

PART 1 - PUBLIC

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

Date: **2nd November 2010**

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

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

Contact Officer: Wendy Norman, Strategic Manager, Procurement and Contract Compliance
Tel: 020 8313 4212
E-mail: wendy.norman@bromley.gov.uk

Chief Officer: Terry Rich, Director of Adult and Community Services

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 this update following an initial report in April 2010.

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
-

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
-

Staff

1. Number of staff (current and additional): LBB staff are engaged in contract monitoring and quality assurance; domiciliary care staff are employed directly by providers; the in house home care service employs 132 staff.
 2. If from existing staff resources, number of staff hours: 1.5 FTE staff engaged in contract monitoring/ quality assurance; 132 staff employed by LBB to plan and deliver in house domiciliary care service and Reablement.
-

Legal

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

Customer Impact

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

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. In April 2010 the Adult and Community Services Policy Development and Scrutiny Committee (ACS PDS) considered the initial quality monitoring report and asked for an updated report to be presented in six months. The report explains the contract monitoring and quality assurance processes which are in place for both external domiciliary care agencies and the in house 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. This is the second report which A&C PDS Members have received on the quality of domiciliary care services and it is intended that it should become an annual report in line with the practice for care home monitoring.
- 3.2 In February 2010 the Council introduced a Re-ablement Service. This is a short term intensive service designed to assist users to maximise their skills in order to be able to live independently without support. Since the report in April 2010, use of the Re-ablement service has increased and is now the default offer not just for hospital discharges, but also for new referrals from the community. In order to facilitate the transfer of staff to the Re-ablement service existing care packages with the in house service are being transferred to external providers. This exercise was set out in detail in a report to ACS PDS on 21st September 2010 covering the Review of the In House Homecare Service. The Contract Compliance Team is involved in this process and liaises with the Review Officer in particular to ensure that users experience as smooth a transition as possible. The Quality Assurance Officer carries out a home visit to each service user six weeks after the transfer of care to pick up any issues.
- 3.3 In the last quality report to PDS Members were informed about the introduction of electronic monitoring into the in-house domiciliary care service. External providers are also introducing these systems and electronic monitoring of care worker arrival and departure times is in place for just over 20% of the Borough's Domiciliary Care service users. Commissioners are encouraging all providers to work towards the introduction of electronic data monitoring systems. This is a potentially expensive exercise; especially for small providers, however it is important that those agencies who are replacing their I.T. systems purchase a system that can be enhanced to include electronic monitoring as it will potentially be included as part of the service specification for Domiciliary Care post 2012 when current contracts expire.
- 3.4 The last report also informed Members 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. The domiciliary care monitoring process was subject to an internal audit during summer 2010 and the auditor gave substantial assurance on the effectiveness of the service.

REGISTRATION

- 3.5 Domiciliary care agencies providing personal care have been required to re-register with the Care Quality Commission (CQC) prior to October 1st 2010 under the new Care Quality Commission (Registration) Regulations 2009 introduced by the Health and Social Care Act 2008. Agencies registered with the CQC prior to October 2010 had been 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 will not receive a star rating. The CQC is currently in consultation on proposals to replace the star ratings.
- 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.

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 requirements of the Department of Health's (DoH) Domiciliary Care National Minimum Standards and the service specification within the contract to assess performance. The frequency of monitoring visits to other agencies is scheduled proportionate to risk and previous performance, however takes place 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 home care 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 Departmental Contract Compliance team undertake regular checks. The Contract Officer is currently focussing on the newly set up Re-ablement service and the process for monitoring this service now mirrors that for external Domiciliary Care agencies.

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

- Ensuring that annual reviews of service plans are scheduled and implemented.
- Ensuring that annual reviews of risk assessments are scheduled and implemented.
- Increase the frequency of staff supervision.
- Adjustment to staff rotas to include travel time and to avoid 'call cramming'.
- Improve recording of quality assurance data and use to raise standards.
- Improve safeguarding procedures following feedback from previous incidents.
- Update out-of-hours procedures following issues raised in two complaints.
- Improve business continuity plans to formalise arrangements for staff when business premises are out of use due to an emergency.

- Increase training for overseas care workers to raise awareness and understanding of culturally relevant foodstuff and its preparation.

