Home Support Quality Assurance Framework Guidance

Appendix 1 - Criteria and example evidence requirements

The tables below list the 79 criteria aligned to each of the 5 care domains and provide examples of the evidence that is required to achieve a Silver rating. The evidence examples are not an exhaustive list and as such are not intended to stifle creativity in the way that good care is delivered.

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

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

Domain 1 - Involvement and Information

Standard	No.	Criteria	Silver evidence examples
1. Respecting and Involving service users	1	Ensure that its Staff do not discriminate against people because of their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity, have policies that will incorporate respect for both their Staff and Service Users irrespective of race and gender and treat Service Users with respect, recognise their diversity, values and human rights.	**Documentation** - Pre-assessment paperwork, social work support plan - The Support Plan should be person-centred, show likes, dislikes and choices (who delivers their personal care), clearly state any outcomes for the citizen, promote independence and have been reviewed regularly - Citizen/family involvement should be very clear and evident in the Support Plan and at any review - Risk assessments in the folder should be robust and reviewed regularly. - Safe systems of work should be in place in the folder for any identified risks - Daily recordings for the citizens should be detailed so a complete picture of the daily support being delivered is evident and reflects the outcomes in the Support Plan - All records and conversations with staff (managers & staff) should demonstrate awareness of protected characteristics and a positive attitude towards diversity. No discriminatory attitudes will be expressed or recorded. **Staff feedback** - Staff are able to explain how they ensure people are treated with dignity and respect. **User feedback** - Service users confirm they are treated with dignity and respect, are not discriminated against.
	2	Have systems in place that uphold and maintain the Service User's privacy, dignity and independence.	**Documentation** - The Provider has policies and procedures in place regarding dignity and privacy which staff have read. - Staff induction training records.

	3	Encourage and support Service Users to always express their view, choices and preferences about the way their care and support is delivered.	**Documentation** - The care plan should be individually tailored, person centred, include appropriate information on the SU's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered. - Robust induction process is in place that covers rights and choices. - Advocacy is provided for people with no family or friends. - The provider undertakes citizen quality surveys or similar. **Staff feedback** - Staff can explain how they know about citizens' preferences and to be encouraging them to exercise choice. **User feedback** - Service users confirm they are always able to express their views, exercise choice and preference about how their care is delivered.
	4	Put service users at the centre of their care by giving them adequate information in an appropriate and meaningful way to enable them to make informed decisions about the care and support they receive.	**Documentation** - The Provider meets the requirements of the 'Accessible Information Standard' in its delivery of services including the 5 steps. 1. Ask, 2. Record, 3. Alert/flag/highlight, 4. Share, 5. Act. - Citizens' communication needs have been properly & thoroughly identified & recorded - Citizen's communication needs and the way these are to be met are highly visible whenever their records are accessed. **User feedback** - Citizen confirms (directly or via family member/advocate) that their communication needs are being met and they have received sufficient information to enable them to make informed decisions about their care **Staff feedback** - Staff can explain how they put service users at the centre by giving them adequate information to enable them to make informed decisions about their care.
	5	Take account of Service Users' choices and preferences and discuss and explain their care and support options with them.	**Documentation** - Support plans record how citizen choices & preferences will be met, and when and how this was discussed with citizen. - Where citizen choices & preferences can't be met (due to organisational constraints or legal reasons (e.g. MCA/DoLS), the support plan explains why, and what alternative options have been discussed with citizen/family/advocate. - Daily recording indicates how citizen choice and preference is being met - Life histories are documented where relevant - End of life plans are recorded where relevant **User feedback** - Citizens (and/or family members/advocates) confirm that their choices & preferences are taken into account by staff and are met wherever possible **Staff feedback** - Staff can explain the importance of citizen choice & preference and how this is put into practice

