

## Sunderland Clinical Commissioning Group and Sunderland City Council Assessment tool

### Introduction

This tool has been developed to support a collaborative approach to care standards development in the independent care sector. The tool consists of three Assessments - Care Plan, Clinical and Services, each of which has a number of domains and standards within it. Each Standard has questions which relate to it and these questions require a 'Yes', 'No' or 'Not applicable' response. The response relies on the assessor (s) searching for evidence in a number of ways - actual written evidence, observed evidence and evidence gained from discussions with staff and / or service users / relatives.

### Advice and Guidance

This is guidance only and assessor(s) must use their knowledge, skill and experience to make a judgement on a 'Yes', 'No' or 'Not applicable' response. Wherever possible assessors must seek assurance from a number of different sources.

#### Specific Guidance

READ THROUGH THE USER NOTES PRIOR TO USING THIS ASSESSMENT TOOL

1. All three assessments do not need to be completed within one visit
2. Plan your visit by choosing the assessment to carry out;
4. Some domains may require assessment at specific times i.e. Nutrition and Hydration assessment should be carried out over a meal time.
5. The answer to some questions will require input from the staff in the establishment. In order to determine an appropriate 'Yes', 'No' or 'Not applicable' response you may need to ask the same question of a number of staff - in these circumstances do not rely on an individual response only.
6. The use of observation, listening and questioning techniques are essential
7. During assessment assessors should have a hard copy of the evidence and best practice rationale as an aide memoire to support determining a 'Yes', 'No' or 'Not applicable' response.

#### Select Option :

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Select Option



User Notes
Care Plan Assessment
Clinical Assessment
Service Assessment
Summary

PLEASE READ THE USER NOTES  
BEFORE USING ASSESSMENT TOOL



Worksheet	Description and Guidance on how to use the worksheet (if appropriate)																			
USER Notes	This worksheet. User notes explain how the 'audit tool' is set up and provides some additional user guidance																			
Assessment	The Assessment Worksheets provides templates for recording the results of the assessment, where a response of 'Yes', 'No' or 'Not Applicable' is recorded for questions asked within each standard. Users must record an appropriate response for each of the questions (Column F) At commencement of recording assessment the User must record the service name(Cell C13) and the Date of the Assessment (Cell K12) on the FRONT sheet only.																			
	For information only - relevant to those who wish to understand how the assessment and RAG rating has been calculated and set up within the spreadsheet functionality The Assessment Worksheets provides the template for recording the results of the assessment, where a response of 'Yes', 'No' or 'Not Applicable' is recorded for questions asked within each standard. This is the sheet where additional calculations are carried out to determine a RAG rating for each standard.																			
	<table><tr><th>Assessment</th><th>No of Questions</th><th>Green benchmark</th><th>Amber benchmark</th></tr><tr><td>Care Plan</td><td>100</td><td>80</td><td>40</td></tr><tr><td>Clinical Assessment</td><td>56</td><td>80</td><td>40</td></tr><tr><td>Services Assessment</td><td>136</td><td>80</td><td>40</td></tr></table>				Assessment	No of Questions	Green benchmark	Amber benchmark	Care Plan	100	80	40	Clinical Assessment	56	80	40	Services Assessment	136	80	40
	Assessment	No of Questions	Green benchmark	Amber benchmark																
	Care Plan	100	80	40																
Clinical Assessment	56	80	40																	
Services Assessment	136	80	40																	
Commissioners Extract	This worksheet presents the assessment 'results' in the appropriate format for importing into MODULE 2 - Commissioners Analysis.																			





