessary. Staff had either not been trained on MCA and DoLS or their training was not sufficient.		

Comments:

5. Are service users able to make advanced planning choices around their end of life care?

	Previous and Current Scores	P	C
A	Service users are able to discuss and record detailed choices and wishes for their end of life care and funeral arrangements etc. Staff are trained on end of life care and referrals are made to external professionals where appropriate e.g. St Christopher's, GP etc.		
B	Service users are able to discuss and record their choices around pain management and how their body and possessions will be handled after death. Advanced plans and DNAR forms are in place where appropriate.		
C	Care plans record basic information about people's choices around their end of life care. Resuscitation choices are appropriately agreed with all parties (e.g. GP/LPA /Advocate) and recorded in the care plan.		
D	No evidence that provider discusses this area with service users.		

Comments:

5a. The Provider provides high quality end of life care:	YES	NO
Is the provider taking part in the Gold Standards Framework (GSF) accreditation or Steps to Success programme?		
Does the provider have anticipatory medicine in place for those who need palliative care?		

6. Is support from external medical professionals sought and recorded in a timely and appropriate way? *(e.g. GP, District Nurse, Tissue Viability Nurse, Dietician)*

	Previous and Current Scores	P	C
A	People are supported to attend hospital and other healthcare appointments. A health action plan is in place where appropriate. Champions/ Senior Staff help promote healthy outcomes and act as referral and support to the wider staff team.		
B	Clear records are kept of recent and upcoming health related appointments (e.g. hospital, GP, dentist, optician). Records detail the support provided by external professionals, and the advice provided for care staff. Any follow up action is clearly recorded.		
C	Staff monitor and make prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified.		
D	The service does not make or does not act promptly on referrals to appropriate care and treatment.		

Comments:

Medication

7. Medication policy

	Previous and Current Scores	P	C
A	All of the following areas are covered in the policy: • Controlled Drugs • Patient Choice and Consent (Self-medication) • Protocol for refusal of medication • Covert Medication • Error Reporting • Training and record-keeping		
B	The provider has policies and procedures in place for the receipt, recording, storage, handling, administration and disposal of medication. These are reviewed regularly to ensure that recent guidelines have been reflected.		
C	The provider has a medication policy, but this is not reviewed regularly.		
D	The provider does not have a medication policy.		

Comments:

8. Medication training and competency assessments

	Previous and Current Scores	P	C
A	All staff have an annual review of their knowledge, skills and competencies relating to managing and administering medicines. The provider identifies and provides any other specialised training needed for staff in relation to service users health needs.		
B	Designated staff administer medicines only when they have had the necessary training and are assessed as competent.		
C	Staff receive clearly documented medication training. The MAR file has a record of staff initials and signatures to identify who administered each medication.		
D	Staff have insufficient training and support to administer medicines effectively.		

Comments:

9. Medication Support and MAR Charts

	Previous and Current Scores	P	C
A	With safe risk assessment in place, the service users are supported to manage their own medicines if possible. Information in the risk assessment/support plan details: • the person's choice and ability to self-medicate • risks of self-administration to the person or others • storage of medicines • responsibilities of support staff • what medicines are and how they should be taken • what conditions they are intended to treat		
B	PRN 'when required' and variable dosage protocols are in place and PRN administration sheets are completed by staff. Managers undertake regular medicine management audits to monitor safe practices and stock.		
C	Medication administration records and topical cream charts are fully completed and contain the required entry information and signatures. Medication risk assessments are conducted and reviewed where required and / or detailed current information regarding peoples medicines and preferred support is recorded in care plans / risk assessments.		
D	Several gaps and errors were identified in medication administration records (MAR). Medication risk assessments are not in place where required and/or detailed and current information regarding peoples medicines and preferred support is not recorded in care plans / risk assessments.		

9(a) Storage of Medication

	YES	NO
Does the provider record the temperature of the room and fridge used to store medication daily?		
If so, do the records show that the room is kept below 25°C?		
Do records show that the fridge used to store medication is kept between 2° and 8°C?		

9(b) Administration of Medication

	YES	NO
Does the MAR file have photos of service users that are up to date (i.e. taken in the last twelve months)?		
Are leaflets available to inform staff and service users about the side effects and purpose for each medication?		
Where relevant, are risk assessments in place for covert medication, and are these consistently reviewed?		
Where relevant, is there a book to record the administration of controlled drugs? Have these administrations been witnessed by a second member of staff?		
Does the home have oxygen?		

9(c) How many medication errors have occurred in the last 3 months?