		6	Encourage and support Service Users to give them feedback about how they can improve their Services and act on the feedback given.	**Documentation** - The service has systematic methods in place to ask for, record and act on customer feedback - The service clearly documents customer feedback and how it acts upon this to improve the service. - A variety of methods are used to collect feedback - meetings, questionnaires, surveys, interviews, etc. - The views of family, friends, advocates and visiting professionals are sought. **User feedback** - Citizens (and family/advocates) will report that they are encouraged to give feedback and that it is easy to do so. They will know what changes have been made as a result. **Staff feedback** - Manager & staff will be able to explain how they encourage & enable all citizens to give feedback, including promoting and enabling the use of advocates (formal & informal) for citizens without family members or friends to support them.
2. Consent		1	Ensure staff know and understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.	**Documentation** - Records of consent are kept and updated regularly. **Staff feedback** - Staff can explain that they understand when to obtain consent and how to record this.
		2	Assess their capacity as required to give informed consent and ensure this is reviewed regularly.	**Documentation** - Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly. - Best interest decision making is documented. - Decisions are followed in line with the Mental Capacity Act and that any restrictions are taken into account in line with Deprivation of Liberty Safeguards when providing care and support. - Care plans contain the date of the expiry of any authorised Deprivation of Liberty Safeguards. - Power of Attorney is clearly documented and evidenced across the care plan where relevant.
		3	Provide Service Users with sufficient information relating to consent and ensure this is reviewed regularly	**Documentation** - Service users are provided with accessible and up to date information about consent.
		4	Support Service Users to access advocacy services to help them make informed decisions.	**Documentation** - Service users have been assessed as to whether they require an Mental Capacity Act advocate and, if so, the required authority been obtained.
		5	Follow advanced decisions in line with the Mental Capacity Act 2005.	**Documentation** - Any advanced decisions are both recorded and followed in line with the Mental Capacity Act and that any restrictions are taken into account in line with Deprivation of Liberty Safeguards when providing care and support.

	6	Take account of restrictions in line with the Deprivation of Liberty Safeguards when providing care and support.	**Documentation** - Any restrictions are taken into account in line with Deprivation of Liberty Safeguards when providing care and support. Care plans contain the date of the expiry of any authorised Deprivation of Liberty Safeguards. **Staff feedback** - Care staff are able to describe how they ensure that the principles of the Mental Capacity Act are put into practice in their daily work.

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

Respecting and involving service users
- The service ensures all its employees are aware of, and understand, the requirements of the 'Accessible Information Standard'. For all the people the service works with, communication/information needs are known and recorded, and employees make every effort to meet these needs during the delivery of services.
- The service is creative in the way it involves and works with people, respects their diverse needs and challenges discrimination. It seeks ways to continually improve and puts changes into practice and sustains them.
- People's care and support is planned proactively in partnership with them. Staff use innovative and individual ways of involving people so that they feel consulted, empowered, listened to and valued.
- People are actively encouraged to give their views and raise concerns or complaints. The service sees concerns and complaints as part of driving improvement. People's feedback is valued and people feel that the responses to the matters they raise are dealt with in an open, transparent and honest way.
- The service finds innovative and creative ways to enable people to be empowered and voice their opinions.
- Investigations are comprehensive and the service uses innovative ways of looking into concerns raised, including the use of people and professionals external to the service to make sure there is an independent and objective approach.
- The service receives very high approval levels over a prolonged period in response to the 'Friends and Family Test' question on the Healthwatch website.
- The service receives very high levels of outcome delivery approvals over a prolonged period from social workers during individual case reviews.
- The service receives very high approval levels over a prolonged period through its own customer satisfaction surveys.

