

Harrow Council Contracts Monitoring Visit

to

Reason for visit:

Date of Visit:

Date of previous visit:

Time:

Visiting Contracts Officer (s):

Service Representative(s) at visits:

Name of Provider;

Address of Service:

Telephone / Fax number:

email address:

Type of Service:

CQC Registration number / date:

CQC Compliant :

Other sources of monitoring info:

Experian C.	Yes/No
Care Management.	Yes/No
SGA.	Yes/No
Environmental Health.	Yes/No
CQC	Yes/No

1. Service Delivery

The Provider supports the staff to enable a safe and effective Service delivery to Service Users

Criteria	Score 0 – Not met 1 – Partly met 2 – Fully met	Total	Evidence
<p>1. All staff must receive practical support and supervision on a day to day basis from senior staff. Each worker must receive a formal supervision at least every other month on a one to one basis from an individual qualified / experienced member of staff depending on their role, (e.g. clinical supervision within nursing homes). Records must be completed for all supervisions and signed by the managers or supervisor and supervisee after each session. These records must be available for inspection.</p>			
<p>There is an annual staff appraisal for all staff. This should be written and agreed by signature of the manager and staff member.</p>			
<p>The Provider ensures that sufficient staff are on duty to ensure safe and effective service delivery across the day and night. Staffing numbers should include qualified and unqualified staff which must be appropriate to the assessed needs of the Service Users, the size, layout and purpose of the Service. In Services with separate units / different support needs the staffing levels must be appropriate and recorded correctly. Contracts staff may evaluate whether the staffing levels are adequate. All staffs' health and welfare should be paramount, especially those who have signed out of the Working Time Directive.</p>			

The rota must be an accurate reflection of the staff available in each Service (units within Services) on each shift, including management and ancillary staff, All changes to the rotas must be recorded, the rota must be held at the Service at all times.			
The Provider operates a recruitment procedure based on equal opportunities and legalities of staff in employment, ensuring the protection of Service Users. Staff should have the relevant registration according to their role / grade.			
Each staff file will have completed application form, 2 written professional references, which should be on headed paper, verified and checked. Proof of address, Photo ID (passport, driving licence), Evidence of right to work in the UK, DBS checks. HPC / NMC checks, nurses, social workers, OT's etc.			
The Provider shall have a completed Business Continuity Plan that provides for restoration or regeneration of full business activity within a reasonable period of time, in the event of incidents and emergencies. This should be tested annually.			
The Provider will hold regular staff meetings for all members of staff including ancillary & night staff. Minutes of these meetings will be recorded and copies available.			
TOTAL SCORE			
Evidence: Supervision, appraisals, Rota's, selection & recruitment, equalities policies, checks on staff files and staff meetings minutes			
Action:			

2. Financial

The Provider operates sound financial procedures and record keeping

Criteria	Score 0 – Not met 1 – Partly met 2 – Fully met	Total	Evidence
Service Users who wish to manage their own financial affairs, should be enabled to do so. Risk assessments should be carried out to aid this process.			.
Where a Service User's account is being administered by a Head Office, records should be available at the Service. Service Users' accounts should be interest bearing.			
The Provider will have a policy regarding the safe-keeping and appropriate use of money and valuables on behalf of the Service User. Two signatures will be required for any transactions. Where this is not possible evidence will have to be shown that this process is independently audited. In any case, records and receipts are kept of Service User's possessions handed over for safe keeping should be audited at least annually.			
Provider should commission audits on all Service User's personal monies annually by a suitably qualified person who ideally is independent of the Service. Sample audits should be completed at least monthly.			.
TOTAL SCORE			
Evidence: Financial records, computer systems records, check on receipts, any issues raised by provider , client contributions up to date, Service Users dressed appropriately, rooms have personal items. Staff petty cash, what do Service Users pay for?			
Actions:			

3. Service User Empowerment

The Provider ensures that there are effective arrangements for Service Users to make representation about the nature and quality of the service received.

