Birmingham City Council

Care Homes Quality Assurance Framework Guidance

Appendix 1 – Criteria and example evidence requirements (Care Homes without Nursing Services)

December 2019

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The tables below list the 92 criteria aligned to each of the 5 care domains and provide examples of the type of evidence that is required to achieve a Silver rating. The evidence examples detailed below are not intended to be an exhaustive or mandatory list of evidence requirements. They are intended to serve as a guideline only and as such are not intended to stifle creativity in the way that good care is delivered.

Criteria that are highlighted in Gold are *advanced* with the potential to achieve a Gold rating.

Criteria that a highlighted in Red are *mandatory* and all must be Fully achieved within a domain to gain a Silver rating or all Partly achieved to gain a Bronze rating.

Domain 1 - Involvement and Information

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
1. Respecting and Involving service users	1	Ensure that its Staff do not discriminate against people because of their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity, have policies that will incorporate respect for both their Staff and Service Users irrespective of race and gender and treat Service Users with respect, recognise their diversity, values and human rights.		**Documentation** - Pre-assessment paperwork and social work support plan on file. - The Support Plan should be person-centred, show likes, dislikes and choices (e.g. who delivers their personal care?), clearly state any outcomes for the citizen, promote independence and have been reviewed regularly. - Citizen/family/representative involvement should be very clear and evident in the Support Plan and at any review. - Risk assessments in the folder should be robust and reviewed regularly. - Safe systems of work should be in place in the folder for any identified risks - Daily recordings for the citizens should be detailed so a complete picture of the daily support being delivered is evident and reflects the outcomes in the Support Plan - All records and conversations with staff (managers & staff) should demonstrate awareness of protected characteristics and a positive and affirming attitude towards diversity. No discriminatory attitudes will be expressed or recorded. **Observation** - Staff interaction and discussion with service users indicate that service users are not discriminated against, are treated as an individual, their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. - Service users are treated with kindness, compassion and empathy. - Care workers are seen to support service user's choices and preferences in regard to the way their care and support is delivered. **Staff feedback**

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
				- Staff are able to explain how they ensure people are treated with dignity and respect. **Customer feedback** - Service users confirm they are treated with dignity and respect, are not discriminated against.
	2	Have systems in place that uphold and maintain the Service User's privacy, dignity and independence.		**Documentation** - The Provider has policies and procedures in place regarding dignity and privacy which staff have read. - Staff induction training records are complete. **Observation** - Staff support the citizens to undertake tasks for themselves rather than doing the tasks for them. - Privacy is maintained when citizens receive visitors. - Citizens are treated with respect and dignity at all times. - Citizens are observed to be making their own choices rather than being led by staff.
	3	Encourage and support Service Users to always express their view, choices and preferences about the way their care and support is delivered.		**Documentation** - The care plan should be individually tailored, person centred, include appropriate information on the SU's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered. - Robust induction process is in place that covers rights and choices. - Advocacy is provided for people with no family or friends. - The provider undertakes citizen quality surveys or similar exercises to understand customer feedback. **Staff feedback** - Staff are observed to know about citizens' preferences and to be encouraging them to exercise choice. **Customer feedback** - Service users confirm they are always able to express their views, exercise choice and preference about how their care is delivered.
	4	Put service users at the centre of their care by giving them adequate information in an appropriate and meaningful way to enable them to make informed decisions about the care and support they receive.	CP4.02 – Accessible information	**Documentation** - The Provider meets the requirements of the 'Accessible Information Standard' in its delivery of services including the 5 steps. 1. Ask, 2. Record, 3. Alert/flag/highlight, 4. Share, 5. Act. - Citizens' communication needs have been properly & thoroughly identified & recorded - Citizen's communication needs and the way these are to be met are highly visible whenever their records are accessed. -Care plans are in an accessible format appropriate to the needs of the individual. **Customer feedback** - Citizen confirms (directly or via family member/advocate) that their communication needs are being met and they have received sufficient information to enable them to make informed

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
				decisions about their care **Staff feedback** - Staff can explain how they put service users at the centre by giving them adequate information to enable them to make informed decisions about their care.
	5	Take account of Service Users' choices and preferences and discuss and explain their care and support options with them.	CP4.03 – Personalised care plans	**Documentation** - Support plans record how citizen choices & preferences will be met, and when and how this was discussed with citizen. - Where citizen choices & preferences can't be met (due to organisational constraints or legal reasons (e.g. MCA/DoLS)), the support plan explains why, and what alternative options have been discussed with citizen/family/advocate. - Daily recording indicates how citizen choice and preference is exercised. - Life histories are documented where relevant - End of life plans are recorded where relevant -Care plans are written collaboratively with the service user **Customer feedback** - Citizens (and/or family members/advocates) confirm that their choices & preferences are taken into account by staff and are actioned wherever possible **Staff feedback** - Staff are aware of the importance of citizen choice & preference and are observed to be putting this into practice
	6	Encourage and support Service Users to give them feedback about how they can improve their Services and act on the feedback given.	CV7.01 Involvement and engagement of citizens	**Documentation** - The service has systematic methods in place to ask for, record and act on customer feedback - The service clearly documents customer feedback and how it acts upon this to improve the service. - A variety of methods are used to collect feedback – for example, meetings, questionnaires, surveys, interviews, etc. - The views of family, friends, advocates and visiting professionals are sought. - The Welcome Pack or other introductory information indicates that service users and their representatives are made aware that the comment and views about the service are welcome. -The Welcome Pack contains details of how to contact the manager and how to make a complaint or give feedback. **Customer feedback** - Citizens (and family/advocates) will report that they are encouraged to give feedback and that it is easy to do so. They will know what changes have been made as a result. **Staff feedback** - Manager & staff will be able to explain how they encourage & enable all citizens to give feedback, including promoting and enabling the use of advocates (formal & informal) for

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
				citizens without family members or friends to support them.
	7	Ensure that Service Users are able to maintain relationships with family, friends and the community in which they live and will support Service Users to play an active role in their local communities as far as they are able and wish to do so.		**Documentation** - Citizen files and daily records show that the citizen's important relationships and interests have been identified, and that they have been supported to maintain these relationships and interests - Service provides a variety of means for people to maintain contact - phones, email, internet, SKYPE. - Friends and family can visit or call at all times of day. **Customer feedback** - Citizens (and/or family/advocates) confirm that they are encouraged & supported to maintain external relationships and hobbies/interests **Staff feedback** - Staff are aware of individual citizen's important relationship & interests and can explain how they support people to maintain contact.
	8	Provide appropriate support to Service Users so that they can enjoy a variety of activities and social opportunities based on their preferences and strengths as part of everyday life within the Services.		**Documentation** - There will be a varied programme of activities available to citizens related to the recorded preferences & interests of citizens at the home. - The activity programme will include opportunities to enhance the citizens' physical, mental & emotional well-being. - For those citizens unable to go out to community activities, the programme will regularly include people not employed by the home (to deliver the activity or to join residents in the activity) **Customer feedback** - Citizens' choices to participate / not participate will be respected. - Citizens (and family/friends/advocates) will report that activities of their choice are provided and their participation supported - Citizens are able to practice their own faith. **Staff feedback** - When activities take place, staff will know which citizens are likely to be interested and will encourage & support their participation - Staff are able to explain who is responsible for coordinating activities.
2. Consent	1	Ensure staff know and understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.	CP4.01 - Consent	**Documentation** - Training records are up to date **Staff feedback** - Staff can explain when to obtain consent and how to document this.

