**Ensuring Quality Questionnaire for Domiciliary Care Providers (v.1.1)**

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| **How to complete this questionnaire?**This questionnaire is based on 8 standards that were developed with people who have support needs. You must answer all the questions. It should take you less than 2 hours.There are three things you need to do to complete the questionnaire:Some of the questions you must commit to by putting an X in the right box. For example:Yes [ ]  No [ ] Committing to something is not simply ticking the yes. You must make sure that your organisation does whatever you have promised. You must check what you do at the moment and make changes if you have to. People who buy your service and the people who monitor you against these standards will check that you have done this. **If you do not do what you have committed to you will not be meeting the standards and will be removed from the lists of providers who do meet the standards.**The questions with this symbol pencil-silhouette[1] need to be answered in approx. 500 words. Remember if you are sending in examples of support plans and risk assessments that **you must take out** the person’s name. We should not be able to identify the person they are about. There are 13 pieces ofevidence which you need to scan or attach to an email and send in. In addition to this please be prepared to demonstrate if asked any other policies relevant to the standards. |

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| There are **13** pieces of **evidence** which you will need to provide alongside this questionnaire. Please submit together and send to ensuringquality@towerhamlets.gov.uk  |
|  | **Enclosed****(Yes/No)** | **Comments (if any):** |
| 1. Confirmation that you have attended borough Safeguarding training. If you have not attended, please ask for a training form.
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| 1. Business Continuity Plan – this should be a detailed plan intended to cope with the effects of an emergency or crisis.
 |       |       |
| 1. Complaints Policy
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| 1. Completed **and** anonymised Person Centred Support Plan
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| 1. DBS reference numbers and date of issue for each employee. **Please present within a spreadsheet.**
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| 1. Employer Liability Insurance
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| 1. Public Liability Insurance
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| 1. Completed **and** anonymised Risk Assessment
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| 1. Safeguarding Policy/Statement
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| 1. Staff training record/matrix
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| 1. Service User Guides
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| 1. Support Plan Policy **and** Risk Assessment Policy
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**All about us: Information for people who might buy your service**

**N.B. the readers of this section will be people with support needs and their carers. Make sure you write this information for them.**

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| Contact Information |
| Name Of Organisation:  |
| Registered Manager |
| Title:  | Mr [ ]  | Mrs [ ]  | Miss [ ]  | Ms [ ]  | Other [ ]  |
| First Name(s): |  |
| Surname:  |  |
| Responsible person/Chief Exec/Owner name:  |
| Title:  | Mr [ ]  | Mrs [ ]  | Miss [ ]  | Ms [ ]  | Other [ ]  |
| First Name(s): |  |
| Surname:  |  |
| Address:  |
| Postcode: |
| Email:  |
| Telephone: |
| Website:  |
| Registration No.:(Charities Commission/ Companies house/Other as applicable) |
| CQC Provider ID: | CQC Location ID:  |
| **WHAT** *(Activity – what exactly is included for example working with hoists supporting medication management etc please evidence that you have the internal training to ensure their safe management)* |
| **WHY***(Why choose this activity/organisation)* |
| **WHO** *(Who the Activity is aimed at if relevant, for example client group, age ranges, languages catered for, accessibility)* |
| **HOW***(How to access this service)* |
| **HOW MUCH?** *Please state the hourly rate that you charge, your customer. Be aware that your customer may want to know a) what hourly rate you pay your staff and b) that you pay travel time.* |

**People who attend/receive the service are supported to achieve the**

**following outcomes.**

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| **STANDARD 1**I have support that is right for meI am at the centre of the serviceI am part of the communityI am independentI can make decisions about my support |

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| Q1 | Personalisation gives people choice and control over their lives. * A personalised service:
* puts the person at the centre of the service
* supports the person to be part of the community
* promotes independence
* encourages the person to make decisions about their support

Do you commit to working within the principles of personalisation?* Yes [ ]  No [ ]
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| Q2pencil-silhouette[1] | How do you make sure that you work in partnership with: the person who buys your service (i.e. by putting them at the centre of all planning, timing and delivery) carer and families (i.e. by using their knowledge and experience to create the most appropriate support plan)Any other professionals (for example by sharing important information such as change of needs or changing risk factors)?  |
| Q3pencil-silhouette[1] | **People have told us they do not like to have different carers all the time.**Please evidence how you make it easy for the person who buys your service to choose, keep and change staff?  |
| Q4 | How do you make it easy for the person who buys your service to exercise choice and control and change to a different provider? For example, what are your process and time scales for sharing the Care Plan, Risk Management Plan and any other information with the new organisation?  |

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| **STANDARD 2**I am supported to reach what I want to achieve by using the serviceThe organisation knows what I want to achieve by going to the serviceThey support me to do this safely We make sure it is happening |