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

Domain 2 - Personalised Care and Support

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

		their health and wellbeing.	- Risk assessments take account of the Health and Safety Executive 5 steps to risk assessment guidance (Identify hazards, who might be harmed, evaluate risks and identify precautions, record findings and implement, Review and update.) - Risk assessments have been considered for the following areas: Environmental, lone working, delivering personal care, eating and drinking, medication, mobility, manual handling, behaviours that challenge, finance, accessing the community. - Care plan contains a positive approach to risk assessment to enable the service user to achieve their goals, but safely. - Evidence that further action has been taken where the risk assessment has failed to keep the person safe, e.g. referral to falls clinic following frequent falls. **User feedback** - Service users confirm and can explain how they have been part of the risk assessment process. **Staff feedback** - Staff can explain how they have been involved in risk assessment process.
	3.5	Effectively plan the delivery of care and support so the Service User remains safe; their needs are adequately met; and their welfare is protected.	**Documentation** - Care plans reflect the risk assessment and contain clear instructions for staff including safe systems of work. - Care plans reflect the service user's needs and outcomes. - Effective means are in place of recording that the care plan has been carried out, e.g. weight monitoring, blood glucose monitoring, food and fluid intake, weight recording, daily records. - Evidence that a hospital passport has been created is up to date and is regularly reviewed. **Staff feedback** - Staff can explain how they work to ensure that people are kept safe.- Staff can explain how they meet people's needs and outcomes.
	3.6	Regularly review the effectiveness of care and support plans and ensure that these are kept up to date to support the changing needs of the individual.	**Documentation** - Care plan is regularly reviewed and risk assessments and safe systems of work are up to date. - Daily records reflect the care plan. - Systemic process for reviewing care plans is in place. **User feedback** - Service users can confirm they are involved in regular reviews of the care plans. **Staff feedback** - Staff can explain how they review care plans.
	3.7	Assess the risk of harm to the Service User, including environmental risks, and ensure that this is effectively managed and reviewed regularly to keep the Service User safe.	**Documentation** - Risk assessments are regularly reviewed and safe systems of work are updated. - Provider is proactively engaging with service user to find out if they feel safe. - Systemic process in place to review risk assessments. **Staff feedback** - Staff can explain how they review risk assessments

	3.8	Provide services in an effective and enabling way to help maximise the service user's independence and quality of life as well as reduce the number of emergency admissions.	**Documentation** - Care plan details how the service user is enabled to maximise independence. - Care plan details how quality of life is maximised. - Daily records reflect the care plan has been carried out. - Service users have access to healthcare services and healthcare input to maximise their independence. - Referrals to specialists for advice as to how to maximise independence, e.g. Occupational Therapist. **User feedback** - Service users can talk about their goals and how they are trying to achieve them. **Staff feedback** - Staff can explain the service user goals and how they are trying to achieve them, maximise their independence and quality of life.
	3.9	Support Service Users in setting goals to help maximise their independence and improve the quality of their life.	**Documentation** - Care plans detail how the person has been involved in setting goals to maximise their independence. - Appropriate individuals are involved in the goal setting process and that the service user's life history is taken into account. **User feedback** - Service users confirm that they involved in the goal setting process. **Staff feedback** - Staff can explain how they involve people in setting goals to maximise their independence.
4. Meeting nutritional needs	1	Support Service Users to make healthy choices and lead healthy lifestyles and provide access to information about healthy and balanced diet.	**Documentation** - Documentation to ensure all staff are aware of dietary requirements / restrictions / choices. - Evidence of referrals to healthcare professionals where appropriate, e.g. SALT, dietician. **User feedback** - Service users confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet, and are offered a choice of food and portion size that meets their preferences.
	2	Ensure that Service Users have 24hr access to a choice of food and drink that takes into account their preferences, diverse needs and dietary requirements. Ensure there is accessible information about meals and meal times.	**Documentation** - Systems are in place to enable people to access food and drink. **User feedback** - Service users confirm that they can access food and drink at all times and that the food takes into account their preferences and dietary requirements. Information about meals is in accessible format. **Observation** - Observation of staff interaction with service users confirms people can access food and drink when they want.

