

Annual Quality Assurance Assessment

Care homes for older people

Part 1: Self Assessment

Electronic

Please fill in this form using black ink.

Using this electronic Word version: To use this form version please follow the guidelines below:

- To put text into a text entry box, click within the box to the left side.
- To move from text entry box to another box use the tab key on your keyboard.
- You may overwrite any text you have typed by highlighting and deleting the text.
- To mark 'checkboxes' point your mouse on the box and click.

To be filled in by you:

Name of your service:			
Your service number:			
Address of your service:			
			Postcode:
Your name:			
Your job title:			
Your phone number:			
Your Email address:			
Your website address:			
Date that you sent the form to us: (dd/mm/yyyy)			

The completed form should be returned as an e-mail attachment to your regional CQC office. Or, if you prefer, print off a copy and post it to us at:

Care Quality Commission

National Correspondence

Citygate

Gallowgate


Newcastle Upon Tyne NE1 4PA

Eastern Region	Email: enquiries.eastern@cqc.org.uk
London Region	Email: enquiries.london@cqc.org.uk
North East Region	Email: enquiries.northeastern@cqc.org.uk
North West Region	Email: enquiries.northwest@cqc.org.uk
South East Region	Email: enquiries.southeast@cqc.org.uk
South West Region	Email: enquiries.southwest@cqc.org.uk
West Midlands Region	Email: enquiries.westmidlands@cqc.org.uk
Yorkshire and Humberside	Email: enquiries.yorkshirehumberside@cqc.org.uk

We have written guidance to help you when you fill in this annual quality assurance assessment. It tells you:

- Why we are asking you to fill it in
- What we are looking for you to say in the annual quality assurance assessment
- What to do when you have filled it in
- What we will do when we have received it from you

This guidance can be found on our website at: www.cqc.org.uk

We will hold and process your personal information so that we meet the Data Protection Act 1998. You can get further information about this on our website at www.cqc.org.uk  from our customer services helpline on 03000 616161.

1. The views of people who use our services

We do the following to ensure that the views of people who use our services are promoted and incorporated into what we do:

We have made the following changes as a result of listening to people who use our services:

We are planning to make these further changes as a result of listening to people who use our services:

2. Equality and Diversity

We do the following to ensure that race, gender identity, disability, sexual orientation, age, religion and belief are promoted and incorporated into what we do:

We have made the following changes to ensure that equality and diversity has been promoted within our service:

We are planning to make these further changes to promote equality and diversity:

3. Barriers to improvement

We have found that during the last 12 months the following issues have made it hard for us to improve as much as we would have liked:

We have tried to reduce the impact of these barriers by:

4. Value for Money

We know that we give a service that provides value for money because:

Annual Quality Assurance Assessment

Care homes for older people

National Minimum Standards outcome area:	National Minimum Standards:
Choice of Home	1, 2, 3 , 4, 5 and 6 (the key standards are in bold)

What we do well:

Our evidence to show that we do it well:

What we could do better:

How we have improved in the last 12 months:

Our plans for improvement in the next 12 months:

National Minimum Standards outcome area:	National Minimum Standards:
Health and Personal Care	7, 8, 9, 10 and 11 (the key standards are in bold)

What we do well:

Our evidence to show that we do it well:

What we could do better:

How we have improved in the last 12 months:

Our plans for improvement in the next 12 months:

National Minimum Standards outcome area:	National Minimum Standards:
Daily Life and Social Activities	12, 13, 14 and 15 (The key standards are in bold)

What we do well:

Our evidence to show that we do it well:

What we could do better:

How we have improved in the last 12 months:

Our plans for improvement in the next 12 months:

National Minimum Standards outcome area:	National Minimum Standards:
Complaints and Protection	16, 17 and 18 (the key standards are in bold)

What we do well:

Our evidence to show that we do it well:

What we could do better:

How we have improved in the last 12 months:

Our plans for improvement in the next 12 months:

National Minimum Standards outcome area:	National Minimum Standards:
Environment	19 , 20, 21, 22, 23, 24, 25 and 26 (the key standards are in bold)

What we do well:

Our evidence to show that we do it well:

What we could do better:

How we have improved in the last 12 months:

Our plans for improvement in the next 12 months:

National Minimum Standards outcome area:	National Minimum Standards:
Staffing	27, 28, 29 and 30 (the key standards are in bold)