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
	2	Assess their capacity as required to give informed consent and ensure this is reviewed regularly.		**Documentation** - Care plans document the instances and when capacity has been assessed and these assessments are reviewed regularly
	3	Provide Service Users with sufficient information relating to consent and ensure this is reviewed regularly		**Documentation** - Clear information about consent is available and it is documented when this has been explained to service users. - This information is regularly reviewed. **Customer feedback** - Service users can confirm they have been given sufficient information about consent.
	4	Support Service Users to access advocacy services to help them make informed decisions.		**Documentation** - Service users have been assessed as to whether they require a Mental Capacity Act advocate and, if so, the required authority been obtained. -Service without family or other representatives are encouraged and supported t find a representative to advocate on their behalf if that is required and appropriate.
	5	Follow advanced decisions in line with the Mental Capacity Act 2005.		**Documentation** - Any advanced decisions are both recorded and followed in line with the Mental Capacity Act and that any restrictions are taken into account in line with Deprivation of Liberty Safeguards when providing care and support.
	6	Take account of restrictions in line with the Deprivation of Liberty Safeguards when providing care and support.		**Documentation** - Any restrictions are taken into account in line with Deprivation of Liberty Safeguards when providing care and support. Care plans contain the date of the expiry of any authorised Deprivation of Liberty Safeguards. **Staff feedback** - Care staff are able to describe how they ensure that the principles of the Mental Capacity Act are put into practice in their daily work.

Gold evidence examples
Listed below are examples of the type and style of evidence that is required for a Gold rating to be awarded.

Respecting and involving service users
- The service ensures all its employees are aware of, and understand, the requirements of the 'Accessible Information Standard'. For all the people the service works with, communication/information needs are known and recorded, and employees make every effort to meet these needs during the delivery of services.
- The service is creative in the way it involves and works with people, respects their diverse needs and challenges discrimination. It seeks ways to continually improve and puts changes into practice and sustains them.

- People's care and support is planned proactively in partnership with them. Staff use innovative and individual ways of involving people so that they feel consulted, empowered, listened to and valued.
- People are actively encouraged to give their views and raise concerns or complaints. The service sees concerns and complaints as part of driving improvement. People's feedback is valued and people feel that the responses to the matters they raise are dealt with in an open, transparent and honest way.
- The service finds innovative and creative ways to enable people to be empowered and voice their opinions.
- Investigations are comprehensive and the service uses innovative ways of looking into concerns raised, including the use of people and professionals external to the service to make sure there is an independent and objective approach.
- The service receives very high approval levels over a prolonged period in response to the 'Friends and Family Test' question on the Healthwatch website.
- The service receives very high levels of outcome delivery approvals over a prolonged period from social workers during individual case reviews.
- The service receives very high approval levels over a prolonged period through its own customer satisfaction surveys.

Consent
- The service employs innovative and creative ways to provide service users with sufficient information relating to consent.
- The service has an excellent understanding of peoples capacity and employs creative ways to ensure people are involved in decisions about their care and lifestyle choices.

Domain 2 - Personalised Care and Support

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
3. Care & welfare of service users	1	Ensure that Service Users are involved in their care and support planning		**Documentation** - Care plans evidence service user involvement - meetings, discussions, decisions. - Appropriate family, friends, advocates have been involved in the planning process. - IMCA has been used where required. - Care plans contain service user wishes, choices, including end of life wishes, preferences. - Care plan is in an accessible format for the service user. - Care plans contain citizen signature. If they are unable to sign is it recorded why? If appropriate has citizen's nominated representative or advocate been involved? - Daily records confirm that wishes and the care plan are carried out. **Customer feedback** - Service users confirm and can explain how they are involved in care planning. - Appropriate family, friends, advocates confirm and can explain how they are involved in care planning. **Staff feedback** - Staff can explain how service users are involved in planning their care.
	2	Ensure Service Users know who their care worker / key worker is and how they can contact you as the Service Provider of their Services.		**Documentation** - Care plans detail who key worker or main contact is and how to get hold of them - Up to date service user guide has been given to the service user. - System in place or communication alerting the service user as to how they can contact their care provider. **Customer feedback** - Service users can explain who they should contact to discuss their care. **Staff feedback** - Staff can explain who the lead / key worker is for each service user and what the process is for ensuring service users can discuss their care. - Staff can explain the role of the key worker system.
	3	Assess Service Users in a way that reflects their strengths, abilities and interests and enables them to meet all of their needs and preferences through a written care plan.		**Documentation** - An asset-based assessment tool that is effective in identifying needs, interests and preferences should be used? -Assessment is carried out in a person centred way. - Assessment is made with service user, family, friends and advocates. - Assessment identifies person's strengths, interests, preferences, needs and wants. - Care Plan reflects the assessment and details how needs and preferences are to be met, including how the person is supported to maximise their independence. - Evidence of regular review of care plan that reflects changing needs.

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
				Customer feedback - Services users can confirm their involvement in the assessment and care planning. **Staff feedback** - Staff can explain the care planning process and how service users are involved in this.
	4	Assess the needs of the Service User including risks to their health and wellbeing.	RA3.01 to 3.02 – Risk assessment CP4.034 – Safe working practices	**Documentation** - Care plan contains risk assessments to ensure service user remains safe. - Risk assessments take account of the Health and Safety Executive 5 steps to risk assessment guidance (Identify hazards, who might be harmed, evaluate risks and identify precautions, record findings and implement, Review and update.) - Risk assessments have been considered for the following areas: Environmental, lone working, delivering personal care, eating and drinking, medication, mobility, manual handling, behaviours that challenge, finance, accessing the community. -There must be a person-centred Risk Management Plan signed by the citizen/representative. - Care plan contains a positive approach to risk assessment to enable the service user to achieve their goals, but safely. - Evidence that further action has been taken where the risk assessment has failed to keep the person safe, e.g. referral to falls clinic following frequent falls. -Clear safe systems of work and care instructions are recorded **Customer feedback** - Service users confirm and can explain how they have been part of the risk assessment process. **Staff feedback** - Staff can explain how they have been involved in risk assessment process.
	5	Effectively plan the delivery of care and support so the Service User remains safe; their needs are adequately met; and their welfare is protected.	CP4.031 – Care plan contains important information CP4.032 – Care call information is clear CP4.09 – Accurate recording in daily records CP4.10 – Activity plans are reflective of citizen needs and goals CP4.11 – Accessing the community	**Documentation** - Care plans reflect the risk assessment and contain clear instructions for staff including safe systems of work. - Care plans reflect the service user's needs and outcomes. -The care plan and service delivery correlates with the risks identified for the individual - Effective means are in place for recording that the care plan has been carried out, e.g. weight monitoring, blood glucose monitoring, food and fluid intake, weight recording, daily records. - Evidence that a hospital passport has been created is up to date and is regularly reviewed. - Important information such as medical conditions and emergency contacts are clearly documented. - Care plan reflects the social work assessment - Care plan is concise and instructional

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
			PBM6.01 – Positive behaviour support plan in place	-Care plans should consider requirements for accessing the community – level of support, access, transport, money management, emergency procedures. -When relevant to the citizen's needs care plan includes a Positive Behaviour Support Plan. The plan will be agreed by a multi-disciplinary team, detail the appearance, rate, severity and duration of behaviours, and set out clear instructions and a system of work for employees to follow in order to avoid triggering challenging behaviour and support the citizen during an episode. -ABC charts will be fully completed to record all incidences of challenging behaviour. -If physical restraint is used a protocol will be in the care plan. The protocol will be approved by the multi-disciplinary team supporting the citizen and provide clear instructions for staff. Training records will indicate that staff have received specific training in implementing the protocol and any of the techniques contained within it. -All incidences of the restraint protocol being implemented will be recorded on ABC charts. - Records will evidence review of the Positive Behaviour Support Plan and any restraint protocol, lessons are learned, and plans are revised accordingly. -Personal belongings are kept safe – an inventory of personal possessions is held and regularly updated, a personal safe is provided, the citizen can lock their door, a money management procedure is in place to ensure security of citizen's money. **Observation** - Observation of staff interaction with service users reflects the care plan and that service users are kept safe. **Staff feedback** - Staff can explain how they work to ensure that people are kept safe.- Staff can explain how they meet people's needs and outcomes.
	6	Regularly review the effectiveness of care and support plans and ensure that these are kept up to date to support the changing needs of the individual.	CP4.06 – Review of care plan	**Documentation** - Care plan is regularly reviewed and risk assessments and safe systems of work are up to date. Care plan is reviewed at least annually or when service user needs change. - Formal Reviews must take place with the involvement of the citizen and representative. The frequency of reviews must be included in a policy. Provider must evidence that care plans and risk assessments are updated when changes are identified. - Daily records reflect the care plan. - Systemic process for reviewing care plans is in place, e.g. keyworker sessions take place monthly to evaluate the success of the care plan and flag up any changes. **Customer feedback** - Service users can confirm they are involved in regular reviews of the care plans. **Staff feedback** - Staff can explain how they review care plans.