	3	Food and drink are provided in environments that promote Service Users dignity and they have a choice about whether to eat alone or with company.	**Documentation** - Care plans evidence service user eating and drinking preferences and needs. **User feedback** - Service users confirm they can choose where to eat.	
	4	Support Service Users to access specialist services, guidance and advice where required.	**Documentation** **-** If required the care and support plans should evidence details of support to access any specialist services. - Clear record of any specialist guidance and that this is being acted upon.	
	5	Ensure that staff who are involved with food preparation have up-to-date food and hygiene training.	**Documentation** - Food hygiene training is up to date and regularly reviewed. **Staff feedback** - Staff can explain how they comply with food hygiene regulations.	
5. Co-operate with other providers	1	Co-operate and communicate with other Service Providers of the individual's care and support when this responsibility is shared, or when the Service User is transferred to one or more Services. Ensure that there is a named individual to support any transition.	**Documentation** - Care plans detail cooperation with other care providers or outside organisations, e.g. healthcare professionals. - Clear references in the care plan to the other organisations involved in the service users' care. **Staff feedback** - Staff can explain how cooperation with outside agencies happens.	
	2	Support service users to access other social care or health services as required. [For LD Services there is an expectation that organisations will work together with local statutory health providers to support service users to understand health action plans. This will primarily, but not exclusively, be the service users GP practice and local learning disability health services]	**Documentation** - Care plans evidence that additional health or social care input is required. - Care plan evidences referrals to appropriate professionals / organisations. - Care plan reflects advice and guidance / instruction from appropriate professionals / organisation. - Issues have been followed through to their conclusion, and referrals have been chased up, etc. **Staff feedback** - Staff can explain how they support people to access specialist services and how they implement their advice and guidance.	

Gold evidence examples

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

Care and welfare of service users

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

Meeting nutritional needs

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

Cooperate with other providers / community and partnerships

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

Domain 3 - Safeguarding and Safety

Standard	No.	Criteria	Silver evidence examples
6. Safeguarding people who use the service from abuse	1	Take action to identify and prevent abuse from happening in the Services and respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.	**Documentation** - Staff have been appropriately trained, training is up to date and records reflect this. - Policies and procedures are up to date and regularly reviewed. - Safeguarding log is maintained and reviewed. - Service user guide details the process and who to contact. - Evidence of learning from previous safeguarding alerts and that this has been implemented. **Staff feedback** - Staff can explain knowledge of safeguarding, the different types of abuse or neglect, what to look for and how to report a concern both within and outside their organisation.
	2	Be aware of, and follow, their responsibilities under the Local Authority's safeguarding and whistle-blowing policy and procedures.	**Staff feedback** - Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.
	3	Ensure that appropriate guidance and training about safeguarding adults from abuse is accessible to staff, put into practice, implemented and monitored.	**Documentation** - Training records are up to date and reviewed regularly, refresher training is given. (Safeguarding, MCA, DoLS) - Safeguarding is discussed at staff meetings and in supervision meetings. **Staff feedback** - Staff confirm they have had the relevant training, can explain the principles and how they put what they have learned into practice.
	4	Where possible, only use Deprivation of Liberty Safeguards when it is in the best interest of the Service User and in accordance with the Mental Capacity Act 2005.	**Documentation** - Assessments, together with and care/support plans effectively maintain people's safety and Deprivation of Liberty Safeguards are only used when in the best interests of the service user.
	5	Review and update the Service User's care and support plan to ensure that individuals are properly supported following any (alleged) abuse.	**Documentation** - Evidence that the care plan has been updated to reflect the care and support given following incidences of alleged abuse. - Records demonstrate how the person is supported.
	6	Give Service User's and their Carer's adequate information about how to identify and report abuse, as well as	**Documentation** - Information is made available to service users and staff which contains up to date contact details for reporting concerns. E.g. Service user, guide, welcome pack, Safeguarding adults pack.