What we do well:

Our evidence to show that we do it well:

What we could do better:

How we have improved in the last 12 months:

Our plans for improvement in the next 12 months:

National Minimum Standards outcome area:	National Minimum Standards:
Management and Administration	31 , 32, 33 , 34, 35 , 36, 37 and 38 (the key standards are in bold)

What we do well:

Our evidence to show that we do it well:

What we could do better:

How we have improved in the last 12 months:

Our plans for improvement in the next 12 months:

Brief summary of our comments made within this Annual Quality Assurance Assessment:

What our service does well:

How we have improved in the last 12 months:

What we could do better, and how we are going to do this:

Additional information we would like you to give us:

We have given you 25 rows in the form below, however you will probably not need to use them all. The **guidance** will tell you how many people we need you to give us the details of. You should **read the guidance** before filling in these forms. It will help you understand what we want you to do, and will explain why we want you to do it. We need this information but you can use your own format if it is easier for you. **Note: In the sections where you are required to answer ‘Yes’ or ‘No’ please use an ‘X’ to respond. For example, if a person started using your service in an emergency place an ‘x’ in the ‘yes’ box**

Ref. of person using your service	Age	Gender	Ethnicity	Did the person start using your service in an emergency?		Does the person have complex or individual funding arrangements?		Does the person have active family or advocate support?		Does the person have significant involvement with health or social care professionals?		Does the person have communication difficulties?		Is there any additional information you think we need to know?
				YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Ref. of person using your service	Age	Gender	Ethnicity	Did the person start using your service in an emergency?		Does the person have complex or individual funding arrangements?		Does the person have active family or advocate support?		Does the person have significant involvement with health or social care professionals?		Does the person have communication difficulties?		Is there any additional information you think we need to know?
				YES	NO	YES	NO	YES	NO	YES	NO			

We would also like you to give us the names of all the people using your service (**apart** from the ones that you have given us above). If you support more people than there are spaces, please include their names in the notes section at the end of the annual quality assurance assessment:

Ref No	Name	Ref No	Name	Ref No	Name	Ref No	Name	Ref No	Name

Ref No	Name	Ref No	Name	Ref No	Name	Ref No	Name	Ref No	Name

Part 2: Dataset

Note: In the sections where you are required to answer 'Yes' or 'No' please use an 'X' to respond. For example, if you have portable electrical equipment, place an 'x' in the 'yes' box

About the Service:

1. Maintenance of Equipment

Has the following equipment, as applicable, been serviced or tested as recommended by the manufacturer or other regulatory body?

	Do you have this equipment?		Date of last review or certificate					
	Yes	No	M	M	Y	Y	Y	Y
Premises electrical circuits	<input type="checkbox"/>	<input type="checkbox"/>						
Portable electrical equipment	<input type="checkbox"/>	<input type="checkbox"/>						
Lifts/stair lifts	<input type="checkbox"/>	<input type="checkbox"/>						
Hoists [including portable]	<input type="checkbox"/>	<input type="checkbox"/>						
Fire detection and alarm	<input type="checkbox"/>	<input type="checkbox"/>						
Fire fighting equipment	<input type="checkbox"/>	<input type="checkbox"/>						
Emergency lighting	<input type="checkbox"/>	<input type="checkbox"/>						
Emergency call equipment	<input type="checkbox"/>	<input type="checkbox"/>						
Heating system	<input type="checkbox"/>	<input type="checkbox"/>						
Soiled waste disposal	<input type="checkbox"/>	<input type="checkbox"/>						
Gas appliances	<input type="checkbox"/>	<input type="checkbox"/>						

2. COSHH

Do you have written assessments on hazardous substances [Control of Substances Hazardous to Health]?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

3. Drugs and medication

		Yes	No	N/A
3a	If you provide nursing care, is equipment used for disposal of drugs and sharps provided through a contract with a specialist disposal service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b	Have any of the following controlled drugs been administered or stored in the home in the past 12 months: morphine, dexamphetamine, diamorphine, pethidine, fentanyl, methadone, methylphenidate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No	N/A
3c	Have any other 'Schedule 2' controlled drugs [not named in Question 9b] been administered or stored in the home in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d	Does the service obtain a stock of controlled drugs for use in the home [instead of individually prescribed drugs for named residents]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3e	Have there been any serious incidents involving controlled drugs, within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Infection control

		Yes	No	N/A
4a	Do you have an action plan to deliver best practice in prevention and control of infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b	How many of your staff have received training in prevention and control of infection?			

