

## Denbighshire County Council

### Adult & Business Services

#### Contract & Quality Monitoring Framework for Domiciliary Care Services

#### (Based on the North Wales Quality Monitoring Framework)

Draft 1.3

May 2013

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## 1) Introduction:

This interim Contract and Quality Monitoring Framework has been developed to respond to the requirement for Denbighshire County Council to ensure that services meet the identified outcomes of service users, ensure compliance with the National Minimum Standards and the North Wales Domiciliary Care Agreement and specifications. The monitoring framework also aims to recognise good practice and ensure risk and performance is managed appropriately in partnership with Providers and commissioners, who all share the same values by being committed to achieve the best possible quality and value from service provision.

The principal of this Framework is to provide a structured, standardised and efficient approach for gathering qualitative and quantitative data in relation to each Service Provider's performance. This will in turn be used to inform and support any decisions on monitoring actions relating to contract compliance and for contributing to improving outcomes and service quality. Any monitoring activity conducted is done so in a coordinated and supportive manner, which aims to minimise duplication and disruption to the Service Providers.

Please note, this interim Framework is subject to change in line with involvement and guidance from the North Wales Social Services Improvement Collaborative (NWSSIC).

It is essential that quality and contract monitoring is a positive process, which enables Denbighshire County Council and Service Providers work together to address any issues that may arise and work towards the improvement in the performance and quality of services. It should also give recognition to and share areas of notable practice, whilst retaining focus on the following areas;

- Ensure that Service Providers are complying with the requirements of the North Wales Domiciliary Agreement;
- Ensure that the Service Providers are performing effectively;
- Encourage on-going communication between partners, Service Providers and Service Users;
- Support in the regular feedback regarding the effectiveness and quality of the delivered services.

## 2) Format of the North Wales Quality Monitoring Framework:

A copy of the North Wales Quality Monitoring Framework, attached in Appendix One, forms the monitoring matrix in which the Monitoring Officer will utilise to measure each Service Provider against the Service Outcomes as set out in the North Wales Domiciliary Care Agreement.

Monitoring Visits are conducted in accordance with Clause 65, Monitoring & Review, of the North Wales Domiciliary Care Agreement;

“The service user can expect the Service to be reviewed on a regular basis and they will be encouraged to provide feedback on their care and their views as listened to.”

Quality Monitoring visits are not statutory inspections. The role of the Monitoring Officer is to ensure the quality of services provided and contractual obligations and outcomes are being met. They are also intended to look at areas of notable practice and if applicable, poor practices. They also offer an opportunity to discuss how to improve on areas and provide support in achieving such outcome.

It is also envisaged that Monitoring Visits provides an opportunity for the Service Provider to discuss service delivery and their performance in a supportive and constructive manner to ensure service users achieve their outcomes successfully. It also provides an opportunity for providers to raise any issues regarding the performance of the Commissioner.

The methodology of the Quality Monitoring Visit is to support and ‘add value’ to the already detailed inspection carried out by regulatory bodies such as CSSIW / CQC. It also aims to ensure Service Outcomes are achieved and continually built upon.

The North Wales Quality Monitoring Framework covers five key outcomes which reflect the quality standards as part of the North Wales Domiciliary Care Agreement;

**Outcome 1** – Service users live as independently as possible;

**Outcome 2** – Service users have choice and control over their lives;

**Outcome 3** – Service users’ health and wellbeing will be promoted;

**Outcome 4** – Service users feel safe, secure and protected;

**Outcome 5** – Service users are treated with dignity and respect;

The measures of the above outcomes are detailed as following;

- **Outcomes** – Describe what impact a service user wants a service / intervention to have. Outcomes should be concrete, unambiguous and easily measured. They should be relevant to the service user, provider and commissioner.

- **Outcome measures** – measure the effect of intervention (process) rather than the number of times it was delivered, i.e. measures the impact for the service user of the interventions (processes).
- **Process measure** – are the steps (or interventions) required in order to achieve the outcome(s). These are of interest as they track inputs and whether or not they are leading to specific outcomes.

### 3) Quality Assurance

The Framework has been developed in order to gather information regarding the quality level of the service provision and delivery through the following nine main service outcomes;

- Service users live as independently as possible;
- Service users have control over their lives being able to make choices;
- Service users are full citizens, enjoying the same rights and responsibilities as other and are encouraged to build and maintain relationships with positive interactions;
- Service users have opportunities to fulfil their ambitions, maintain, learn and improve skills;
- Service users are supported to maintain or improve their health;
- Service users feel safe and secure with freedom from discrimination and harassment;
- Service users are treated with dignity and respect;
- Service users are protected from financial abuse;
- Service users received high quality services.

The assurance of quality will be monitored through scheduled and non-scheduled visits and through collating and analysing qualitative / quantitative information covering the following areas;

- Standard / quality of care;
- Staffing / Training / Supervision Arrangements / Development;
- Policies & Procedures;
- Complaints & Compliments Procedures;
- Incident Reporting;
- Key Working arrangements.

#### 4) Frequency of Quality Monitoring Visits:

A Quality Monitoring Visit may be scheduled, unscheduled or in response to an issue or Escalation of Concerns. As a minimum, Denbighshire County Council, Adult & Business Services is committed to conduct a Quality Monitoring Visit to all Domiciliary Service Providers annually.

#### 5) Proactive Monitoring Process:

This process refers to any planned / scheduled visit conducted annually to monitor and evaluate a Domiciliary Service Provider's performance in accordance to their contractual obligations under the North Wales Domiciliary Framework Agreement.

Please Refer to Appendix Two for Flowchart of Proactive Monitoring process.

#### 6) Reactive Monitoring Process:

This process refers to any unplanned or as a response to issues or concerns raised.

Please Refer to Appendix Three for Flowchart of Reactive Monitoring process.

#### 7) Components of the Framework:

##### a) Pre Visit Form:

The Service Provider will be required to submit a Pre Monitoring Form (**Form A1**) on an annual basis, these will be dispatched approximately 28 working days prior to any monitoring visit is scheduled to be conducted. Service Providers are also encouraged to include a copy of their CSSIW Self Assessment / Evaluation, information should be submitted to the Department before the deadline specified on the form.

Providers should take care to ensure that their assessments are accurate and ask for guidance from the Department where necessary.

In addition, Service Providers will be asked to complete the Policy & Procedures Assessment Form (**Form A2**) which aims to measure the content of the Organisation's policies and procedures. The Provider is requested to complete this ahead of any scheduled visit in order to streamline and focus any site visit conducted. A Random selection of policies / procedures will be requested to be made available for observation by the Monitoring Officer ahead or during a visit.

A copy of the Pre Visit Forms (**A1 & A2**) can be found in Appendix Four.

##### b) Pre Monitoring Evaluation:

Prior to the monitoring visit taking place, the Monitoring Officer will evaluate the submitted information which will have been collated data from a range of sources, such as;

- Regulatory Body Notices;

- Regulatory Body Inspection Reports;
- Discussion with relevant Workforce Development Coordinators;
- Feedback from Partner Authorities both strategic and operational colleagues, including Safeguarding Coordinators;
- Feedback from Service Users, carers and family members or Advocate.

The information will then determine the scope and focus of the Monitoring Visit.

The Monitoring Officer will ensure written records are kept of all preparatory discussions and meetings. These records form part of the audit trail and will be stored securely in electronic format relating to the individual establishment.

The Monitoring Officer will summarise findings and the scope / focus of the monitoring visit within the first part of the Monitoring Report.

#### **c) Service User / Relative Feedback:**

**[Process under development regionally]** However during this interim period Denbighshire County Council is committed to seek the thoughts and opinions of service users and their relatives (where applicable), with this as part of Routine Statutory Review / Re assessment of needs, the Social Worker / Reviewing Officer will actively seek feedback and report back to the Commissioning & Contracts Team accordingly.

This Monitoring Framework also intends to introduce a questionnaire that captures such feedback as part of routine contract monitoring mechanisms (both proactively and reactively). This questionnaire will either be completed as a postal 'mail-shot' and or through telephone 'interviews' with service users in receipt of Domiciliary Services.

A copy of the Service User Questionnaire (**Form 2**) can be found in Appendix 5).

#### **d) Support / Care Worker Feedback:**

Feedback from Support / Care Workers enables the Monitoring Officer to evaluate the employee's perspective; it also provides the Commissioner to ensure that the Service Provider has complied with Legislative and Contractual obligations during recruitment process and on-going employment.

A copy of the Support / Care Worker Feedback Form (Form 3) can be found in Appendix Six.

#### **e) Professionals (Internal & External) Feedback:**

The Monitoring Officer will actively seek feedback from professionals who visit and or commission services from the Service Provider at the time of the Quality Monitoring exercise.

The Monitoring Officer will also source feedback from internal Social Care Reviewing Teams as part of Statutory Service Reviews in addition to the POVA Team, Complaints Team and the Financial Assessment Team (this list is not exhaustive).

A copy of the Professionals feedback form (**Form 4**) can be found in Appendix 7.

**f) Monitoring Visit:**

Monitoring visits are not statutory inspections. The role of the Monitoring Officer under the function of this Framework aims to provide a streamlined and consistent approach to on-going monitoring. It also aims to allow an opportunity for the Service Provider to discuss service delivery and their performance in a supportive and constructive manner.

The Monitoring visit forms part of a periodic review and on-going quality and contract monitoring process and or in direct response to any escalation of concern.