Comments:

Food, Nutrition and Hydration

10. How are service users protected from risk of malnutrition?
How are special dietary requirements catered for?

	Previous and Current Scores	P	C
A	Where appropriate, referrals are made to the dieticians, diabetic nurse and other healthcare specialists to ensure best practice and food, nutrition, and hydration is provided. Recommendations made by these specialists are consistently followed by trained staff and any change in needs is reported promptly. The service provides additional support and personalised adapted equipment to help people be as independent as possible at mealtimes.		
B	Nutrition needs are reviewed and updated regularly. Service users especially those with complex needs are protected from the risk of poor nutrition (e.g. MUST score). Food, nutrition and hydration training is provided to all staff involved in the preparation or distribution of food and drink. Service users are supported to eat if needed		
C	People's nutritional needs are assessed and well-documented. People are involved in menu planning. Service users with special dietary needs are supported to contribute to menu design.		
D	People who are at risk of losing weight do not have their dietary needs monitored effectively to meet nutritional needs. Care plans related to food and nutrition are not followed by staff and record keeping is poorly maintained.		

Comments:

Active Stimulation and Support

11. Do service users have the opportunity to engage in daily activities that meet their social and spiritual needs?

	Previous and Current Scores	P	C
A	The individual activities programme is evaluated regularly based on service user feedback, and amended to reflect changing needs. People's engagement in activities is documented.		
B	A range of internal and external activities are available for service users that are meaningful and fulfilling (e.g. the activities are reflective of the diverse interest of those who need care and support).		
C	The activities are provided however they are not tailored to the needs and interests of people who need care and support.		
D	Staff members do not make attempts to engage people or offer activities. Activities are limited to when a specialist member of staff is on duty only.		

Comments:

Staffing – Recruitment – *check at least one nurse and one carer*

Staff Files	File 1	File 2	File 3	File 4
Employment Commencement Date				
Job Application Form and Contract				
Verification of ID (including 1 x photo ID)				
Disclosure and **B**arring **S**cheme Disclosure				
Two Written References (pref. professional)				
Work or Residence Permit (where applicable)				
Declaration of fitness				
Evidence of Induction				
Evidence of a formal end of probation meeting				
Training Records (incl. mandatory and refresher)				
Supervision Records (including annual appraisal)				
Complaints/Disciplinary Records				
Evidence of Professional Registration (Nurses)				

Comments:

12. DBS checks, references and proof of identity

	Previous and Current Scores	P	C
A	DBS checks are checked consistently for all staff.		
B	DBS checks are not consistently checked every three years.		
C	Evidence shows that all new staff only take up post after receipt of satisfactory references, proof of identity and DBS check.		
D	The provider has not followed required recruitment procedures, and DBS checks have not been consistently obtained.		

Staffing - Levels

Looking at staffing rotas, how many staff are on shift:

	Morning shift	Afternoon shift	Night shift
RGN			
Senior Carers			
Carers			
Management			
Admin	Personnel Administrator, Training Administrator and Activities Co-ordinator		
Domestic/Housekeeping	Couldn't establish this.		
Maintenance			
Max no. residents:		Current no. residents:	

How does the provider gauge the staffing levels required to meet the needs of service users? Does the provider regularly assess the required staffing level and have they identified minimum staffing / service user ratio?

Staffing - Retention

13. Is there a high turnover of staff in the service?

	Previous and Current Scores	P	C
A	Provider recognises the benefits of low staff turnover and explores ways of encouraging staff to remain with the organisation for a long period of time. During the visit, evidence was seen of good working relationships between service users and staff.		
B	Provider has a low dependency on agency staff. Staff appear to be relaxed and confident in the service,		
C	Provider always has enough staff on duty, but agency staff are constantly required to meet adequate staffing levels for shifts.		
D	Staff rota and/or service user feedback suggests that there are shifts where the provider is short-staffed. Staff do not appear to be relaxed and confident.		

14. Is the service well-led and managed?

	Previous and Current Scores	P	C
A	Managers and leaders demonstrate a good knowledge of the support needs of service users. There is a strong focus on putting those supported at the heart of the service		
B	Managers and leaders are open, visible and approachable. They lead by example and are well known to people who need care and support.		
C	Managers and leaders are appointed with the experience and ability to run a successful care service.		
D	The service has high turnover of managers and leaders, including the registered manager role and poor succession planning. Managers and leaders are not visible or approachable.		

14(a) Has the provider had any recent staffing difficulties, with recruitment or disciplinary action?

