

**Adult Social Care  
Internal Services  
Quality Assurance Framework  
2016-2017**

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## **Introduction**

The Rutland County Council (RCC) Internal Services Quality Assurance audit will be undertaken utilising the same competency framework undertaken by the RCC Compliance Team when conducting inspections of commissioned providers.

This will ensure a consistent level of monitoring services for all provider service across Rutland whether 'in house' or external providers.

## Contract Monitoring Framework: Residential Care

<b>Service:</b>	Click here to enter text.		<b>Telephone:</b>	Click here to enter text.
<b>Address:</b>	Click here to enter text.		<b>Email:</b>	Click here to enter text.
			<b>Type of Visit:</b>	Planned <input type="checkbox"/> Reactive <input type="checkbox"/> Annual <input type="checkbox"/> Validation <input type="checkbox"/>
<b>Date of Visit:</b>	Click here to enter a date.		<b>Reason for Visit:</b>	Click here to enter text.
<b>Time of Visit:</b>	<b>From:</b> Click here to enter text.	<b>To:</b> Click here to enter text.		
<b>Visiting Team:</b>	Click here to enter text.		<b>Job Title(s):</b>	Click here to enter text.
<b>Provider Staff Present:</b>	Click here to enter text.		<b>Job Title(s):</b>	Click here to enter text.

## General Information

### CQC registration:

- |   |   |
|---|---|
| <input type="checkbox"/> Residential              | <input type="checkbox"/> Nursing                  |
| <input type="checkbox"/> Under 65                 | <input type="checkbox"/> Over 65                  |
| <input type="checkbox"/> Dementia Care            | <input type="checkbox"/> Learning Disability Care |
| <input type="checkbox"/> Physical Disability      | <input type="checkbox"/> Care Sensory Impairment  |
| <input type="checkbox"/> Mental Health Conditions | <input type="checkbox"/> Substance Misuse/Alcohol |

**Number of registered beds:** [Click here to enter text.](#)

**Current occupancy level:** [Click here to enter text.](#)

**Number of RCC-funded placements:** [Click here to enter text.](#)

**Number of other local authority placements:** [Click here to enter text.](#)

### General description of service:

[Click here to enter text.](#)

**Most recent CQC inspection:** [Click here to enter a date.](#)

**Safe** - Choose an item.

**Effective** - Choose an item.

**Caring** - Choose an item.

**Responsive** - Choose an item.

**Well-led** - Choose an item.

### Current safeguarding investigations:

[Click here to enter text.](#)

### Relevant performance reports:

[Click here to enter text.](#)

## A. REGISTRATIONS AND INSURANCES

Overall Score	Choose an item.
<p><b>Summary (Including Actions):</b></p> <p>Click here to enter text.</p>	

<b>Registration/Insurance</b>	<b>Score</b>	<b>Evidence Viewed</b>
Care Quality Commission	Choose an item.	Click here to enter text.
Registered Care Manager	Choose an item.	Click here to enter text.
Employer's Liability Insurance (£10m)	Choose an item.	Click here to enter text.
Public Liability Insurance (£5m)	Choose an item.	Click here to enter text.
Professional Indemnity Insurance (£5m)	Choose an item.	Click here to enter text.

## B. POLICIES, PROCEDURES & GUIDANCE

Overall Score	Choose an item.
<p><b>Summary (Including Actions):</b></p> <p>Click here to enter text.</p>	

<b>Policy/Procedure/Guidance</b>	<b>Score</b>	<b>Evidence Viewed</b>
Acceptance of Gifts	Choose an item.	Click here to enter text.
Business Continuity	Choose an item.	Click here to enter text.
Code of Conduct	Choose an item.	Click here to enter text.
Complaints	Choose an item.	Click here to enter text.
Confidentiality	Choose an item.	Click here to enter text.
Data Protection	Choose an item.	Click here to enter text.
Disciplinary	Choose an item.	Click here to enter text.
Equal Opportunities	Choose an item.	Click here to enter text.
Grievance	Choose an item.	Click here to enter text.
Health and Safety	Choose an item.	Click here to enter text.
Infection Control	Choose an item.	Click here to enter text.
Lone Working	Choose an item.	Click here to enter text.
MCA/DoLS	Choose an item.	Click here to enter text.
Medication	Choose an item.	Click here to enter text.
Moving and Handling	Choose an item.	Click here to enter text.
Quality Assurance	Choose an item.	Click here to enter text.
Recruitment and Selection	Choose an item.	Click here to enter text.
Safeguarding Adults	Choose an item.	Click here to enter text.
Whistleblowing	Choose an item.	Click here to enter text.