5. Nutritional Screening

		Yes	No	N/A
5a	Do you carry out nutritional screening on everyone admitted to your service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b	If so, do you repeat the screening for people at risk of malnutrition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c	Do you take actions to meet the needs of people at risk of malnutrition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d	How many of your staff have received training in malnutrition care and assistance with eating, (including those who prepare and serve food)?			

6. Policies & Documents

Policy/Procedure/Codes of practice Care Homes for Older People and Adults Aged 18 - 65								
	Do you have the policy/ procedure/ code in place?		Last review					
	Yes	No	M	M	Y	Y	Y	Y
Access to files by staff/users	<input type="checkbox"/>	<input type="checkbox"/>						
Accidents to service users	<input type="checkbox"/>	<input type="checkbox"/>						
Aggression toward staff	<input type="checkbox"/>	<input type="checkbox"/>						
Annual development plan for quality assurance	<input type="checkbox"/>	<input type="checkbox"/>						
Bullying	<input type="checkbox"/>	<input type="checkbox"/>						
Communicable diseases and infection control	<input type="checkbox"/>	<input type="checkbox"/>						
Clinical procedures	<input type="checkbox"/>	<input type="checkbox"/>						
Code of conduct	<input type="checkbox"/>	<input type="checkbox"/>						
Concerns and complaints	<input type="checkbox"/>	<input type="checkbox"/>						
Continence promotion	<input type="checkbox"/>	<input type="checkbox"/>						
Control of substances hazardous to health	<input type="checkbox"/>	<input type="checkbox"/>						
Confidentiality and disclosure of information	<input type="checkbox"/>	<input type="checkbox"/>						
Contact with/ visits by family and friends	<input type="checkbox"/>	<input type="checkbox"/>						
Control, storage, disposal, recording and administration of medicines	<input type="checkbox"/>	<input type="checkbox"/>						
Dealing with violence and aggression	<input type="checkbox"/>	<input type="checkbox"/>						
Death of a service user	<input type="checkbox"/>	<input type="checkbox"/>						
Discharge of service users, including planned discharge, and termination or self-discharge at short notice	<input type="checkbox"/>	<input type="checkbox"/>						
Disclosure of abuse & bad practice (Whistle blowing)	<input type="checkbox"/>	<input type="checkbox"/>						
Disposal of clinical waste	<input type="checkbox"/>	<input type="checkbox"/>						
Emergency admission and detention Mental Health Act 1983	<input type="checkbox"/>	<input type="checkbox"/>						
Emergencies and crises	<input type="checkbox"/>	<input type="checkbox"/>						
Equal opportunities, diversity, and anti-oppressive practice	<input type="checkbox"/>	<input type="checkbox"/>						
Fire safety	<input type="checkbox"/>	<input type="checkbox"/>						
First aid	<input type="checkbox"/>	<input type="checkbox"/>						
Food safety and nutrition	<input type="checkbox"/>	<input type="checkbox"/>						
Gifts to staff	<input type="checkbox"/>	<input type="checkbox"/>						