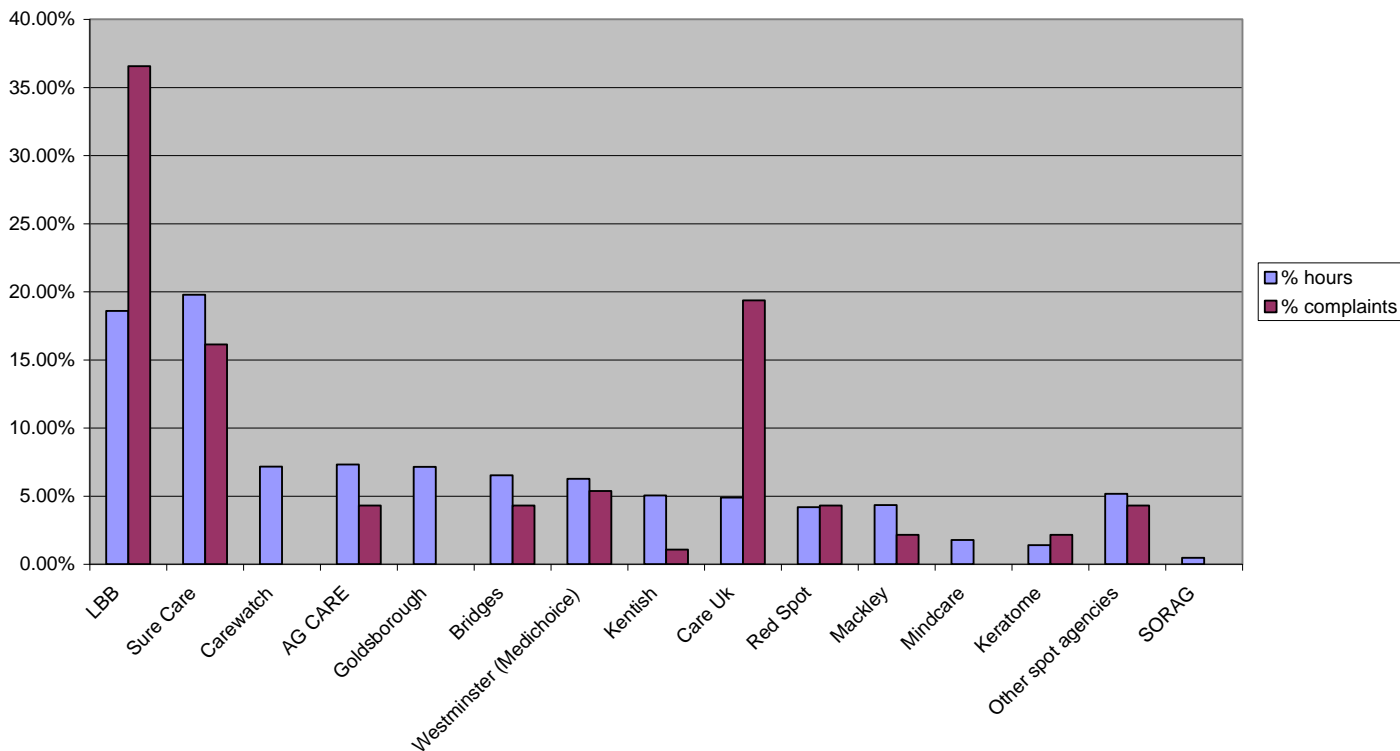
QUALITY ASSURANCE OFFICER

- 3.12 Following the home care survey in 2009 a Quality Assurance Officer was employed to work with the in house home care service to visit service users and their carers to find out first hand how well the service was performing. The post was transferred to the Review and Brokerage Team in ACS Care Services in January 2010 so that this work could be carried out across all the domiciliary care agencies working for Adult and Community Services. The Quality Assurance Officer works in conjunction with the Contract Compliance and Development Officer to collate information about the performance of the agencies. The collected information is then used to highlight areas in which agencies may need to improve.
- 3.13 Analysis from each round of visits is undertaken and key areas identified which the contract compliance officer is working with the agencies in addressing. A new questionnaire is currently being developed to further improve on the information being gathered from service users. The main issues being identified 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.
- 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. 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) which will enable measurement of the performance of agencies against a range of standards. The QAF has been adapted from the one developed and successfully used for the Supporting People Programme. Providers are required to self assess and gather evidence which demonstrates how they're meeting the agreed 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 DoH National Minimum Standards whilst 'B' and 'A' graded standards require providers to demonstrate continuous improvement to the quality of service.
- 3.17 The first of the seven key areas has been validated by the Compliance Officers for all of the participating providers and the next three areas are nearing completion. Currently all main providers are on track to achieve at least the minimum C standards during 2010/11, and some providers are progressing towards the higher standards. Results for the initial year using the QAF should be available for the annual report to Members in 2011. The QAF key areas and criteria is attached at Appendix 1.