		sources of support outside the Services, including the Local Authority, and actively support and encourage Service Users to raise issues and concerns when necessary.	- Documentation is in an accessible format where required.
	7	Support Service Users and their carer when they have to take part in any safeguarding processes.	**Documentation** - Record of discussion of the safeguarding with the service user. - Evidence of identifying the support needs of the service user.
7. Cleanliness and infection control	1	Have effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.	**Documentation** - Effective systems and processes are in place to maintain cleanliness and hygiene, and control infection, e.g. Legionnella, cleaning rotas. **Observation** - Appropriate equipment and facilities in place. - Observation of staff interaction confirms implementation of safe, systems and processes. - Environment is clean. **Staff feedback** - Staff can explain how they maintain hygiene and control infection.
8. Management of medicines	1	Handle medicines safely, securely and appropriately.	**Documentation** - Policy and procedure detailing how medicines are to be managed is available. Policy includes information on self-administration, covert administration, homely remedies and controlled drug management as per NICE guideline SC1. - MAR charts are in place and completed correctly and there is a process for reporting medication errors. **Observation** - Staff are observed to handle medicines safely, securely and appropriately. - Medicine administration is recorded accurately.
	2	Ensure that medicines are stored and administered safely including any homely remedies and covert medication.	**Documentation** - Medicines are stored according to manufacturer instructions and in accordance with the service user care plan. Medicines are stored in a locked space. Medicines requiring refrigeration are stored in a fridge. - Service user care plan clearly details the level of support the service user requires to take their medication. - Safe working practices are documented. **Observation**

	<td style="background:red"></td>			- Out of date or unused medication is disposed of appropriately, including appropriate disposal of controlled drugs.
		3	Keep appropriate records around the (prescribing) administration, monitoring and review of medications.	**Documentation** - MAR charts and medicine audit records. MAR chart includes name, D.O.B., allergies, dated photograph to enable easy identification of medicine recipient. - PRN protocols are in place for PRN medication. Body maps are used for topical applications. - Care plan is regularly reviewed and updated to reflect current medication and needs. - Evidence of supporting the GP prescription review process. - Effective monitoring of medication efficacy and side effects and that appropriate risk assessments are in place. - Records clearly detail the name of medication, dose, time and frequency of administration, PRN protocol if required, method of assistance, method of administration, what the medication is for, side effects to watch for and what to do if they present.
		4	Involve people in their decisions regarding their medications.	**Documentation** - Mental capacity assessment has been carried out and reviewed where necessary. - If medication is administered covertly this is reinforced by the capacity assessment, DoLS and best interest decision making process including agreement with the GP and pharmacist. - Documentation should confirm MCA assessment has been carried out and any covert administration has been initiated by an Multi-Disciplinary Team **User feedback** - Service user confirms they are involved in decisions regarding their medication.
		5	Ensure that staff handling medications undertake the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.	**Documentation** - Staff have been trained appropriately. Training records are up to date and reviewed regularly. There is an up to date list of designated staff who can administer medication and they have appropriate training. **Staff feedback** Staff can confirm they have received the relevant training and are able to explain how they put this into practice.
9. Safety, availability & suitability of equipment		1	Ensure that equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence.	**Documentation** - Equipment is PAT tested where relevant. - Maintenance and service records up to date / reviewed regularly where relevant.

Note: cell next to row 4 is highlighted yellow.

		2	Ensure that staff are appropriately trained on how to use equipment safely.	**Documentation** - Training records are up to date and demonstrate that staff have been appropriately trained. **Staff feedback** - Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.

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

Safeguarding people from abuse
- The service has maintained an exceptional level of safety and has safeguarded the service users in its care to a very high standard and has delivered this consistently for a significant period of time. This can be demonstrated in the way that safeguarding issues are reported, investigated, reviewed and learned from.
- Staff demonstrate a high level of understanding of the need to keep people safe and have exceptional skills and the ability to recognise when people feel unsafe.
- Staff confidently make use of the Mental Capacity Act 2005 and use innovative ways to make sure people are involved in decisions about their care so that their human and legal rights are sustained.
- Innovative and creative ways are used to give service users and staff information about how to identify and report abuse, and to provide support and encourage service users and staff to report issues and concerns without fear of recriminations.
- Innovative and creative ways are used to support service users and staff when they report safeguarding concerns or have to take part in any safeguarding processes.
- An open and transparent culture in relation to safeguarding and reporting concerns / issues pervades the service.