## C. HEALTH AND SAFETY

Overall Score	Choose an item.
<p><b>Summary (Including Actions):</b></p> <p>Click here to enter text.</p>	



Requirement	Score	Evidence Viewed
Safe and clean environment	Choose an item.	Click here to enter text.
Cleaning materials secured and kept in line with COSHH regulations	Choose an item.	Click here to enter text.
Appropriate cleaning facilities available, including hand gel in communal areas	Choose an item.	Click here to enter text.
PPE available and used by staff	Choose an item.	Click here to enter text.
Call alarm system is in place and working correctly	Choose an item.	Click here to enter text.
Food hygiene practices have been assessed by Environmental Health	Choose an item.	Click here to enter text.
Infection, prevention and control champion in post	Choose an item.	Click here to enter text.
Fully stocked first aid box	Choose an item.	Click here to enter text.
Accident/incident book and reports completed where necessary	Choose an item.	Click here to enter text.
Fire assessment has been completed	Choose an item.	Click here to enter text.
Fire action and exit signage clearly visible	Choose an item.	Click here to enter text.
Clear fire drill procedures in place and staff/service users aware	Choose an item.	Click here to enter text.
Fire drills carried out regularly	Choose an item.	Click here to enter text.
Fire detectors and alarms tested and serviced	Choose an item.	Click here to enter text.
Fire fighting equipment/extinguishers in good condition and serviced	Choose an item.	Click here to enter text.
Maintenance log kept up to date and repairs undertaken in a timely manner	Choose an item.	Click here to enter text.
Water temperatures tested	Choose an item.	Click here to enter text.

Requirement	Score	Evidence Viewed
Portable Appliance Testing (PAT) in line with HSE regulations	Choose an item.	Click here to enter text.
Lifting Operations and Lifting Equipment Regulations (LOLER) checks carried out	Choose an item.	Click here to enter text.
Equipment serviced regularly and in accordance with PUWHER.	Choose an item.	Click here to enter text.
Gas safety certification	Choose an item.	Click here to enter text.
Legionella certification	Choose an item.	Click here to enter text.
Asbestos report	Choose an item.	Click here to enter text.
Falls are recorded and audited on a regular basis	Choose an item.	Click here to enter text.
There are clear procedures to prevent and manage pressure ulcers	Choose an item.	Click here to enter text.

## D. RESIDENTS' FILES

Overall Score	Choose an item.
<p><b>Summary (Including Actions):</b></p> <p>Click here to enter text.</p>	

<b>Requirement</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Front sheet with personal details and photograph	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Contact details including next of kin	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Pre-admission assessment	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Personal care and wellbeing	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Dietary requirements including preferences, food and fluid intake	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Sight, hearing and communication	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Mobility	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Medication details	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Mental capacity and cognition	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
DoLS authorisation in place and being actioned appropriately	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Social interests and hobbies	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Religious and/or cultural needs	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Life history details completed	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Risk assessments in place where appropriate (ABCs, Waterlow, weights etc.)	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
DNAR in place where appropriate	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Professionals/partner agencies communication log	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Evidence of timely health referrals being instigated and actioned	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Daily records are factual, accurate, clear and concise	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

<b>Requirement</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Care documentation is reviewed regularly with changes in need recorded and actioned appropriately	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Evidence of service user and family involvement in their care planning	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Financial information and transactions	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

## E. PERSONALISATION AND RESIDENTS' EXPERIENCE

Overall Score	Choose an item.
<p><b>Summary (Including Actions):</b></p> <p>Click here to enter text.</p>	

Requirement	Score	Evidence Viewed
Residents present clean and wearing appropriate clothing	Choose an item.	Click here to enter text.
Staff engagement with residents is with respect and dignity	Choose an item.	Click here to enter text.
Correct moving and handling techniques and safe practices observed	Choose an item.	Click here to enter text.
Residents have access to all communal areas and gardens	Choose an item.	Click here to enter text.
Residents have choice and control over meals, activities, clothing etc.	Choose an item.	Click here to enter text.
Appropriate equipment such as assistive technology is in place to enable residents to maximise independence	Choose an item.	Click here to enter text.
Residents are encouraged where possible to eat and drink independently	Choose an item.	Click here to enter text.
Known allergies, specialist diets and preferences are recorded and met	Choose an item.	Click here to enter text.
Access to snacks and drinks throughout the day and evening	Choose an item.	Click here to enter text.
A meaningful activities schedule is accessible for all residents	Choose an item.	Click here to enter text.
Residents have access to a variety of services such as hairdresser, dentist, optician and chiropodist.	Choose an item.	Click here to enter text.
Regular and meaningful resident/family meetings take place with points arising actioned	Choose an item.	Click here to enter text.
Evidence of links and access to the local community	Choose an item.	Click here to enter text.
Cultural/religious needs are met	Choose an item.	Click here to enter text.