# Care Plan Assessment Worksheet

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Standard	Assessment Criteria and 'score' Record 'Yes', 'No', 'Not Applicable'	RAG Rating
<b>Domain 1: Activities</b>  <b>People's lifestyles (in the service and in the community) matches their expectations and preferences giving choice and control over social, cultural, religious and recreational activities.</b>  The support and encouragement provided from staff enables people to access activities social and leisure facilities both inside the service and in the community  People are able to exercise choice and control and are supported to take risks to do the activities /have the contacts they enjoy. For people with dementia symptoms this should be linked via life story work  People are supported to remain healthy by information in appropriate formats to participate in activities designed to support both physical and mental health	1 Where appropriate life histories are used to enable service users to participate in activities of their choice 2 Where appropriate an individual activities plan is drawn up with the service user 3 Where appropriate If activities are provided they are flexible and support service users individual lifestyle choices 4 Where appropriate service users are involved in the planning of activities both individual and around 5 Are service users family and friends involved with in activities 6 Is there evidence of individual activities taking place 7 Is there evidence of group activities taking place 8 Where appropriate there is evidence that people are supported to participate in activities within their community 9 Is there evidence of service user participation in activities and the outcomes achieved recorded 10 Where appropriate there is an activities coordinator	0.0
<b>Domain 2: Dementia Support and Mental Capacity</b>  <b>The service is run in the best interests of service users who benefit from the culture, consistent leadership and management approach of the home</b> <b>Service users legal rights are protected</b>  There are appropriate arrangements in place to ensure compliance with the national Dementia Strategy, by identification of a senior member of staff/named Dementia Lead Coordinator for quality improvement in the care of people with Dementia type symptoms  Service users are provided with an advocate or independent Mental Capacity Advocate as appropriate to circumstances  Service users experience a service which protects their human rights including compliance with the Deprivation of Liberty Safeguards	1 Where appropriate a diagnosis of dementia is recorded within the care file, including the level of dementia and a regular review is undertaken 2 Where a diagnosis of Dementia is recorded is there evidence of whether the service user can make decisions about their care 3 Where appropriate is there evidence that an advocate is required and this is recorded 4 Where appropriate information regarding Lasting Power of Attorney/Appointeeship/Court of Protection deputyship is recorded within the care file 5 Are communication support needs identified within the care plan 6 Is there evidence within the care plan that mental capacity assessments have been completed and reviewed regularly 7 Where appropriate a best interests care plan is in place 8 Is there evidence that applications for DoL safeguards have been applied for where necessary and are kept under review 9 Where appropriate life story work has been carried out and kept up to date 10 Where appropriate the Abbey Pain Tool is used 11 Where appropriate a referral has been made to the challenging behaviour team 12 Where appropriate behaviour charts are used and completed appropriately 13 If the Newcastle model has been implemented, it is included in and linked to the appropriate care plan 14 If the use of restraint is identified within the care plan/Newcastle Model plan is there evidence that this is applied and recorded appropriately 15 Where appropriate there is an identified Dementia champion/lead within the service 16 Where appropriate there is a local dementia strategy specific to the service	0.0
<b>Domain 3: Multi Agency and use of specialist services</b>  <b>People experience personalised care, planned and implemented to meet their individual health, personal care and social care needs</b> <b>Decisions about health care and medication needs are made with the involvement of people using the service and/or their representatives, with assistance as needed. People will be encouraged to develop and maintain independence through self-care.</b>  People benefit from access, through agreed routes, to specialist services including Recovery at Home, Tissue Viability, Bladder and Bowel and the annual sensory testing for people who have Dementia symptoms  Service users are supported by staff and/or advocates to contact external professionals where this is needed  People are supported to have and to access the health services/persons of their choice in the environment of their choice	1 Where appropriate there is evidence of a referral to specialist services and recommendations are translated into the care plan 2 Are professional visits recorded within the care file 3 Where appropriate there is in place a standardised transfer document that is in use when a service user transfers between establishments 4 Where a service user is supported by more than one agency there is evidence to indicate which agency takes the lead in coordinating care 5 Is there evidence that all relevant agencies are involved in reviews of care 6 Where appropriate the service can evidence that people are informed of changes to their care and support including new staff and changes to the time of the visit	0.0