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
	7	Assess the risk of harm to the Service User, including environmental risks, and ensure that this is effectively managed and reviewed regularly to keep the Service User safe.		**Documentation** - Risk assessments are regularly reviewed and safe systems of work are updated. - Specific environmental risk assessments include fire safety, legionella, gas and electricity certificates. - Provider is proactively engaging with service user to find out if they feel safe. - Systemic process in place to review risk assessments. -Personal belongings are kept safe – appropriate risk assessments are carried out in relation to security of personal possessions and money. The risk assessments set out any protocols that should be followed, for example money management procedure. The risk assessment shall consider the vulnerability of the citizen, their mental capacity to make decisions about possessions and money management and whether any safeguards need to be put in place. **Observation** - Observation of staff indicates they are following safe systems of work. **Staff feedback** - Staff can explain how they review risk assessments
	8	Provide services in an effective and enabling way to help maximise the service user's independence and quality of life as well as reduce the number of emergency admissions.	CP4.033 – Maximising independence	**Documentation** - Care plan details how the service user is enabled to maximise independence. - Care plan details how quality of life is maximised. - Daily records reflect the care plan has been carried out. - Service users have access to healthcare services and healthcare input to maximise their independence, e.g. referrals are made to OT for suitable guidance and/or equipment - Referrals to specialists for advice as to how to maximise independence, e.g. Occupational Therapist. - Health Action Plans must be comprehensive and effective. - Health monitoring is deployed effectively e.g. food and fluid charts are used, effective skin checks and care, weight, mood, blood checks, etc. **Customer feedback** - Service users can talk about their goals and how they are trying to achieve them. **Staff feedback** - Staff can explain the service user goals and how they are trying to achieve them, maximise their independence and quality of life. **Observation** - Observation of staff interaction demonstrates that independence is maximised and quality of life enhanced. - Evidence of use of specialist equipment to maximise independence, e.g. assistive technology.

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
	9	Support Service Users in setting goals to help maximise their independence and improve the quality of their life.		**Documentation** - Care plans detail how the person has been involved in setting goals to maximise their independence. - Appropriate individuals are involved in the goal setting process and that the service user's life history is taken into account. - The keyworker system must be effective i.e. regular meetings that measure the success of the support plan. **Customer feedback** - Service users confirm that they involved in the goal setting process. **Staff feedback** - Staff can explain how they involve people in setting goals to maximise their independence.
4. Meeting nutritional needs	1	Support Service Users to make healthy choices and lead healthy lifestyles and provide access to information about healthy and balanced diet.		**Documentation** - Documentation to ensure all staff are aware of dietary requirements / restrictions / choices. - Evidence of referrals to healthcare professionals where appropriate, e.g. SALT, dietician. - Care plans evidence service user eating and drinking preferences and needs. This may include religious or other dietary requirements. -Daily recordings and menus align with the care plan. -Menus indicate that healthy choices are available. - Care Home must have a healthy eating policy. **Customer feedback** - Service users confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet, and are offered a choice of food and portion size that meets their preferences. **Observation** Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.
	2	Ensure that Service Users have 24hr access to a choice of food and drink that takes into account their preferences, diverse needs and dietary requirements. Ensure there is accessible information about		**Documentation** - Systems are in place to enable people to access food and drink. - The care plan must specify the level and frequency of support required in relation to food and drink including preferences, dietary requirements, allergies. -Residents must be able to access food at all times unless the risk assessment states otherwise. –Flexibility around mealtimes must be evidenced. -Provider must involve residents in menu planning. -Provider seeks feedback about food and drink provided. **User feedback**

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
		meals and meal times.		- Service users confirm that they can access food and drink at all times and that the food takes into account their preferences and dietary requirements. Information about meals is in accessible format. **Observation** - Observation of staff interaction with service users confirms people can access food and drink when they want.
	3	Food and drink are provided in environments that promote Service Users dignity and they have a choice about whether to eat alone or with company.		**Documentation** - Care plans evidence service user eating and drinking preferences and needs. - Care plan must indicate residents preferred location to eat and suitable facilities must be available to meet individual preferences. Are socialisation opportunities taken into consideration? Are families welcome? -For those who need support with mealtimes, the care plan must indicate clearly what level of support is required to ensure safety and dignity, e.g. level of supervision, specialist equipment. **User feedback** - Service users confirm they can choose where and what to eat. **Observation** - Observation confirms people's dignity is maintained. - Appropriate equipment is available and is used to support people to eat and drink safely and with dignity.
	4	An appropriate malnutrition screening tool such as the Malnutrition Universal Screening Tool (MUST) is used to carry out a full nutritional assessment (where this is indicated).		**Documentation** - Clear policies and procedures detailing when the malnutrition screening tool should be used, including triggers. - Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required. -Any changes in presentation must be accurately recorded, reported and appropriate referral made when required. -Any guidance from healthcare professionals must be incorporated into updated support plan and risk assessment. -There is evidence of referrals to healthcare professionals where appropriate, e.g. SALT, dietician
	5	Support Service Users to access specialist services, guidance and advice where required.		**Documentation** - If required the care and support plans should evidence details of support to access any specialist services. - Clear record of any specialist guidance and that this is being acted upon.

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
				- All staff have achieved Basic Food Hygiene Certificate -Staff are observed to wear PPE, where appropriate.
	6	Ensure that staff who are involved with food preparation have up-to-date food and hygiene training.		**Documentation** - Food hygiene training is up to date and regularly reviewed. **-** All staff have achieved Basic Food Hygiene Certificate -Staff are observed to wear PPE, where appropriate. **Staff feedback** - Staff can explain how they comply with food hygiene regulations.
	7	The home has a Food Standards Agency Food Hygiene Rating of 4 or above.		**Documentation** - Food hygiene rating certificate.
5. Co-operate with other providers	1	Co-operate and communicate with other Service Providers of the individual's care and support when this responsibility is shared, or when the Service User is transferred to one or more Services. Ensure that there is a named individual to support any transition.		**Documentation** - Care plans detail cooperation with other care providers or outside organisations, e.g. healthcare professionals. - Clear references in the care plan to the other organisations involved in the service users' care, e.g. day centres, voluntary work, college and it is clear how information is shared with those organisations. - **Staff feedback** - Staff can explain how cooperation with outside agencies happens.
	2	Support service users to access other social care or health services as required. [For LD Services there is an expectation that organisations will work together with local statutory health providers to support service users to understand health	CP4.08 – Health plans are designed by health professionals	**Documentation** - Care plans evidence that additional health or social care input is required, dentist, OT, chiropody, dietician, optician etc - Care plan evidences referrals to appropriate professionals / organisations. - Care plan reflects advice and guidance / instruction from appropriate professionals / organisation. - Issues have been followed through to their conclusion, and referrals have been chased up, etc. -Health Action Plan in place -Hospital passports are up to date. -Health plans and monitoring records are written and designed in collaboration with health professionals involved in the citizen's care.