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

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

Safety of premises and equipment

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

Domain 4 - Suitability of staffing

Standard	No.	Criteria	Silver evidence examples
10. Requirements relating to staff recruitment	1	Have effective recruitment and selection procedures in place.	**Documentation** - There is a documented process that is reviewed regularly, which enables the provider to recruit appropriately qualified employees.
	2	Carry out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.	**Documentation** - Recruitment records confirm all relevant employment checks have been carried out including (but not limited to): Enhanced Disclosure and Barring Scheme (DBS) check; that the employee has the right to work in the UK and all relevant checks have been carried out to comply with legislation and requirements set out by the Home Office, or the UK Border Agency; verify if they are registered with any particular professional body and that they are allowed to work by that body. - References are on file that evidence the employees employment history. - Where convictions are returned or declared through the DBS check process a risk assessment will have been carried out to assess and mitigate the risk of employing the individual.
	3	Ensure that when staff are provided by an external organisation that those staff, whether agency, bank or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff.	**Documentation** - Records demonstrate that staff supplied by external organisations are subject to the same level of checks as employed staff.
	4	Ensure that other people who provide additional services are subject to any appropriate and necessary checks.	**Documentation** - Records demonstrate that anyone else working, volunteering or providing services in the home are subject to appropriate checks. - Appropriate risk assessments are carried out to ensure external professionals do not compromise the safety of service users.
	5	Ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.	**Documentation** - Clear procedures and guidance are available and have been given to staff. - Clear job descriptions are on file. **Staff feedback** - Staff can explain and demonstrate that they have a clear understanding of their role and responsibilities.

		6	Assess risks around working environment and conditions and make reasonable adjustments to enable staff to fulfil their role.	**Documentation** - Environmental and working risks are assessed and safe systems of work are in place. - Employees individual needs are risk assessed and reasonable adjustments are made where appropriate. **Staff feedback** - Managers can explain how they risk assess, monitor and manage risk in the workplace.
		7	Have robust and effective arrangements around the appropriate behaviour of staff, particularly in their relation to their code of professional conduct and the assessment of stress and other work-related hazards.	**Documentation** - Robust induction programme (including local induction for agency staff) and on-going training is delivered. - Code of conduct is clearly communicated to staff and is documented. - Stress is risk assessed and systems are in place to manage and mitigate. - Evidence of inappropriate behaviour being addressed through formal processes where appropriate. **Staff feedback** - Staff can explain and demonstrate their understanding of the code of professional conduct and what this means in practice. - Staff can explain how they address inappropriate behaviour by colleagues.
11. Staffing and staff deployment		1	Make sure that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.	**Documentation** - Staff rotas evidence sufficient staff are able to meet people's needs at the correct time. - Home support calls are not missed or delivered late or early (unless there is a documented agreement on the service users file which allows for flexibility). - Delivery of home support calls is recorded through an electronic call monitoring system. - Staff absences are covered appropriately. - In care homes activities are coordinated and there are sufficient staff to carry them out. **Staff feedback** Staff confirm that staff levels are appropriate and sufficient to enable them to deliver safe, effective and consistent care.
		2	Have enough staff on duty that know and understand the specific needs of the Service Users receiving Services in order to deliver safe, effective and consistent care.	**Documentation** - Shift handover records demonstrate effective transfer of information. **Staff feedback** -Staff can explain the individual needs of service users and how they support them effectively.
		3	Have robust mechanisms in place to manage both expected and unexpected changes in the Services in order to maintain safe, effective and consistent care (for example to cover	**Documentation** - Effective business continuity planning has been carried out and plans are in place. - Expected and unexpected staff absences are covered appropriately. - Robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies). **Staff feedback**

