QUALITY STANDARDS FRAMEWORK

CARE HOME SERVICES

April 2024

Introduction

This Quality Standards Framework (QSF) was developed in partnership with providers in 2017 and revised in 2019 and 2023 and 2024. It forms part of the contract for the provision of care home services within the Borough of Hartlepool.

The Framework links to the Adult Social Care Commissioning Strategy 2023 to 2026 and the Adult Social Care Vision
"We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us." with the following priorities
> **I want information and advice to help me support myself**
> **I want to be part of my community and not feel lonely**
> **I want to be as independent as possible and to choose how I'm supported**
> If I need them, I want access to good quality services with skilled staff.

The Framework promotes the continued improvement of services within care homes and is underpinned by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended), the Care Quality Commission's Guidance for providers on meeting the regulations and the Key lines of enquiry for adult social care services - Care Quality Commission (cqc.org.uk)- Updated July 2022

All care homes under contract with the Council to provide residential care and care homes with nursing within the Borough will be assessed on an annual basis using the HBC Quality Standards Framework.

The QSF Assessment Reports will be published on the Council's website and made available to council officers, placing social workers, existing and potential residents, families/carers, self-funding residents and partners.

The aims of the QSF reflect the Council's commitment to ensure safe, dignified and fulfilling lives for residents:
- To ensure that Hartlepool Borough Council commissions quality services and obtains best value from providers of care home services;
- To promote partnership working between the Council and providers to meet the objectives of the Quality Standards Framework through proactive and systematic reviewing and monitoring of service provision;
- To ensure that providers have a clear understanding of the standards and outcomes;
- To agree quality standards and outcomes with providers that are achievable, realistic and based on recognised best practice;
- To ensure zero tolerance to poor and unsafe practice and incompetence;
- To place an emphasis on residents' views about the quality of the services they receive by identifying outcomes that are important to them;
- To ensure the views of residents, carers, relatives and significant others are taken into account in the delivery of services and are at the heart of the evaluation process to inform continuous service improvements;
- To ensure that residents are well informed and that their expectations of the service are realised.

Domains and Outcomes

The Council has identified 4 domains upon which to measure the quality of services provided within care homes and care homes with nursing.
- Person Centred Care
- Safe Care and Treatment
- Governance
- Environmental Factors

The Council has selected 15 outcomes which most closely relate to quality and safety, from within the first three domains, to measure the quality of service provision.

Person Centred Care
Outcome 1   Assessment of Needs & Review
Outcome 2   Mental Capacity Act & Consent
Outcome 3   Deprivation of Liberty Safeguards (DolS)
Outcome 4   Nutrition & Hydration
Outcome 5   Promoting Dignity Autonomy & Choice

Safe Care and Treatment
Outcome 6   Safeguarding Vulnerable People who Use Services
Outcome 7   Management of Medicines
Outcome 8   Infection Control
Outcome 9   Safety and Suitability of Premises & Equipment
Outcome 10 Health & Safety
Outcome 11 Moving & Handling

Governance
Outcome 12 Leadership & Management
Outcome 13 Staffing, Recruitment, Support & Learning
Outcome 14 Quality Assurance
Outcome 15 Complaints

The final domain relates to environmental criteria.

Outcome Assessment

The Council will continuously monitor the providers' performance against the service specification which is underpinned by the Care Quality Commission's requirements as detailed in the [Key Lines of Enquiry for Adult Social Care Services - Care Quality Commission (CQC.Org.Uk)](#) - Updated July 2022.

Each home will be appointed a link Commissioning & Service Development Officer who will, supported by a Quality Officer, review relevant information and intelligence in relation to the home's performance.

The following 4 outcomes will be assessed each year:
- Assessment & Review
- Leadership & Management
- Quality Assurance
- Staffing

Regular informal observations will be undertaken in relation to the dining experience and activities and if safeguarding concerns, complaints or other intelligence suggest homes may require support in any of the other outcomes, a focussed visit will be undertaken to assess either all or part of that outcome.

An annual report will be produced in February of each year which will document the homes' assessed performance and level of achievement of the 4 outcomes together with any additional outcomes assessed that year,

The following is an example of the types of information which may be collated and used as relevant information in assessment of outcomes:
- Progress monitoring from action plans developed in response to the Quality Standard Framework Assessment Report
- Care Quality Commission reports (verified) and agreed action plans
- Care delivery tracking
- Social care reviews
- Feedback from professionals
- Findings from consultations with staff
- Findings from consultations with residents
- Healthwatch Reports and agreed action plans
- Provider responses to safeguarding investigations
- Issues, concerns, complaints and compliments

This is not an exhaustive list and at any time the Commissioning & Service Development Officer may consider additional information which they feel should be taken into account. Any additional information will be shared with the Registered Manager in order that they understand the relevance to the outcomes assessment before it is recorded as relevant information on the assessment.

Visits to the Home
The Council has authority under the agreement with contracted care home providers to enter the care home at any time to monitor provision of the service. Notwithstanding this, whilst it is accepted that on occasions an unannounced visit will be required to measure specific elements of service delivery, wherever possible the dates and times of intended visits will be agreed in advance with the Registered Manager.

The number of visits to a care home will depend on how the home is performing in relation to the outcomes, which outcomes are not met and what issues or concerns may present at any particular time. There will be no set structure for assessment visits as it is important to treat each home as unique and respond to gaps in service delivery particular to each home.

Assessments and visits will be proportionate to the homes individual circumstances however the Commissioning & Service Development Officers will need to collate evidence to ensure the provider has maintained the status quo for outcomes previously assessed as met and so will continue to visit and assess offering guidance and support to homes who are meeting the outcomes.

The Commissioned Services Team will work in partnership with Care Management Teams, Occupational Therapy, DoLS & Safeguarding Teams and Falls Prevention in accordance with the Council's Team Around the Care Setting model- draft embedded

Team Around the Care Setting Draft g

Findings from focussed visits from the Infection Control and Medication Optimisation Teams will be taken into account in assessments of the homes performance. The Commissioning & Service Development Officers will work closely with these external teams to support where improvements are required.