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| Q5pencil-silhouette[1] | How do you understand and meet the individual outcomes of people who buy your services? For example, by visiting them before the service starts to agree the outcome-based support and risk management plan this should include things that are important to them such as their pets and their likes and dislikes *How do you find out what people want to achieve by buying your service and what support they need to do so? How do you make it happen, for example, through additional training around individual needs or regular monitoring of the plan? Success stories or example?* |

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| **Evidence Required:** Person Centred Support Plan/Agreement and Risk Management Plan |

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| **STANDARD 3** I am supported to take risks and stay safe |

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| Q6pencil-silhouette[1] | How do you balance supporting the person who buys your service to be safe whilst at the same time respecting their right to make their own decisions?  |
| Q7pencil-silhouette[1] | How do you support people to manage their own risks and maintain their independence in the home? Please describe the plans you have in place in the event of an emergency?Who would you notify if the person who buys your service bangs their head on the hoist or has persistent diarrhoea? Do you provide emergency planning information if the person who buys the service has not seen anyone for days and cannot get in contact with their normal support networks? (NB this question was motivated by the death of a woman who was left for 9 days without homecare when her agency shut down) |

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| **Evidence Required:** Service User Guide |

**Quality Standards the Organisation must meet to ensure the delivery of the individual outcomes**

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| **STANDARD 4**I have all the information I need to understand the service and to make sure it is working well for me |
| **Please state below the following evidence can be located.**  |
| A statement of aims and objectives of the Service Provider; |  |
| An outline of the range of services it offers; |  |
| A communication about what tasks are and are not included in the clients service, for example, support/care plan |  |
| A code of Conduct relating to the staff including phone use, punctuality, doing full hours, communication, borrowing of money, professional boundaries etc |  |
| How the Service User or someone on his/her behalf can contact the Service Provider or representative during the hours the service is provided; |  |
| What the Service User should do if the staff don’t turn up  |  |
| A statement about how the Service User can make compliments/ complaints about the service and what the response times are; |  |
| A statement about the right of the Service User to change provider and how to do this (state the period of notice required on both sided) and how long it should take; |  |
| Guidance how to choose, keep and change staff |  |
| A statement concerning the Service Provider’s policy on equalities / non-discrimination; |  |
| A statement concerning confidentiality |  |
| A statement about the acceptance of gifts, gratuities or bequests |  |
| Information about access to records held by the Service Provider, and; |  |
| Information about staff identity cards |  |
| Information about payments and invoicing |  |

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| Q9 | Will you support people to understand, manage and evidence their social care spending, for example, by providing annual statements or accounts? Yes [ ]  No [ ]  |

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| **STANDARD 5** The organisation changes and improves because it listens to what people say they want |

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| Q10 | How will you make sure that you listen to everyone (including anyone with communication support needs), make changes and let people know what you have changed? For example:* How you will make it easy to have a complaint listened to and resolved?
* How will you proactively find out what people think about your service?
* How will you support people with communication needs?
* How will you ensure all your staff can communicate proficiently in the language of the customer, for example, English?
* What would you do if an individual reported a theft? For example, what steps would you take to investigate and what is your timescale?
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| Q11 | Every year we will expect you to submit evidence that you have done this. Do you commit to providing this? Yes [ ]  No [ ]  |

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| **STANDARD 6**The organisation treats everyone as equally important and respects everyone’s individual needs |

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| Q12 | In light of Equalities Laws and your borough’s equality plans - do you commit to treating everybody fairly and as equally important?Yes [ ]  No [ ]   |
| Q13pencil-silhouette[1] | How do you make sure that you and your staff are sensitive to people’s social, ethnic, cultural and religious backgrounds? How do you make sure that no one should be discriminated against including those with long term physical or mental health conditions such as HIV status or Hepatitis B/C or because of their age or sexuality? NB please refer to any induction or training you deliver around this. |

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| **STANDARD 7**The organisation has staff and volunteers with the right qualities, skills and experience |

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| Q14 | People have told us that they want staff who care, listen, respect, empathise and don’t judge. Do you commit to showing these qualities?Yes [ ]  No [ ]  |
| Q15pencil-silhouette[1] | How will you make sure your staff have the **qualities** that people who buy you service want? For example, how will you make sure that the people you recruit are respectful, compassionate, responsible etc?  |