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Standard	Assessment Criteria and 'score' Record 'Yes', 'No', 'Not Applicable'	RAG Rating
Domain 4: Risk Management	<p><b>People experience personalised care, planned and implemented to meet their individual health, personal care and social care needs</b></p> <p>People will have a plan that's not restrictive and includes effective risk assessment and management which balances independence, choice and risk</p> <p><b>1 Where appropriate the following risk assessments are included in the care files and are completed fully and at appropriate intervals with any actions taken recorded :-</b></p> <p>1.1 Continence assessment</p> <p>1.2 Abbey pain tool</p> <p>1.3 Falls including environmental factors</p> <p>1.4 Bristol Stool chart in the event of an outbreak</p> <p>1.5 MUST/Nutritional screening</p> <p>1.6 Choking assessment</p> <p>1.7 SSKIN bundle</p> <p>1.8 Waterlow or Braden</p> <p>1.9 Recording of pressure relieving equipment in use e.g setting and type</p> <p>Is there evidence of appropriate notifications being made to the CQC e.g. a death, an injury, abuse or an allegation of abuse and an incident reported to or investigated by the police, DoL applications</p> <p><b>2</b> Where appropriate the service can evidence the use of risk management strategies to support the principle of empowerment and the promotion of independence</p>	0.0
Domain 5: Assessment and Care planning	<p><b>People experience personalised care, planned and implemented to meet their individual health, personal care and social care needs, which support their rights to a family life.</b></p> <p><b>Prospective service users have had the information they need to make an informed choice about where to live and a written contract/statement of terms and conditions</b></p> <p><b>Service users moving into the service have had their individual needs assessed and been assured that the service will have the resources and facilities to meet these needs</b></p> <p><b>Service users feel they are treated with respect and their right to privacy is upheld</b></p> <p>Prospective service users and carers/advocates are provided with enough relevant information to ensure their choice is informed by the knowledge that the service can meet their individual needs.</p> <p>Service users have a contract; they, their carers or their advocate understand it and know where a copy is kept</p> <p>Following admission assessment of on-going need continues throughout the trial period and beyond</p> <p>People are only admitted to the service on the basis of a full needs assessment</p> <p>The service is able to demonstrate that they have the capacity to meet the assessed needs of individuals admitted to the service</p> <p>People have a personalised plan clearly setting out how their needs will be met, by whom and when. This plan identifies support needs and preferences.</p> <p>People are involved with representatives/advocates where needed in drawing up their personalised plan</p> <p>People experience and are involved in regular reviews of care and support these are recorded and used to update personalised plans, inform service delivery and inform decisions made relating to future care and support</p> <p>People experience indicates that their privacy is respected and they are treated in a dignified way</p> <p>People's personal care and support needs are met in the way they prefer as and when required and in a way that allows for comfortable interaction</p> <p><b>1</b> Where appropriate there is evidence that people are involved in making the choice of where they live</p> <p><b>2</b> Is there a professional assessment within the care file</p> <p><b>3</b> Does the professional assessment consider the need for a carers assessment</p> <p><b>4</b> Is there a pre admission assessment in the care file</p> <p><b>5</b> Is there evidence of a contract or service user agreement in place</p> <p><b>6</b> Are the care plans completed in a timely manner within a trial period</p> <p><b>7</b> Is there a recent photograph of the service user</p> <p><b>8</b> Are the care plans well-structured in sections and contain an index?</p> <p><b>9</b> Does the medical history/assessment information of the service user translate into the care plan</p> <p><b>10</b> Is there a life history located within the care file</p> <p><b>11</b> Is the care plan reflective of peoples assessed needs choices and preferences</p> <p><b>12</b> Is the service user /relatives or legal representation involved and consulted in the care planning?</p> <p><b>13</b> Is the care plan person centred, current and does it include guidance on how care and support will be provided</p> <p><b>14</b> Can the care plans be used and understood by agency staff?</p> <p><b>15</b> Is there evidence of timely review and evaluation of care plans</p> <p><b>16</b> Is there a level of consistency across the care plans?</p> <p><b>17 Where assessed needs indicate there is a care plan for :-</b></p> <p><b>17.1</b> Continence</p> <p><b>17.2</b> End of life</p> <p><b>17.3</b> Falls including environmental factors</p> <p><b>17.4</b> Medication</p> <p><b>17.5</b> Infection control</p> <p><b>17.6</b> Nutrition and Hydration</p> <p><b>17.7</b> Pressure care</p> <p><b>17.8</b> Activities</p> <p><b>18</b> Is there evidence that people are provided with information regarding fees and other costs</p> <p><b>19</b> Are people provided with a contract / service agreement</p> <p><b>20</b> Can the service demonstrate that staffing levels are linked to assessed needs and dependencies of people and not only to organisational requirements and is a dependency tool used</p> <p><b>21</b> Is there evidence that staff understand the procedure to follow when corrections are needed to care plans</p>	0.0

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Standard		Assessment Criteria and 'score'	RAG Rating
		Record 'Yes', 'No', 'Not Applicable'	
Domain 6: Falls	Premises and surroundings promote well-being by being safe, clean, comfortable and accessible.		0.0
	There is a private comfortable space which can be used by service users for private meetings and visitors	1 On questioning a member of staff are they aware of the correct procedure to follow when a service user has a fall?	
	The service has a falls strategy which includes identifying people who are at risk of falls and referrals are made to the falls team	2 When a service user has a fall is the following documented within the care file :-	
	All equipment specialist and communal is maintained as required and this can be demonstrated in recording systems	2.1 The symptoms prior to the fall	
	Personalised bedrooms reflect the décor/choice and needs of service users and they feel that staff respect and look after their personal possessions	2.2 Any history of previous falls	
	Service users are empowered to use appropriate lockable facilities in their bedrooms	2.3 The activity being undertaken at the time of the fall	
	People are supported and empowered to have control over their own environment and level of comfort	2.4 The time of the fall	
	People benefit from a safe and secure outdoor space that can be enjoyed with family and friends	2.5 Any trauma sustained following the fall	
		3 Is there evidence within the care file of actions taken to support a service user at risk of falls?	
		4 Is there evidence within the care file of an action plan for the service user following the fall	
Domain 7: Nutrition and Hydration	Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them		0.0
	The service ensures that service users receive a varied, appealing, wholesome and nutritious diet with hot and cold drinks and snacks available at all times	1 Where appropriate any recommendations from SALT or dieticians are recorded within the care plan	
	All specific dietary needs are accommodated including religious and cultural needs	2 Individual food preferences and likes and dislikes, special requirements are recorded within the care plan and have been shared with the cook / kitchen	
	The service ensures that there is a menu ( changed regularly)offering a choice of meals in written or other formats to suit all service users.	3 Is there evidence that the service knows how to referral SALT and Dietician services	
	Staff offer assistance in eating where necessary , discretely, sensitively and individually. Independent eating supported by appropriate equipment is encouraged for as long as possible	4 Where appropriate the use of food supplements is recorded within in the care plan and there is evidence that they are used correctly	
	There are sufficient staff on duty to ensure that support is provided to enable people to experience the mealtime process as an enjoyable and dignified experience	5 Are there sufficient staff on duty to ensure that support is provided to enable people to experience the mealtime process as an enjoyable and dignified experience.	
	Service users can have a choice as to when and where they wish to eat	6 Where appropriate adapted cutlery and crockery are available and used as per detailed within the care plan	
		7 Is there evidence that menus are changes on a regular basis	
		8 Is there evidence of a meal time audit or observation of mealtime practices	
		9 Is there an alternative available to a buffet tea for people with special dietary requirements	
		10 Is there evidence that service users are supported to choose what they want to eat and where they want to eat	
		11 When service users require assistance to eat are staff aware of the general eating guidelines e.g. not asking questions of the service user whilst eating, avoiding distractions and engaging the service user	
		12 Are snacks and drinks available throughout the day	
		13 Where appropriate are finger foods available for service users with a diagnosis of dementia	
		14 Where appropriate weights recorded for each service user as instructed in the care plan e.g. weekly or monthly	
		15 Where appropriate service users are supported to be involved with menu planning and meal preparation	