Monitoring Tools and Observations
The Commissioned Services Team has developed a range of monitoring tools/workbooks which will be used throughout the assessment period to assess against the outcomes.
These include
- Assessment & Review
- Care Plan Tracking
- Complaints Monitoring l
- Consent-MCA
- Dols Monitoring Tool
- Dignity and Respect Monitoring Tool
- Excellence Tool
- Governance Monitoring Tool
- Infection Control
- Leadership & Management
- Quality Assurance
- Moving and Handling Tool
- Nutrition & Hydration Monitoring Tool
- Premises & Equipment Monitoring Tool
- Safeguarding Monitoring Tool
- Observation Tool (Mealtime Experience)
- Observation Tool (Activities)
- Staff Conversation Tool
- Staff Feedback Records
- Resident Feedback Records

As part of the assessment the Commissioning & Service Development Officer supported by the Quality Officer will undertake general quality observations of the home together with any specific observations commensurate with issues or concerns in a particular home. The observations may

include, for example, observations of resident's mealtime experience, activity sessions, general environment and atmosphere, interactions with staff including how they promote the dignity and respect of the residents on a day-to-day basis. Any information collated as a result of the observation visits will be discussed with the Registered Manager before being recorded as relevant information in the assessment. Actions required as a result of the visits will be agreed with the Registered Manager and added to the homes action plan.

Care planning and care delivery tracking
The Council will consider the quality and effectiveness of care planning arrangements in the home. A key element of the assessment process requires the Commissioning & Service Development Officer to see evidence of personalised service delivery to individual residents to meet their individual outcomes. The link Commissioning & Service Development Officer will visit the home to track through care delivery by examining the files of residents and cross referencing the care assessments, care plan, daily records, risk assessment documentation, monitoring tools and any other documents used to record service delivery. The Commissioning & Service Development Officer will discuss what information is required in relation to this with the Registered Manager. The number of resident files tracked will be set by the Commissioning & Service Development Officer but will be no less than 4 and all will be chosen at random.
Feedback from the annual reviews of individuals in the home will be taken into consideration to determine whether the home is meeting the needs of individual residents. This information will also be used to assess the effectiveness of the home in writing, reviewing and updating care plans to ensure they meet the individuals needs.

Safeguarding information
Information on performance and service delivery obtained as a result of safeguarding investigations will be treated as relevant information and recorded and included as part of the assessment. This will include the provider's response in relation to co-operation with safeguarding investigation requirements, actions taken by the provider to mitigate risk, compliance with safeguarding action plans and ability to maintain service improvements. The impact of the poor performance identified within the safeguarding referral and action taken and maintained will also be treated as relevant information and recorded against the relevant outcome.
The nature of referrals and referrals which result in no further action will be considered as evidence of the Registered Manager and staffs' understanding of safeguarding and abuse and as a consequence will be treated as relevant information.
For the avoidance of doubt, the Council will look at the substance of safeguarding referrals, the action taken and action sustained by the provider as result rather the number of referrals received. Not all safeguarding referral information will have a negative impact on the assessment. Where the provider can demonstrate staff have been able to recognise abuse or the potential for abuse and work with the Council to improve service provision the eventual results and relevant information recorded may demonstrate achievement of the outcome.

Residents Consultation
The Council will use the "Your Social Care and Support Services" survey questionnaires from residents in the home to determine residents' views. The Quality Officers will undertake informal observations within the homes on a regular basis and seek feedback during informal conversations with residents and their families.
Any issues or concerns raised as a result will be discussed with the home manager as soon as possible.

Staff Consultation
Feedback from staff is a critical part of the assessment of outcomes particularly in relation to supervision and support, demonstrate understanding of safeguarding and abuse, feedback on culture

in the home, team working and any issues or concerns. The Commissioning & Service Development Officer will chose staff at random to meet on informal basis to discuss the service. The Quality Officers will undertake informal observations within the homes on a regular basis and seek feedback form staff as part of this process.

Unless there are safeguarding concerns the discussions will be strictly confidential. Feedback from the discussions will be provided to the manager and linked in to the evidence for consideration of relevant outcomes.

Where necessary the Council **may** conduct staff consultation in the form of staff questionnaires. In such circumstances the Registered Manager will be required to provide a list of current staff together with their job title and date of commencement of employment. The list should identify staff on annual leave, long term sick or not in service at the time. The Commissioning & Service Development Officer will select staff for consultation on the basis of capturing a broad spectrum of designations, genders and longevity of service.

The Council works to Department of Health Guidelines which require a 27% response rate to consultation to ensure the information collated is statistically viable. In order to allow some leeway the Council will select 35% of care staff (where applicable this will include nursing staff) and 35% of ancillary/support staff to take part in the consultation. The selected staff will be required to complete and return questionnaires within an agreed timescale or if they would prefer they will be able to participate in an interview with the Commissioning & Service Development Officer who will support them to understand the questions that are being asked. The Commissioning & Service Development Officer will advise the Registered Manager exactly how many questionnaires must be returned for the views of staff to be taken into account. The number of questionnaires sent out and the number required to be returned will depend on the number of staff employed in the home and so will differ from home to home.

It is the Registered Manager's responsibility to ensure that staff are aware of the importance of completing and returning the questionnaire and to chase any outstanding before close of consultation. To assist with this each questionnaire will include a reference number. The Commissioning & Service Development Officer will record receipt of the questionnaire and 5 working days before the consultation closing date will advise the Registered Manager which staff have not returned the questionnaire. This will allow the Registered Manager to target staff and encourage completion and return within the required timescale.

Findings from staff discussions and staff consultation will be recorded as relevant information.

Professional reports, comments, views and observations
Reports, comments, views and observations of Care Managers, Social Care Officers, Occupational Therapists, District Nurses, Community Matrons, and any other community healthcare staff and visiting professionals provide an element of independent oversight to the care assessment and delivery within a home and will therefore be considered by the Contracts & Quality Officer. Any issues or concerns raised as a result of receipt of such information will be discussed with the Registered Manager before being treated as relevant information and included in the assessment.