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
		action plans. This will primarily, but not exclusively, be the service users GP practice and local learning disability health services]		**Staff feedback** - Staff can explain how they support people to access specialist services and how they implement their advice and guidance.

Gold evidence examples
Listed below are examples of the type and style of evidence that is required for a Gold rating to be awarded.

Care and welfare of service users

- The service uses imaginative and innovative ways to manage risk and keep people safe while making sure they have a full and meaningful life. The service actively seeks out new technology and solutions to make sure that people have as few restrictions possible.
- There is a transparent and open culture that encourages creative thinking in relation to people's safety. The service seeks out current best practice and uses learning from this to drive improvement.
- Staff show empathy and have an enabling attitude that encourages people to challenge themselves while recognising and respecting their lifestyle choices.
- The service receives very high levels of outcome delivery approvals over a prolonged period from social workers during individual case reviews.
- The service is focused on providing person-centred care and it achieves exceptional results. Ongoing improvement is seen as essential. The service strives to be known as outstanding and innovative in providing person-centred care based on best practice.
- The service is flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. Where the service is responsible, the arrangements for social activities, and where appropriate education and work, are innovative and meet people's individual needs.
- The care provider demonstrates commitment to and evidence of being positively affirming in relation to the Equality Act (2010) protected characteristics – Age; Disability; Gender reassignment; Marriage and civil partnerships; Race; Religion or belief; Gender; and Sexual orientation:

  o **Acquiring knowledge –** Training, materials and awareness raising sessions are provided to employees and service users to enable them to become more knowledgeable about issues and history in relation to different races, disabilities, religions and beliefs and gender identities and sexual orientations.
  o **Responding to prejudice and listening to complaints** – Evidence (supervision records, care records, complaint records) that employees and service users are encouraged to challenge prejudice or discriminatory comments rather than letting them pass. Employees are provided with training about how to constructively challenge discrimination and to begin conversations about equality issues. Recognition evident that it can be difficult for people to make complaints and there is evidence that people's concerns about language and attitudes are taken seriously and that they are actively encouraged to raise concerns in a variety of different ways.
  o **Gaining permission** – Evidence (care records) that discussion has taken place and permission has been sought from the service user to share or keep private aspects of their identity, for example, religion or belief, disability, health condition, sexual orientation, gender identity.

- o **Listening well and use of language** – Evidence (care records, employee feedback) that discussion has taken place with the service user to understand the language they use to describe themselves and whether they want staff to use the same or different words. People may use a variety of language depending on the situation and company when describing their race, heritage, religion, disability, sexual orientation or gender identity.
- o **Respecting closeness and offering private space** – Evidence (care records, service user and staff feedback, physical environment) that discussion has taken place with the service user to check who the significant people are in a person's life and to recognise that they may not be biological family members. Private space is available for service users to meet with significant people in their life or observe aspects of their identity, for example, relating to culture, heritage, religion or belief.
- o **Saying it clearly** – Welcome packs, messages in company literature, posters and promotional materials positively welcome people as individuals, use diverse imagery and detail the action the organisation will take to support people to integrate, and feel comfortable and safe living in the care setting. The organisation will set out how it positively affirms service user identity differences in relation to age, disability, race, religion or belief, gender identity and sexual orientation.
- o **Giving representation** – The care setting has identified 'Champions' or points of contact among its workforce or service users, Board or advisory groups to represent and respond to the views and needs of the different groups or individuals. Recognition should be made that individuals or groups of people may need their own representative and to avoid making assumptions, for example, trans people may want or need a different 'champion' from that representing lesbian or gay people.
- o **Identifying support networks** – Service users are provided with details of support networks in relation to their individual characteristics and needs.

Meeting nutritional needs

- There is a strong emphasis on the importance of eating and drinking well. Where the service is responsible, innovative methods and positive staff relationships are used to encourage those who are reluctant or have difficulty in eating and drinking.
- This approach makes sure that people's dietary and fluid intake, especially those living with dementia or those with a learning disability, significantly improves their well-being.
- There are excellent links with dietetic professionals and staff are aware of people's individual preferences and patterns of eating and drinking. These preferences are sustained over time, as their health allows.

Cooperate with other providers / community and partnerships

- Links with health and social care services are excellent. Where people have complex/continued health needs, staff always seek to improve their care, treatment and support by identifying and implementing best practice.
- Relationships are established with best practice organisations to deliver high quality care.
- Where appropriate, the service takes a key role in the local community and is actively involved in building further links. Input from other services and support networks are encouraged and sustained.
- Managers and leaders are well known in the local community sharing experience and expertise.
- The service makes links with the local community when its service users require advocates or independent support.

Domain 3 - Safeguarding and Safety

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
6. Safeguarding people who use the service from abuse	1	Take action to identify and prevent abuse from happening in the Services and respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.		**Documentation** - Staff have been appropriately trained, training is up to date and records reflect this. - Policies and procedures are up to date and regularly reviewed. - Safeguarding log is maintained and reviewed. - Service user guide details the process and who to contact. - Evidence of learning from previous safeguarding alerts and that this has been implemented. - Safeguarding policy and procedures are up to date and regularly reviewed including process map or similar that specifically describes the steps to be taken. -The safeguarding policy will commit to deliver on the "Dignity and Respect" agenda by making safeguarding personal. -The safeguarding policy will comply with the Birmingham Safeguarding Adults Board's *Protocol for Responding to Concerns about a Person in a Position of Trust* . https://www.bsab.org/ -Safeguarding log (hard or soft) is in place. **Staff feedback** - Staff can explain knowledge of safeguarding, the different types of abuse or neglect, what to look for and how to report a concern both within and outside their organisation.
	2	Be aware of, and follow, their responsibilities under the Local Authority's safeguarding and whistle-blowing policy and procedures.		**Documentation** -The Provider recognises safeguarding incidents which are then raised through the appropriate channels in a timely manner. -The Provider can demonstrate that they share information, attend and contribute to meetings and safeguarding plans. -The Provider can demonstrate that they co-operate and engage fully with the safeguarding process and document involvement as required. -Check incidents/accidents/near misses records and cross-reference these with the safeguarding log. -Whistle-blowing policy investigation process should align with Birmingham's safeguarding policy and procedures. **Staff feedback** - Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
				responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.
	3	Ensure that appropriate guidance and training about safeguarding adults from abuse is accessible to staff, put into practice, implemented and monitored.		**Documentation** - Training records are up to date and reviewed regularly, refresher training is given. (Safeguarding, MCA, DoLS) -Some form of basic safeguarding training, in addition to that contained in the Care Certificate, is included in initial induction. -Care Certificate training should be completed within the first three months of employment. -Safeguarding training records are up to date for all staff members and refresher training is scheduled. -Mental Capacity Act and DoLS training has also been undertaken by all staff. -Safeguarding is a rolling agenda item at staff meetings and in supervision meetings. **Staff feedback** - Staff confirm they have had the relevant training, can explain the principles and how they put what they have learned into practice.
	4	Where possible, only use Deprivation of Liberty Safeguards when it is in the best interest of the Service User and in accordance with the Mental Capacity Act 2005.		**Documentation** - Assessments, together with and care/support plans effectively maintain people's safety and Deprivation of Liberty Safeguards are only used when in the best interests of the service user. - Provider must have an MCA/DoLS policy and procedure that aligns with legislation. -Mental Capacity Assessments, Best Interest Decisions and DoLS authorisations are in place. Where required the paperwork is signed by the person with Power of Attorney. -Paperwork is reviewed on a regular basis and contain all deprivations. -Where restraint is used as part of a risk management plan, the Provider must have a detailed policy and procedure relating to this and the methods of restraint should be agreed and set out by the specialist multi-disciplinary team responsible for assessing need and designing the care and support plan(e.g. psychiatrist, NHS behaviour support team, social worker, care home management team.)
	5	Review and update the Service User's care and support plan to ensure that individuals are properly		**Documentation** - Evidence that the care plan has been updated to reflect the care and support given following incidences of alleged abuse. - Records demonstrate how the person has been supported.