## Clinical Quality Assessment Worksheet

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Standard		Assessment Criteria and 'score'		RAG Rating	
		Record 'Yes', 'No', 'Not Applicable'			
Domain 1: Continence	The aim in assessing continence is to secure an appropriate level of consistency that all continence assessments are carried out to reflect the needs of the service users . Staff within the service should have had appropriate training to be able to deliver consistent care	1	Is there appropriate options available for the management of the service users continence		
		2	On observation is the service users privacy and dignity maintained during toileting		
		3	Are continence supplies stored in the service users bedroom or in a clean dry area?		
		4	Has the service user , relatives or carers been given advice and information on the care of the urinary catheter		
		5	Is there a possibility that the service user may remove the catheter		
		6	Is there evidence that leg bags are changed weekly and night bags disposed of daily		
		7	Is the catheter changed every 12 weeks or earlier if clinical indicated and this is clearly documented in the care plan		
		8	When a catheter is replaced aseptic technique is adhered to at all times throughout the urinary catheter insertion?		
		9	The following is documented in the service users care plan or catheterisation chart :-		
		9.1	The date of catheter insertion		
		9.2	The size, length, type of catheter		
		9.3	The type and use of lubricant		
		10	On observation a closed drainage system is maintained at all times		
		11	The drainage bag is positioned below the level of the bladder and securely supported with a leg strap or leg sleeve or a catheter bag stand		
Domain 2: Pressure Care	There is an assessment and individual treatment plan for service users identified at risk or who have developed pressure damage	1	Is there evidence prevention of pressure damage is considered which includes mobilising, positioning and repositioning?		
		2	Where identified within the care plan appropriate pressure relieving equipment is used ?		
		3	Is skin assessed regularly and a body map updated monthly?		
		4	Where a service user is deemed to have category 3 or 4 pressure damage or deteriorating category 2 pressure damage there is appropriate involvement of the tissue viability team and this is clearly documented within the care file ?		
		5	Service users with pressure ulcers are assessed by a qualified registered nurse ?		
		6	Nutritional assessment has been carried out to promote wound healing		
		7	If a service user has pressure damage has the following been documented :-		
		7.1	The size of the ulcer		
		7.2	The location of the ulcer		
		7.3	A description of the ulcer		
		7.4	An image of the ulcer		
		7.5	Which dressings are used		
		8	On Observation prior to dressing changes is the service users privacy and dignity maintained at all times		
		9	On observation prior to dressing changes are hands washed and appropriate PPE worn		
		10	On observation after dressing changes are dressings disposed of in line with the waste regulations		
		11	On observation after dressing changes are hands washed and PPE discarded appropriately		
		12	Dressings prescribed are listed on the MAR chart and signed after dressing changes have taken place		
		13	Dressings prescribed for the service user are kept in their own room or in a locked cupboard		
		14	On observation service users are positioned using an appropriate manual handling technique or hoist		
		15	Has the Pain from pressure damage been assessed and acted upon		
		16	Are staff aware of how to access pressure relieving equipment		
		17	Are staff aware of how to send pressure relieving equipment for servicing and repair		