Feedback from both internal and external colleagues will be encouraged. This soft intelligence will be used to determine priorities for the monitoring tools and may result in focused monitoring visits. For the avoidance of doubt, colleagues will be encouraged to provide positive feedback on the home as well as raising issues or concerns.

Care Quality Commission
The Council will consider all findings, reports, comments, views and considerations made by the Care Quality Commission in measuring achievement of the outcomes. All information received will be verified by the Commissioning & Service Development Officer and discussed with the Registered Manager before it is accepted as relevant information and included within the

assessment. On receipt of the initial feedback from CQC the Commissioning & Service Development Officer will work with the home to produce an initial action plan so improvements can be made immediately.

The Commissioning & Service Development Officer will also cross reference the findings from CQC with the most recent QSF Report and all recent recorded monitoring information to identify gaps and if required update monitoring tools.

The Commissioning & Service Development Officer will ensure that all actions required from the CQC Report are included within the home's Action Plan.

Healthwatch Reports

Local HealthWatch ensures that the views and feedback from people who use services, carers and members of the public are integral to local commissioning. It provides support to people and helps them to make choices about services and also provides intelligence for HealthWatch England about the quality of Registered Providers. This is done through various mechanisms including enter and view visits. The Council will consider all findings, reports, comments, views and considerations made by Healthwatch. All information received will be verified by the Commissioning & Service Development Officer and discussed with the Registered Manager before it is accepted as relevant information and included within the assessment.

Ongoing information

The collation of relevant information will be an ongoing process throughout the year. Commissioning & Service Development Officers may consider any additional information which they feel is relevant and should be taken into account ranging from informal comments to complaints and compliments, moratoriums and implementation of RASC. All additional information will be shared with the Registered Manager in order that they understand the relevance to the outcomes assessment before it is recorded as relevant information on the assessment. With respect to moratoriums and RASC the Commissioning & Service Development Officer will take into consideration how the provider has worked with the Council to make and sustain improvements

Any concerns highlighted through any of the above will be brought to the attention of the Registered Manager (or responsible person) who will be required to rectify the issue within a timescale agreed between themselves and the Contracts & Quality Officers.

Partnership Working

The relationship between the Commissioning & Service Development Officer and the Registered Manager will encourage the Manager to be autonomous. The Commissioning & Service Development Officer will offer guidance and support and provide ideas for improvements and examples of good practice however the way the service is delivered in each individual home is the responsibility of the Registered Manager.

The Commissioning & Service Development Officer will provide ongoing support to Registered Managers to identify and mitigate risk and they will work together to identify gaps in performance.

The information and evidence to be used to respond to the judgement questions will be collated by the Commissioning & Service Development Officer on an ongoing basis. There is no requirement on the provider to submit any form of self assessment. All relevant information and evidence will be discussed with the Registered Manager to ensure they understand the relevance of the information to the outcome assessment process and any action plans will be agreed to mitigate identified risks. The Registered Manager will be responsible for ensuring that the Commissioning

& Service Development Officer is advised of any updates to any practices and procedures which affect service delivery.

Outcome Determination

Evidence from all relevant sources will be holistically considered to make a determination on the provider's compliance with each outcome.

Outcome 7 will be assessed by the Medicines Optimisation Team from North of England Commissioning Support who will provide an Assurance Visit Report which will be appended to the QSF Report.

Outcome 10 will be assessed by the Council's Health & Wellbeing Team who will provide a Report on the Assessors findings which will be appended to the QSF Report.

The remaining outcomes will be assessed in accordance with the judgment questions attached at appendix 1

Where the Commissioning & Service Development Officer identifies gaps in performance and service provision and on the evidence collated is unable to assess the outcome as "fully met" the Officer will use "impact criteria' to determine the level of non- compliance.

The "impact criteria" requires the Commissioning & Service Development Officer to assess the nature and level of impact (see appendix 2) and the likelihood of the impact occurring (see appendix 3). The determination of the impact level and likelihood will then be applied to the following matrix which will determine the overall level of achievement of the outcome:

Likelihood	Impact		
	Low	**Medium**	**High**
Unlikely	Outcome Substantially Met	Outcome Substantially Met	Outcome Partly Met
Possible	Outcome Substantially Met	Outcome Partly Met	Outcome Not Met
Almost certain	Outcome Partly Met	Outcome Not Met	Outcome Not Met

The Council believes that there will always be an element of subjectivity in measuring outcomes. It is therefore important that the Commissioning & Service Development Officers can demonstrate that they are acting consistently. The Council will implement a quality assurance process to measure and monitor consistency on an ongoing basis. As part of this process the Commissioning & Service Development Officers will meet regularly to ensure consistency by sharing and moderating their findings.

The Commissioning & Service Development Officers will be expected to demonstrate and justify how they have determined each outcome, both to the Council and to providers.

In February of each year the Council will provide a Quality Standards Framework Assessment Report to the proprietor which will include details of the Council's assessment in relation to each outcome.

Providers will be expected to work with the link Commissioning & Service Development Officer to develop action plans in response to the findings from the Quality Standards Framework Assessment Report. Time scales will be agreed and the content of the action plans will determine the frequency of visits the Commissioning & Service Development Officer will make to the home to measure and monitor improvements. The Commissioning & Service Development Officer and Registered Manager will together agree which action plans require unannounced visits and agree together convenient dates and times for announced visits. The Council will support providers wherever possible in the implementation of the Actions Plans.
Action Plans will be treated as relevant information and progress in relation to the content will be recorded and used as part of the ongoing assessment of outcomes included within.

Appeal Process

The proprietor or Registered Manager may appeal in writing to the Council within 10 working days of receipt of the Quality Standards Framework Assessment Report using the Appeal Form at appendix 7.

The Appeal Form must include full details of the grounds on which the Provider is challenging the decision and identify all documentation which the appellant will seek to rely on at the appeal hearing.