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
		supported following any (alleged) abuse.		
	6	Give Service User's and their Carer's adequate information about how to identify and report abuse, as well as sources of support outside the Services, including the Local Authority, and actively support and encourage Service Users to raise issues and concerns when necessary.		**Documentation** - Information is made available to service users and staff which contains up to date contact details for reporting concerns. E.g. Service user, guide, welcome pack, Safeguarding adults pack. - Documentation is in an accessible format where required. - The Provider's service User Guide must contain definitions of abuse and neglect as well as contact details for the Provider, CQC and the funding Authority. -Provider has a Service User Charter detailing their rights. -Service Users are asked during the review if they feel safe and any concerns raised are acted upon.
	7	Support Service Users and their carer when they have to take part in any safeguarding processes.		**Documentation** - Record of discussion of the safeguarding with the service user. - Evidence of identifying the support needs of the service user. - The whole process is documented comprehensively, evidencing ongoing communication with the Service User, family and/or advocate. -The Service User's wishes are respected.
7. Cleanliness and infection control	1	Have effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.		**Documentation** - Effective systems and processes are in place to maintain cleanliness and hygiene, and control infection, e.g. Legionnella, cleaning rotas. -Infection Control Policy is in place. -Infection control training is up-to-date for all staff. -Care plan should indicate when PPE is to be used. -Provider can evidence purchase of PPE. -Evidence that topic is discussed at team meetings and supervision. -Signage for handwashing is clear. -Legionella testing records are up to date. -Domestic cleaning rota is in place and evidence that it is carried out. **Observation** - Appropriate equipment and facilities in place. - Observation of staff interaction confirms implementation of safe, systems and processes. - Care home environment is clean. -Spot-checks confirm use and changing of PPE during tasks. **Staff feedback**

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
				- Staff can explain how they maintain hygiene and control infection.
	2	Provide sufficient information to Service Users, staff and visitors about infection prevention and control matters.		**Documentation** - Effective communication and accessible information is available to service users, staff and visitors, i.e. - effective signage, posters on display within the home. - Effective signage, posters.
	3	Provide staff with appropriate training relating to infection prevention and control and waste management.		**Documentation** - Relevant training has been provided and training records are up to date and regularly reviewed. **Staff feedback** - Staff confirm they have received the training. - Staff can explain how they put training into practice to maintain hygiene and control infection. - Staff can explain how they manage waste effectively.
8. Management of medicines	1	Handle medicines safely, securely and appropriately.		**Documentation** - Policy and procedure detailing how medicines are to be managed is available. Policy includes information on self-administration, covert administration, homely remedies and controlled drug management as per NICE guideline SC1. - MAR charts are in place and completed correctly and there is a process for reporting medication errors. -Care Plan states all the current medication and doses. -Care Plan states where the medication is stored. -Medication Policy also states how out of date or unused medication is disposed of, including disposal of controlled drugs. **Observation** - Staff are observed to handle medicines safely, securely and appropriately. - Medicine administration is recorded accurately.
	2	Ensure that medicines are stored and administered safely including any homely remedies and covert medication.	CP4.04 – Administration of medication	**Documentation** - Medicines are stored according to manufacturer instructions and in accordance with the service user care plan. Medicines are stored in a locked space. Medicines requiring refrigeration are stored in a fridge. - Service user care plan clearly details the level of support the service user requires to take their medication. - Care Plan demonstrates how the Service User prefers to take their medication. - Safe working practices are documented, i.e. if a Service User has to be observed taking meds and action to take if a Service User has refused any

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
				medication. -MAR charts will show all medication administered and any refusals. -Daily recordings evidence medication administered and any refusals. - System of work for administration of medication is recorded including individual requirements and level of assistance -Reporting mechanisms are documented for errors, refusals **Observation** - Out of date or unused medication is disposed of appropriately, including appropriate disposal of controlled drugs.
	3	Keep appropriate records around the (prescribing) administration, monitoring and review of medications.	CP4.07 – MAR charts are audited monthly	**Documentation** - Care Plans are regularly reviewed and updated to reflect current medication and needs i.e. short course antibiotics. -Care Plans clearly detail the name of the medication, dose time and frequency of administration, PRN Protocol if required, method of assistance, method of administration, what the medication is for, side effects to watch for and what to do if the Service Users presents any symptoms. -Care Plans clearly state where any topical applications are to be used. -Body maps are used to identify area for application. -Staff have received training on how to complete MAR charts accurately. -MAR charts and medicine audit records. MAR chart includes name, D.O.B., allergies, dated photograph to enable easy identification of medicine recipient. -MAR charts are audited monthly. - PRN protocols are in place for PRN medication. Body maps are used for topical applications. - Care plan is regularly reviewed and updated to reflect current medication and needs. - Evidence of supporting the GP prescription review process. - Effective monitoring of medication efficacy and side effects and that appropriate medication risk assessments are in place.
	4	Involve people in their decisions regarding their medications.		**Documentation** - Pre-assessment paperwork captures discussion with Service Users around their medication. -Care Plans demonstrate how/when Service Users prefer to take their medication i.e. with water, with milk, with food etc. Mental capacity assessment has been carried out and reviewed where necessary. - If medication is administered covertly this is reinforced by the capacity assessment, DoLS and best interest decision making process including agreement with the GP and pharmacist.

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
				- Documentation should confirm MCA assessment has been carried out and any covert administration has been initiated by an Multi-Disciplinary Team **Customer feedback** - Service user confirms they are involved in decisions regarding their medication.
	5	Ensure that staff handling medications undertake the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.		**Documentation** - Training matrix evidences staff have been trained appropriately. Training records are up to date and reviewed regularly, and show when refresher training is due. -Medication administration audits and spot-checks are undertaken regularly and documented. -Supervisions identify any medication training issues /needs. -There is an up to date list of designated staff who can administer medication and they have appropriate training. **Staff feedback** Staff can confirm they have received the relevant training and are able to explain how they put this into practice.
9. Safety and suitability of premises	1	Protect service users, staff and others against the risks of unsafe or unsuitable premises.	ENV8.01 – Security, suitability, maintenance, use and cleanliness of premises and equipment	**Documentation** - Appropriate environmental risk assessments are in place and any identified actions have been or are in process of being implemented. -There is correlation between the care plan and risk assessments. -Relevant safety certificates/paperwork is in place, i.e. lift maintenance, electrical/gas safety checks, fire alarm safety checks, etc. -A cleaning schedule is in place and there is evidence it is carried out. -Staff with responsibility for cleaning are appropriately trained. **Observation** - Environmental observation indicate the premises are safe - e.g. trip hazards, electrical / gas safety. - Gardens are maintained. - The temperature in the home is suitable. -Premises are kept clean and free from unpleasant odours in line with current legislation. -Appropriate cleaning methods and agents are used -Domestic, clinical and hazardous waste are managed in line with current legislation -Appropriate security arrangements are in place to ensure people are safe, e.g., window restrictors, door locks, personal property, money management, access to controlled areas.