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Domain 3: End of Life	<b>Service users end of life is planned proactively, is personalised and is reviewed regularly</b>	
	Residents end of life is planned proactively is personalised and reviewed regularly	
	People are confident that the service will take consideration of their particular needs when drawing up plans for end of life care	
	Where people choose to make plans for their end of life care they are given relevant information and are supported to do so	
	1 Does the service user have a DNACPR that is up to date and has it been reviewed in a twelve month period ?	
	2 When a service user is identified as having end of life care needs is there a palliative care plan in place	
	3 Does the palliative care plan for the service user include psychological and spiritual support	
	4 Does the palliative care plan include a preferred place of death	
	5 When a service user is recognised to be dying is there a specific plan of care tailored to meet their needs within the dying phase of life which includes food/drink, symptom control, psychological, social and spiritual support	
	6 When a service user is recognised as dying are anticipatory drugs prescribed and available to be used within an agreed plan of care	
	7 Are anticipatory drugs prescribed in line with Regional Palliative Care and End of Life Care Guidelines?	
Domain 4: Nutritio	8 Where anticipatory medication has been prescribed for managing a service user in the last days of life :-	
	8.1 Has the medication been used in response to the service users needs within a timely manner	
	8.2 Where the medication hasn't been used has a review of the prescription taken place at a minimum of three months	
	9 Where appropriate the service user has an emergency health care plan in place written by a suitably trained professional	
	10 Where appropriate a palliative care register is in place	
	11 There is evidence that the DNACPR has been reviewed within 5 days after transfer or when circumstances change.	
		0.0
Domain 4: Nutritio	A multi-Disciplinary approach is taken to support the prevention and/or management of malnutrition and dehydration consistent with NICE guidelines	
	1 When the service user has enteral feeding is there a fluid balance chart in place and used appropriately	
	2 Is infection control guidance adhered to when staff are giving enteral feeds or flushing the PEG tube e.g. hand hygiene and appropriate PPE?	
	3 When a service user receives enteral feeding are the bowel movements recorded on the fluid balance chart	
	4 Where appropriate when a service user is on enteral feeding the regime is clearly documented	
	5 Where appropriate if a service user is Nil by Mouth this is clearly documented	
		0.0

# Service Assessment Worksheet

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Standard	Assessment Criteria and 'score'	RAG Rating	
	Record 'Yes', 'No', 'Not Applicable'		
<b>Domain 1: Falls, Accidents, incidents and environment</b>	<p><b>Premises and surroundings promote well-being by being safe, clean, comfortable and accessible.</b></p> <p>There is a private comfortable space which can be used by service users for private meetings and visitors</p> <p>The service has a falls strategy which includes identifying people who are at risk of falls and referrals are made to the falls team</p> <p>All equipment specialist and communal is maintained as required and this can be demonstrated in recording systems</p> <p>Personalised bedrooms reflect the décor/choice and needs of service users and they feel that staff respect and look after their personal possessions</p> <p>Service users are empowered to use appropriate lockable facilities in their bedrooms</p> <p>People are supported and empowered to have control over their own environment and level of comfort</p> <p>People benefit from a safe and secure outdoor space that can be enjoyed with family and friends</p> <p>Accidents, injuries and incidents of illness or communicable disease are recorded and reported in a way which minimises risk of recurrence</p>	<p>1 Is there evidence that the manager carried out a falls trend analysis monthly</p> <p>2 Is there evidence within the falls analysis that the following are looked in to :-</p> <p>2.1 Time of day</p> <p>2.2 Time of night</p> <p>2.3 Which unit the fall occurred on</p> <p>3 Is there evidence that falls that occur within the Dementia unit are recorded separately on the trends analysis</p> <p>4 Are accidents and incidents recorded and reported</p> <p>5 Are accidents and incidents analysed to inform service development and reduce the risk of recurrence</p> <p>6 Is an appropriate system in place to ensure that relevant maintenance and safety checks are carried out on aids and equipment</p> <p>7 Is there adequate lighting within the environment</p> <p>8 Is the environment suitable for service users with limited vision</p> <p>9 Are service users where appropriate seated comfortably and safely in a chair in the lounge area</p> <p>10 Where appropriate service users are supported to have access to equipment and interactive technology to promote independence</p> <p>11 Is there evidence that people are supported to have personal items/décor in their own bedroom</p> <p>12 Does the service provide an outdoor space which is secure and accessible to all service users</p>	0.0
<b>Domain 2: Infection Control</b>	<p><b>Premises and surroundings promote well-being by being safe, clean, comfortable and accessible.</b></p> <p>Service users are safeguarded by appropriate health and hygiene practices are in place</p> <p>The service is free from preventable offensive odours</p>	<p>1 Is the environment clean and safe</p> <p>2 Is the environment odour free</p> <p>3 Where appropriate are cleaning schedules available and completed</p> <p>4 Where appropriate colour coded equipment for cleaning is available</p> <p>5 Where appropriate is chlorine available for cleaning</p> <p>6 Where appropriate mops are stored/dischosed of/laundered correctly</p> <p>7 Do staff demonstrate the correct procedure for hand hygiene</p> <p>8 Where appropriate validation audits are carried out for hand hygiene</p> <p>9 Are staff bare below the elbows when delivering personal care</p> <p>10 Are appropriate hand hygiene facilities / equipment / available</p> <p>11 Is appropriate PPE available</p> <p>12 What action should be taken if a service user has unexplained diarrhoea</p> <p>13 Do staff know who to contact in the event of an outbreak</p> <p>14 Are staff aware of what to do if they have diarrhoea and sickness</p> <p>15 Where appropriate is the service registered for waste collection</p> <p>16 Is waste segregated appropriately</p>	0.0
<b>Domain 3: Quality Assurance</b>	<p><b>People who use the service and their relatives/carers and friends are confident that their complaints will be listened to, be taken seriously and be acted upon.</b></p> <p><b>The service is run in the best interests of people who use the service who benefit from the culture, consistent leadership and management approach.</b></p> <p>The complaints process is actively and positively promoted, it is clear and accessible and includes information about other organisations that have a role in investigating complaints</p> <p>There are detailed records and evidence to indicate that outcomes of complaints investigations are fed back to complainants, also whether they are satisfied with the outcome</p> <p>The number, nature and outcome of complaints is reviewed and integrated into quality assurance/service improvement plans</p> <p>Service user views are incorporated into quality assurance and quality monitoring systems and this can be evidenced and informs service delivery</p> <p>The actions taken following actively seeking the views of service users, family and friends, professionals and stakeholders is clearly related to the collated results of feedback from this activity</p>	<p>1 Is there evidence of service user and relative satisfaction surveys?</p> <p>2 Are the results of satisfaction surveys collated, analysed and used to inform service improvement</p> <p>3 Is there evidence that people's views inform service delivery?</p> <p>4 Are people aware of their rights to complain?</p> <p>5 Is the complaints process is actively and positively promoted?</p> <p>6 Is there a complaints policy?</p> <p>7 Is the complaints policy clear and accessible and includes information about other organisations that have a role in investigating complaints or in supporting a complainant.</p> <p>8 Are there detailed records of complaints received?</p> <p>9 Do complaints records evidence that outcomes of complaints investigations are fed back to complainants, also whether they are satisfied with the outcome</p> <p>10 Are complaints/outcomes of complaints analysed and used to inform service improvement</p> <p>11 Is there a process to review and analyse pressure damage developing within the service to identify themes and trends and appropriate action taken</p>	0.0