Policy/Procedure/Codes of practice								
Care Homes for Older People and Adults Aged 18 - 65								
	Do you have the policy/ procedure/ code in place?		Last review					
	Yes	No	M	M	Y	Y	Y	Y
Health and safety (Health and Safety at Work Act 1974)	<input type="checkbox"/>	<input type="checkbox"/>						
EC Regulation 852/2004 and the Food Hygiene (England) Regulations 2006	<input type="checkbox"/>	<input type="checkbox"/>						
Individual planning and review	<input type="checkbox"/>	<input type="checkbox"/>						
Induction and foundation training (now Common Induction Standards)	<input type="checkbox"/>	<input type="checkbox"/>						
Management of service users money, valuables and financial affairs	<input type="checkbox"/>	<input type="checkbox"/>						
Missing service users	<input type="checkbox"/>	<input type="checkbox"/>						
Moving and handling	<input type="checkbox"/>	<input type="checkbox"/>						
Nursing/treatment/care guardianship under Mental Health Act Regulations 1983 and Mental Health Act Code of Practice 1983	<input type="checkbox"/>	<input type="checkbox"/>						
Physical intervention, restraint	<input type="checkbox"/>	<input type="checkbox"/>						
Pressure relief	<input type="checkbox"/>	<input type="checkbox"/>						
Racial harassment occurring between service users; between staff; by staff; or by service users on staff	<input type="checkbox"/>	<input type="checkbox"/>						
Record keeping	<input type="checkbox"/>	<input type="checkbox"/>						
Recruitment and employment including redundancy	<input type="checkbox"/>	<input type="checkbox"/>						
Referral and admission	<input type="checkbox"/>	<input type="checkbox"/>						
Safeguarding adults and the prevention of abuse	<input type="checkbox"/>	<input type="checkbox"/>						
Sexuality and relationships	<input type="checkbox"/>	<input type="checkbox"/>						
Smoking and use of alcohol and substances by users, visitors and staff	<input type="checkbox"/>	<input type="checkbox"/>						
Staff grievance and disciplinary procedures, staff supervision	<input type="checkbox"/>	<input type="checkbox"/>						
Values of privacy, dignity, choice, fulfilment, rights and independence	<input type="checkbox"/>	<input type="checkbox"/>						
Working with volunteers	<input type="checkbox"/>	<input type="checkbox"/>						

About People who use your Service

7. General Occupancy

7a	Number of people admitted in the last 12 months [not including short term/temporary]	
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	residents]	
7b	Number of short term/temporary residents in the last 12 months (specialist, wholly respite services, put N/A)	
7c	Number of permanent discharges in the last 12 months	
7d	Number of placement breakdowns in the last 12 months	
7e	Number of residents aged 16-17 in the last 12 months	
7f	Does this service cater for children under the age of 16?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, how many have received a service in the past 12 months?	

8. Significant areas of needs

<i>Please give the number of people with the following needs on the day this form is filled in:</i>		
	Number with this need	
People who are bed fast		
People who require help with dressing/undressing		
People who require help with washing/bathing		
People who require help going to the toilet		
People who are singly incontinent [urine or faeces]		
People who are doubly incontinent		
People who have dementia		
People who have other mental health needs		
People who have a learning disability		
People who have a physical disability		
	Day	Night
People who normally require two or more staff to help with care		
People who require help/supervision/prompts to eat meals		
People who have impaired vision		
People who have impaired hearing		
People whose first language is not English		
People who have specialist communication needs		
People who have alcohol dependence		
People who have drug dependence		

9. Diversity of people using your service

9a Gender

Please give the number of people in each group:				
Female		Male		Transgender*

*Where people have been prepared to share this information voluntarily

9b Ethnicity

Please give the number of people in each ethnic group:				
White				
British		Irish		Any other White background
Mixed				
White and Black Caribbean		White and Black African		
White and Asian		Any other Mixed background		
Asian or Asian British				
Indian		Pakistani		
Bangladeshi		Any other Asian background		
Black or Black British				
Caribbean		African		Any other Black background
Chinese or other ethnic group				
Chinese		Any other		
Not known				

9c Religion/faith

Please give the number of people in each group:				
Christian [including Church of England, Roman Catholic, Protestant, non-Conformist, and all other Christian Denominations]				
None		Buddhist		
Hindu		Jewish		
Muslim		Sikh		
Any other religion [Please state]				
Not known				

9d Sexual orientation

Please give the number of people in each group:				
---	--	--	--	--

Bisexual		Gay Man	
Lesbian/Gay Woman		Heterosexual/Straight	
Not known			

10. Complaints, protection and other events

This section relates to the last 12 months before the day this form is filled in:		
10a	Number of complaints received	
10b	Percentage of complaints resolved within 28 days	
10c	Number of complaints upheld	
10d	Number of complaints waiting for an outcome on the day this form is filled in	
10e	Number of incidents when restraint was used	
10f	Number of safeguarding adults referrals made	
10g	Number of safeguarding adults investigations	
10h	Number of referrals to the Protection of Vulnerable Adults List [POVA]	
10i	Number of admissions to Accident & Emergency [or Emergency Medical Unit] but not via a GP or consultant	
10j	Number of deaths (a) at the home	
	(b) at hospital or hospice	
10k	Number of people admitted to your home in the last 12 months who have since developed pressure ulcers.	