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
				-Any form of surveillance is operated in line with current guidance – http://www.cqc.org.uk/cotent/using-surveillance-information-service-providers -Adequate facilities and amenities are provided, e.g. toilets, bathrooms, storage, seating. -Reasonable adjustments have been made. -Providers must comply with guidance from the Department of Health about the prevention and control of infections: *Health and Social Care Act 2008: The Code of Practice for health and adult social care on the prevention and control of infections and related guidance* *https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance*
	2	Ensure that premises take account of Service Users with specific needs and that effective risk management is in place to reduce identified risks.		**Documentation** - Appropriate risk assessments are in place reflecting the individual needs of service users. **Observation** - Appropriate and reasonable adjustments have been made to accommodate the needs of people living there, e.g. window restrictors, mobility access.
	3	Have appropriate security arrangements in place to address the risk of unauthorised access to protect the people who use the premises.		**Documentation and observation** - There are appropriate security arrangements in place to address the risk of unauthorised access to protect the people who use the premises, e.g. door codes, security lighting, CCTV
	4	Carry out a risk assessment for the use of premises.		**Documentation** - There are appropriate risk assessments in place reflecting the use of the building as part of the Home's Quality Assurance process.
	5	Assess any risks to premises and facilities and act on any risks identified.		**Documentation** - There are appropriate mitigations in place reflecting the risks identified during the assessment process.
	6	Ensure that staff undertake fire safety training as well as risk assessment and risk management training.		**Documentation** - Staff training records are up to date. - Fire evacuation procedures are clearly communicated and displayed. - Fire evacuation drill shave been carried out. - PEEPS plans are in place and clearly communicated. - Evidence that fire drills/evacuations are discussed in resident meetings and staff meetings**.**

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
				Observation - Appropriate fire extinguishers, fire blankets and evacuation equipment is in place. - Emergency services can access the building quickly when called.
10. Safety, availability & suitability of equipment	1	Ensure that equipment is suitable for its purpose, available, properly tested and maintained. Ensure that it is used correctly and safely, is comfortable, and promotes independence.	ENV8.01 – Security, suitability, maintenance, use and cleanliness of premises and equipment	**Documentation** - Equipment is PAT tested, where relevant. - Maintenance and service records up to date / reviewed regularly. -A cleaning schedule is in place -Staff with responsibility for cleaning are appropriately trained. -An equipment maintenance schedule is in place. -Suitable arrangements are in place to purchase, service, maintain and replace equipment -Training records indicate that staff with responsibility for using equipment are trained appropriately. **Observation** - Equipment is appropriate, clean, free of unpleasant odours, and well maintained is available to meet service user needs as identified in the care plan. -Appropriate cleaning methods and agents are used. - Equipment appears in good condition, is stored well. - Staff use equipment correctly. -Equipment is stored and used according to the manufacturer's instructions.
	2	Ensure that staff are appropriately trained on how to use equipment safely.		**Documentation** - Staff training records are up to date and demonstrate that staff have been appropriately trained. **Staff feedback** - Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.

Gold evidence examples
Listed below are examples of the type and style of evidence that is required for a Gold rating to be awarded.

Safeguarding people from abuse
- The service has maintained an exceptional level of safety and has safeguarded the service users in its care to a very high standard and has delivered this consistently for a significant period of time. This can be demonstrated in the way that safeguarding issues are reported, investigated, reviewed and learned from.
- Staff demonstrate a high level of understanding of the need to keep people safe and have exceptional skills and the ability to recognise when people feel unsafe.

- Staff confidently make use of the Mental Capacity Act 2005 and use innovative ways to make sure people are involved in decisions about their care so that their human and legal rights are sustained.
- Innovative and creative ways are used to give service users and staff information about how to identify and report abuse, and to provide support and encourage service users and staff to report issues and concerns without fear of recriminations.
- Innovative and creative ways are used to support service users and staff when they report safeguarding concerns or have to take part in any safeguarding processes.
- An open and transparent culture in relation to safeguarding and reporting concerns / issues pervades the service.

Cleanliness and infection control
- Innovative and creative ways are used to provide information to service users, staff and others about infection prevention and control.
- Systems, including the use of specialists, are in place to ensure an exceptional level of cleanliness and infection control is maintained consistently over a prolonged period.

Management of medicines
- A person centred approach is taken in the management of medicines where creative and innovative ways are used to involve people in decisions about their medication.
- Systems, including the use of specialists, are in place to ensure exceptional safe management of medicines and that this is delivered consistently over a prolonged period

Safety of premises and equipment
- The service uses imaginative and creative ways to manage risk and keep people safe while making sure they have a meaningful life. The service actively seeks out new technology and solutions to make sure people have as few restrictions as possible.
- A person centred approach is taken to assessing and reviewing risk, which promotes positive risk taking and provides as much freedom as possible.
- An overall approach pervades the service which maximises service user independence.

Domain 4 - Suitability of staffing

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
11. Requirements relating to staff recruitment	1	Have effective recruitment and selection procedures in place.	RS1.01 – Recruitment policy RS1.031 – Application forms signed and dated RS1.032 – Reference requests RS1.033 – References RS1.071 to 1.076 – Interviews RS1.08 – Literacy tests RS1.09 to RS1.11 – Contract of employment	**Documentation** - There is a documented Recruitment and Selection policy and process that is reviewed regularly, which enables the provider to recruit appropriately qualified employees. -A fully completed application form is held on file. -A copy of reference requests held on employee file. -Two references held on employee files -Interview invite letters held on employee file -At least 2 staff must conduct interviews -Interviews are conducted using set questions appropriate to the role and candidate responses are recorded -Interview scoring matrix will be clear and transparent -Service users are involved in recruitment process where possible -Practical tests for literacy are used, scored and held on employee file -Employment offer letter held on employee file -Contract of employment held on employee file
	2	Carry out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.	RS1.02 – Recruitment checklist RS1.04 – DBS Matrix RS 1.041 – DBS previous employer RS1.042 – Positive DBS risk assessment RS1.05 – Right to work checks RS1.06 – ID checks	**Documentation** - Recruitment records confirm all relevant employment checks have been carried out including (but not limited to): Enhanced Disclosure and Barring Scheme (DBS) check; that the employee has the right to work in the UK and all relevant checks have been carried out to comply with legislation and requirements set out by the Home Office, or the UK Border Agency; verify if they are registered with any particular professional body and that they are allowed to work by that body. - References are on file that evidence the employees employment history. - Where convictions are returned or declared through the DBS check process a risk assessment will have been carried out to assess and mitigate the risk of employing the individual. -Recruitment checklist on file recording completion of stages of recruitment process -DBS checks renewed every 3 years -Any DBS check from a previous employer is not more than 3 months old and a new DBS has been applied for. -Employee convictions and positive DBS checks are risk assessed prior to commencement of employment -Nursing Homes only : Provider will verify if staff are registered with any particular professional body and that they are allowed to work by that body.

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
	3	Ensure that when staff are provided by an external organisation that those staff, whether agency, bank or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff.		**Documentation** - Records demonstrate that staff supplied by external organisations are subject to the same level of checks as employed staff. -Bank staff and volunteers have staff folders with all the required checks completed as per permanent staff.
	4	Ensure that other people who provide additional services are subject to any appropriate and necessary checks.		**Documentation** - Records demonstrate that anyone else working, volunteering or providing services in the home are subject to appropriate checks, e.g. hairdressers, work contractors, entertainers, chiropodists. - Appropriate risk assessments are carried out to ensure external professionals do not compromise the safety of service users. -There is evidence that other people who provide additional services have public liability insurance.
	5	Ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.		**Documentation** - Clear procedures and guidance are available and have been given to staff. - Clear job descriptions are held on staff files. - There is evidence that procedures and guidelines have been read and signed by staff. **Staff feedback** - Staff can explain and demonstrate that they have a clear understanding of their role and responsibilities.
	6	Assess risks around working environment and conditions and make reasonable adjustments to enable staff to fulfil their role.		**Documentation** - Environmental and working risks are regularly assessed and safe systems of work are in place. - Employees individual needs are risk assessed and reasonable adjustments are made where appropriate, e.g. pregnancy-related, return to work after physical injury. **Staff feedback** - Managers can explain how they risk assess, monitor and manage risk in the workplace.
	7	Have robust and effective arrangements		**Documentation** - Induction programme (including local induction for agency staff) and on-going