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Domain 4: Supervision and Leadership	<b>Service users' needs are met by the numbers and skill mix of staff</b>  <b>The service is run in the best interests of service users who benefit from the culture, consistent leadership and management approach of the home</b>  People experience care and support which respects privacy and dignity by staff who are well supported and supervised	
	1 Is there a supervision matrix in place	
	2 Are the number and nature of staff supervisions appropriate to the type of service being delivered	
	3 Are supervisors clearly indicated on the matrix	
	4 Can the service demonstrate that consideration is given to staffing skills prior to the service or support being agreed	
	5 Is there evidence of day to day supervision,	
	6 Are there regular unplanned observations of staff practice and spot checks carried out	
	7 Do staff receive and annual appraisal	
	8 Is there a registered manager	
	9 Is there evidence that the registered manager is given support by the owner / provider	
	10 Are the management arrangements clear and understood by staff particularly in the case of the registered manager being absent	
	11 Is there a contingency plan in place to ensure sufficient staff are provided at all times to meet the needs of the service users	
	12 Was it considered that enough staff are available both day and night to meet the needs of people using the service	
	13 Where appropriate Care plans are discussed in supervision sessions	
	14 Is there evidence that the manager is satisfied that registered nurses have complied with the revalidation process including agency nurses	0.0
Domain 5: Medication	<b>Decisions about health care and medication needs are made with the involvement of people using the service and/or their representatives, with assistance as needed. People will be encouraged to develop and maintain independence through self-care.</b>  Staff will be aware of and use the organisations medication policy	
	1 Medication rounds provide flexibility with timings to meet the needs of the service users (e.g. medication administered either with food or an empty stomach or time specific)	
	2 Service users are able to take responsibility for their own medication if they wish?	
	3 A record is maintained of current medication for self-administering service users?	
	4 Staff within the care home prompt the review of medication on a regular basis?	
	5 Staff monitor the condition of the service user on medication and consult the GP if they are concerned about any changes that may be a result of medication and this is clearly documented in the care plan	
	6 All nursing staff abide by the Nursing and Midwifery Council Standards for the administration of medicines?	
	7 An up to date list of medications is taken when a new service user arrives at the care home?	
	8 There are designated members of staff who deal with the ordering of medication	
	9 The designated member of staff is aware of the time period required for ordering repeat prescriptions?	
	10 A procedure is in place within the home for obtaining emergency supplies of medicines ( e.g. out of hours, bank holidays)	
	11 There is a safe process for transporting medication around the home?	
	12 Medication is only administered to the person for whom they have been prescribed, labelled and supplied (including dressings and nutritional supplements, excluding homely remedies)?	
	13 A procedure is in place to make an alteration to the medication administration chart following a verbal or written alteration to medication made by the GP?	
	14 Medicines are retained for a seven day period following the death of a service user	
	15 A procedure is in place to convey changes in medication to other members of the team	
	16 A procedure is in place for the management of any changes in medication after discharge from hospital to ensure continuity of care?	
	17 There is a procedure in place that includes action to take if a medication administration error or incident is identified?	
	18 There is a process in place for the receipt, storage and destruction of controlled drugs?	
	19 All controlled drugs are stored in a metal cupboard which complies with the misuse of drug regulations 1973?	
	20 The controlled drugs cupboard keys are kept separate from all the other keys?	
	21 Access to the controlled drugs cupboard is restricted to senior named staff?	
	22 The controlled drugs register is a bound book used for solely recording controlled drugs and is kept for a minimum of 2 years after the date the last entry was made?	
	23 Controlled drugs are administered by designated and trained staff only?	
	24 There is a list of homely remedies that has been agreed with all GP's?	
	25 It is clearly documented when a service user requires covert medication and there is evidence that this has been discuss and agreed with the GP	0.0