Monitoring visits will be based on factors such as; this list is not exhaustive;

- Length of time since last monitoring visit;
- Number of service users who are in receipt of services;
- Number and type of actions required following last monitoring visit;
- Reactive visits based on concerns / complaints raised by service users, relatives, staff, CSSIW, Neighbouring Local Authorities or the Health Board etc;

Generally the Department aims to conduct scheduled monitoring visits within a period of two weeks following the deadline of returning the Pre Monitoring Information. However there may be occasions when a monitoring visit and or follow up is scheduled with the Registered Manager / Owner. The Department also reserve the right to carry out additional visits that are not scheduled, such additional visits will be conducted when specific concerns are identified, e.g. complaints are received from Service users, their relatives or advocate, CSSIW, Social Work / Nursing Professionals or any other key stakeholders.

The visit will commence with an opening meeting with the Registered Manager or equivalent duty manager / senior. This meeting will discuss the scope and focus of the audit and any corrective / developmental action plan from the previous monitoring visit. The Monitoring Officer will keep written notes of observations / findings / evidence as the monitoring visit progresses. These notes will form part of the audit trail and will be stored securely in electronic format relating to the individual establishment.

The visit may also include, this list is not exhaustive;

- Tour of the building / facilities;
- Observation of interaction between staff and service users (where possible)
- Discussions with staff;
- Spot checks of documents or sources of information relating to service users care and support;
- Checks of policies and procedures and how they are implemented;
- Checks on staff training / supervision / development records;



- Specialist input – audit / stakeholders etc.

To conclude the Monitoring Visit, a closing meeting will take place with the Registered Manager or equivalent duty manager / senior. This meeting will discuss the findings of the visit and identify in brief any immediate corrective action that should be taken to mitigate any identified risk or safeguarding issue.

Denbighshire County Council reserves the right to carry out additional visits which are not scheduled. Such visits will be conducted when specific concerns are identified, e.g. via complaints from service users, Social Workers, CSSIW, family / advocates or any other key stakeholders.

We also reserve the right to carry out non scheduled visits where there are concerns regarding employees or if there are any other serious concerns.

#### **g) Monitoring Report:**

A draft monitoring report will be completed within 14 working days of the monitoring visit, any recommendations along with acknowledgement to notable practice will be included as part of this report.

The draft report will be sent electronically, where possible, to the Contracts / Commissioning Manager(s) for their comments and or any further actions.

The timescale to return the draft report is ten working days, where the Monitoring Officer will be responsible for making any changes to the final copy.

The final written report will be completed within 28 working days of the visit. The final draft should be distributed to all relevant stakeholders.

The Monitoring Officer will follow up any recommendations made within the report. This will be done through, email, telephone, letter or another visit.

A copy of the Monitoring Report Template (R1) can be found in Appendix Eight.

#### **h) Recommendations:**

Once the monitoring visit is completed the Monitoring Officer will discuss briefly the overall outcome of the visit with the Service Provider.

Any recommendations will be recorded as part of the Monitoring Report and where these require action, the Service Provider is expected to formally acknowledge any identified shortfalls and produce an action plan with clear timescales to resolve / mitigate such areas for development or improvement.

A copy of the action plan should be received by the Monitoring Officer within 10 working days of receiving the final monitoring report. The Monitoring Officer may conduct an additional visit to review progress accordingly.

If significant concerns are identified then these will be duly dealt with in accordance with the appropriate Safeguarding or Escalating Concern Process / Procedures.

## 8) Safeguarding:

If through the course of intelligence gathering / monitoring exercises, there are any concerns raised regarding safeguarding the Monitoring Officer will report these in accordance to the All Wales Protection of Vulnerable Adults Procedure and / or Child Protection Procedures.

Any Safeguarding processes will take precedence over any monitoring activity.

## 9) Escalating Concerns:

**[Process under development regionally]** However, Denbighshire County Council is committed to ensure that all concerns raised with the Department are recorded and dealt with accordingly. At present, the Department applies various methods to investigate, resolve and mitigate re-occurrences of issues with Service Providers in order to promote the safeguarding of individuals and the integrity of services whilst monitoring trends and promoting service growth and continuous improvement.

The Department may for example deal with concerns through one or more of the following methods (this list is not exhaustive);

- Instigate a review / re-assessment of a Service User's needs (conducted by the Care Coordinator);
- Issue a contract compliance letter to the Service Provider, requesting a formal response and or action plan as to how the Provider will remedy / mitigate the issues raised;
- Meet with the Service Provider in addition to any routine or planned monitoring exercise to present, investigate and resolve issues with the Provider;
- Instigate a Safeguarding / POVA referral and or attend Strategy Meetings as required;
- Advise on formal complaints procedures;
- Discuss matters arising with the Service Provider through telephone / email correspondence and or site visits;
- Routine professional perspective of practitioners sourced to aid monitoring decisions and actions;
- Regular Provider forum meeting held to discuss notable practices / changes to legislation etc;
- Regular Quality Circle meetings held to discuss with a cross-section of practitioners emerging trends etc.

The accumulation of such actions / intelligence gathering informs the Department on the frequency of any follow up action / visits. It also factors whether the commissioning of new packages of care should be suspended until such time where the Department is confident that issues are resolved and improved.

## 10) Temporary Suspension of New Packages of Care:

A temporary suspension of placements may be placed on a Domiciliary Provider where there is sufficient evidence to suggest the safety of service users, staff and or the organisation may be at risk. There are a variety of reasons that may cause a suspension, for example;

- Escalation of concerns;
- POVA / Safeguarding;
- Financial issues;
- Health & Safety;

The decision to place a temporary suspension of new packages of care shall be made as a result of an Escalation of Concerns meeting, with representation from multi agencies having evaluated the evidence to suggest significant risk to both service users and staff. A risk assessment must be undertaken to evidence the rational in proceeding to place a temporary suspension on a service provider and an action plan to remedy / mitigate identified or potential risk must be drawn up by the service provider and approved by the commissioner.

**North Wales Quality Monitoring Framework for Domiciliary Care - Monitoring Tool**

**Working definitions:**

- **Outcomes:** describe what impact a service user wants a service / intervention to have. Outcomes should be concrete, unambiguous and easily measured. They should be relevant to the service user, provider and commissioner.
- **Outcome measures** – measure the effect of the intervention (process) rather than the number of times it was delivered i.e. measures the impact for the service user of the interventions (processes)
- **Process measures** – are the steps (or interventions) required in order to achieve the outcome(s). These are interest as they track inputs and whether or not they are leading to specific outcomes.

**Evidence Source**

**Code:**

|   |   |   |                          |   |   |   |   |   |                                 |   |                              |
|---|---|---|--------------------------|---|---|---|---|---|---------------------------------|---|------------------------------|
| A | Contents of S.U file: Service Delivery Plan / Risk Assessments / Pen Pictures/ Care Plans/ change of circumstances forms/ additional observation forms (BCU)/MAR charts | B | Daily Records / Logs     | C | Service user Questionnaire                          | D | Service User guide/Statement of Purpose/Mission Statement | E | Complaints & Compliment records | F | Pre-monitoring questionnaire |
| G | Policies and Procedures   | H | Training Matrix/ Records | I | Supervision Matrix/ Records/ Staff or Team Meetings | J | Feedback from professionals                               | K | Interview with Manager / Staff  | L | Accident / Incident records  |

|   |  |   |               |   |  |   |   |   |  |   |   |
|---|--|---|---------------|---|--|---|---|---|--|---|---|
| M | Record of Number & Outcome of POVA referrals | N | CSSIW Reports | O | CSSIW Registration/ Regulatory Information | P | Providers QA Reports/ Improvement Plans | Q | Recruitment & Induction policy and procedures/ ID Badges | R | Feedback from Purchasers internal depts (Social Workers, FAO's etc) |
| S | Feedback from Care Workers                   |   |               |   |  |   |   |   |  |   |   |

**KEY:**

Records

Feedback

Staffing

Environment

**Outcome 1 - Service Users live as independently as possible**

Evidence Sources: A, B, C, F, H, J, K, S

| Outcome Measures  | Process Measure  | Successful Measurement  | Method of Measure   |   |  |
|---|--|---|---|---|--|
|   |  |   | Pre- Monitoring   | During Monitoring                         |  |
| 1.1<br>Service Users are supported and encouraged to maintain their existing skills and learn new ones enabling them to be as independent as possible<br><i>Contract clause: 14, 69</i> | 1.1.1 Service Users are enabled to maintain and develop their skills   | Evidence of staff or some staff receiving reablement training<br>Service Delivery plans are outcome based Personal profiles are available for service users Service users have an activity plan (particularly younger adults)<br>Staff training plan is available<br>Evidence that hours of care have been reduced/maintained |   | Content of Service user file              |  |
|   | 1.1.2 Service Users are cared for by Care Workers who have received reablement training  |   | Pre-Monitoring questionnaire Sec 2<br>Provider's training matrix<br>Care Worker questionnaire Sec 2 |   |  |
|   | 1.1.3 Service Users are encouraged to maintain their independence or to be reabled   |   | Care Worker questionnaire Sec 3   | Daily Record/logs<br>user file            | Contents of Service                      |
|   | 1.1.4 Service Users are supported to identify and achieve their goals and ambitions and support plans demonstrate their independence |   | Care Worker questionnaire Sec 3   | Contents of Service user file             |  |
| 1.2<br>Service Users will contribute to the service delivery plan and will have a service which meets their needs as an individual<br><i>Contract clause: 14, 68</i>                    | 1.2.1 Service Users are involved and take part in reviews  | 100% of service users have been reviewed during the last 12 months<br>Signature of Service user/family member/advocate or significant other on review documentation   | Pre-monitoring questionnaire Sec 4  | Interview with Manager/staff<br>user file | Contents of Service<br>Daily record/logs |
|   | 1.2.2 Service User's support levels are appropriately adjusted (increased or decreased as required)                                  |   | Feedback from Purchaser's Internal Depts<br>Professional's feedback                                 | Daily Record/logs<br>user file            | Contents of Service                      |

|     |   |  |   |   |   |
|-----|---|--|---|---|---|
| 1.3 | Service Users are supported by trained and competent staff team<br><i>Contract clause: 14, 69</i> | 1.3.1 The Provider keeps accurate records of staff training and supervision  | 100% of staff have an individual training plan<br>Supervision records are available for staff evidencing 3 monthly supervision for all staff and monthly supervision for managers<br>100% of staff have received an annual performance review/appraisal during last 12 months<br>Minimum of 50% of care staff have NVQ2/QCF<br>100% of staff inducted to Care Council for Wales Induction within 12 weeks of employment<br>Evidence of specialist training where specialist services are commissioned | Pre-Monitoring questionnaire Sec 2<br>Provider's training matrix  | Interview with Manager/staff<br>Contents of service user file |
|     |   | 1.3.2 There are sufficient number of staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of service users who use the service at all times |   | Pre-Monitoring questionnaire Sec 2<br>Provider's training matrix<br>Care Worker questionnaire Sec 2<br>Copy of staff rota | Interview with Manager/staff<br>Contents of service user file |
|     |   | 1.3.3 The Provider will endeavour to provide a consistent service  |   | Service User questionnaire Sec 3<br>Copy of staff rota  | Interview with Manager/staff<br>Contents of service user file |