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
		around the appropriate behaviour of staff, particularly in their relation to their code of professional conduct and the assessment of stress and other work-related hazards.		training is delivered. - Code of conduct is clearly communicated to staff and is documented. - Stress is risk assessed and systems are in place to manage and mitigate. - Evidence of inappropriate behaviour being addressed through formal processes where appropriate. **Staff feedback** - Staff can explain and demonstrate their understanding of the code of professional conduct and what this means in practice. - Staff can explain how they address inappropriate behaviour by colleagues.
12. Staffing and staff deployment	1	Make sure that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.		**Documentation** - Staff rotas evidence there are sufficient staff on duty able to meet people's needs. - Staff absences are covered appropriately. - In care homes activities are coordinated, provided and there are sufficient staff to carry them out. - There are sufficiently trained staff to carry out the required activities, e.g. administering medication, delivering personal care. **Observation** - The staff are suitably qualified and knowledgeable to meet the individual needs of service users including needs, dependencies and preferences relating to language, culture, gender. - Observation of staff confirms they are able to deliver safe, effective and consistent care to meet the needs of service users. **Staff feedback** Staff confirm that staff levels are appropriate and sufficient to enable them to deliver safe, effective and consistent care.
	2	Have enough staff on duty that know and understand the specific needs of the Service Users receiving Services in order to deliver safe, effective and consistent care.		**Documentation** - Shift handover records (verbal or written) demonstrate effective transfer of information. **Staff feedback** -Staff can explain the individual needs of service users and how they support them effectively. **Observation** - Shift handovers are observed to demonstrate effective transfer of information. - Observations confirm sufficient staff are deployed appropriately to meet the needs of service users.
	3	Have robust mechanisms in place to manage both		**Documentation** - Effective business continuity planning has been carried out, plans are in place and regularly reviewed.

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
		expected and unexpected changes in the Services in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).		- Expected and unexpected staff absences are covered appropriately. - Robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies). **Staff feedback** Managers can explain the business continuity plans and their roles and responsibilities.
	4	Have effective mechanisms in place to identify and manage risks that result from inadequate staffing levels.		**Documentation** - Effective business continuity planning has been carried out, risk management plans are in place and regularly reviewed. **Staff feedback** - Managers can explain the business continuity plans and their roles and responsibilities.
	5	Ensure that staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs. Staff should have a basic understanding and appreciation of different cultures and be able to speak and understand English (or the language most appropriate to the Services) to a good conversational standard.		**Documentation** - Care plans contain a Communication section which detail the service user's specific communication needs. - Service users cultural needs are recorded in the Care Plan. - Staff have received relevant training in specific methods of communication to enable them to carry out their role, e.g. Makaton, British Sign Language. - Relevant training is provided to staff in specialist areas of care relevant to the individuals they are supporting. **Observation** - Staff are observed to communicate effectively and appropriately with service users. - Staff can explain the different communication needs of service users and how they adapt their approach to ensure effective communication happens. **Staff feedback** - Staff can explain how they meet the different cultural needs of service users. - Staff can explain the different communication and cultural needs of service users and how they adapt their approach to ensure effective communication happens
13. Supporting staff	1	Ensure that all staff receive appropriate induction at the start of their employment in line with the Skills for	RS1.12 – Policies and procedures IS2.01 to IS2.15 – Induction CP4.05 – Training for	**Documentation** - Staff have achieved or are working towards the Care Certificate. - Managers are suitably qualified and have been inducted appropriately. - Induction timetable is in place and on-going training records are documented. -Record held on file that employee has read and understood the provider's policies

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
		Care - Care Certificate.	specific or complex needs	and procedures -Induction policy is in place -All requirements of the Skills for Care Care certificate are incorporated into induction -Induction timetable is set out -Induction checklist is held on employee file recording completion of all aspects of induction -Specialised training is put in place for staff supporting people with specific needs -Provider can demonstrate the tools and methods it uses for induction -It is recorded that employees have read and understood service user care plans and risk assessments. -Evidence of regular supervision will be held on file -Successful completion of induction will be recorded and held on file. **Staff feedback** Care workers confirm they have received appropriate induction at the start of their employment. -Employees confirm they had the opportunity to shadow experienced staff
	2	Ensure that all staff receive appropriate supervision at least six times per year, that their performance is appraised and that they receive an annual review.	RS1.13 – Regular supervision	**Documentation** - Staff have at least 6 supervisions per year and an annual performance appraisal - Supervision records are documented. - Performance appraisals are carried out annually and documented. **Staff feedback** - Staff confirm they receive sufficient, regular supervision.
	3	Ensure that all staff undertake mandatory training and refresh this as required.	RS1.14 – Copies of qualifications	**Documentation** - Staff have received mandatory training and that this is refreshed and updated as required in order to enable them to deliver safe and effective care. -Evidence that training is delivered by an external provider / or by accredited in-house trainer where relevant i.e. manual handling training, medication training. - Training record matrices are up to date and regularly reviewed. - Training certificates and copies of qualifications are held on file. **Staff feedback** -Staff confirm they undertake regular training.
	4	Support staff to acquire further skills and qualifications that are relevant to their role, the work they		**Documentation** - Staff training needs are regularly reviewed to reflect the needs of service users and appropriate training is provided. - Training needs are identified and documented via supervision. - Training records matrices are updated and reviewed.

Standard	No.	Criteria	Contract Service Standard	Silver evidence examples
		undertake and the needs of the Service.		**Staff feedback** - Staff confirm they have the opportunity to acquire further skills and qualifications relevant to their role.
	5	Ensure that any temporary staff have the appropriate training and skills to undertake their role.		**Documentation** - Relevant checks have been made that temporary/agency staff have been appropriately trained to undertake their role. **Staff feedback** - Temporary/agency staff confirm they have received appropriate training to carry out their role.
	6	Assess risks that may impact on performance and make reasonable adjustments to enable staff to fulfil their role.		**Documentation** - Risks are identified by performance review or staff supervision. - Reasonable adjustments have been made to enable staff to carry out their role, e.g. pregnancy, disability.
	7	Have appropriate policies and mechanisms in place to prevent and manage incidents of bullying, harassment and violence towards staff.		**Documentation** - Relevant policies and procedures are available, accessible and reviewed annually. - Staff handbooks provide information about support available in event of bullying, harassment and violence at work. - There is a written record to demonstrate that staff have read and understood the relevant policies. **Staff feedback** - Staff confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.

Gold evidence examples
Listed below are examples of the type and style of evidence that is required for a Gold rating to be awarded.

Staff recruitment
- The service uses creative ways to involve people who use the service in the recruitment of staff

Staffing and staff deployment
- Staff are exceptional in enabling people to maximise their independence and have an in-depth appreciation of people's individual needs around privacy and dignity.
- People value their relationships with the staff team and feel that they often go 'the extra mile' for them, when providing care and support. As a result, they feel really cared for and that they matter.

- Staff will be highly motivated and inspired to offer care that is kind and compassionate and will be determined and creative in overcoming any obstacles to achieving this. The service continually strives to develop the approach of their staff team so this is sustained.
- Staff have outstanding skills, and have an excellent understanding of social and cultural diversity, values and beliefs that may influence people's decisions on how they want to receive care, treatment and support. Staff know how to meet these preferences and are innovative in suggesting additional ideas that they themselves might not have considered.

Supporting staff

- The service has innovative and creative ways of training and developing their staff that makes sure they put their learning into practice to deliver outstanding care that meet people's individual needs.
- The service works in partnership with other organisations to make sure they are training staff to follow best practice and where possible, contribute to the development of best practice.
- The service has innovative ways of communicating with staff who work in the community to make sure they are informed of changes, know about best practice and can share views and information.