Appeals will only be considered on the following grounds:

1) There are alleged inaccuracies in the outcome determination that could potentially change the outcome determination

OR

2) The Council did not follow the prescribed process outlined within the Quality Standards Framework Assessment Protocol which resulted in the Provider being disadvantaged.

The Assistant Director – Adult Social Care will consider whether the appeal satisfies the appeal criteria. If the appeal is accepted the Commissioned Services Team will, within 10 working days, provide a written Appeal Response to the provider and a date for the appeal hearing will be set.

The appeal will be heard by an Appeals Panel which will consist of:
- Assistant Director – Adult Social Care
- Head of Service

Only evidence identified on the Appeal Form and in the Appeal Response will be considered at the appeal hearing.

Following the appeal hearing the Provider will be informed in writing within 5 working days of the outcome of the appeal.

JUDGEMENT QUESTIONS

Outcome 1 - Assessment & Review

- Do all people receiving the service have a written care plan that is monitored, periodically evaluated and reviews are recorded to ensure the information is up to date and accurate?
- Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes?
- Are people's records accurate, complete, legible, up-to-date, securely stored and available to relevant staff so that they support people to stay safe?
- How is technology and equipment used to enhance the delivery of effective care and support, and to promote people's independence?
- How do staff work together to ensure that people receive consistent, timely, coordinated, person-centred care
- How are people's day-to-day health and wellbeing needs met?
- How does the service make sure that people can understand the information and explanations about their healthcare and treatment options, including medicines, and their likely outcomes?
- How are people involved in regularly monitoring their health?
- Can people access care, support and treatment in a timely way and, where the service is responsible, are referrals made quickly to appropriate health services when people's needs change?
- How do people, or those with authority to act on their behalf, contribute to planning their care and support, and how are their strengths, levels of independence and quality of life taken into account?
- How does the service make sure that a person's care plan fully reflects their physical, mental, emotional and social needs, including on the grounds of protected characteristics under the Equality Act?
- How does the service identify and meet the information and communication needs of people with a disability or sensory loss? How does it record, highlight and share this information with others when required, and gain people's consent to do so?
- Does the service share appropriate information and assessments with other relevant agencies for the benefit of people who use the service?
- Are people's preferences and choices for their end of life care and where they wish to die, including in relation to their protected equality characteristics, spiritual and cultural needs, clearly recorded, communicated, kept under review and acted on?
- How are people, and their family, friends and other carers, involved in planning, managing and making decisions about their end of life care including advanced decisions made in line with the Mental Capacity Act 2005?
- How are people reassured that their pain and other symptoms will be assessed and managed effectively as they approach the end of their life, including having access to support from specialist palliative care professionals, particularly if they are unable to speak or communicate?
- How does the service make sure that it quickly identifies people in the last days of life whose condition may be unpredictable and change rapidly and, where required, that people have rapid access to support, equipment and medicines?
- How does the service support people's families, other people using the service and staff when someone dies?
- What arrangements are there for making sure that the body of a person who has died is cared for in a culturally sensitive and dignified way?

Outcome 2 – Mental Capacity Act & Consent

- Do staff recognise when people need and want support from their carers, advocates or representatives to help them understand and be involved in their care, treatment and support? How do staff help people to get this support?
- Do staff make sure they give information to people, their families and other carers about external bodies, community organisations and advocacy services that can provide independent support and advice, answer questions about their care, treatment and support, and, where necessary, advocate for them? How does the service support people to contact and use these services?
- Do staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and other relevant national guidance?
- Are people supported and given the information and explanations they need to make their own decisions in line with relevant legislation and guidance?
- How and when is possible lack of mental capacity to make a particular decision assessed and recorded?
- How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance?
- When people lack the mental capacity to make a decision, how do staff ensure that best interests decisions are made in accordance with legislation?
- What arrangements are there to manage risks appropriately, and to make sure that people are involved in decisions about any risks they may take?
- How do risk management policies and procedures minimise restrictions on people's freedom, choice and control, in particular for people who lack mental capacity?
- How do staff seek to understand, prevent and manage behaviour that the service finds challenging? How are individuals supported when their behaviour challenges? How well does this align with best practice?

Outcome 3 – DoLS

- How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person-centred support plan?
- Do staff recognise when people aged 16 and over, who lack mental capacity, are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?
- Do staff understand the difference between lawful and unlawful restraint practices. Is action taken to minimise the use of restraint?
- Is there a system of monitoring to ensure the person's representative maintains regular contact with the person?
- Are conditions attached to deprivation of liberty safeguards (DoLS) authorisations contained in care plans and it is set out how they will be implemented and monitored?
- Does management monitor all aspects of the service to ensure where a restriction may actually amount to a deprivation of liberty

Outcome 4 - Nutrition & Hydration

- How are people involved in decisions about what they eat and drink and how are their cultural and religious preferences met?
- How are people supported to have a balanced diet that promotes healthy eating and the correct nutrition and do people have access to dietary and nutritional specialists to help meet their assessed needs? There are sufficient quantities of food and drink at mealtimes inline with peoples preferences.
- How are risks to people with complex needs or lack capacity are identified and managed in relation to their eating and drinking?
- Have all relevant staff completed food hygiene training and are correct procedures in place and followed wherever food is prepared and stored?
- Do people have accurate nutrition and hydration assessments for eating and drinking which are carried out by knowledgeable staff.
- Where support is required such as encouragement or prompting is this done in a compassionate way that maximises people's independence and maintains their dignity?
- Is the service aware of dietary intolerances, allergies, medication contraindications and is this recorded, kept up to date and shared as appropriate.
- Do people have access to specialist equipment to meet their assessed need?
- Does the home encourage hydration of people inline with their assessed needs? Are snacks available outside of mealtimes?
- Can people choose the location of where they eat? Is the environment appropriate (seating and table) and clean.
- Are people offered a choice of food and drink and is it an appropriate temperature for the whole mealtime?