Criteria	Score 0 – Not met 1 – Partly met 2 – Fully met	Total	Evidence
The Provider must have a formal complaints procedure that is in line with Harrow Council's Procedure for dealing with Complaints. It must have defined timescales and details of the circumstances when Service Users may take the complaint to their placing authority Council's Complaints Team and or Local Government Ombudsman The system should encourage informal and local resolution of a problem, wherever possible.			
Records must be kept of all complaints received, the action taken and resolutions. The complaint, investigation and outcome records are held both centrally and on appropriate individual files of both the Service Users and staff if necessary. Records must be available for inspection. Trends indicated from this process must be collated and analysed, results of which can be made available upon request to Officers of Harrow Council. The Service must be able to show that a complaint resolution has led to improvement in the service.			
The complaints procedure is publicised to all Service Users, their families or			

representatives and must be given to all Service Users or their representatives upon admission. A copy of this procedure should be available to visitors in the Service's reception area if there is one.			
Records are kept of compliments. The information should also be collated and made available to Officers to Harrow Council when requested.			
The Provider must provide a monthly update re all complaints made on a monthly basis to the Contracts Teams or respond with 'No complaints made'.			.
Regular Service User meetings, where appropriate, should take place. All Service Users and/or relatives or representatives should be enabled to attend these meetings if they so wish and invited to add items to the agenda. Minutes should be recorded and distributed in an appropriate format for the Service Users to understand with actions to be taken.			.
TOTAL SCORE			
Evidence: Complaints/compliments log, Service Users/ families' meeting minutes, observations, quality of complaint responses, evidence of service improvements and action taken.			
Actions:			

4. Service User Equality and Rights

The Provider ensures the provision of a professional service, respecting the rights of Service Users; and does not discriminate in the provision of services or employment practices because of race, religion, gender, ability, age, or sexual orientation.

Criteria	Score 0 – Not met 1 – Partly met 2 – Fully met	Total	Evidence
The Service has clear written policies and procedures that seek to eliminate unlawful discrimination and actively promotes equality and anti-discriminatory practice. The Service has procedures in place for dealing with discriminatory attitudes or remarks, in any form, made by staff, Service Users and their visitors.			
Service Users, where appropriate, will be encouraged to access the wider community. Where the experience and resources of the service are not adequate to meet these needs, specialist input and advice is sought from appropriate sources including, where necessary, minority community resources.			
Services are provided in ways that encourage Service User participation and respect choice and control and dignity and takes into account, where appropriate, the provisions under the Mental Capacity Act.			
Information about Service Users is dealt with sensitively and confidentiality and recorded. There should be a signature to say that the Care Plan has been read and understood by staff. Care / Support Plans should be kept in a lockable cupboard/cabinet. Staff should have access to Care Plans at all times and use appropriately and ensure confidentiality at all times. Additional service users' files			

<p>should also be kept in a secure place that would include confidential information not appropriate for the Care / Support Plan.</p>			
<p>The Service User's Person Centred Care/ Support Plan is generated from a comprehensive assessment drawn up with the Service User and provides the basis for care or support to be delivered, and shows objectives / goals for the future. It should include input from families/representatives/professionals and signed as appropriate</p>			
<p>Services are provided in accordance with the needs of the Service Users, including those relating to race, religion and gender, sexuality and physical, social and emotional needs. These should be reflected in the Care / Support Plans and should include:</p> <ol style="list-style-type: none"> 1. Name, photograph of the Service User. 2. Date of birth, next of kin and contact details 3. GP, key or designated worker. 4. Ethnic origin or religion. 5. Person centred plans of care that detail the Service Users support needs and how these needs are to be met. 6. Risk assessments. 7. Moving and handling assessments 8. Weight charts, fluid intake, nutritional requirements. 9. Skin integrity, charts as required, 10. Behaviour management plans. 11. Death & Dying. End of Life plan 12. Daily recording sheets and review sheets. 13. As much background information as possible that should include information relating to family, social and leisure activities, hobbies and likes and dislikes, 14. All Care / Support Plans to have a standard format and to be clearly indexed 			