### **Outcome 2 - Service Users have choice and control over their lives**

Evidence Sources: A, C, D, F, K, S,

| Outcome Measures  | Process Measure  | Successful Measurement   | Method of Measurement  |                               |
|---|--|--|--|-------------------------------|
|   |  |  | Pre-Monitoring   | During Monitoring             |
| 2.1<br>Service Users are at the centre of all planning and decision making<br><i>Contract clause: 6</i> | 2.1.1 Service Users are involved in the initial assessment carried out by the Provider                 | 100% of service delivery plans are outcome focussed<br>100% of service delivery plans are signed by service user/Carer/family member | Pre-monitoring questionnaire Sec 4<br>Service User questionnaire Sec 3 |                               |
|   | 2.1.2 Service delivery (support) plans (SDPs) are outcome focussed and tailored to service user needs. |  | Blank SDP received from Provider                                       | Contents of Service user file |

|     |   |   |  |   |   |
|-----|---|---|--|---|---|
|     |   | <p><b>2.1.3</b> Service User/ Carer/ Representative sign the service delivery plan and the Provider sends a copy to the Purchaser</p>   |  | <p>Pre-monitoring questionnaire declaration<br/>Service User questionnaire Sec 3</p>                      | <p>Contents of Service user file<br/>Interview with Manager/staff</p> |
| 2.2 | <p>Service Users are able to make informed choices around possible risks to their day to day life<br/><i>Contract clause: 14, 67</i></p>  | <p><b>2.2.1</b> Service Users are involved in the development of risk assessments which are reviewed in a timely manner</p>   | <p>Risk assessments are in place for 100% of service users<br/>Provider can evidence how risks are managed 100% of risk assessments are signed by service user/carer/family member<br/>There is evidence that evaluation of risk assessments takes place<br/>There is evidence that risk assessments are up to date<br/>Service delivery plans reflect the care provision that service users receive</p> |   | <p>Contents of Service user file</p>                                  |
|     |   | <p><b>2.2.2</b> Service User's rights to take informed risks are respected by the Provider in the context of balancing the need for preference, choice, safety and effectiveness.</p>                                 |  |   | <p>Contents of Service user file</p>                                  |
| 2.3 | <p>Clear information is provided to Service Users from the outset, outlining the individual agreed service to be provided and how that can be changed<br/><i>Contract clause: 6</i></p> | <p><b>2.3.1</b> Service Users are routinely provided with meaningful communication and information in appropriate formats which explains their rights and responsibilities e.g. SU guide and statement of purpose</p> |  | <p>Service User questionnaire Sec 3<br/>Service User guide<br/>Statement of Purpose/Information packs</p> | <p>Contents of Service user file</p>                                  |
|     |   | <p><b>2.3.2</b> Service User are issued with a personal file and this is located in the Service User's premises and the service user will be aware of it</p>  | <p>100% of service users are given a copy of the service user guide and statement of purpose<br/>The statement of purpose contains the minimum requirements<br/>100% of service users receive a copy of their service delivery plan</p>  | <p>Service User Questionnaire Sec 3</p>   | <p>Contents of Service user file<br/>Interview with Manager/staff</p> |



|            |   |   |  |   |  |
|------------|---|---|--|---|--|
|            |   | <p><b>2.3.3</b> Service User files will, as a minimum, contain activity related to the care plan, service delivery plan, weekly rota of call times and Care Worker names, emergency arrangements and on-call contact numbers and the service user guide</p> | Service delivery plans are sent to the Purchaser (unless a specific arrangement has been agreed between Purchaser and Provider)  |   | Contents of Service user file Interview with Manager/staff |
|            |   | <p><b>2.3.4</b> Service Users are assisted to access translation services where required</p>  |  | Service User questionnaire Sec 2                                    | Interview with Manager/staff                               |
| <b>2.4</b> | Service Users are provided with information packs about the service prior to their individual service commencing<br><i>Contract clause: 6</i> | <b>2.5.1</b> Service users are informed who their Care Worker(s) will be  |  |   |  |
|            |   | <p><b>2.4.1</b> Service Users are introduced to new Care Workers wherever possible</p>  | There is evidence that service users are informed when their Care Worker is changed<br>There is evidence that service users receive a rota detailing their visit times and Care Worker name(s) | Care Worker questionnaire Sec 3<br>Service User questionnaire Sec 3 |  |
|            |   | <p><b>2.4.2</b> Service Users are informed if there is a change in their named Worker.</p>  |  | Service User questionnaire Sec 3<br>Care Worker questionnaire Sec 3 |  |

**Outcome 3 - Service Users health and wellbeing will be promoted**

Evidence Sources: C, E, F, G, J, K, P, R, S,

| Outcome Measures | Process Measure | Successful Measurement | Method of Monitoring |                   |
|------------------|-----------------|------------------------|----------------------|-------------------|
|                  |                 |                        | Pre-Monitoring       | During Monitoring |

|     |   |   |   |  |                                    |
|-----|---|---|---|--|------------------------------------|
| 3.1 | Service Users expect their service to be reviewed on a regular basis and are encouraged to provide feedback regarding their care and their views are listened to<br><i>Contract clause: 1, 14, 37, 65</i> | 3.1.1 Service users are given the opportunity to input into the Providers quality assurance checks on a regular basis                                       | Provider can confirm/evidence number of questionnaires sent out to service users<br>Format of service user feedback questionnaire is appropriate<br>Provider can confirm how returned questionnaire are evaluated<br>Provider can confirm how the results of its QA activity is fed back to service users and care staff<br>There is evidence that the Provider undertakes QA activities and produces a report of the findings                          | Pre-monitoring questionnaire Sec 5<br>Service user questionnaire Sec 3<br>Provider's QA report |                                    |
|     |   | 3.1.2 Service Users are given the opportunity to provide feedback on services received and this is evidenced  |   | Pre-monitoring questionnaire Sec 5<br>Service user questionnaire Sec 3<br>Provider's QA report |                                    |
|     |   | 3.1.3 Where Service Users are receiving input from other professionals there is evidence that Provider's Care Workers actively engage with these colleagues |   | Professional's feedback  | Interview with Manager/staff       |
| 3.2 | Service Users are supported by staff who will recognise when they need specialist help<br><i>Contract clause: 14, 69</i>  | 3.2.1 Service Users receive care from Care Workers who have access to their organisation's policies and procedures and work to these at all times           | 100% of Care workers have access to the Provider's policies and procedures<br>Provider can evidence that where policies and procedures have been changed Care Workers are informed<br>Provider can evidence completion of regulation 26 where required<br>Provider can evidence appropriate accident/incident records<br>Provider can evidence that service users are reviewed<br>Provider can evidence that they actively request service user reviews | Policies and procedures checklist<br>Care worker questionnaire sec 1                           | Interview with Manager/staff       |
|     |   | 3.2.2 Providers keep accurate records of any accidents or incidents involving Care Workers and Service Users and take appropriate action to these           |   | Pre-monitoring questionnaire Sec 6   | Compliments and complaints records |
|     |   | 3.2.3 Service Users and Care Workers will have a known process on how to raise issues   |   | Service user questionnaire Sec 3<br>Care worker questionnaire Sec 3                            |                                    |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
|  |  | 3.2.4 Service User are reviewed in a timely manner when Care Workers identify that the needs of the service user has changed |  | Professional's feedback<br>Feedback from Purchaser's internal depts |  |
|--|--|--|--|---|--|

| <b>Outcome 4 - Service Users feel safe, secure and protected</b>  |  |  |                                 |  |                              |
|---|--|--|---------------------------------|--|------------------------------|
| Evidence Source: C, E, F, G, H, I, J, K, L, O, R, S,  |  |  |                                 |  |                              |
| Outcome Measures  | Process Measure  | Successful Measurement   | Method of Measure               |  |                              |
|   |  |  | Pre- Monitoring                 |  | During Monitoring            |
| 4.1<br>Service Users can expect a consistent service by having staff who are reliable<br><i>Contract clause: 14, 28</i> | 4.1.1 Care workers sign a timesheet at the Service User's home or the Provider can evidence which Care Worker has provided care to each service user at any one time | 100% of Care workers sign a log sheet<br>Care worker rotas reflect the signed log sheets<br>Provider can evidence that service users are informed of a change to their Care Worker<br>100% of Care Workers have an ID badge<br>Where provided 100% of Care Workers wear their uniforms |                                 |  |                              |
|   | 4.1.2 Care Workers are issued with identification badges and these are worn or available to show at all times.   |  | Care Worker questionnaire Sec 1 |  | Interview with Manager/staff |
|   | 4.1.3 Service Users can expect their Care Workers to be wearing their uniforms when they are on duty (where this is provided).                                       |  | Care Worker questionnaire Sec 1 |  | Interview with Manager/staff |