Outcome 5 - Promoting Dignity, Autonomy & Choice

- Are people treated with kindness, respectfulness compassion in their day-to-day care and support by staff including acting in their best interests.
- How does the service make sure that people, and those close to them, feel they matter, and that staff listen to them and talk to them appropriately and in a way they can understand?
- Are people are actively involved in developing the service including:
  • deciding how they choose to spend their day
  • planning activities and outings
  • decisions around personal care and how and when help is provided
  • devising menus and the timing and place of meals, and
  • consulted when alterations to their living space is planned.
- Do staff seek accessible ways to communicate with people when their protected and other characteristics under the Equality Act make this necessary to reduce or remove barriers?
- Do staff know and respect the people they are caring for and supporting, including their preferences, personal histories, backgrounds and potential?
- Do staff show concern for people's wellbeing in a caring and meaningful way, and do they respond to their needs quickly enough?
- How does the service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care?
- Do people receive support to be as independent as they want to be?
- Are People's relatives and friends made to feel welcome and able to visit without being unnecessarily restricted? There are arrangements to encourage relatives and friends to provide feedback?
- What processes are in place to ensure there is no discrimination, including in relation to

protected characteristics under the Equality Act, when making care and support decisions?
- Where the service is responsible, how are people supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them, including in the wider community, and where appropriate, have access to education and work opportunities?
- Where the service is responsible how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation?
- Does the service have a nominated Dementia lead(s) and a dynamic approach to drive standards in dementia care on a service wide and individual basis

Outcome 6 - Safeguarding/Understanding Safeguarding
- How are safeguarding systems, processes and practices developed, implemented and communicated to staff?
- How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved? Can staff recognise signs of potential abuse and know what to do when abuse is suspected?
- How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act.
- How are people supported to understand what keeping safe means, and how are they encouraged and empowered to raise any concerns they may have about this? If people are subject to safeguarding enquiries or an investigation, are they offered an advocate if appropriate or required?
- Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate?
- What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations?
- Where lessons can be learned the service can demonstrate the difference that investigation, review and audit has made to how care, treatment and support is delivered?

Outcome 7 – Medication
This outcome will be assessed by the Medicines Optimisation Team.

Outcome 8 – Infection Control
- What are the arrangements for making sure that premises are kept clean and hygienic so that people are protected from infections that could affect both staff and people using services does this include risk assessments?
- Do staff understand their roles and responsibilities in relation to infection control and hygiene?
- Are policies and procedures maintained and followed in line with current relevant national guidance?
- Where it is part of the service's role to respond to and help to manage infections, how does the service make sure that it alerts the right external agencies (e.g. HBC, visitors, professionals) to concerns that affect people's health and wellbeing?
- Does the home complete the Essential Steps documentation and have a designated IPC Champion
- Does the providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

Outcome 9 - Premises & Equipment

- How is technology used to support people to receive timely care and support? Is the technology (including telephone systems, call systems and online/digital services) easy to use?
- How is equipment, which is owned or used by the provider, managed to support people to stay safe? How are the premises and safety of communal and personal spaces (such as bedrooms) and the living environment checked and managed to support people to stay safe? How does the provider manage risks where they provide support in premises they are not responsible for?
- How are lessons learned and themes identified, and is action taken as a result of reviews and investigations when things go wrong?
- How well is the learning from lessons shared to make sure that action is taken to improve safety across relevant parts of the service? Do staff learn from reviews and investigations by other services and organisations?
- How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?
- How are people involved in decisions about the environment?
- What arrangements are there to ensure people have access to appropriate space:
  • in gardens and other outdoor spaces
  • to see and look after their visitors
  • for meaningful activities
  • to spend time together
  • to be alone?
- How does the signage, the decoration and other adaptations to the premises help to meet people's needs and promote their independence? How are any changes to the environment managed to avoid causing distress to people who live there? How do the premises meet people's diverse care, cultural and support needs?
- Are staff with responsibility for maintaining equipment appropriately trained to ensure it is fit for purpose?
- Does the service maintain and follow policies and procedures in line with current relevant national guidance?

Outcome 10 – Health & Safety
This outcome will be assessed by the Councils Health & Wellbeing Team.

Outcome 11 - Moving & Handling Tool

- Does the service ensure that moving and handling of people is undertaken in a safe way including:
  - A Moving and Handling Policy is in place.
  - All people who use the service are assessed in relation to their mobility and there is detailed task guidance in the support plan.
  - Services using specialist equipment include an OT assessment.
  - Risk assessments are appropriate.
  - Staff have had Moving and Handling Training within the last 12 months.
  - Moving and handling training is provided by a competent trainer.
  - Trained staff monitor staff techniques on a periodic basis.
- How do you ensure that risk assessments are robust?
- Is professional instruction detailed in people's support plans, it is in date and followed by staff?
- Is there a commitment to encourage people to assist, where safe to do so, in their own transfers?
- Where required people who use the service are given reassurance in a compassionate manner

by staff?
- How do you ensure that staff have skills, competencies, qualifications, experience and knowledge, to meet people's individual needs?
- How do you ensure that equipment is fit for purpose?
- Is moving and handling equipment used in accordance with manufacturers?
- Have there been any near misses or accidents whilst hoisting in the last 12 month?