Local Authority	Sunderland
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Standard		Assessment Criteria and 'score'		RAG Rating	
		Record 'Yes', 'No', 'Not Applicable'			
Domain 6: Policies and Record Keeping	The record keeping policies and procedures including records relating to health and safety safeguard people's rights and best interests.				
	Service users rights and best interests are safeguarded by the homes record keeping policies and procedures				
	Communication systems and handover arrangements are understood and effective in delivering continuity of care and in safeguarding people	1	Where appropriate the following policies are available for staff		
	Staff practice is in accordance with financial policies and procedures which prevent financial abuse	1.1	Medication, including homely remedies		
		1.2	Falls		
		1.3	Accidents / Incidents		
		1.4	Care Planning		
		1.5	Continence		
		1.6	Catheterisation		
		1.7	Dementia Care		
		1.8	End of Life Care		
		1.9	Infection Control		
		1.10	Nutrition and Hydration		
		1.11	Enteral Feeding		
		1.12	Subcutaneous Fluid administration		
		1.13	Pressure Care		
		1.14	Safeguarding		
		1.15	Whistleblowing		
		1.16	Complaints		
		1.17	Risk Management		
		1.18	Quality Assurance		
		1.19	Equality and Diversity		
		1.20	Training		
		1.21	Supervision		
		1.22	Communication / Handover		
		1.23	Recruitment		
		1.24	Staff sickness		
		1.25	Service user finances		
		1.26	Mental capacity		
		1.27	Deprivation of liberty		
	2	Are individual records and service records secure, up to date and in good order and constructed, maintained and used appropriately.			
	3	Is written handover information sufficiently detailed to provide consistent care and be tracked back to individual records			
	4	On observing the handover is there sufficient information shared to ensure safe care delivery			
				0.0	
Domain 7: Safeguarding	People are safeguarded from abuse of any kind and are cared for by trained staff who safeguard their interests.				
	There are robust procedures for responding to suspicion or evidence of abuse of neglect including whistleblowing	1	Are there robust procedures for responding to suspicion or evidence of abuse or neglect?		
	People are safeguarded by a robust recruitment process which ensures that only staff suitable to support them do so	2	Is the manager aware of the Sunderland safeguarding adults procedures and has the individual agency guidance been completed appropriately		
	The service ensures that service users control their own money wherever possible and that safeguards are in place to protect the interests of the service user	3	Is there a process to monitor /analyse safeguarding alerts made by the service in order to identify themes and trends and to inform service improvement		
	Where services are managing money or people are not controlling their finances the reason for this is clearly documented, recorded and agreed via care planning and risk management processes and is in accordance with requirements related to the Mental Capacity Act	4	Is there a whistleblowing policy?		
		5	Are there systems and processes in place to safeguard people from any form of financial abuse?		
		6	Does the service follow a robust recruitment process?		
		7	Where appropriate compassion in practice is implemented within the recruitment process?		
					0.0