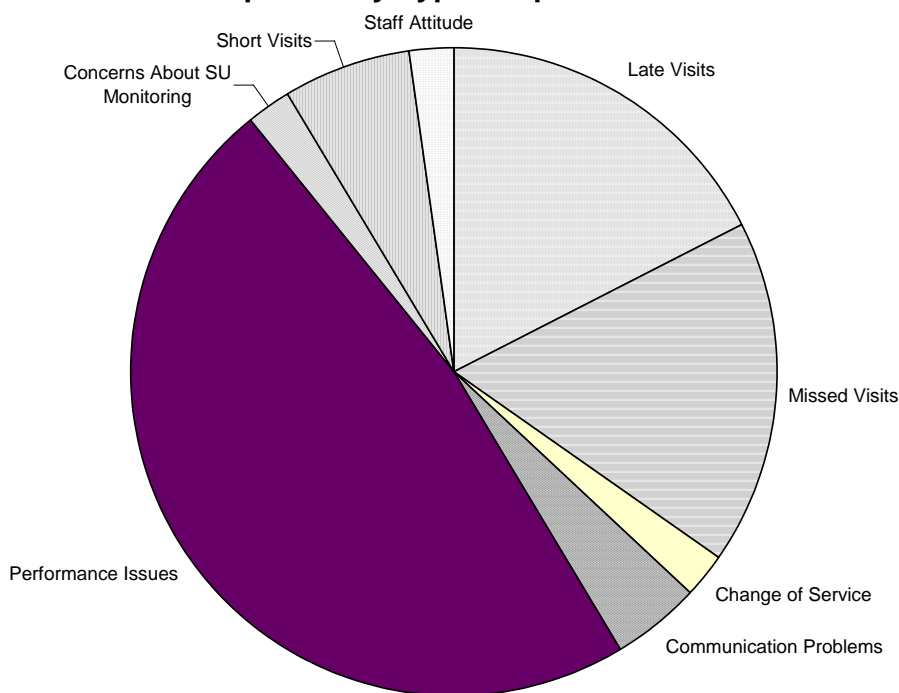
COMPLAINTS

- 3.18 Changes to the complaints procedure came into effect at the beginning of 2009 which resulted in front line staff taking the lead when dealing with informal complaints. Formal complaints are forwarded to the contract compliance officers by the ACS complaints team or care management 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 During 2009 there were 96 formal complaints about domiciliary care, over half of these complaints related to missed or late visits. During Jan – Sept 2010 there have been 46 formal complaints, 20 of which were regarding the in house service. In the first six months of 2010 the number of missed or late visit complaints fell to represent less than 35%, which is a reduction from more than 50% in the previous year. The introduction of call monitoring systems by some providers will have helped with this. Where such systems are not in place the Contracts Compliance officer worked closely with providers during 2009/10 on staff rotas and as a result changes have been made to allow travel time in an attempt to reduce complaints regarding lateness. It is encouraging to see evidence through complaints monitoring that this work has paid off. The Contracts Compliance Officer follows up on complaints as part of the monitoring process, underlining the need for lessons to be learnt in order to prevent similar complaints being raised in future.
- 3.20 The charts below show the distribution of complaints between the various providers used by the Council and their nature. The greatest proportion of complaints this year to date have been categorised as being 'performance issues'- this covers; failure to follow the care plan, non-provision of tasks and; quality concerns. Each complaint is followed up individually with the provider.
- 3.21 The number of complaints about the in house service has remained consistent. The Contract Compliance officer is working closely with the new re-ablement service in order to ensure that this service does not attract such a high level of complaints and to date there have been no complaints. The volume of complaints about Care UK increased within a short period in Spring 2010. Senior Care UK managers were called in to explain the reasons for this and to assure officers that action was being taken to remedy the situation. Since the meeting matters have been rectified and the number of complaints has reduced.