	 	sickness, vacancies, absences and emergencies).	Managers can explain the business continuity plans and their roles and responsibilities.	
	4	Have effective mechanisms in place to identify and manage risks that result from inadequate staffing levels.	**Documentation** - Effective business continuity planning has been carried out and plans are in place. **Staff feedback** - Managers can explain the business continuity plans and their roles and responsibilities.	
	5	Ensure that staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs. Staff should have a basic understanding and appreciation of different cultures and be able to speak and understand English (or the language most appropriate to the Services) to a good conversational standard.	**Documentation** **-** Care plans contain a Communication section which detail the service user's specific communication needs. - Service users cultural needs are recorded in the Care Plan. **-** Staff have received relevant training in specific methods of communication to enable them to carry out their role. - Relevant training is provided to staff in specialist areas of care relevant to the individuals they are supporting. **Staff feedback** - Staff can explain how they meet the different cultural needs of service users.	
12. Supporting staff	1	Ensure that all staff receive appropriate induction at the start of their employment in line with the Skills for Care - Care Certificate.	**Documentation** - Staff have achieved or working towards the Care Certificate. - Managers are suitably qualified and have been inducted appropriately. - Induction and on-going training records are documented. **Staff feedback** Care workers confirm they have received appropriate induction at the start of their employment.	
	2	Ensure that all staff receive appropriate supervision at least six times per year, that their performance is appraised and that they receive an annual review.	**Documentation** - Staff have regular supervision and an annual performance appraisal - Supervision records are documented. - Performance appraisals are documented. **Staff feedback** - Staff confirm they receive sufficient, regular supervision.	
	3	Ensure that all staff undertake mandatory training and refresh this as required.	**Documentation** - Staff have received appropriate training and that this is refreshed and updated as required in order to enable them to deliver safe and effective care. - Training records are up to date and regularly reviewed. - Training certificates are on file. **Staff feedback** -Staff confirm they receive regular training.	
	4	Support staff to acquire further skills and qualifications that are relevant to their role, the	**Documentation** - Staff training needs are regularly reviewed to reflect the needs of service users and appropriate training is provided.	

		work they undertake and the needs of the Service.	- Training needs are identified and documented via supervision. - Training records are updated and reviewed. **Staff feedback** - Staff confirm they have the opportunity to acquire further skills and qualifications relevant to their role.
	5	Ensure that any temporary staff have the appropriate training and skills to undertake their role.	**Documentation** - Relevant checks have been made that temporary staff have been appropriately trained to undertake their role. **Staff feedback** - Temporary staff confirm they have received appropriate training to carry out their role.
	6	Assess risks that may impact on performance and make reasonable adjustments to enable staff to fulfil their role.	**Documentation** - Risks are identified by performance management or staff supervision. - Reasonable adjustments have been made to enable staff to carry out their role.
	7	Have appropriate policies and mechanisms in place to prevent and manage incidents of bullying, harassment and violence towards staff.	**Documentation** - Relevant policies and procedures are available and accessible - Staff handbooks provide information about support available in event of bullying, harassment and violence at work. **Staff feedback** - Staff confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.

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

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

Staffing and staff deployment
•   Staff are exceptional in enabling people to maximise their independence and have an in-depth appreciation of people's individual needs around privacy and dignity.
•   People value their relationships with the staff team and feel that they often go 'the extra mile' for them, when providing care and support. As a result, they feel really cared for and that they matter.
•   Staff will be highly motivated and inspired to offer care that is kind and compassionate and will be determined and creative in overcoming any obstacles to achieving this. The service continually strives to develop the approach of their staff team so this is sustained.

- Staff have outstanding skills, and have an excellent understanding of social and cultural diversity, values and beliefs that may influence people's decisions on how they want to receive care, treatment and support. Staff know how to meet these preferences and are innovative in suggesting additional ideas that they themselves might not have considered.