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| Q16 | Please complete the following table: |
| **STAFF TRAINING TABLE** |
|  | **No. of staff who should receive this training** | **No. of same staff who received this training within the last 3 years** | **Comments** |
| Induction |  |  |  |
| Care Certificate |  |  |  |
| Medication administration |  |  |  |
| Health and Safety  |  |  |  |
| Safeguarding |  |  |  |
| Safe Use of Care equipment |  |  |  |
| Moving and Handling |  |  |  |
| Food safety, diet and nutrition |  |  |  |
| Dignity and Privacy |  |  |  |
| Infection Prevention and Control |  |  |  |
| Risk Assessments | For example you have 20 staff but only 10 do risk assessments. Therefore **10** is the figure. | Out of these 10 only **9** of these have received training. | The 1 who is not trained is booked on a course next month. |
| Support/Care Planning and Recording |  |  |  |
| Equalities and Diversity  |  |  |  |
| First Aid |  |  |  |
| Lone Working |  |  |  |

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| **STANDARD 8**The organisation has everything in place to deliver a safe service |

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| Q17pencil-silhouette[1] | What do you have in place to prevent failed visits? How do you support the people who buy your service manage this? |

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| **Evidence Required:**confirmation that your organisation’s identified safeguarding lead has attended *borough* Safeguarding training |

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| Q18 | Do you understand and work to the [London Multi-Agency Adult Safeguarding Policy & Procedures](file:///%5C%5Cthpnas01%5Cmydocuments%5Callison.rosenthal%5CMy%20Documents%5CEnsuring%20Quality%20Project%5CEQ%20Web%20pages%20content%5CLondon%20Multi-Agency%20Adult%20Safeguarding%20Policy%20and%20Procedures%20%E2%80%93%20updated%20August%202016%20%E2%80%93%20LondonADASS.mht) and agree to cooperate fully with any borough investigations? Yes [ ]  No [ ]   |
| Q19pencil-silhouette[1] | Please declare any potential conflicts of interest and how you have dealt with them? For example, are you or anyone connected to your organisation an employee/ex-employee/elected member of one of the boroughs?  |
| Q20pencil-silhouette[1] | What do you have in place to ensure continuity of care at all times including what you have developed to ensure continuity of care should your business not continue to operate, particularly in relation to people who buy their own care?  |
| Q21pencil-silhouette[1] | Has your service been decommissioned for reasons of quality in the past three years or have any of your directors been involved with a service which has been decommissioned for reasons of quality in the past three years?Yes [ ]  name of borough: No [ ] If yes please explain what happened and what you have done to make sure that this does not happen again?  |
| Q22 | Have you had any CQC complaints upheld?Yes [ ]  how many: No [ ] If yes please explain what happened and what you have done to make sure that this does not happen again? |
| Q23pencil-silhouette[1] | How you check quality within your organisation? For example, how do you ensure your staff are punctual, reliable and do the full hours? Please reference you internal quality standards and how you monitor and enforce them.  |
| Q24pencil-silhouette[1] | Is there anything else you would like to share with us that you think we should know?  |

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| **Legal Appendix** In applying to have your service placed on the Ensuring Quality list, you agree that if you cease to meet the standards or concerns arise in respect of any risk you or your staff may pose to vulnerable adults or children, Ensuring Quality or any individual Council which is a member of Ensuring Quality may share this information with the other boroughs and any service users currently buying your service. Where possible we will give you an opportunity to respond to any concerns raised, but if those concerns are sufficiently serious, that notice may be given immediately, due to our safeguarding responsibilities. You will then be given an opportunity to respond or appeal the decision, and this will be adjudicated on. Until you have received confirmation that you have met our standards, or if you are subsequently removed from the Ensuring Quality Framework, you cannot use the Ensuring Quality mark, or make any statements which could be taken directly or indirectly to imply that you have achieved our standards. We will take legal action for any misleading use of the Ensuring Quality mark.In the event that your organisation has not complied with questions 16, 17 and 18, the Council reserves the right to disqualify your organisation from the Ensuring Quality Project. The Council reserves the right to make amendments to the questions contained in this Ensuring Quality Questionnaire without notice and in the event you cannot comply with any such additional questions the Council reserves the right to disqualify you from the Ensuring Quality Framework. For the avoidance of doubt, by your organisation completing the Ensuring Quality Questionnaire the Council will not be entering into any contract with your organisation. For the avoidance of doubt, by your organisation completing the Ensuring Quality Questionnaire the Council will not guarantee any work to your organisation. It is your organisation’s responsibility to ensure that any material changes to your organisation which impact upon the accuracy of the questions answered in this Ensuring Quality Questionnaire subsequent questions from time to time) are relayed to the Council as soon as possible and in the event that as a result of such changes your organisation becomes non-compliant then the Council reserves the right to disqualify you from the Ensuring Quality Framework. If you are successful in your application to the Ensuring Quality Framework then you agree to abide by any further conditions in respect of using any websites or other materials or devices in connection with the Ensuring Quality Framework. I confirm that I agree to these terms:Yes [ ]  No [ ] **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Please ensure you include the supporting documents with your submission and send to** **ensuringquality@towerhamlets.gov.uk**