Outcome 12 - Leadership & Management

- What arrangements are there, including within the rotas, for making sure that staffing levels are sufficient, staff have the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs and personal preferences are accounted for.
- Are managers aware of, and do they keep under review, the day-to-day culture in the service, including the attitudes, values and behaviour of staff and whether they feel positive and proud to work in the organisation?
- How does the service promote and support fairness, transparency and an open culture for staff?
- How do managers make sure that staff are supported, respected and valued; have their rights and wellbeing protected; and are motivated, caring and open?
- Does the service show honesty and transparency from all levels of staff and leadership following an incident? How is this shared with people using the service and their families in line with the duty of candor, and how does the service support them?
- Do leaders have the skills, knowledge, experience and integrity they need to lead effectively – both when they are appointed and on an ongoing basis?
- Does the service have, and keep under review, a clear vision and a set of values that includes a person-centered culture, involvement, compassion, dignity, independence, respect, equality, wellbeing and safety? How do leaders make sure these are effectively embedded into practice? Do all staff understand and promote them?
- Is the leadership visible and capable at all levels and does it inspire staff to provide a quality service?
- Do managers and staff have a shared understanding of the key challenges, achievements, concerns and risks?
- How does the organisation promote equality and inclusion within its workforce?
- Where required, is there a registered manager in post?
- Does the registered manager understand their responsibilities, and are they supported by the board/trustees, the provider and other managers to deliver what is required?
- Are all relevant legal requirements understood and met, including CQC registration requirements, safety and public health related obligations, and the submission of notifications and other required information? Do managers understand recommendations made by CQC, keep up-to-date with all relevant changes, and communicate them effectively to staff?
- How are staff actively involved in developing the service? Are they encouraged to be involved in considering and proposing new ways of working, including ways of putting values into practice?
- Are there strong links with the local community? How has the service strengthened relationships beyond the key organisations?
- How does the service work in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care? Does it do so in an open, honest and transparent way?
- Does the service give staff the time, training and support they need to provide care and support in a compassionate and personal way? Are rotas, schedules and practical arrangements organised so that staff have time to listen to people, answer their questions, provide

information, and involve people in decisions?
- Does the service follow clear staff disciplinary procedures when it identifies that staff are responsible for unsafe practice

Outcome 13 - Staffing, Recruitment, Support & Learning
- All staff have completed induction?
- Do staff receive feedback from managers in a constructive and motivating way, which enables them to know what action they need to take?
- How does the service make sure that responsibility and accountability is understood at all levels so that governance arrangements are properly supported?
- Are there clear and transparent processes for staff to account for their decisions, actions, behaviours and performance?
- How are staff supported to question practice and how are people who raise concerns, including whistle-blowers, supported and protected?
- How is safety promoted in recruitment practices, arrangements to support staff, training arrangements, disciplinary procedures, and ongoing checks?
- Do staff receive effective training in safety systems, processes and practices?
- Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress?
- Do people have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience?
- Are staff supported to keep their professional practice and knowledge updated in line with best practice?
- Do staff and any volunteers have effective and regular mentorship, support, supervision, appraisal and training? Do staff know and understand what is expected of them?
- Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?
- Are there effective means of communication so information is shared in an appropriate format so staff can carry out their roles and responsibilities effectively?

Outcome 14 - Quality Assurance
- Are there thorough, questioning and objective investigations into whistleblowing or staff concerns, safeguarding, and accidents or incidents? Are action plans developed, and are they monitored to make sure they are delivered?
- How are lessons learned and themes identified, and is action taken as a result of reviews and investigations when things go wrong?
- How well is the learning from lessons shared to make sure that action is taken to improve safety across relevant parts of the service? Do staff learn from reviews and investigations by other services and organisations?
- How does the service make sure that its approach to quality is integral and all staff are aware of potential risks that may compromise quality?
- How does the service enable and encourage accessible open communication with all people who use the service, their family, friends, other carers, staff and other stakeholders, taking account of their protected and other characteristics?
- How are people's views and experiences gathered and acted on to shape and improve the services and culture?
- Are resources and support available to develop staff and teams, and drive improvement?
- How effective are quality assurance, information and clinical governance systems in supporting and evaluating learning from current performance? How are they used to drive continuous improvement and manage future performance?
- How is success and innovation recognised, encouraged and implemented?

- How is information from incidents, investigations and compliments learned from and used to drive quality?
- How does the service measure and review the delivery of care, treatment and support against current guidance?
- Are information technology systems used effectively to monitor and improve the quality of care?
- Is the provider accredited as standards met in the DPST Toolkit.

Outcome 15 - Complaints

- How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way?
- How easy and accessible is it for people to use the complaints process or raise a concern and is this encouraged?
- How effectively are complaints handled, including ensuring openness and transparency, confidentiality, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record?
- How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?
- Are concerns and complaints used as an opportunity to learn and drive continuous improvement?

Level of Impact and Impact Statements

Outcome 1: Assessment and Review
Low
- People experience delays in treatment due to records not being available when requested.
- Staff do not know the people they support because information about them is limited.
- People's preferences are not kept under review.
- People are not always consulted when additional support or treatment is needed.
- Staff do not always understand the documentation.
- People are not fully informed of risks, preventative measures or their own responsibilities relating to their care.

Medium
- People's confidentiality is not fully protected, sensitive matters are discussed openly.
- People do not have person-centred care plans. People are uncomfortable when receiving care because staff cannot communicate effectively.
- People may experience inappropriate care and treatment due to records not being complete or accurate.
- Critical health monitoring documentation is not understood by staff potentially leading to delays to treatment.
- Not all peoples care and support plans contain as a minimum health, personal care, emotional, social, cultural, religious and spiritual needs.
- People may be put at risk because the service does not make use of external agencies to support the quality assurance procedure.

High
- People experience inadequate care and treatment due to records not being complete or accurate.
- People's confidentiality is breached as records are not secure or disposed of appropriately.
- Critical health monitoring documentation is inadequate.
- Critical health monitoring documentation is routinely inadequate.

Outcome 2: Mental Capacity Act & Consent
Low
- People may feel reasonably informed when giving consent but not all information is provided.
- Advocacy advice is not available to people.
- People's views, values and opinions are not recorded in best interest decision records.
- Some people are not supported to make an advance decision.

Medium
- People may not feel fully informed when giving consent.
- People may not supported to change a consent decision.
- People may not feel fully supported when giving consent because staff have limited knowledge and understanding of capacity and consent.
- People are not supported to change a consent decision.
- People may not feel fully supported when giving consent because staff have limited knowledge and understanding of capacity and consent.

High
- People may feel pressurised to give consent decisions.
- People may feel they cannot change their care or treatment once they have given consent.
- Decisions are made on people's behalf against their best interests.
- Mental capacity assessment are not time and issue specific.
- Although known, people's views, values and opinions are not considered when best interest decisions are made.

Outcome 3: Deprivation of Liberty Safeguards (Dols)

Low
- People's representatives does not maintain regular contact with the person.
- Staff do not know the legal conditions applied to legal authorisations.
- Restraint practices are not always the least restrictive.