Domain 5 - Quality of management

Standard	No.	Criteria	Contract Service Standard	Silver evidence
13. Assessing and monitoring the quality of service provision	1	Continually gather and evaluate information about the quality of Services delivered to ensure that people receive safe and effective care and support	IQA5.01 – Robust Quality Assurance process in place	**Documentation** - Quality assurance system is in place and is actively used. -Monthly audit to include but not exclusively care plans, medication administration, ambulance callouts, unexpected deaths, citizen finances -Policies and procedures are regularly reviewed -Analysis and learning from themes and trends of incidents, accidents and safeguarding alerts. -Compliance with findings from external audits, inspections or action plans. - Customer feedback and stakeholder satisfaction surveys are carried out, analysed, learning is evidenced and improvements are made. - Complaints, incidents, adverse events, errors, near misses, audits, accidents are recorded, analysed, lessons learned are recorded and improvements made.
	2	Have a clear decision-making framework in relation to care and support of Service Users.		**Documentation** - A registered manager is in post, or evidence of an appointment application is in progress with CQC. - There is a clear management structure and reporting line in place and staff are clear about their roles and responsibilities. **Staff feedback** - Staff can explain the management structure and who is responsible for decision making.
	3	Have mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly.		**Documentation** - Whistleblowing policy is in place and accessible to staff. - Complaints policy and procedure is available and accessible to professionals and visitors and the service user guide/information is updated to give people clear information about how to raise a concern and who to contact. - Regular staff meetings, residents meetings and carers meetings take place and minutes recorded. - Regular supervision meetings take place and are recorded. **Staff feedback** - Care workers confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.
	4	Ensure that incidents are reported and investigated in accordance with the		**Documentation** - Safeguarding alerts reported to CQC and responsible local authority. - Notification of deaths are reported to the relevant authorities. - Serious accidents are reported to the Health and Safety Executive.

Standard	No.	Criteria	Contract Service Standard	Silver evidence
	   	appropriate policies and procedures.		- Serious Incidents reported (Nursing Care) to responsible CCG.
	5	Improve Services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.		**Documentation** - The provider undertakes analysis of available information to establish patterns and trends and identify any requirements for service improvement, e.g. slips/trips/falls, accidents in the home, sickness monitoring, agency usage. - The analysis is acted upon. - Service improvements are recorded. -Service improvement plans are documented and updated to reflect actions taken.
	6	Identify, manage and monitor risks to Service Users, staff or visitors to the service.		**Documentation** - Appropriate risk assessments have been carried out and measures put in place to mitigate risks.
15. Complaints	1	Provide Service Users and / or their carers with adequate information, in an appropriate and suitable format, about the complaints process, including information on how to contact the Local Authority and the Local Government Ombudsmen.		**Documentation** - Service user guide and complaints process is available in accessible formats relevant to the service user's communication needs. -Posters display appropriate and accessible information. **Customer feedback** - Service users and family members confirm they are aware of how to complain.
	2	Support Service Users to raise a complaint or make comments about the service.		**Customer feedback** - Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.
	3	Consider fully, respond appropriately and resolve, where		**Documentation** -There is documented evidence that the provider fully considers, responds appropriately, and resolves, where possible, any comments and/or complaints received

Standard	No.	Criteria	Contract Service Standard	Silver evidence
		possible, any comments and / or complaints.		in line with their policy. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken. **Customer feedback** - Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint. Provider can evidence they have considered complaints, undertaken analysis and acted to make service improvements.
	4	Support people throughout the complaints process keeping them informed of the progress and outcome of their complaint in a timely manner.		**Documentation** - Evidence that the provider has communicated with the complainant to keep them up to date with the investigation / complaint outcome within timescales set out in policies and procedures.
	5	Support Service Users to access advocacy services, if this is required to enable a Service User to make a complaint or raise a comment about the service.		**Documentation** - Mental Capacity Assessment and review has taken place where required. - Evidence that advocacy services have been arranged where required, and any referral is made is documented within the care plan.
	6	Ensure that learning is taken and shared to improve the experience of Service Users who use the Services.		**Documentation** - Provider learns from feedback and shares this learning to improve the experience of service users who use the services by keeping adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken. - Provider can evidence they have considered complaints, undertaken analysis and acted to make service improvements. **User feedback** - Service users can confirm provider has considered complaints, undertaken analysis and acted to make service improvements.

Standard	No.	Criteria	Contract Service Standard	Silver evidence
	7	Keep adequate records about the complaint, including any relevant and factual information about the investigation, responses, outcome and actions taken.		**Documentation** - Complaints log is complete and up to date, recording where details of the investigations and any actions taken can be found. - Detailed records of complaints, investigation, outcome response and learning are held on file.
	8	Share details of complaints and the outcomes with the Local Authority when requested to do so.		**Documentation** - When requested to do so the provider transparently shares details of complaints and the outcomes of investigations.
16. Records	1	Ensure that the personal records of Service Users receiving Services are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.		**Documentation** - All records of service users are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely, remain confidential, maintained in line with the provider's data protection policy, GDPR and retention policy. - There is a systematic approach to the management of records to ensure that from the moment a record is created to its disposal the home maintains information so that it serves the purpose it was collected for and disposes of it appropriately when no longer required - Service users' personal monies are securely stored and audited correctly. - Money management policy and procedure is in place detailing how service users' monies are managed.
	2	Use these records to plan the care and support of the Service User to help ensure that the Service User's rights and best interests remain protected and their needs are met.		**Documentation** -Daily records are reviewed / auditted and care plans are amended where appropriate. -DoLS are reviewed and reapplied for if required prior to expiry.
	3	Ensure that when information is inappropriately shared, transferred or lost, this is reported,		**Documentation** - The Data Protection and information Sharing agreement is being complied with to ensure that service users' rights and best interests are protected and their needs best met. -The Data Protection Act and GDPR are complied with.

Standard	No.	Criteria	Contract Service Standard	Silver evidence
		investigated and acted on in accordance with the appropriate incident reporting procedures.		
	4	Monitor the standards of practice through a programme of effective audits.		**Documentation** - A quality assurance system is in place and is actively used, regular audits are carried out, analysed and acted upon to deliver service improvement.

Gold evidence examples

Listed below are examples of the type and style of evidence that is required for a Gold rating to be awarded.

Assessing and monitoring quality

- The service sustains outstanding practice and improvements over a prolonged period of time.
- There is a strong emphasis on continually striving to improve and the service identifies, promotes and implements innovative and creative systems in order deliver an exceptional quality service.
- The service works towards and achieves recognised accreditation scheme awards.
- The service works in partnership with specialists and other organisations to ensure they are following current / innovative practice.
- There is a strong and visible person-centred culture that is exceptional at helping people to express their views and that these views are actively listened to and taken into account to improve the service. Staff are committed to this approach and find innovative ways to make it a reality for each person using the service.
- Managers lead by example & act as role models for the quality they aim to deliver
- Staff are encouraged to contribute their ideas for service improvement, and are proud of both the service and its managers

Complaints

- The service provides a range of ways for users and external organisations to give their views & comments, including meetings with independent facilitation, pro-active phone calls and use of social media
- The service has an open and transparent culture allowing weaknesses and failings to be discussed between managers, staff & users, and improvements achieved through a co-production approach
- The service actively encourages users of the service (and advocates/supporters) to give their views and comments, positive & negative, and treats the information received as a valuable resource.
- The service employs multiple and creative methods to support people during a complaint process, involving external agencies and professionals where needed.
- The service demonstrates that it proactively uses complaints, and learning from complaints, to make improvements to the service and that this has been delivered consistently over a prolonged period of time.

Records

- The service sustains a high standard of record keeping, with all aspects up-to-date and regularly audited by managers
- The service uses innovative ways to create & share user records with staff responsible for delivering care, so that they are always up-to-date with personal preferences & wishes, and the most effective way of supporting the person to achieve their agreed outcomes