|     |  |  |  |  |                              |
|-----|--|--|--|--|------------------------------|
| 4.2 | The service meets with WAG Government regulations and CSSIW regulations and sets out in writing to the Service User the way in which care and support has been agreed to be carried out to meet the Service User's outcomes<br><i>Contract clause: 6</i> | 4.2.1 The Provider's Registered Manager is registered with the Care Standards Act 2000   | Provider can evidence that the Registered Manager is registered with the Care Standards Act 2000<br>Provider has informed the Purchaser of any change to the Registered Manager<br>Provider can demonstrate that it complies with all statutory or other provisions<br>Provider maintains a valid registration with the CSSIW (or CQC) |  | Interview with Manager/staff |
|     |  | 4.2.2 The Purchaser is informed of any change in the appointment of the Registered Manager   |  | Pre-monitoring questionnaire Sec 1   |                              |
|     |  | 4.2.3 The Provider can demonstrate that they comply with all statutory or other provisions to be observed in connection with the delivery of this service                |  | Pre-monitoring questionnaire declaration   |                              |
|     |  | 4.2.4 The Provider maintains a valid registration with the CSSIW (or CQC)  |  | Pre-monitoring questionnaire   |                              |
|     |  | 4.2.5 The Provider's Managers are appropriately registered with the Care Council for Wales   |  | Pre-monitoring questionnaire Sec 1   |                              |
| 4.3 | The Service is provided 365 days and nights (366 in a leap year) with emergency support for out of office hours<br><i>Contract clause: 6, 63</i>   | 4.3.1 Service Users and Care Workers will have access to appropriate arrangements for support by appropriately qualified colleagues at all times including out of hours. | Provider can evidence that the service is available 24 hours per day and 365 days a year<br>Provider can evidence that its business continuity plan is adhered to  | Pre-monitoring questionnaire Sec 2<br>Care Worker questionnaire Sec 3<br>Policies and procedures checklist |                              |
|     |  | 4.3.2 The Provider has in place a robust business continuity plan  |  | Policies and procedures checklist  | Interview with Manager/staff |

|     |  |   |  |  |                              |
|-----|--|---|--|--|------------------------------|
| 4.4 | The Service can evidence reliability, flexibility and consistency of good standards and support to Service Users within a framework of open communication<br><i>Contract clause: 6</i> | 4.4.1 Service Users are cared for by Care Workers who have been recruited via a robust recruitment policy and procedure.    | Provider can evidence that policies and procedures are reviewed annually<br>Provider can evidence that 2 references are received for new staff   | Pre-monitoring questionnaire Sec 2<br>Policies and procedures checklist<br>Care Worker questionnaire Sec 1       |                              |
|     |  | 4.4.2 Service Users are cared for by a consistent group of staff  | Provider can evidence that CRB are renewed every 3 years<br>Provider can evidence that staff sign a contract of employment   | Pre-monitoring questionnaire Sec 2<br>Care Worker questionnaire 1st question<br>Service user questionnaire Sec 3 |                              |
|     |  | 4.4.3 The Provider can evidence good staff retention  | Provider can evidence that enhanced CRB/DBS's are undertaken<br>Provider can evidence that where convictions/cautions are identified through CRB/DBS a risk assessment is undertaken                                 | Pre-monitoring questionnaire Sec 2<br>Care Worker questionnaire 1st question<br>Service user questionnaire Sec 3 |                              |
|     |  | 4.4.2 The Provider has a Whistle Blowing Policy and Staff are aware of this   | Provider has low staff turnover  | Policies and procedures checklist  | Interview with Manager/staff |
| 4.5 | Service Users' personal information will be handled in an appropriate and confidential manner in line with relevant legislation<br><i>Contract clause: 14, 59</i>                      | 4.5.1 The Provider can demonstrate that they have appropriate policies and procedures in place and that they are adhered to | Provider has policies and procedure in place which are reviewed regularly  | Policies and procedures checklist  | Interview with Manager/staff |
|     |  | 4.5.2 The Provider can demonstrate that all staff receive training that includes confidentiality and data protection        | Provider can evidence that staff receive training which includes confidentiality and data protection<br>Care Workers sign to confirm that they have understood the importance of confidentiality and data protection | Pre-monitoring questionnaire Sec 2<br>Care Worker questionnaire Sec 2<br>Provider's training matrix              | Care worker files            |
|     |  | 4.5.3 Service Users will be cared for by Care Workers who understand the importance of confidentiality and data protection  |  | <i>Service user questionnaire Sec ?</i><br>Provider's training matrix  | Interview with Manager/staff |

|     |  |  |   |  |                              |
|-----|--|--|---|--|------------------------------|
|     |  | 4.5.4 The Provider can demonstrate that Data Protection is maintained at all times   |   | Service user questionnaire Sec ?         | Interview with Manager/staff |
| 4.6 | Reporting and invoicing systems interface with the Purchaser's team<br><i>Contract clause: 6</i> | 4.6.1 The Provider's invoices accurately reflect the Services delivered  | Provider's invoices reflect the services delivered to service users   | Feedback from Purchaser's internal depts |                              |
|     |  | 4.6.2 The Provider submits Notification of absence form within the required timescales i.e. cancellation or known hospital stay - 24 hours before the absence; unplanned absence within 24 hours of occurrence | Provider completes and submits change of circumstances forms to the Purchaser<br>Provider completes notification of absence forms and submits to the Purchaser<br>Number of complaints received by the Purchaser from service users relation to charging is low | Feedback from Purchaser's internal depts |                              |
| 4.7 | The provider has procedures for handling Service Users' monies<br><i>Contract clause 31</i>      | 4.7.1 The Provider has a policy and procedure on handling Service Users monies and Care Workers adhere to this   |   | Policies and procedures checklist        |                              |
|     |  | 4.7.2 Service Users are reviewed when there is evidence that Service Users are become incapable of managing their financial affairs  | Provider can evidence that completed financial transaction sheets are audited<br>Provider can evidence that risk assessments are completed in relation to financial aspects of a service user's care  | Professional's feedback                  | Interview with Manager/staff |
|     |  | 4.7.3 The Provider can demonstrate that accurate financial records are being kept in the form of receipts and transactions   | Provider can evidence that care worker signatures are received in relation to service user keys<br>Provider can evidence the safeguards put in place around how key safe numbers are given out to care workers  | Policies and procedures checklist        | Interview with Manager/staff |
|     |  | 4.7.4 The Provider has a policy and procedure relating to Service User keys and key safes and Care Staff adhere to   |   | Policies and procedures checklist        |                              |

|     |   |   |   |   |  |
|-----|---|---|---|---|--|
|     |   | these   |   |   |  |
| 4.8 | The Service User receives a service that has evidence of good management<br><i>Contract clause: 6</i> | 4.8.1 The Provider can demonstrate that Care Workers are appropriately qualified  | Provider can evidence Care Worker training via training plans<br>Provider can evidence that the Manager has the appropriate registration and qualifications<br>Provider can demonstrate that staff receive supervision every 3 months for Care Worker and monthly for Managers<br>Provider can evidence how Care Workers are communicated with<br>Provider can demonstrate and confirm how staff team meetings take place | Pre-monitoring questionnaire Sec 2<br>Care worker questionnaire Sec 2<br>Provider's training matrix           |  |
|     |   | 4.8.2 The Provider can demonstrate that the Manager of the service has the appropriate registration and qualifications                                  |   | Pre-monitoring questionnaire Sec 2  | Interview with Manager/staff Care worker files |
|     |   | 4.8.3 The Provider can evidence a staff training plan   |   | Pre-monitoring questionnaire Sec 2<br>Provider's training matrix<br>Qualification and supervision matrix      |  |
|     |   | 4.8.4 The Provider can demonstrate that Care Workers receive regular supervision sessions and any requirements identified in such sessions are actioned |   | Pre-monitoring questionnaire Sec 2<br>Care Worker questionnaire Sec 1<br>Qualification and supervision matrix | Interview with Manager/staff                   |
|     |   | 4.8.5 The Provider can demonstrate that Care Workers are being communicated with and attend staff team meetings   |   |   |  |
| 4.9 | The Provider meets all the  | 4.9.1 The Provider holds a current CSSIW/CQC registration   | Provider can confirm that it holds a current CSSIW/CQC registration<br>Provider can confirm that Care Staff are   | Pre-monitoring questionnaire<br>CSSIW/Regulatory information  |  |

|      |   |  |   |   |   |
|------|---|--|---|---|---|
|      | legislative and regulatory requirements and works to a programme of continuous improvement<br><i>Contract clause: 6</i>                 | 4.9.2 The Provider can demonstrate the required registration of Care Staff with the Care Council for Wales   | appropriately registered with the Care Council<br>Provider can demonstrate that 100% of staff have the appropriate CRB/DBS checks<br>Provider can demonstrate that CRB/DBS checks are undertaken every 3 years                        | Pre-monitoring questionnaire Sec 1  | Interview with Manager/staff                              |
|      |   | 4.9.3 The Provider can demonstrate that the appropriate DBS checks are carried out and reviewed  |   | Pre-monitoring questionnaire Sec 2<br>Care Worker questionnaire Sec 1                               |   |
| 4.10 | Robust policies and procedures are in place and staff are familiar with them and work to them at all times<br><i>Contract clause: 6</i> | 4.10.1 The Provider can demonstrate that all relevant Policies and Procedures are in place and that policies are reviewed and/ or updated annually | 100% of Care Workers have received a staff handbook   |   | Interview with Manager/staff                              |
|      |   | 4.10.2 The Provider can evidence that all Care Staff have received the relevant induction training   |   | Pre-monitoring questionnaire Sec 2<br>Care Worker questionnaire Sec 1<br>Provider's training matrix |   |
|      |   | 4.10.3 The Provider can evidence that all Care Staff receive a staff handbook  |   | Care Worker's questionnaire Sec 1   |   |
| 4.11 | Accurate records are maintained about Service User's services<br><i>Contract clause: 6</i>  | 4.11.1 There are routine and practical mechanisms in place to record incidents/ accidents and any action taken following these                     | Provider can evidence accident/incident records<br>There is evidence of other agencies being contacted as a result of incidents e.g. safeguarding, information commissioner<br>Provider can evidence that regulation 26 is adhered to |   | Accident/Incident records<br>Interview with Manager/staff |
|      |   | 4.11.2 Incident reports demonstrate which other agencies have been informed and what action has been taken to mitigate reoccurrence; evident       | Purchaser's safeguarding information confirms the Provider's information<br>Provider can confirm that 100% of staff receive safeguarding training including POVA  |   | Accident/Incident records<br>Interview with Manager/staff |