11. Contracts

11a	How many people, who are privately funded, have a written contract?		
11b	How many people, whose care is funded by a council or health trust, have a copy of the agreement specifying the arrangements made?		
11c	Have you, or your organisation, reviewed all the contracts for people whose places are privately funded?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
11d	Do you make a copy of the latest CQC/CQC inspection report on the home available to all new and existing people who use your service?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

12. Care and Support

Please fill in for current residents including temporary absences:

1	2	3	4	5
---	---	---	---	---

Name of council or health body with full or partial funding responsibility [For people who are privately funded use the bottom line for columns 2-5 and 7-10*]	Number of people	Number of people who came straight from hospital	Number of people receiving a council or health body assessment before admission	Number of people with a care plan

6	7	8	9	10
Number of people with a council or health body care plan	Number of people where the care plan describes daily living, including restrictions and longer term objectives	Number of people who have been resident for 12 months or more	Number of people where a review of the care plan has been undertaken by their social worker/care manager in the last 12 months	Number of people known to have had no contact with family, friends or an advocate in the past 12 months

6	7	8	9	10
Number of people with a council or health body care plan	Number of people where the care plan describes daily living, including restrictions and longer term objectives	Number of people who have been resident for 12 months or more	Number of people where a review of the care plan has been undertaken by their social worker/care manager in the last 12 months	Number of people known to have had no contact with family, friends or an advocate in the past 12 months
N/A				

**Please provide the same information, on the bottom line of each column, for people who are funding their own places in your home*

13. Staffing

13a	Number of shifts, in the past 3 months, which have been covered by temporary staff, or staff from an agency:	
	Nursing	
	Care	
	Senior care	

13b	Number of current permanent staff who have received training in safe food handling. Put X in the box if the category isn't applicable for your home.	
	Catering staff	
	Care staff	

13c	Do you have a staff development programme that meets the National Minimum Standards for your service?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

13d	Recruitment checks - Did all the people, who have started work in your home in the last 12 months, [Permanent; temporary; agency; volunteer] have satisfactory pre-employment checks?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

Notes

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Corporate member of
Plain English Campaign.
Committed to clearer communication.

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ANNUAL QUALITY ASSURANCE ASSESSEMENT

Care Homes for Older People

Workforce Questions

If you have completed the relevant parts of the Skills for Care (SfC) National Minimum Dataset for Social Care (NMDS-SC) you do not need to fill in this Appendix.

Instead go to the NMDS-SC-ONLINE website (www.nmds-sc-online.org.uk) and download the NMDS-SC AQAA Workforce Report for your service. That report is automatically produced from your NMDS-SC. You can send that report to us, with this AQAA, and leave this Appendix blank.

If you have not filled in the relevant parts of SfC's NMDS-SC, please fill in this Appendix. The relevant parts of the NMDS-SC are the information about your service and about individual workers.

1. Staffing:

1a	Number of full time care staff/registered nurses	
1b	Number of part time care staff/ registered nurses	
1c	Number of other staff not care/registered nurses	
1d	Number of hours worked by registered nurses in the 7 days prior to the day this form is filled in	
1e	Number of hours worked by care staff in the 7 days prior to the day this form is filled in	
1f	Number of hours worked by support, but not personal care, staff in the 7 days prior to this day the form is filled in	
1g	Number of hours worked by other staff in the 7 days prior to the day this form is filled in	
1h	Number of care staff/registered nurses who have left employment in the home in the last 12 months	
1i	Number of female care staff	
1j	Number of male care staff	

2. Staff Training and Qualifications:

2a	Number of permanent care workers	
2b	Number of staff who have completed the induction training expected by the NMS (described and recommended by Skills for Care)	
2c	Number of permanent care staff with NVQ 2 level 2 or above (The NVQ is in Care or Health and Social Care)	

3. Staff Ethnicity:

Number of permanent care workers / registered nurses who are:

White			
British		Irish	Any other White background
Mixed			
White and Black Caribbean		White and Black African	
White and Asian		Any other Mixed background	
Asian or Asian British			
Indian		Pakistani	
Bangladeshi		Any other Asian background	
Black or Black British			
Caribbean		African	Any other Black background
Chinese or other ethnic group			
Chinese		Any other	
Not known			