# Residents' Consultation

**Summary:**

Click here to enter text.



## F. MEDICATION MANAGEMENT

Overall Score	Choose an item.
<p><b>Summary (Including Actions):</b></p> <p>Click here to enter text.</p>	

Requirement	Score	Evidence Viewed
Medication audits completed and recorded appropriately	Choose an item.	Click here to enter text.
Appropriate disposal of medications	Choose an item.	Click here to enter text.
Safe storage of medications	Choose an item.	Click here to enter text.
Controlled drugs register in place	Choose an item.	Click here to enter text.
Medication Administration Records (MAR) completed correctly	Choose an item.	Click here to enter text.
PRN protocols in place where necessary	Choose an item.	Click here to enter text.

## G. STAFF FILES

Overall Score	Choose an item.
<p><b>Summary (Including Actions):</b></p> <p>Click here to enter text.</p>	

<b>Requirement</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Contact details including next of kin	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Job description	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Application form signed and dated	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Declaration of criminal conviction completed	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
DBS check completed	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Minimum of two written references (including last employer)	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Appropriate approval to work in UK	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Terms and conditions of employment/contract issued and signed	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Induction checklist completed	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Disciplinary records	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supervision, one-to-ones and PDR records	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Competency checks and quality assurance methods in place	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Evidence that staff members have read & understood policies and procedures	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

## H. STAFFING AND MANAGEMENT

Overall Score	Choose an item.
<p><b>Summary (Including Actions):</b></p> <p>Click here to enter text.</p>	

Requirement	Score	Evidence Viewed
Appropriate staffing levels to residents' needs	Choose an item.	<a href="#">Click here to enter text.</a>
A robust handover process	Choose an item.	<a href="#">Click here to enter text.</a>
A communications book to detail any important information	Choose an item.	<a href="#">Click here to enter text.</a>
A clear, up-to-date rota is available for staff	Choose an item.	<a href="#">Click here to enter text.</a>
Appropriate induction for agency staff and appropriate checks undertaken	Choose an item.	<a href="#">Click here to enter text.</a>
Clear leadership structure and escalation process	Choose an item.	<a href="#">Click here to enter text.</a>
Regular and meaningful staff meetings take place with points arising actioned	Choose an item.	<a href="#">Click here to enter text.</a>
Processes to maintain staff training and checks	Choose an item.	<a href="#">Click here to enter text.</a>

<b>Requirement</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Induction	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
First Aid	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Health and Safety	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Fire Safety	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Moving and Handling	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
COSHH	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Safeguarding	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Infection Control	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Food Hygiene	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Medication (if applicable)	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Dementia	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
MCA/DoLS	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

## Staff Consultation

### Summary:

Click here to enter text.



## I. QUALITY ASSURANCE AND REPORTING

Overall Score	Choose an item.
<p><b>Summary (Including Actions):</b></p> <p>Click here to enter text.</p>	

Requirement	Score	Evidence Viewed
Robust quality assurance methods in place	Choose an item.	Click here to enter text.
Evidence that resident & relative feedback is utilised and actions taken	Choose an item.	Click here to enter text.
Clear complaints process in situ with evidence that complaints are managed	Choose an item.	Click here to enter text.
Notifications to local authority and CQC are made as/when appropriate	Choose an item.	Click here to enter text.

## Overall Summary

Summary of Visit
Click here to enter text.

Area	Overall Score
A. Registrations and Insurances	Choose an item.
B. Policies, Procedures and Guidance	Choose an item.
C. Health and Safety	Choose an item.
D. Residents' Files	Choose an item.
E. Personalisation and Resident's Experience	Choose an item.
F. Medication Management	Choose an item.
G. Staff Files	Choose an item.
H. Staffing and Management	Choose an item.
I. Quality Assurance and Reporting	Choose an item.

Name	Role	Signature	Date
Click here to enter text.	Click here to enter text.		Click here to enter a date.
Click here to enter text.	Click here to enter text.		Click here to enter a date.