|  |   |  |   |
|--|---|--|---|
|  | of learning   |  |   |
|  | <b>4.11.3</b> There are effective means to monitor and review incidents, concerns, complaints that have potential to become an abuse or safeguarding concern. |  | Feedback from Purchaser's internal depts<br>Accident/Incident records Interview with Manager/staff Risk assessments |
|  | <b>4.11.4</b> Learning from incidents in relation to behaviour that challenges is clearly documented and triggers identified.                                 |  | Accident/incident records   |
|  | <b>4.11.5</b> The Provider can evidence that Review of Service meeting are requested when the Service User's needs change                                     |  | Pre-monitoring questionnaire Sec 4<br>Feedback from Purchaser's internal depts<br>Professional's feedback           |
|  | <b>4.11.6</b> The Provider has a complaints/ compliments register and can evidence the outcome of any complaint received                                      |  | Pre-monitoring questionnaire Sec 6<br>Service user questionnaire Sec 3<br>Complaints/compliments records            |
|  | <b>4.11.7</b> The Provider can demonstrate that POVA referrals are made at appropriate times  |  | Professional's feedback from Purchaser's internal depts   |
|  | <b>4.11.8</b> Service User's Risk assessments are updated as required   |  | Contents of Service User file   |

|      |  |   |  |  |                               |
|------|--|---|--|--|-------------------------------|
| 4.12 | There will be a formal agreement in place between the Purchaser and Provider<br><i>Contract clause: 1</i>  | 4.12.1 The Provider is an 'approved' provider   | Provider complies with the completion of pre-monitoring information received from the Purchaser Provider co-operates during pre-monitoring visits Where identified Provider works with Purchaser to improve service delivery/quality | Regional APL/Signed contract             |                               |
|      |  | 4.12.2 The Provider has signed the North Wales Domiciliary Care agreement   |  | Regional APL/Signed contract             |                               |
|      |  | 4.12.3 The Provider actively participates in any request prior, during and after contracts monitoring visit.  |  | Feedback from Purchaser's internal depts |                               |
| 4.13 | Care workers who transport Service Users have appropriate vehicle insurances<br><i>Contract clause: 34</i> | 4.13.1 The Provider has policies and procedures in place on the transportation of Service Users   | Provider can evidence that vehicles used to transport service users have the relevant MOT, Tax, Insurance (business cover)<br>Provider can evidence that care workers who transport service users have a valid driving licence       | Policies and procedures checklist        | Interview with Manager/staff  |
|      |  | 4.13.2 Service Users are transported only when this is specified in the Care Plan and Service Delivery Plan   |  |  | Contents of Service User file |
|      |  | 4.13.3 The Provider checks and maintains a record of the status of the Care Worker's driving licence, and when care workers are using own vehicle MOT and insurance certificate on an annual basis. |  |  | Interview with Manager/staff  |

**Outcome 5 - Services Users are treated with dignity and respect**

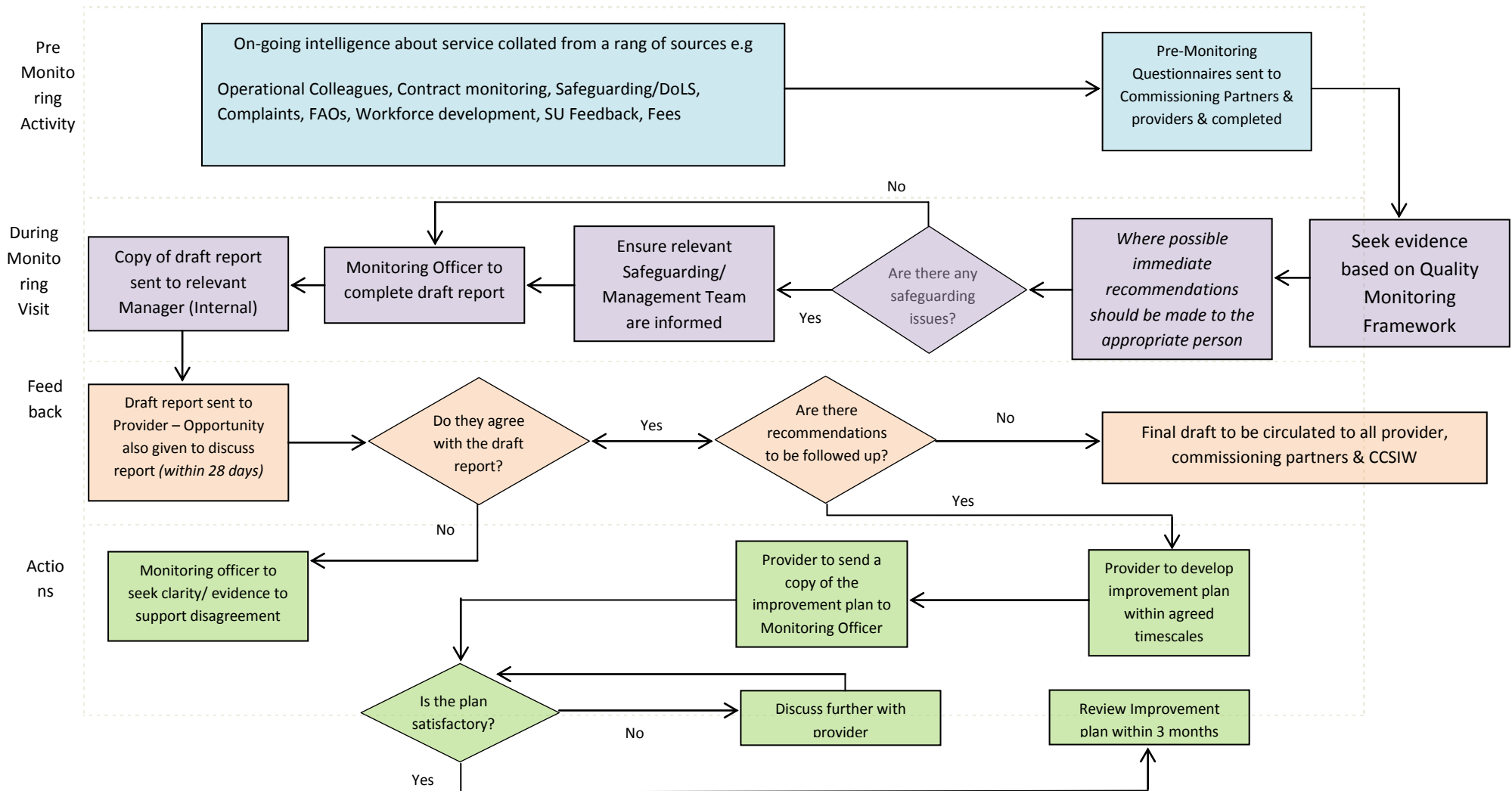
Evidence Sources: B, C, F, G, H, K, M, P, S,

| Outcome Measures |  | Process Measure  | Successful Measurement   | Method of Measure  |                              |
|------------------|--|--|--|--|------------------------------|
|                  |  |  |  | Pre- Monitoring  | During Monitoring            |
| 5.1              | Service Users are able to make informed choices, express their personal choices and feel listened to<br><i>Contract clause: 14, 68</i> | 5.1.1 There are effective means of receiving and acting upon feedback from Services Users and any other persons.   | Provider can demonstrate that service user feedback/views is acted upon<br>Provider can demonstrate that Care Workers are aware of the Whistle Blowing policy and procedure<br>Provider can demonstrate that service users are aware how to make a complaint or compliment | Pre-monitoring questionnaire Sec 5<br>Provider's QA report<br>Service user questionnaire Sec 2 |                              |
|                  |  | 5.1.2 There are systems for gathering, recording and evaluating accurate information about quality and safety of the care and support provided and its outcomes. |  | Provider's QA report   | Interview with Manager/staff |
|                  |  | 5.1.3 Ensure staff that Service Users are aware how to raise concerns  |  | Service User questionnaire Sec 3   |                              |
|                  |  | 5.1.4 Staff support Service Users to make decisions about their support and how this is delivered  |  | Care Worker questionnaire Sec 3<br>Service User questionnaire Sec 1 and 2                      |                              |
|                  |  | 5.1.5 There is evidence in daily log sheets that Service User's choices are recorded   |  |  | Daily records/logs           |
| 5.2              | The Provider's Code of Practice includes a   | 5.2.1 POVA referrals have been appropriately made  | Provider can confirm the number of regulation 26 made in the last 26<br>Providers incident book clearly record   | Feedback from Purchaser's Internal depts - Number and outcome of POVA referrals                |                              |