Staffing - Support

15. How often do staff receive supervision?

	Previous and Current Scores	P	C
A	An up-to-date matrix is in place to clearly show when staff were supervised. Supervision is person-centred and evidences that staff have actively contributed to the supervision. Supervision records evidence regular input from senior management (or owner where appropriate).Nurses: As below & there are champions for clinical areas.		
B	Supervision is conducted and recorded at least six times per year (or as stipulated in the provider policy). Records evidence that staff are able to raise and discuss issues with supervisors. Nurses: Nurses have regular supervision at least monthly. There is external clinical supervision provided and nurses are supported to revalidate		
C	Supervision is conducted less frequently than six times per year (or not as stipulated in the provider policy).		
D	No supervision arrangements are in place.		

15(a) Appraisals

	Yes	No
Are person-centred appraisals conducted in the service?		
Are appraisals consistently conducted and recorded annually?		

16. Staff Meetings

	Previous and Current Scores	P	C
A	Records evidence that staff are given the opportunity to raise and discuss issues with management.		
B	Records evidence that complaints and/or issues are discussed with staff, and 'lessons learnt' have been shared and discussed.		
C	Records show that staff meetings are held and recorded.		
D	There are no records to evidence staff meetings.		

17. Are bank/agency staff appropriately trained and introduced to the home?

	Previous and Current Scores	P	C
A	As below, and additionally bank/agency staff are able to shadow permanent staff to increase their knowledge of the service		
B	All bank/agency staff are DBS checked, given the appropriate training as outlined in q.18 and ensured that they have the right skillset for the home		
C	Provider ensures that bank/agency staff pass standard background checks		
D	Provider does not check bank/agency staff and is unable to evidence the suitability of the worker to be in the placement		

Training

18. Are all mandatory training/ Care Certificate (CC) Standards up to date?

Understand Your Role – CC1	
Your Personal Development – CC2	
Duty of Care – CC3	
Equality and Diversity - CC4	
SOVA (Safeguarding of Vulnerable Adults) - CC10	
Moving & Handling – Practical and Theory – CC14	
Health & Safety – CC13	
First Aid and Basic Life Support – CC12	
Food Safety: Hygiene, Fluids and Nutrition – CC8	
Infection Prevention and Control – CC15	
Safe Administration of Medication	
Dignity and/or Person-Centred Care – CC 5&7	
Understanding Communication with client group– CC6	
Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9	
Wound care/pressure area care (where appropriate)	
Restraint or Challenging Behaviour (where appropriate)	
Mental Capacity Act/DoLS *Senior staff and management should have all completed this*	

18(a) Are nurses trained in:

Diabetes care	
Wound management	
Dementia care	
Swallowing assessments	
Speech and language therapy	
Epilepsy and seizure care	

18(b) Training Matrix	**Yes**	**No**
Is there an up to date training matrix available?		

How is training delivered? *(E-learning, LBB Consortium etc, delivered by provider, independent training bought in, externally delivered, other)*

Comments:

19. Is mandatory training up to date?
Are enough training opportunities available to staff?

	Previous and Current Scores	P	C
A	Learning and development opportunities are available beyond induction and refresher training. Career pathways are created for staff, including opportunities provided by specialist courses and qualifications.		
B	Provider ensures that effective systems are in place to identify when staff refresher training is needed. Provider ensures that new learning is transferred into practice.		
C	Provider ensures staff are appropriately trained and learning is kept up to date. All training and development should be well documented and tailored to the needs of the individuals the staff care for.		
D	The service has poor record keeping and is unable to evidence training and when this was last refreshed.		

Quality Assurance

20. What Quality Assurance system is in place to ensure that the provider identifies issues and maintains best practice?

	Previous and Current Scores	P	C
A	The provider drives continuous improvement by learning from incidents, feedback, complaints and in organisations with more than one service, they ensure learning from one site is shared and implemented with others. Staff are fully engaged and supportive of the approach to continued improvement (e.g. links are made to this in supervisions and the service improvement plan is shared with all staff).		
B	The provider regularly undertakes unannounced inspections / audits and involves specialists and advisors in the monitoring and continual improvement of the service (e.g. quality assurance teams, Healthwatch, experts by experience). Managers and leaders are enabled to attend external forums or networks to learn from peers and hear about good practice beyond their own organisation.		
C	The provider ensures findings from audits, inspections, assessments and other reviews are clearly documented and actioned. This information is fed into the services continuous improvement plan.		
D	There is no consistent system for the service to identify address and monitor any concerns or risks relating to care and support. The service has not actioned improvements identified at their last CQC inspection or external audit / LBB QAF monitoring		

21. Are service Users involved in decision-making processes *(e.g. details of service plan, activities, menu choices)*

	Previous and Current Scores	P	C
A	There is evidence that service user feedback is acted upon, and that service users have an active influence in decision-making. Additional training is arranged where more specialist communication skills are needed to support people to express their views.		
B	The provider uses a range of communication tools to enable people who need care and support to express their views. Staff are recruited with the necessary communication skills to engage with people who need care and support.		
C	, The provider involves people who need care and support and / or family / advocates in the quality assurance process. Service user meetings are held and recorded regularly.		
D	There is no evidence to suggest that service users are involved in decision-making.		