Medium
- Management do not monitor all aspects of the service to ensure where a restriction may actually amount to a deprivation of liberty.
- Some unlawful restraint practices are in place.
- Request to the Supervisory authority are not made in accordance with required timescales.
- Reviews are not made to the Supervisory authority in required timescales.

High
- A person's mental capacity to consent to care or treatment is not assessed, recorded or reviewed.
- The service has unlawful restrictive practices in place which deprive people of their liberty.
- People may be physically restrained by staff who have not had restraint training.

Outcome 4: Nutrition & Hydration

Low
- Sometimes people do not have the choices of food and drink they would like.
- People's preferences are not always recorded around what they want to eat and drink.
- People do not always receive encouragement to eat and drink independently.
- Staff do not always recognise where specialist advice is required.

Medium
- Sometimes people's nutrition and hydration support plans are not always accurate.
- Sometimes people do not receive the correct level of support to eat and drink.
- The service does not always seek specialised advice.
- Sometimes specialist instruction is not always followed to ensure nutrition and hydration is sustained, maximising good health as intended.
- The service does not always monitor food and fluid intake where people are at risk of malnutrition and dehydration.

High
- People's nutrition and hydration support plans are not always accurate and review systems do not recognise that people are put at risk.
- The service routinely fails to seek nutritional advice when required.
- People are at risk of malnutrition.
- People are at risk of malnutrition and dehydration.
- People are at risk of dehydration.

Outcome 5: Promoting Dignity, Autonomy & Choice
Low
− People are not always supported to participate in the community.
− People are not always informed of the choices they have that are related to their care, treatment and support, so that they can make decisions.
− People's basic privacy expectations cannot always be met.
− People can only influence significant decisions about the running of their service, not everyday aspects.
− Barriers to people communicating with friends or family are not always identified.

Medium
− People may suffer social isolation.
− People do not fully understand the choices they have related to their care, treatment and support, which limits their ability to make informed decisions.
− People's privacy is not protected while receiving intimate personal care.
− People feel they can contribute ideas to the running of the service however, they may not be confident that their comments are always acted upon.
− Sometimes people's privacy is not maintained.

High
− People suffer isolation.
− People cannot express their decisions about their care, treatment and support.
− People cannot influence decisions about the running of a service and are not consulted.
− People's privacy is not respected and people lose their dignity.
− People are prevented from actively being involved in developing services.
− People are not supported to follow their interests where practicably possible.
− Examples of neglect are commonplace.

Outcome 6: Safeguarding
Low
− People that experienced abuse were not always offered support.
− The service does not monitor all areas of delivery to maximise prevention of abuse.
− Advocacy services are not promoted.
− Some practices to restrain people is unlawful although this was not harmful.
− Disciplinary processes were not always consistently applied.

Medium
− People may suffer subtle levels of abuse that are not recognised by staff.
− People were unnecessarily neglected.
− Lessons learned from safeguarding episodes were not implemented.
− Some staff have not attended Safeguarding Adults training but work unsupervised.
− Staff do not know how to protect people's rights.

High
− People reporting abuse do not have their concerns acted on.
− People were unnecessarily neglected.
− People are afraid to raise concerns.
− Safeguarding investigations are not undertaken robustly each time.
− Processes to keep people safe are not maintained when allegations of abuse are reported.

Outcome 7: Medication
This outcome will be assessed by the Medicines Optimisation Team.

Outcome 8: Infection Control

Low
- People who use the service may feel safe but the processes and procedures around infection control need to be more effective
- People who use the service do not always feel fully informed about how the service is preventing and controlling infections or how they can reduce risks.
- People may be at risk as staff do not comply with infection control policies and procedures
- People may be at risk as staff are not always aware of updated infection control practices

Medium
- People who use the service may be at risk as there is no effective infection control audit programme within the home
- People who use the service may be at risk as there is no effective staff training programme within the home
- People who use the service are generally safe but there are identified risks to their health and well-being.
- People may be at risk as the physical environment is not fit for purpose as its not clean
- People may be at risk as the recording processes around infection control are ineffective

High
- People who use the service are not protected from unsafe or inappropriate care
- People are unsafe as the resources to manage the prevention and control of infections is insufficient.
- People are at risk because the majority of staff have not been trained and supervision is infrequent.
- People are at risk as there is a lack of audit to review policies and practice and lessons are not learned.
  People are unsafe as the physical environment is not fit for purpose and is not clean
  People are at risk as they are ill-informed about how the service is preventing and controlling infections and how they can reduce risks.

Outcome 9: Premises & Equipment

Low
- Accidents and incidents are not consistently recorded.
- Accidents and incidents are not consistently investigated to provide learning.
- Actions identified in accident and incident analysis are not always implemented.
- The environment is sometimes unsafe.

Medium
- Accidents and incidents are not consistently investigated.
- Risk assessments do not consider the impact on the person or persons affected.
- Basic safety procedures are sometimes ignored.
- Some people cannot access areas they may wish to.
- People do not always have access to equipment that would improve their quality of life.

High
- The service does not comply with basic infection control guidance.
- Staff do not know what to do in emergencies.
- Accidents and incidents are not investigated.
- Risk assessments are not adequate.
- People experience delays in receiving care that is for serious or significant needs because lessons are not learned from incidents and/or accidents.
- People may receive inappropriate care and treatment because the quality assurance process is limited and may continually fail to identify risks.

Outcome 10: Health & Safety

This outcome will be assessed by the Councils Health & Wellbeing Team.

Outcome 11: Moving & Handling

Low
- People are not supported to assist in their own transfers to maintain their independence.
- Staff do not always use reassurance when people are anxious about being hoisted or transferred.
- Documentation does not always tell staff how to reassure people when they may become anxious about being hoisted or transferred.
- Equipment is sometimes used for purposes other than the manufacturers stated purpose.
- Methods to promote people's dignity is not always explored when people are hoisted or transferred.

Medium
- On occasion, the wrong lifting equipment was used which was not specific to people's requirements.
- Staff require moving and handling refresher training.
- Risk assessments were in some circumstances requiring review to reflect were people's needs had changed.
- Risk assessments are not reviewed inline with schedules.