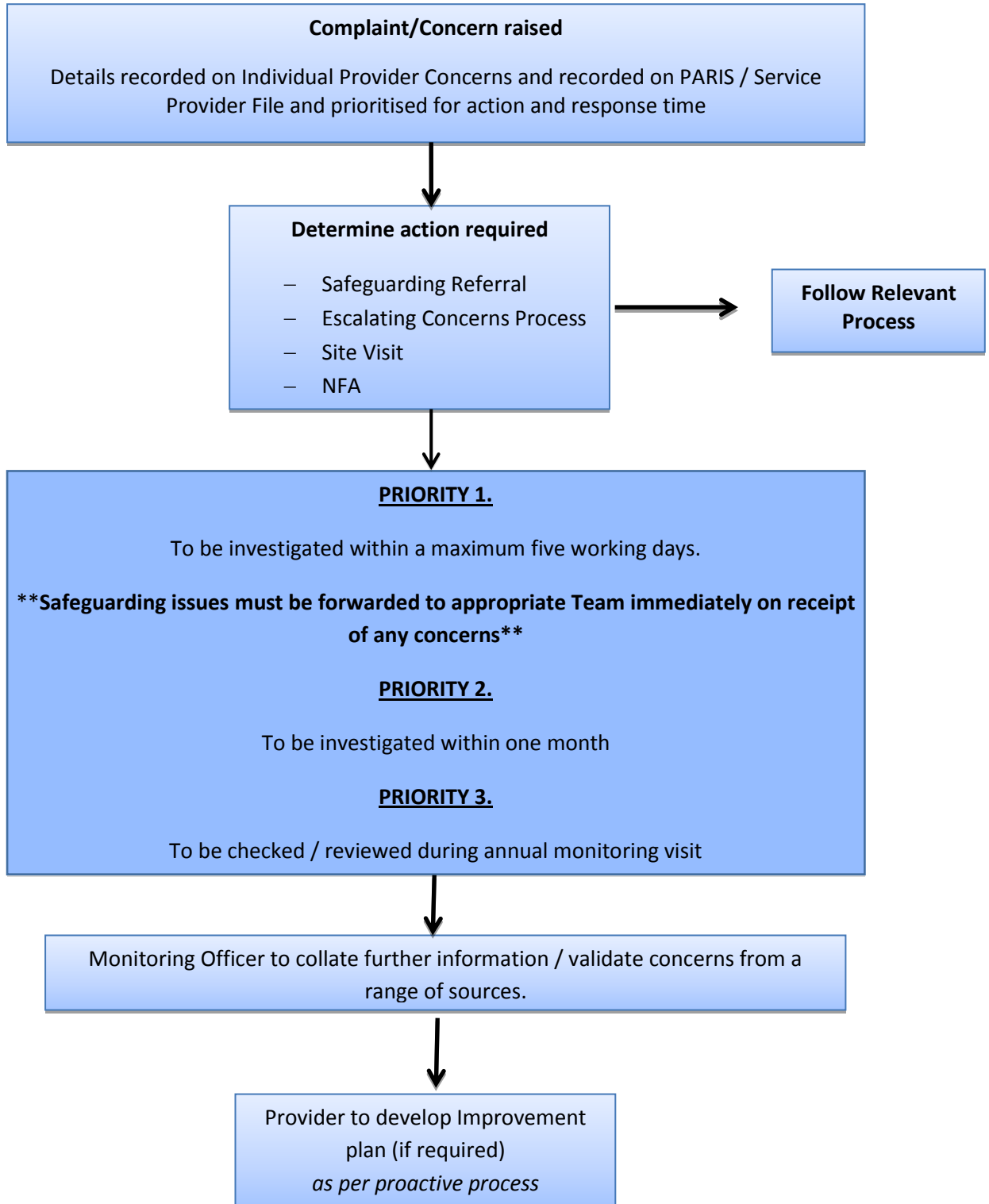
|     |  |  |  |   |   |
|-----|--|--|--|---|---|
|     | statement of Service User's rights<br><i>Contract clause: 6</i>  | <p><b>5.2.2</b> staff induction and training programmes specifically address protection from abuse.</p> <p><b>5.2.3</b> A record of all outcomes to complaints are kept and the Provider can demonstrate appropriate action within appropriate timescales.</p> <p><b>5.2.4</b> Awareness of whistle blowing policy and procedures is included in induction training.</p> | <p>POVA incidents Provider can demonstrate that safeguarding referrals have been made<br/>Purchaser's safeguarding can confirm that POVA referrals have been made<br/>Provider can confirm that staff receive training on whistle blowing<br/>Provider can confirm the number and outcome of all complaints received<br/>Provider can confirm that complaints have been actioned within appropriate timescales</p> | <p>Care Worker Questionnaire Sec 2<br/>Pre-monitoring questionnaire Sec 2<br/>Provider's training matrix<br/>Qualification and supervision matrix</p> |   |
|     |  |  |  | Pre-monitoring questionnaire Sec 6  | Complaints/compliments records                                      |
|     |  |  |  | Policy and procedures checklist<br>Provider's training matrix   | Interview with Managers/staff                                       |
| 5.3 | Service Users will be supported in line with their cultural, spiritual, sexual and dietary needs and their preferences respected<br><i>Contract clause: 48</i> | <p><b>5.3.1</b> Personal preferences are clearly reflected on and adhered to as part of a service user's service delivery plan.</p>  | <p>Provider can demonstrate that services are delivered to the service user's preference<br/>Provider can demonstrate that literature and documents are available in other languages and formats according to service user preference<br/>Provider can demonstrate that Care Workers have received equality training</p>   | Care Worker questionnaire Sec 3   | Contents of service user file                                       |
|     |  | <p><b>5.3.2</b> Staff induction and training programmes specifically include equality training</p>   |  | Care Worker questionnaire Sec 2<br>Provider's training matrix   |   |
|     |  | <p><b>5.3.3</b> Services can be delivered in the language choice of Service Users</p>  |  | Service User questionnaire Sec 2<br>Pre-monitoring questionnaire Sec 3  | Interview with Manager/staff for other languages (apart from Welsh) |
| 5.4 | Service Users will be treated with dignity and respect and be addressed  | <p><b>5.4.1</b> Care staff undertake induction and relevant on-going training in promoting dignity and respect.</p>  | <p>Provider can demonstrate that person profiles exist where appropriate<br/>100% of Care Workers have received Dignity and respect training<br/>100% of Care Workers have received</p>  | <p>Provider's Training matrix<br/>Care Worker questionnaire Sec 2<br/>Pre-monitoring questionnaire Sec 2</p>  |   |

|     |   |  |  |  |  |
|-----|---|--|--|--|--|
|     | <p>politely, treated courteously and will, where possible receive all communication in a language of their choice</p> <p><i>Contract clause: 15, 51</i></p> | <p><b>5.4.2</b> Service Users are asked for their views and these are recorded</p> <p><b>5.4.3</b> Provider has a robust confidentiality policy and procedure and care staff adhere to this</p> <p><b>5.4.4</b> All staff are working to maintain the dignity and respect of Service Users</p> | <p>confidentiality training which includes data protection</p>   | <p>Provider's QA report<br/>Pre-monitoring questionnaire Sec 5</p>           |  |
|     |   |  |  | <p>Policies and procedures checklist<br/>Care worker questionnaire Sec 1</p> |  |
|     |   |  |  | <p>Service User questionnaire Sec 2</p>                                      |  |
| 5.5 | <p>Service Users will be able to understand the information provided to them by the Provider</p> <p><i>Contract clause: 15, 38</i></p>                      | <p><b>5.5.1</b> Information provided to service users is available in/ can be provided in different formats</p>  | <p>Provider can demonstrate that literature and documents are available in other languages and formats according to service user preference Provider can demonstrate that service users are given the opportunity to comment on the services they receive</p> <p>Provider can demonstrate that the results of any QA activity is shared with service users</p> |  | <p>Interview with Manager/staff</p>                        |
|     |   | <p><b>5.5.2</b> Service Users are given the opportunity to input into the Provider QA process by providing feed back.</p>  |  | <p>Provider's QA report<br/>Pre-monitoring questionnaire Sec 5</p>           |  |
|     |   | <p><b>5.5.3</b> Service User choices are recorded in service delivery plans which are signed by the Service User/ Carer/ Representative</p>  |  | <p>Care Worker questionnaire Sec 3<br/>Service User questionnaire Sec 3</p>  | <p>Contents of service user file    Daily records/logs</p> |

**Proactive Monitoring Process**



## Reactive Monitoring Process



Form  
A1

Provider  
ID:  
(for office use only)

### Domiciliary - Pre Visit Monitoring Questionnaire

The deadline for returning this form is:

#### Section 1. Service Provider Information

Name of Provider:

Company Name:

Registered Owner:

Registered Manager:

Date appointed:

Contact Address:

Post Code:

Tel:

E-mail:

Fax:

CSSIW / CQC Registration Number:

Date of last CSSIW Inspection:

Has there been any change in registration / ownership in the last 12 months?  
If answering "yes" please provide details:

#### Section 2. Organisational Information

Please provide a summary of your service (alternatively please attach a copy of your Statement of Purpose):



### Section 3. Service User Groups

Older People  Learning Disabilities  Elderly MH

Mental Health  Physical Disabilities

Any other category(s): (please specify)

### Section 4. Service Capacity

How many Denbighshire County Council funded service users are currently in receipt of services from your organisation?

How many privately funded services users within Denbighshire are currently in receipt of services from your organisation?

What areas of Denbighshire do you deliver services to?

All  North  South

Do you deliver services to other Local Authorities within North Wales?

Do you deliver services to other Local Authorities within Wales / England?

What is the percentage of the services you carry out within Denbighshire?

Please provide an estimate of how many of your current private service users in receipt of personal care would be eligible for services / care if they requested for an Assessment by Denbighshire?