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

Domain 5 - Quality of management

Standard	No.	Criteria	Silver evidence
13. Assessing and monitoring the quality of service provision	1	Continually gather and evaluate information about the quality of Services delivered to ensure that people receive safe and effective care and support	**Documentation** - Quality assurance system is in place and is actively used. - Satisfaction surveys are carried out, analysed, learning is evidenced and improvements are made. - Complaints, incidents, adverse events, errors, near misses, audits, accidents are recorded, analysed, learning is evidenced and improvements made.
	2	Have a clear decision-making framework in relation to care and support of Service Users.	**Documentation** - A registered manager is in post - There is a clear management structure in place and staff are clear about their roles and responsibilities. **Staff feedback** - Staff can explain the management structure and who is responsible for decision making.
	3	Have mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly.	**Documentation** - Whistleblowing policy is in place and accessible to staff. - Complaints policy and procedure is available and accessible to professionals and visitors. - Service user guide is updated to give people clear information about how to raise a concern and who to contact. - Regular staff meetings take place and minutes recorded. - Regular supervision meetings take place and are recorded. **Staff feedback** - Care workers confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.
	4	Ensure that incidents are reported and investigated in accordance with the appropriate policies and procedures.	**Documentation** - Safeguarding alerts reported to CQC and responsible local authority. - Notification of deaths are reported to the relevant authorities. - Serious accidents are reported to the Health and Safety Executive. - Serious Incidents reported (Nursing Care) to responsible CCG.
	5	Improve Services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.	**Documentation** - The provider undertakes analysis of available information to establish patterns and trends and identify any requirements for service improvement. - The analysis is acted upon. - Service improvements are recorded.
	6	Identify, manage and monitor risks to Service Users, staff or	**Documentation** - Appropriate risk assessments have been carried out and measures put in place to mitigate

		visitors to the service.	risks.
14Complaints	1	Provide Service Users and / or their carers with adequate information, in an appropriate and suitable format, about the complaints process, including information on how to contact the Local Authority and the Local Government Ombudsmen.	**Documentation** - Service user guide and complaints process is available in accessible formats. **User feedback** - Service users and family members confirm they are aware of how to complain.
	2	Support Service Users to raise a complaint or make comments about the service.	**User feedback** - Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.
	3	Consider fully, respond appropriately and resolve, where possible, any comments and / or complaints.	**Documentation** -There is evidence that the provider fully considers, responds appropriately, and resolves, where possible, any comments and/or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken. **User feedback** - Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint. Provider can evidence they have considered complaints, undertaken analysis and acted to make service improvements.
	4	Support people throughout the complaints process keeping them informed of the progress and outcome of their complaint in a timely manner.	**Documentation** - Evidence that the provider has communicated with the complainant to keep them up to date with the investigation / complaint outcome within timescales set out in policies and procedures.
	5	Ensure that learning is taken and shared to improve the experience of Service Users who use the Services.	**Documentation** -There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and/or complaints received. - Provider learns from feedback and shares this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken. - Provider can evidence they have considered complaints, undertaken analysis and acted to make service improvements. **User feedback**

	 			- Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.Provider can evidence they have considered complaints, undertaken analysis and acted to make service improvements.
		6	Keep adequate records about the complaint, including any relevant and factual information about the investigation, responses, outcome and actions taken.	**Documentation** - Complaints log is complete and up to date. - Detailed records of complaints, investigation, outcome response and learning are held on file.
	7		Share details of complaints and the outcomes with the Local Authority.	**Documentation** - When requested to do so the provider transparently shares details of complaints and the outcomes of investigations.
15. Records		1	Ensure that the personal records of Service Users receiving Services are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.	**Documentation** - Personal records of service users are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely, remain confidential, all in line with the provider's data protection policy and retention periods. - There is a systematic approach to the management of records to ensure that from the moment a record is created to its disposal the home maintains information so that it serves the purpose it was collected for and disposes of it appropriately when no longer required - Service users' personal monies are securely stored and audited correctly. - Money management policy and procedure is in place detailing how service users' monies are managed.
		2	Use these records to plan the care and support of the Service User to help ensure that the Service User's rights and best interests remain protected and their needs are met.	**Documentation** Daily records are reviewed / audited and care plans are amended where appropriate.
	3		Ensure that when information is inappropriately shared, transferred or lost, this is reported, investigated and acted on in accordance with the appropriate incident reporting procedures.	**Documentation** - The General Data Protection Regulation is complied with to ensure that service users' rights and best interests are protected and their needs best met.
	4		Monitor the standards of practice through a programme	**Documentation** - A quality assurance system is in place and is actively used, regular audits are carried out,

		of effective audits.	analysed and acted upon to deliver service improvement.

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

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

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

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