Care Plan Sample 1 ID			
Care Plan Sample 2 ID			
Care Plan Sample 3 ID			
All recording must be completed in a positive, appropriate, legible and timely way and provide sufficient detail. Staff must use appropriate and sensitive language when writing about Service Users. The Plans / Risk assessments should have meaningful updates on a monthly basis, or earlier when there has been a change/ increase in needs. Updates will be acted on and communicated to Service Users, their representatives and the staff.			
An annual review of the Service User in the presence of relatives or representative, Local Authority Care managers and the Service Manager should take place. The Care/ Support Plan will be reviewed at this meeting.			
The Service makes timely referrals to specialist professionals for health support e.g. GP, TVN, psychology, psychiatrist etc. There is evidence that this input is recorded and acted on by staff.			
Service Users have regular checks from dentist, podiatrists, opticians, GP and DN services. These visits should be recorded in the Care Plan with any outcomes.			
The Provider must ensure that all staff designated to administer medication have the appropriate training. Regular audits must be carried out by the home and the Pharmacist involved in prescribing the drugs. All medication must be kept in a secure locked trolley. All PRN medicines must be clearly marked for that person taking them. All			

Medication Administration Records sheets (MARs) must be clearly labelled and completed whenever any medication is given.			
TOTAL SCORE			
Evidence: Effective Care/Support Plan, risk assessments, evidence of referrals & follow ups to other professionals, e.g TVN, OT, Physiotherapists, GP, Dietician. Reviews. MARs, evidence of administration of medicines training.			
Action:			

5. Safeguarding

Safeguarding Adults from Abuse

Criteria	Score 0 – Not met 1 – Partly met 2 – Fully met	Total	Evidence
<p>The Provider must ensure all staff (including volunteers) providing services to Service Users in the service must have the appropriate enhanced DBS checks. The service on receipt of a DBS check for a member of staff, will record the disclosure number and date of issue on file.</p> <p>Where an employee with a positive check is employed, a risk assessment must be carried out and the decision to employ recorded after discussion with CQC Head Office, where applicable, The SGA/ Contracts Team must be informed.</p>			
<p>The Service must ensure that all staff working at the Service are given clear guidance, have received appropriate training and can follow robust procedures for responding to, reporting and recording suspicion or evidence of abuse or neglect to ensure the safety and protection of Service Users. This will include Whistle blowing. The Service must have a clear policy on the receipts of gifts and the making of wills and a record that staff (and volunteers) have read and understood the policy. The Service must have a clear policy which forbids staff (and volunteers) lending anything to, or borrowing anything from, buying anything from or selling anything to a Service User or their representative and a record that Staff have read and understood the policy</p>			

<p>The Service has a Disciplinary Procedure. Providers may be required to provide information on any dismissals of staff, including those following a strategy/serious concerns meeting.</p>			
<p>The Service will have an accurate SGA process regarding any allegation made by Service Users, families etc. The Service must report all SGA allegations to the council, placing authority and notify CQC.</p>			
<p>TOTALSCORE</p>			
<p>Evidence: DRB numbers, training records, Safeguarding policy, appropriate referrals to SGA Team, notifications sent to CQC, Host and placing authority</p>			
<p>Actions:</p>			

6. Training and Development

*The Provider ensures that their staff are competent and receive training to meet the needs of Service Users.
The Service is committed to the development of Managers and staff.*

Criteria	Score 0 – Not met 1 – Partly met 2 – Fully met	Total	Evidence
The Service will maintain an Annual plan and Training matrix relating to the development of managers and staff. The plan will indicate training and development needs and how they will be met to ensure that managers and staff are competent to provide and support service users			
All staff at the start of their employment with the Provider must undertake an immediate programme that is relevant and appropriate to their role in the Service. An Induction programme for staff must include manual handling training, shadowing of an experienced care worker, care planning, risk assessments, Safe Guarding etc. Staff must receive mandatory training in line with industry standards as well as refresher training. Ancillary, including voluntary, staff must receive Induction and mandatory training as above from the Provider appropriate to their role.			
All staff, including ancillary staff and voluntary workers, must receive regular, appropriate, quality training to support the specialist needs of the service users e g: Dementia, learning disability, behaviour management, communication, Parkinson's disease, PEG feeding, pressure sore management etc			
All staff have received suitable training in			