Breakdown of Complaints by Agency Sept 2010



Complaints By Type - September 2010



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 into monitoring and training programmes early.

- 3.23 There were 11 safeguarding referrals relating to domiciliary care during 2009, only one of which was substantiated. So far this year (to end September) there have been 17 referrals with two substantiated. There has been an increase in the number of external providers that have referred cases themselves, due in part to the work done to inform providers of the multi-agency safeguarding procedures. The 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 New clauses were added to all contracts to reflect the strengthened safeguarding arrangements put in place by the Council during 2009.

JOINT WORKING TO IMPROVE STANDARDS

- 3.25 The Council hosts a 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 doubled in the past 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 changes to the vetting and barring scheme. Officers from the Public Protection Desk at Bromley Police Station attended the Domiciliary Care Forum in October in order to clarify and reinforce the procedures for promptly alerting Police to safeguarding alerts where appropriate. Providers are now represented on the Adult Safeguarding Board which ensures that provider issues are considered as part of this multi agency approach.

TRAINING

- 3.27 To assist in raising the standards of training for care workers, the Council's Learning and Development service organises training for staff in the in house service. In addition the Council, as purchaser of care services from the private/ independent sector, is committed to working in partnership with local 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 National Minimum Standards 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. Currently there are 14 members of the training consortium, (an increase of 2 from 2009). Two new domiciliary care agencies have shown interest in joining the training consortium along with Bromley MyTime who provide classes for older people and people with learning disabilities at their sport centres. Agencies that are not members of the consortium are responsible for ensuring that their staff are adequately trained and the Contract Compliance officer follows this up by scrutinising staff training and supervision records.
- 3.30 Within the training programme approximately 32 different courses are currently provided, of which 5 are core training courses; fire safety, first aid, food hygiene, health and safety and manual handling. The other courses are also valuable learning opportunities for care staff to gain additional skills and knowledge to help them carry out their duties. These include infection control, dignity in care, dementia and safe administration of medicines. A new training course which is accredited with the Chartered Institute of Environmental Health Level 2 award in Healthier Foods and Special Diets is currently being commissioned.
- 3.31 During the year additional courses were scheduled to reflect current key issues. These included:
- ❖ a specific course in English used in the care scenario.
 - ❖ Re-ablement services
 - ❖ additional refresher courses in moving and handling focusing on double handed care
 - ❖ An Introduction to Person Centred Care Planning course was put on for care workers to learn about the core values to good care planning plus a Promoting Positive Working Relationships in Challenging Services for managers was commissioned. Both these courses received positive responses and will be considered for the new training programme for 2011.
- 3.32 The programme is regularly updated and reviewed to include training on new legislation such as Mental Capacity Act training and Deprivation of Liberty legislation. The Council also works with the Primary Care Trust (PCT) to identify opportunities for joint health and social care training such as End of Life Care training.
- 3.33 The training consortium introduced tests for course delegates at the end of training courses. This assists the trainer and training co-ordinator to confirm that the learning experience has been successful before delegates receive their certification of attendance. This system has been recognised by training consultants and consortium members and has been 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.
- 3.34 Business continuity planning continues to be a focus of attention. During 2009 two events were held for social care providers at which they were able to test their individual plans out in a pandemic scenario and see how these would fit in with the Council's business continuity and emergency planning arrangements. These have been tested twice during the year due to difficult weather conditions and in each case arrangements were found to be robust. Business continuity plans are on the Domiciliary Care Forum work plan and the Contract Compliance Officer is ensuring that agencies have tested their plans.

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. Officers are exploring the potential for making training available to Personal Assistants through the Training Consortium. This would assist in maintaining the quality of care offered to service users and could cover at least the mandatory induction courses which all agency staff are required to undertake.
- 3.36 The external contracts expire in February 2012 when new contract arrangements will be put in place which will reflect the impact of the Supporting Independence programme.

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 ACS09097 29 th September 2009 Domiciliary Care Services for Older People User Experience Survey ACS 10053 21 st September 2010 Review of In House Homecare Service

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.