### Section 5. Employment & Management of Staff

Is the Registered Manager registered with the Care Council for Wales / England?

How many care staff do you employ in total?

Of the care workers how many were appointed in the past 12 months? F/T:  P/T:

How many care workers have left in the past 12 months? F/T:  P/T:

How many of your care / support workers are Welsh speakers?

What is the current rate of pay for your:

|                            |                      |
|----------------------------|----------------------|
| Team Leader / Senior Carer | <input type="text"/> |
| Care Staff / Support Staff | <input type="text"/> |
| Nursing Staff              | <input type="text"/> |

Do you pay travel / subsistence to your care / support workers?

Do any of your staff have a record of police convictions / cautions / reprimand or warnings

If answering "yes" please provide general nature of convictions etc

Do any of your staff appear on the ISA barred list?  
If answering "yes" please provide general details

### Section 6. Training

Have all staff received mandatory training in line with registration?

Please provide details of specific training above basic / mandatory training:  
(include details on who provided the training and number of staff attended / accredited)

### Section 7. Incident Reporting & Complaints

How many incidents of falls have occurred within the past 12 months?

How many Regulation 26 Notifications have you completed in the last 12 months?

How many formal complaints have you received in the last 12 months?

How many compliments have you received in the last 12 months?

### Section 8. Compliance

Do you have any Regulatory Enforcement notices in place?

If answering "yes" please provide details

Do you have any Health & Safety Enforcement notices in place?

If answering "yes" please provide details

Do you have any Improvement / Action Plans in place in line with your Regional Domiciliary Agreement?

If answering "yes" please provide details

### Section 8. Supporting Documents

Please supply an up to date copy the following documentation as part of your submission:

Quality Assurance Report (Reg 23)

Statement Purpose (if included)

Training Matrix

Recent Staffing Rota (last 4 weeks)

### Section 9. Additional Information

Please provide us with any additional information you would like us to know (Please inform us of any awards or achievements attained in the last 12 months)

Denbighshire County Council are currently piloting this form as part of its Contract Monitoring Process, We would appreciate if you could provide us with feedback over the format and questions included within this Monitoring Form, eg are the questions relevant / is there anything else you feel we should be capturing?

### Section 10. Declaration - This document must be signed by the registered manager / owner

Are you compliant with regulation under The Care Standards Act

Are you compliant with the Terms & Conditions as set out in the North Wales Domiciliary Agreement

The information provided as part of this submission is an accurate account, any false or misleading information may be dealt with under Contract Compliance arrangements

Signed:

Designation:

**Date:**

**Thank you for your time to complete this document**

**Please return this form to: [paul.jones@denbighshire.gov.uk](mailto:paul.jones@denbighshire.gov.uk)**

**Office Use Only:**

Date form received:

Confirmation of supporting documents received:

Receiving Officer Initials:



# Domiciliary Care Questionnaire

**Please help us to find out**

*Domiciliary – Service User Feedback*

|  |
|--|
| <b>What is this survey about?</b>  |
| Denbighshire County Council, Adult & Business Services would like to know about the experiences of people who receive Care at Home (Domiciliary Care).   |
| <b>Why is this survey important?</b>   |
| This survey will enable us to learn from your experiences, helping us to improve the service provided.<br>Completing this form is your chance to tell us what you think of the services you are receiving, what is being done well and what could do better.   |
| <b>Will the information I give remain confidential?</b>  |
| All the information that you give will be treated in the strictest confidence, used only for the purpose of this survey and no individuals will be identifiable in any report. We may use the information to aid our monitoring visits with the service provider, but your details will not be shared. |
| <b>How do I fill it in?</b>  |
| All you need to do is tick the box that best fits with your views for each question.   |
| <b>Who should fill it in?</b>  |
| The answers should be given from the point of view of the person who is receiving a service. If you need some help to fill it in, you could ask other members of your family, or a friend, or your advocate if you have one.   |
| <b>How should I return the completed form?</b>   |
| Please return it to us in the prepaid envelope provided. There is no need for a stamp.   |

## General Information

Name of Service Provider / Care Agency:

Your Gender:

Male

Female

Which area of Denbighshire do you live in? (e.g. Rhyl, St Asaph, Ruthin etc):

When you were assessed by Social Services, were you asked of your preferred language? (eg. Welsh, English etc):

Yes

No

What is your preferred language?

When you were assessed by Social Services, were you asked whether you preferred a male or female Care Worker?

Yes

No

Was this preference met? Yes

No

How long has this agency been providing a home care service for you?

Less than 6 months

6 months to 1 year

1-2 years

More than 2 years

Does the care you receive help you?

Yes

Neither  
Agree or  
Disagree

No

Q1 Are you satisfied with the care provided?

Please comment:

Q2 Do the Care Workers arrive on time?

Please comment:

Q3 Do the Care Workers stay for the agreed length of time?

Please comment:

|  |   |   |                          |                          |
|--|---|---|--------------------------|--------------------------|
| Q4   | <b>Do the Care Workers treat you and your home with respect?</b>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Please comment:  |   |   |                          |                          |
| Q5   | <b>Are the Care Workers appropriately dressed?</b>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Please comment:  |   |   |                          |                          |
| Q6   | <b>Have you found that staff have appropriate attitudes – are they helpful, polite and sensitive?</b>                             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Please comment:  |   |   |                          |                          |
| Q7   | <b>Do you feel that the Care Workers who support you know your needs and are trained / experienced enough to meet your needs?</b> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Please comment:  |   |   |                          |                          |
| Q8   | <b>Are you confident that Care Workers are discreet about your situation and care needs?</b>                                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Q9   | <b>Have you been given adequate written information about the Provider delivering your Care?</b>                                  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Please comment:  |   |   |                          |                          |
| Q10  | <b>Thinking about the Service User folder kept at your home, are the following documents included as part of that file?</b>       | Please tick where content is present in the folder or N/A if not applicable |                          |                          |
| Service Provider Information (e.g Statement of Purpose)                            |   |   |                          |                          |
| Copy of Terms & Conditions   |   |   |                          |                          |
| Contact Telephone Number for the Provider (including out of hours contact details) |   |   |                          |                          |
| Complaints Procedure   |   |   |                          |                          |
| Statement of Confidentiality   |   |   |                          |                          |

|  |  |
|--|--|
| Schedule of Visits / Care Calls                |  |
| Detailed Programme of Care                     |  |
| Risk Assessments                               |  |
| Record or Log of Visits / Care Calls Completed |  |
| Medication Sheet                               |  |
| Money Transaction Sheets and Receipts          |  |
| Key Holding Information                        |  |
| Q11  | <b>Were you visited by the Manager within 2 weeks of the Service commencement date?</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Please comment:

Q12

**Were you introduced to the Care Workers before they started working with you?**




Please comment:

Q13

**Did you / do you have a chance to comment on whether or not you are happy with your particular Care Workers?**




Please comment:

Q14

**Do you have a regular group of Care Workers?**




Please comment:

Q15

**Are you consulted about the way you wish support provided is to be carried out?**




Please comment:

Q16

**What happens if a Care Worker is ill, unable to visit or significantly delayed in arriving at your call?**

Please describe:



|                 |   | Yes                      | No                       |
|-----------------|---|--------------------------|--------------------------|
| Q17             | Have you ever had cause to complain?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Q18             | If yes, was your complaint dealt with promptly and to your satisfaction?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Please comment: |   |                          |                          |
| Q19             | Is there anything you would like to change about your package of Care?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Please comment: |   |                          |                          |
| Q20             | Are you happy for your comments to be shared with the Provider during routine Quality Monitoring activity carried out by Denbighshire County Council? | <input type="checkbox"/> | <input type="checkbox"/> |

**Please feel free to provide us with additional comments on what you feel the Domiciliary Care Provider has done well.**

**Please feel free to comment on what you feel the Domiciliary Care Provider could do better.**

If you want to discuss any of your answers and would like someone to contact you, please write your name, address and telephone number here:

**Thank you for completing this questionnaire, your views are important to us.**

**Please return your completed form to use using the envelope provided (No stamp is required)**

## North Wales Domiciliary Care Monitoring Framework

### Support / Care Worker Feedback Questionnaire

To monitor standards and improve services it is important to receive your views. This is a confidential questionnaire and you do not need to provide your name, all information provided will be kept in accordance with the Data Protection Act 1998.

|  |
|--|
| Provider Name:                                       |
| How long have you been employed by this Provider?    |
| What is your job role/job title within the Provider? |
| Do you work full time or part time?                  |

#### 1) Recruitment and Induction:

|  | Yes | No | N/A |
|--|-----|----|-----|
| Did you complete an application form prior to starting work?   |     |    |     |
| Did you provide the name of 2 referees when you applied to work for this Provider?                         |     |    |     |
| Was one of these your previous employer?   |     |    |     |
| Did your employer obtain written references?   |     |    |     |
| Did you have a formal interview?   |     |    |     |
| Was your enhanced CRB/DBS completed and returned before you started work?                                  |     |    |     |
| Is your enhanced CRB/DBS renewed every 3 years?  |     |    |     |
| Do you have a job description?   |     |    |     |
| Do you have a contract of employment?  |     |    |     |
| What notice are you contractually required to give?  |     |    |     |
| Do you have at least quarterly one to one supervision sessions with your manager?                          |     |    |     |
| Do you have an annual appraisal?   |     |    |     |
| Did you have a 12 week induction based on the Care Council for Wales Induction framework?                  |     |    |     |
| Did you receive a Code of Practice?  |     |    |     |
| Have you been issued with an I.D Card?   |     |    |     |
| Have you been issued with a uniform?   |     |    |     |
| Have you received a staff handbook?  |     |    |     |
| Does this as a minimum provide information on whistle blowing and governance?                              |     |    |     |
| Do you have open access to the company's policies and procedures?  |     |    |     |
| Were you asked to sign to confirm that you will adhere to the Provider's confidentiality policy/procedure? |     |    |     |
| Were you asked to sign to confirm that you will adhere to  |     |    |     |

|  |  |  |  |
|--|--|--|--|
| the Provider's data protection policy/procedure? |  |  |  |
| Do you attend regular team meetings?             |  |  |  |
| How often are team meetings held?                |  |  |  |