DOLs, IMCA, moving and handling, Health & Safety, Safe Guarding, challenging behaviour and Fire safety etc			
All mandatory training for Provider's staff must be provided by an appropriately qualified trainer and certificates of completion, competence obtained and updated as appropriate.			
The Service Manager will ensure that Agency staff, if employed, has undergone appropriate mandatory training which is up to date.			
TOTAL SCORE			
Evidence: Training matrix/development plan, training certificates, computer systems, induction materials, discussions, specialist training for Nurses re Service User specialist needs.			
Actions:			

7. Environment

The environment is maintained to a consistently high standard

Criteria	Score 0 – Not met 1 – Partly met 2 – Fully met	Total	Evidence
The layout of the Service is suitable for its stated purpose.			
The Service fully meets the personal care needs of all Service Users.			
The Service has a timely redecoration programme and a system for recording maintenance issues and the action taken.			
The environment is clean and free from offensive odours or where applicable risk assessments are carried out to allow for Service User choice.			
The grounds are well maintained, safe and are accessible to Service Users. Appropriate and safe outdoor furniture including sun shades should be available.			
The Service provides a single bedroom for each Service User which is clean, adequately furnished and equipped to meet the assessed needs of the Service User, and is personalised.			
Where rooms are shared, they are occupied by Service Users who have made a positive choice to share with each other, and this must be recorded by the Service. In the Care Plan & checked with each Service User on a regular basis. When a shared place becomes vacant, the remaining Service User is given the opportunity to choose not to share, by			

<p>moving to a different room if necessary. In any event privacy of Service User should be respected by the provision of screens as appropriate.</p>			
<p>Where the Service provides space that is used for recreational and social activities, this area should be resourced appropriately for all Service Users Visitors have access to communal areas including a dining area and these areas are accessible, appropriately furnished, adequately equipped, clean and well maintained. Service Users bedrooms are also accessible to visitors on the invitation and agreement of the Service User</p>			
<p>TOTAL SCORE</p>			
<p>Evidence: Free of odour and clutter. Specialist equipment e.g stair lifts, bath lifts. General standards, redevelopment plans.</p>			
<p>Actions:</p>			

8. Health and Safety

The Service complies with Health & Safety Legislation

Criteria	Score 0 – Not met 1 – Partly met 2 – Fully met	Total	Evidence
<p>The service must have a comprehensive Health and Safety Policy and written procedures for maintaining safe working practices within the Service which defines:</p> <ul style="list-style-type: none"> i The steps it takes to safeguard the health and welfare of staff, Service Users and any other stakeholders. ii A named person who is appropriately trained for health and safety matters, iii. Arrangements for risk assessments. iv. Arrangements for reporting and recording of accidents, injuries and incidents of communicable disease. v. The procedure for staff identifying and reporting risks to the manager. vi. Procedures for managing threats or violence to staff. vii. The health and safety guidance given to staff at induction. viii Infection Control procedures (universal precautions) including the provision of protective clothing. 			
<p>A Health and Safety at Work poster must be clearly on display in communal areas The Service must comply with all Health and Safety guidelines as appropriate.</p>			
<p>The service environment must be a safe environment at all times. This will be achieved by:</p> <ul style="list-style-type: none"> a. Appropriate storage and disposal of 			

<p>hazardous substances. Incontinent laundry</p> <p>b. Regular servicing of equipment including, hoists, lifts, heating, wheelchairs and hot water equipment.</p> <p>c. Maintenance of specialist medical equipment e.g. mattress, profiling beds, slings.</p> <p>d. Maintenance of electrical systems, PAT testing, Gas safety checks,</p> <p>e. Regulation of water temperature and temperature of fridges and freezers.</p> <p>f. Provision and maintenance of window restrictors where appropriate.</p> <p>g. Maintenance of the exterior and grounds of the service.</p> <p>h. Security of the premises and Service Users and their possessions.</p> <p>i Record of fire bell testing, fire drills and maintenance of fire equipment.</p>			
TOTAL SCORE			
Evidence: Maintenance contracts in place for equipment, handy man or gardener employed. Records of testing, repairs, H&S certificate, COSHH, Food and kitchen hygiene.			
Actions:			