21(a) Feedback from Relatives/Advocates

	Yes	No
Does provider regularly seeks feedback from relatives/advocates?		
Is the feedback acted upon, and that relatives/advocates have an active influence in decision-making and in the life of the service.		

22. Accidents and Incidents

	Previous and Current Scores	P	C
A	Reports are analysed regularly, and there is evidence that action has been taken in response to any trends identified. There is evidence of learning from accidents and incidents, people who need care and support are involved in discussions about their safety and this is reflected in risk assessments and care plans.		
B	There is evidence that trends are identified in accidents and incidents, and the records clearly identify outcomes of incidents and accidents.		
C	Reports are completed and filed appropriately for incidents, and there is evidence to show that staff understand the appropriate reporting process. CQC and Local Authority are notified appropriately.		
D	There is evidence to suggest that accident and incident reports are not completed and filed appropriately.		

22 (a) How many accident and incident reports have been filed in the last three months?

Comments:

23. Complaints

	Previous and Current Scores	P	C
A	The provider conducts and records comprehensive investigations into complaints and concerns (involving additional independent external professionals to assist where needed). They can clearly demonstrate where improvements have been made as a result of complaints or concerns. They ensure that staff know about these improvements and what prompted them to be introduced.		
B	Records are held to evidence all complaints received, and confirms all were responded to within the time frame stipulated in the policy.		
C	The provider has a formal complaints procedure which is shared with all staff and people who need care and support and / or their families. The policy includes contact details to signpost complainants to appropriate internal and external organisations including the local authority and LGSCO.		
D	The provider does not regularly review its complaints policy. The policy is not displayed in the service for the attention of service users and visitors.		

23 (a) How many complaints have been received since the last visit?

23 (b) How many complaints have been upheld*?*

Safeguarding

24. Whistleblowing Policy

	Yes	No
Is a whistleblowing policy in place, clearly displayed and reviewed regularly?		
Are staff aware of and able to locate the whistleblowing policy?		
Is there evidence that staff have used the whistleblowing policy?		

25. Provider has taken proper steps to ensure that service users are protected from abuse

	Previous and Current Scores	P	C
A	Provider establish and maintain clearly documented evidence of safeguarding incidents, including how they were dealt with, what agencies were involved and any follow up action and learning.		
B	Provider ensures all safeguarding incidents are thoroughly investigated in an open and transparent manner. Safeguarding discussions are included in staff supervision and team meetings.		
C	Staff know how to blow the whistle on poor practice (both internally and external agencies) without recrimination. Safeguarding alerts and notifications are sent to the local authority and Care Quality Commission as required.		
D	Staff are not suitably experienced or trained to be able to recognise and report safeguarding issues. The service fails to report safeguarding incidents to the local authority and Care Quality Commission.		

Health and Safety

Policies in Place:

Complaints/Compliments Policy, Procedure & Log	
Gifts & Hospitality Policy, Procedure & Register	
Accidents Policy, Procedure & Log	
Staff handbook	
Service user handbook	
Equal Opportunities Policy & Procedure	
Health and Safety Policy Statement, Policies & Procedures	
Lone Working Policy	
Safeguarding Policies & Procedures	
Whistle-blowing Policies & Procedures	
Data Protection Policy & Procedure	

26. Does the provider have a current and up to date Business Continuity Plan (or equivalent) in place?

	Previous and Current Scores	P	C
A	The Plan is tested regularly, and amended where appropriate to ensure that it remains a useful tool in the event of an emergency.		
B	A plan is in place, updated regularly and has all relevant emergency contact details. Staff are aware of the Plan and are able to locate it easily. The Plan contains clear procedures for staff to follow in the event of specific incidents (e.g. flooding, loss of power, gas leak).		
C	A Plan is in place, but is not updated regularly. Provider tests their Plan with staff to ensure that they know how to use it in emergency situations.		
D	Business Continuity Plan is inadequate, or has not been tested with staff.		