## 2) Training:

| Have you received training in the following areas: -   | Yes | No | Refresher      |
|--|-----|----|----------------|
| Moving and Handling to All Wales Passport Standard   |     |    |                |
| Emergency First Aid  |     |    |                |
| Safeguarding (POVA)  |     |    |                |
| Food Hygiene/ Food Safety  |     |    |                |
| Infection Control  |     |    |                |
| Fire Safety  |     |    |                |
| Medication   |     |    |                |
| Dementia   |     |    |                |
| Reablement   |     |    |                |
| Equalities   |     |    |                |
| Do you have an NVQ/QCF in Health and Social Care?  |     |    | Specify level: |
| If no, have you been offered NVQ/QCF assessment?   |     |    |                |
| Is the moving and Handling training that you have received the All Wales Passport Standard training? |     |    |                |
| If not, specify:   |     |    |                |
| Please list any other training you have received:  |     |    |                |

## 3) Job Role:

|   | Yes | No | N/A |
|---|-----|----|-----|
| Are you introduced to Service Users before your first visit?    |     |    |     |
| Did you receive sufficient shadowing as part of your induction? |     |    |     |
| Do you get paid mileage?  |     |    |     |
| Is travelling time factored into your rota?                     |     |    |     |
| Is the travelling time factored sufficient                      |     |    |     |
| If no, please specify   |     |    |     |
| How do you get informed of any changes to your rota?            |     |    |     |

|  |  |  |  |
|--|--|--|--|
| Do you feel you have sufficient time to read and understand Service Delivery Plans?                  |  |  |  |
| Do you feel you have sufficient time during calls to complete Service Deliver plan objectives?       |  |  |  |
| If you have answer no, please provide examples why not   |  |  |  |
| Do you feel your induction and training have provided you with the skills to carry out your role?    |  |  |  |
| Do you feel able to discuss any concerns with knowledgeable managers as and when necessary?          |  |  |  |
| When on calls do you feel you have support available in the office and out of hours if needed?       |  |  |  |
| Are Service Users encouraged to take active part in decision making about the Services they receive? |  |  |  |
| Are Service Users encouraged to maintain their independence or to be reabled                         |  |  |  |
| If yes, please provide examples:   |  |  |  |

**Please provide any further information you feel may be relevant:**

**If you want to discuss any of your answers and would like someone to contact you, please write your name, address and telephone number here:**

**Thank you for completing this questionnaire.**

**North Wales Domiciliary Care Monitoring**

**Professionals and Other Department Questionnaire**

**Information Request for Contract Monitoring Purposes**

|   |   |
|---|---|
| TO  | Team Leaders<br>Social Workers<br>Financial Assessment Team<br>Complaints Officer<br>POVA Co-ordinator<br>Workforce Development<br>Community/District Nurses<br>Etc etc |
| <p>The Contracts Monitoring Officer will be undertaking a monitoring visit to:</p> <p>Name of Provider</p> <p>On (date)</p> <p>Please detail below any issues/concerns/strengths/weaknesses that may contribute to an accurate picture of the service provided and the way that the Organisation operates</p> |   |
|   |   |
| Completed by  |   |
| Post held   |   |
| Date  |   |
| Thank you for your co-operation   |   |
| <p>Please return any completed forms to:</p>  |   |
|   |   |

## Adult & Business Services

### **Contract & Quality Monitoring Report for Domiciliary Care Services**

**(Based on the North Wales Quality Monitoring Framework)**

DRAFT TEMPLATE

**Name of Establishment: [Insert name]**

**Date of Report: [Insert date]**

**Version 1.1**

|          | <b>Contents</b>   | <b>Page</b> |
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| <b>1</b> | Basic Information   | 3           |
| <b>2</b> | Purpose of Quality Monitoring   | 3           |
| <b>3</b> | Summary Statement of Purpose (as described by the Service Provider)   | 3/4         |
| <b>4</b> | Pre Monitoring Visit Information <ul style="list-style-type: none"> <li>• Provider’s Pre Monitoring Visit Questionnaire</li> <li>• Regulatory Body Inspection Report</li> <li>• Regulatory Body Requirements / Notifications</li> <li>• Partners’ Pre Monitoring Feedback</li> <li>• Service User / Relatives’ Feedback</li> <li>• Changes to the Management Structure within the last 12 months</li> </ul> |             |
| <b>5</b> | <b>Outcomes</b>   |             |
|          | <b>Outcome 1</b> – Service users live as independently as possible  |             |
|          | <b>Outcome 2</b> – Service users have choice and control over their lives   |             |
|          | <b>Outcome 3</b> – Service users health and well being will be promoted   |             |
|          | <b>Outcome 4</b> – Service users feel safe, secure and protected  |             |
|          | <b>Outcome 5</b> – Service users are treated with dignity and respect   |             |
| <b>6</b> | Closing Summary /   |             |
| <b>7</b> | Recommendations   |             |
|          | <b>Appendices:</b>  |             |
| <b>1</b> | Evidence Source Code:   |             |



## 1. Basic Information

|  |  |
|--|--|
| <b>Name of Service Provider:</b>                                 |  |
| <b>Address:</b>  |  |
| <b>Registered Owner:</b>   |  |
| <b>Registered Manager:</b>                                       |  |
| <b>Local Authority:</b>  |  |
|  |  |
| <b>Name of Monitoring Officer:</b>                               |  |
| <b>Name of most Senior Member of Staff present:</b>              |  |
| <b>Number of Hours contacted by Denbighshire County Council:</b> |  |
| <b>Date &amp; Time of Monitoring Visit:</b>                      |  |

## 2. Purpose of Quality Monitoring

Quality Monitoring aims provide a structured evaluation of service delivery as a whole and to ensure that a service is meeting the identified outcomes of service users and is compliant with national Minimum Standards and the North Wales Domiciliary Care Agreement and specifications.

The principal of this approach to quality monitoring is to work in partnership with providers and commissioners. It aims to provide a structured, standardised and efficient approach for gathering qualitative and quantitative evidence from a range of stakeholders in relation to each Service Provider's performance, minimising duplication and disruption where possible.

Quality Monitoring aims to recognise good quality of service and will also be used to inform and support decision making, ensuring risk and performance are managed appropriately.

## 3. Summary Statement of Purpose *(as described by the Service Provider)*

#### **4. Summary of Pre Monitoring Visit Information**

*Pre Monitoring Visit Questionnaire:*

*Regulatory Body Inspection Report:*

*Regulatory Body Requirements / Notifications:*

*Partners Pre Monitoring Feedback:*

*Service User / Relatives' Feedback:*

*Changes to the Management Structure within the last 12 months:*

#### **5. Outcomes**

**Outcome 1: Service users live as independently as possible**

**Evidence Source: A:C: H:L: M: O**

**Outcome 2: Service users have choice and control over their lives**

**Evidence Source: A: B: C: D: F: G : I: L: R**

**Outcome 3: Service users' health and wellbeing will be promoted**

**Evidence Source: A: B: C: F: G: L: P: Q: R**

**Outcome 4: Service users feel safe, secure and protected**

**Evidence Source: A: C: D: F: H: L: M**

**Outcome 5: Service users are treated with dignity and respect**

**Evidence Source: A: C: F: H: T: U: V: W**

#### **6. Closing Summary**

#### **7. Recommendations**

---

**Signed on behalf of Denbighshire County Council**

**Monitoring Officer:**

**Date:**

**Senior Manager:**

**Date:**

**Signed on behalf of Domiciliary Care Provider:**

**Date:**

**Designation:**

**Appendix One:**

**Evidence Source Code:**

|          |   |          |                                       |          |  |          |                          |          |  |          |                                      |
|----------|---|----------|---------------------------------------|----------|--|----------|--------------------------|----------|--|----------|--------------------------------------|
| <b>A</b> | Service Delivery Plan / Risk Assessments / Pen Pictures/ Care Plans | <b>B</b> | Daily Records / Logs                  | <b>C</b> | Service user and relative feedback / views   | <b>D</b> | Activities Schedule      | <b>E</b> | Complaints & Compliment records            | <b>F</b> | Observations                         |
| <b>G</b> | Record of service user forum / meetings                             | <b>H</b> | Training Matrix                       | <b>I</b> | Confirmation of CRB checks                   | <b>J</b> | Supervision Matrix       | <b>K</b> | Feedback from visiting professionals       | <b>L</b> | Interview with Manager / Staff       |
| <b>M</b> | Staffing rota   | <b>N</b> | Accident / Incident records           | <b>O</b> | Record of Number & Outcome of POVA referrals | <b>P</b> | Visitors log             | <b>Q</b> | Suitability of private space               | <b>R</b> | Telephone / ICT facilities available |
| <b>S</b> | Recruitment & Induction policy                                      | <b>T</b> | Menus                                 | <b>U</b> | MAR Charts                                   | <b>V</b> | Secure medicine cabinets | <b>W</b> | Copies Secondary Care Passport/ equivalent | <b>X</b> | Physical environment                 |
| <b>Y</b> | Financial transaction records (inc P.A)                             | <b>Z</b> | Lockable facilities for service users |          |  |          |                          |          |  |          |                                      |

**KEY:**

|         |          |          |             |
|---------|----------|----------|-------------|
| Records | Feedback | Staffing | Environment |
|---------|----------|----------|-------------|