9. Quality Systems

The Provider operates an effective quality service which can be evidenced

Criteria	Score 0 – Not met 1 – Partly met 2 – Fully met	Total	Evidence
The Provider will ensure that new Service Users are only admitted on the basis of a full assessment undertaken by people trained to do so, and to which the prospective Service User, his/her representatives the manager and relevant professionals have been a party to. The Provider will only admit service users it is able to support appropriately and meet their assessed needs.			
The Provider will ensure that each Service User is given a copy of the necessary information about the Service on admission to the Service. A copy of the Statement of Purpose is available to everyone entering the Service (e.g. in reception area) The Statement of Purpose (available in a variety of appropriate formats to suit Service Users needs) should be concise and include information about aims and objectives and how these will be achieved, details of staffing, range of facilities and services on offer and terms and conditions for the delivery of these services and complaints procedures.			
The Provider informs CQC of statutory events and copies to Council / Contracts Team.			
The Provider, as appropriate must ensure that the Service User has access to a choice of nutritious, appetising, cultural, medically			

<p>suitable and tasty food and is enabled to eat in comfortable surroundings, with individual support / assistance as required. The Provider will ensure that Service Users have access to fluids and their hydration needs are met. The Provider should promote the health and wellbeing of the Service User. Equipment and support should be provided in order for the Service User to maintain or increase independence and mobility.</p>			
<p>The Service should have the appropriate IT equipment and support to enable effective communication, with other agencies such as HC, CQC.</p>			
<p>The Provider has systems in place, including procedures for monitoring service provision, to ensure competence, reliability, consistency and courtesy is maintained, through a combination of its staff supervision and quality monitoring processes. These systems should be based on seeking the views of Service Users, families & professionals to measure success in meeting the aims, objectives and Statement of Purpose of the Service.</p>			
<p>Service Users have access to appropriate meaningful day, evening, weekend opportunities and activities on and off site. For the Service User group able to this includes training and work.</p>			
<p>The Service should have an effective contingency plan to cover managers and key staff absence to ensure service continuity. The Contracts Unit need to be made aware of significant Manager absence and change of senior staff.</p>			
<p>The Provider will ensure that each Service User and family representative will be sent one User Satisfaction Survey (in appropriate</p>			

<p>format) per year. These must be collated and the outcomes analysed to formulate part of the Annual Report and appropriate action can be shown to have been taken. Written records must be kept by the Provider and be available for inspection. Feedback on the annual report should be made available to Service Users and families / representatives. A copy should be available in the home.</p>			
<p>The Provider meet the regulations / requirements with the Health & Social Care Act 2008 (regulated Activities) Regulations 2010 as monitored by CQC (where appropriate)</p>			
<p>Provider's staff have an understanding of the importance of an environment that promotes independence and choice. Signage, Furniture, Colour, Light noise and Equipment are used to assist Service Users to maintain their independence.</p>			
<p>TOTAL SCORE</p>			
<p>Evidence: CQC action plans, QA work undertaken with Service Uses and families. Audits, meetings for Service Users and families, evidence of service improvement, engagement. Menus, food quality budget food?)</p>			
<p>Actions:</p>			

10. Policies

Contract Compliance / Policies

Criteria	Evidence
The Provider will have appropriate Insurance policies covering employment, public liability and malpractice, if required. Insurance documents should be displayed in an accessible place e.g Entrance Hallway.	
The home has appropriate, up to date policies which staff have read and signed for: including H &S, fire, Food hygiene, Manual handling, emergencies, gifts, etc	
Number of complaints last 2 years / Outcomes	
Number of SGA referrals last 2 years / outcomes (patterns)	
Number of DOL referrals	
Turn over of staff, last 2 years	
Number of accidents / incidents Service Users (patterns)	
Number of accidents / incidents staff (patterns)	
Number of voids, how much long term?	
Number of Harrow funded Service Users	
Evidence: CQC report and action plan, quality audits, minutes for Service Users and carers, Statement of Purpose.	
Actions:	

Action Plan To Be Supplied By

Action	Complete	Signature	Date

Name:

Signature:

Date:

Signed by Contracts Officer:

Signed off by Contracts Manager