Comments:

27. Does the provider have robust Fire Prevention procedures and practices?

	Previous and Current Scores	P	C
A	The provider conducts and records person centred fire risk assessments (taking account of the lifestyle of residents, their mental capacity to make decisions, the likelihood they will make wise decisions, and their physical agility). The person is involved and an action plan is developed in relation to fire protection and prevention for the individual. Referrals are made to LFB or AEIS as appropriate		
B	The provider reviews the risk assessment annually, or in response to significant changes in premises or service user group. Emergency evacuation plans are readily available in the event of fire, clearly identifying the location of any oxygen sources. Records evidence that the provider consistently maintains all fire equipment, signage and emergency lighting.		
C	An appropriate risk assessment is in place, and the provider acts upon any significant issues identified in the risk assessment. Fire drills are consistently run and recorded for all staff and service users, and staff are able to: • prevent or limit the risk of fire • know how to respond to an emergency individually and collectively Staff training includes evacuation procedures and escape routes specific to the provision.		
D	The provider does not have an adequate risk assessment in place. Staff are not appropriately trained, and the provider does not run and record fire drills consistently.		

Comments:

Fire Safety	YES	NO
Are escape routes clearly marked and free from obstacles?		
Is there a fire alarm and is it in good working order / is it maintained?		
Are smoke alarms tested on a regular basis?		
Are fire doors in good condition? After testing a sample of doors, do they close fully and seal the doorway?		

28. Provider has robust health and safety procedures in place *(Infection Control, Moving and Handling, Health and Safety Audits)*

	Previous and Current Scores	P	C
A	There is evidence to suggest that the provider has a process whereby health and safety issues can be identified and rectified, including identifying areas for improvement. Appropriate risk assessments are in place.		
B	There is evidence to suggest that: • Health and safety issues are reported appropriately (e.g. RIDDOR) • Moving and handling equipment is regularly maintained and serviced annually.		
C	Policies and procedures are in place and are reviewed annually. Training in relevant areas is up to date.		
D	There is little evidence to suggest that the provider has appropriate policies and procedures in place. Training in relevant areas has not been completed and refreshed consistently.		

Environment

Internal Environment

	YES	NO
There is evidence that service users are able to influence the decoration of their own areas.		
There is evidence that service users are supported (where applicable) to keep their environment clean, free of clutter, with no trip hazards. Décor and furnishings are well maintained and replaced if they become unfit for purpose.		
Service is clean and tidy, all communal areas are well maintained.		

External Environment

	YES	NO
There is evidence that service users are able to utilise the external areas when they choose.		
All external areas are clean, tidy and well kept.		
External areas are safe, with sound fencing and gates where relevant. Entrances/exits have appropriate ramps/handrails etc.		

Clinical care – *For completion by CCG Staff.*

The Provider delivers effective clinical care:

	YES	NO
Are there food and fluid truing charts?		
Are supplements provided?		
Are there any actions from a pharmacy review?		
Is there a PRN policy?		
Are controlled drugs stored correctly?		
Does the MAR chart reflect everything that has been prescribed?		
Are creams and eyedrops kept in rooms? Are the dates they were opened on recorded?		
Are there referrals to the MDT?		
Is medication kept in cupboards?		
Do charts match with the care plans?		
Are any pharmacy actions effectively implemented and followed up on?		

Clinical Safety

The Provider ensures a safe clinical environment:

	YES	NO
Are there clinic rooms/medication rooms?		
Are the clinic rooms/medication rooms able to be locked?		
Are clinical treatment and medication preparation always carried out in the appropriate location?		
Are there glucometers?		
Are the glucometer calibrated?		
Do staff know how to check glucometers?		
Is there a record that staff have checked glucometers?		
Are there enough fridges?		
Are the fridges clean?		
Is the fridge temperature recorded?		
Is the equipment up to date and appropriate to the patient's need?		
Is the equipment PAT tested?		
Is there a record that staff have checked equipment?		
Are there pressure mattresses?		
Are pressure mattresses on the right setting?		
Is there a record that staff have checked pressure mattresses?		
Are there scales?		
Are scales calibrated and checked for accuracy?		
Is there a record that staff have checked scales?		
Are there bed rails?		
Are the bed rails being used appropriately and audited on a monthly basis?		
Are there call bells?		
Is there a record that staff have checked call bells?		

Provider has clear infection prevention procedures in place

	YES	NO
Are there infection control champions or key workers?		
Do all staff have gloves and aprons in the correct colours?		
Do staff have an awareness of cross infection?		
Is there a cleaning and laundry policy?		
Is there training in continence care?		
Is there training in wound care?		
Does the home have a catheter policy?		
Are wound charts used appropriately?		
Are there difference coloured mops for different spills?		

SCORE SUMMARY:

Previous Scores:

A		**B**		**C**		**D**	

Current Scores:

A		**B**		**C**		**D**	

PART 3 – Conclusion and Recommendations

Key areas for Improvement