High
- Risk assessments designed to instruct staff in safe lifting techniques were not adequate.
- People were lifted inappropriately.
- Staff undertaking lifting of frail people were not trained.
- Equipment used to keep people safe was not maintained.
- Equipment was unsafe to use.
- People may be put at risk because their needs are not fully assessed.
- People do not have emergency plans in place where they lack mobility.
- The service fails to make timely referral for specialist advice and support.
- The service fails to make timely referral for specialist equipment.
- People's independence is restricted because sometimes staff on duty do not have the skills to use lifting equipment.

Outcome 12: Leadership & Management

Low
- Staff do not contribute to improvement strategies.
- Staff do not always know what a high quality of service looks like.
- The service does not always work with partnership organisations.

Medium
- Staffing levels are not adjusted according to people's levels of dependency.
- The service does not always report statutory notices to key stakeholders.
- There is no registered manager in post and it is not certain that service is being properly managed.
- Sometimes accidents, incidents and near misses are not reported by staff.

High
- Staffing levels are regularly inadequate to meet people's needs.
- Management do not always report accidents, incidents and near misses.
- There is no registered manager in post for a continued period and no apparent cover.
- The submission of statutory notifications is not always made.

Outcome 13: Staffing, Recruitment, Support & Learning

Low
- Some people may suffer from isolation because staff cannot communicate effectively.
- Some people may not receive the optimum level of service because staff have not had training specific to their needs.
- Support to staff is not always effective.
- The staff disciplinary process is not consistently applied.
- Staff are not always aware of changes in people's needs because internal communication systems are sometimes ineffective.

Medium
- The service does not source specialised training for staff that would enhance the quality of life to people with specific needs.
- Unlawful restraint practices are used.
- Poor communication systems mean staff cannot regularly carry out their roles effectively.
- Some staff have not had induction but work unsupervised.
- People may experience pain or are put at risk when receiving care because agency staff are not inducted appropriately.
- People may experience inappropriate care and support because of the limitations of the recruitment and selection processes and the application of it.
- People experience pain or are put at risk when receiving care because of the lack of mandatory update training.
- People are exposed to unnecessary risk because staff competencies are not checked and addressed.

High
- People may suffer neglect because there are too few staff on duty.
- People may suffer harm because there are too few staff on duty.
- Inexperienced staff undertake tasks without the required training.
- Staff are not recruited robustly.
- People experience harm or injury because repeated failings by staff were not managed or reported to professional bodies.

Outcome 14: Quality Assurance

Low
- Sometimes local and/or national guidance is not acted on.
- Some resources are not available to improve services.
- Sometimes information from key stakeholders is not acted on.
- The service monitors the quality of the service but does not always act on findings.
- People are consulted with but their comments are not acted on.

Medium
- People are not encouraged to make comments or complaints about the service.
- Occasionally, documentation relating to people's everyday health needs is not reviewed.
- Staff are not supported to develop new skills.

High
- People's personal information is not stored securely.
- People are discouraged from making comments or complaints about the service.
- People may be put at risk because the service does not make use of external agencies to support quality assurance systems.
- People are not afforded the opportunity to give their views about how they want services delivered.
- Documentation relating to people's everyday health needs is not reviewed.
- People receive inappropriate care and treatment because the quality assurance process is limited and fails to identify problems.

Outcome 15: Complaints

Low

- Some concerns, complaints are not seen always seen as learning opportunity.
- Records of all complaints, investigations and outcomes are not always made.
- The complaints process is not always accessible to all people.

Medium

- People do not feel supported to make a comment or raise a complaint.
- The service does not fully investigate all comments and complaints.
- The service does not have an open and transparent ethos.
- The service does not review complaints to look to make improvements.

High

- The service does not investigate concerns and complaints.
- The service does not acknowledge complaints or comments.
- There is no complaints process.

In some cases, Commissioning & Service Development Officers may be required to develop more appropriate impact statements to reflect the situation and the examples and evidence provided in each case. Statements will be carefully considered and developed and will be reflective of the potential impact level. Commissioning & Service Development Officers will use statements consistently across providers where the evidence provided leads to similar conclusions

Likelihood of Impact

Unlikely

This will probably never happen/ recur as there are control measures and processes in place.

Possible

This may happen/ recur but it is not a persistent issues.

Almost Certain

This will probably happen/ recur frequently. This could be due to a breakdown in processes or serious concerns about control measures.

HARTLEPOOL BOROUGH COUNCIL
QUALITY STANDARDS FRAMEWORK - APPEAL FORM

Care home	
Address of care home	
Organisation	
Registered Person	
Name of person completing form	
Position in organisation	
Signature	
Date	

	Tick
Please indicate below under which criteria you wish to make the appeal.	
There are alleged inaccuracies in the outcome determination that could potentially change the outcome determination	
OR	
The Council did not follow the prescribed process outlined within the QSF Protocol which resulted in the Provider being disadvantaged	

Appeals should be submitted electronically to **AdultsCommissioning@hartlepool.gov.uk**

Please complete either section A OR section B

For Office Use Only:

Date Received:	
Dealt with by:	
Appeal criteria met: Y/N	
Appeal date:	
Appeal outcome:	

Section A

Grounds for Appeal - There are alleged inaccuracies in the outcome determination that could potentially change the outcome determination

Please provide full details of the alleged inaccuracies in the outcome determination(s).

Please identify all documentation you intend to rely upon to support the appeal. Please note that only documentation which is listed below will be considered at the appeal hearing.

Continue on separate sheet if necessary

Section B
Grounds for Appeal - The Council did not follow the prescribed process outlined within the QSF Protocol which resulted in the Provider being disadvantaged.

Please provide full details of where you allege the Council failed to follow the prescribed process outlined within the QSF Protocol and how as a result of this you have been disadvantaged.

Please identify all documentation you intend to rely upon to support the appeal. Please note that only documentation which is listed below will be considered at the appeal hearing.

Continue on separate sheet if necessary