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Standard		Assessment Criteria and 'score' Record 'Yes', 'No', 'Not Applicable'	RAG Rating
Domain 8: Training	<b>Service users are protected from abuse of any kind and cared for by trained staff who safeguard their interests</b>		
	People are supported and safeguarded because the medication training that staff are expected to have includes both a knowledge base and assessment of competence in line with sector skills	1 Does the service have a staff training and development programme in place which ensures staff can fulfil the aims of the service and meet the changing needs of people	
		2 Is there a written learning and development plan	
	All staff have basic awareness training related to supporting people with Dementia type symptoms and at least 50% have accredited training in this area	3 Is there a training matrix in place	
		4 Do all staff including agency workers have an appropriate induction	
	Staff are trained in Mental Capacity Act at a level appropriate to their responsibilities and apply the principles in their practice and approach	5 <b>Have staff received training in</b>	
		5.1 Care planning	
	Staff are trained in Sunderland Safeguarding Adults procedures at a level appropriate to their responsibilities and apply the principles in their practice and approach	5.2 Medication administration,( knowledge and practical)	
		5.3 PEG feeding	
	A ratio in excess of 75% of members of staff have been trained or are in the process of being trained to an appropriate level diploma in Health and Social Care	5.4 Administration of insulin	
		5.5 Administration of oxygen	
	People are cared for by staff who have had a comprehensive induction training	5.6 Continence	
		5.7 Male and female catheterisation	
	People are supported by staff who are trained in their specific needs including internal and external training opportunities	5.8 Suprapubic catheters	
		5.9 Dementia at appropriate levels	
	Communication and recording systems and processes are effective and included as areas of training at appropriate levels of responsibility within the service	5.10 Palliative care / End of Life at appropriate levels	
		5.11 Verification of death	
	There is a staff learning and development plan which evidences that staff training is prioritised and accessed	5.12 Syringe drivers	
		5.13 Falls	
		5.14 Moving and handling	
		5.15 Infection control	
		5.16 Nutrition and hydration	
		5.17 Swallowing difficulties	
		5.18 Subcutaneous fluids	
		5.19 Pressure area care / wound management	
		5.20 person centred care	
		5.21 Communication	
		5.22 Record keeping	
		5.23 Supervision	
		5.24 Leadership and management at appropriate levels	
		5.25 Mental capacity act / deprivation of liberty safeguards at appropriate levels	
		5.26 Safeguarding Adults at appropriate levels	
			0.0

# Sunderland Clinical Commissioning Group and Sunderland City Council

Service Name		Date of Assessment	
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Overall <u>Care Plan</u> Assessment calculated across all seven domains is	→	0.0%	Green means you were awarded 80% or more Red means you were awarded less than 40% overall
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This can be broken down across each specific domain as:	Overall RAG	Yes		No		Not Applicable
		Number	Percent	Number	Percent	
Domain 1 - Activities	0.0%	0	0.0%	0	0.0%	0
Domain 2 - Dementia Support and Mental Capacity	0.0%	0	0.0%	0	0.0%	0
Domain 3 - Multi Agency and use of specialist services	0.0%	0	0.0%	0	0.0%	0
Domain 4 - Risk Management	0.0%	0	0.0%	0	0.0%	0
Domain 5 - Assessment and Care Planning	0.0%	0	0.0%	0	0.0%	0
Domain 6 - Falls	0.0%	0	0.0%	0	0.0%	0
Domain 7 - Nutrition and Hydration	0.0%	0	0.0%	0	0.0%	0

Overall <u>Clinical</u> Assessment calculated across all seven domains is	→	0.0%	Green means you were awarded 80% or more Red means you were awarded less than 40% overall
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This can be broken down across each specific domain as:	Overall RAG	Yes		No		Not Applicable
		Number	Percent	Number	Percent	
Domain 1 - Continence	0.0%	0	0.0%	0	0.0%	0
Domain 2 - Pressure Ulcers	0.0%	0	0.0%	0	0.0%	0
Domain 3 - End of Life	0.0%	0	0.0%	0	0.0%	0
Domain 4 - Nutrition	0.0%	0	0.0%	0	0.0%	0

Overall <u>Service</u> Assessment calculated across all seven domains is	→	0.0%	Green means you were awarded 80% or more Red means you were awarded less than 40% overall
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This can be broken down across each specific domain as:	Overall RAG	Yes		No		Not Applicable
		Number	Percent	Number	Percent	
Domain 1 - Continence	0.0%	0	0.0%	0	0.0%	0
Domain 2 - Pressure Ulcers	0.0%	0	0.0%	0	0.0%	0
Domain 3 - End of Life	0.0%	0	0.0%	0	0.0%	0
Domain 4 - Nutrition	0.0%	0	0.0%	0	0.0%	0
Domain 5 - Continence	0.0%	0	0.0%	0	0.0%	0
Domain 6 - Pressure Ulcers	0.0%	0	0.0%	0	0.0%	0
Domain 7 - End of Life	0.0%	0	0.0%	0	0.0%	0
Domain 8 - Nutrition	0.0%	0	0.0%	0	0.0%	0

