

Quality statement	Standard	Measures	Target	Monitoring format
My Health & wellbeing is maintained	Service User outcomes, relating to their care, are achieved	<ul style="list-style-type: none"> • All Service Users have an up-to-date care plan • All Care plans are person centred detailing how the individual's specific needs and preferences will be met by the service. • Care plans should include personal outcomes specified by the Service User. • Provider will attend or contribute to Service Users annual review when requested. • Provider will refer any significant changes in need back to the Authority where a change in their support plan is required. 	<ul style="list-style-type: none"> • 100% of Service User's records sampled have an up-to-date person-centred care plan 	<ul style="list-style-type: none"> • PAMMs - annual • QM2 -(ad-hoc when required) • QM8 -(ad-hoc when required)
My Health & wellbeing is maintained	Service User outcomes, relating to their care, are achieved	<ul style="list-style-type: none"> • All service users have an up-to date care plan • All service users have person centred plans and background information relating to their health and well-being recorded so that changes can be identified 	<ul style="list-style-type: none"> • 100% of care staff who have been employed for 12 weeks or more are trained in use of a deterioration/escalation tool. This can be in paper format or as part of a digital system • Provider must have up to date guidance in place for management of a deteriorating resident • Provider must have a system for recording and reporting deterioration/escalation of residents health 	<ul style="list-style-type: none"> • QM1 annually • QM2 -(ad-hoc when required) • QM7 -(ad-hoc when required)

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		<ul style="list-style-type: none"> The service has regular weekly/monthly contact with Primary Care where routine requests can be actioned to keep service user safe and well The service will escalate immediately any cause for concern regarding the service user deterioration as appropriate via Admission avoidance team, GP, 111 or 999 All Care staff are aware of their responsibilities regarding escalation of a deteriorating service user There is a robust system for reporting any incidents The Provider will work with the Authority to identify any learning and service improvements 		
I am safe from harm, abuse and discrimination.	The Provider protects the service users in their care.	<ul style="list-style-type: none"> All Care staff have a current DBS. The service will have robust policies and procedures in place e.g., Safeguarding, whistleblowing 	<ul style="list-style-type: none"> 100% of Care Staff have a DBS check on their recruitment file 100% of Care Staff who have been employed for 12 weeks or more have received safeguarding and MCA training. 	<ul style="list-style-type: none"> PAMMs – annual QM1- annual QM8 - (ad-hoc

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		<ul style="list-style-type: none"> • All Care Staff are fully aware of the safeguarding policies and procedures. • All Care staff have received and are up to date with their safeguarding training. • All Staff have a sufficient understanding of and comply with the Mental Capacity Act 2005. • All Care staff are aware of their responsibilities regarding safeguarding and know how to report if they suspect abuse is happening. • There is a robust system for reporting any incidents • The Provider will work with the Authority to identify any learning and service improvements as a result of a safeguarding enquiry. 	<ul style="list-style-type: none"> • Provider must have an up-to-date policy in place for Safeguarding and Whistleblowing • Provider must have a system for recording and reporting incidents. 	<p>when required)</p> <ul style="list-style-type: none"> • QM2 (ad-hoc when required) • QM7 (ad-hoc when required)
I am safe from harm, abuse and discrimination.	All Service Users are kept safe whilst using the service	<ul style="list-style-type: none"> • Service Users are aware of what to do or where to go if they are experiencing abuse, harm or discrimination • Service Users feel confident that their safeguarding concerns will be dealt with and they 	<ul style="list-style-type: none"> • 100% of Service User's records sampled have an up-to-date risk assessment • Where required (capacity) a Best interests decision has been recorded in all instances 	<ul style="list-style-type: none"> • PAMMs – annual • QM5 – monthly • QM1 - annual • QM2 (ad-hoc when required)

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		<p>will be supported during the process</p> <ul style="list-style-type: none"> All Service Users have up to date and relevant Risk assessment(s) 	<ul style="list-style-type: none"> Provider completes data dashboard every month (by the 8th) 	<ul style="list-style-type: none"> QM8 (ad-hoc when required)
I feel involved and empowered	All Service Users are involved in their care planning	<ul style="list-style-type: none"> Service Users are encouraged and enabled to participate in planning their care, or, if they are unable to do so, their family or those important to them are consulted. When a Service User is unable or chooses not to participate this is recorded. All Service Users' care plans and risk assessments are signed by them or their representative e.g., family member or advocate. 	<ul style="list-style-type: none"> 100% of sampled care plans reflect how the Service User or their family / important person participated in the planning process. 	<ul style="list-style-type: none"> PAMMs – annual QM2 (ad-hoc when required) QM8 (ad-hoc when required)
I feel involved and empowered	Service Users know what to expect from the service and know who to contact if they are not satisfied	<ul style="list-style-type: none"> Information about the Service is easily accessible and is available in various formats. There are robust policy and procedures in place for dealing with complaints which is publicised Service Users feel confident that their complaints will be dealt with, and they will be supported during the process 	<ul style="list-style-type: none"> Provider must have an up-to-date policy in place for Complaint, compliments and concerns Information about how to complain is made available to all service users (100%) 	<ul style="list-style-type: none"> QM1 – annual PAMMs – annual QM2 (ad-hoc when required) QM7 (ad-hoc when required) QM8 (ad-hoc when required)

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		<ul style="list-style-type: none"> There is a robust system for recording complaints and their subsequent investigations and responses. All staff are aware of the complaints policy and understand their role. The Provider will work with the Authority to identify any learning and service improvements as a result of a complaint. 		
I feel involved and empowered	Learning from Service Users experiences	<ul style="list-style-type: none"> Implement a variety of ways to capture Service User feedback. Display Learning and service improvements as a result of the feedback. 	N/A	<ul style="list-style-type: none"> PAMMs – annual QM1 – annual QM2 (ad-hoc when required) QM8 (ad-hoc when required)
My support workers are caring and well trained	There is a safe recruitment process in place	<ul style="list-style-type: none"> Providers must follow Schedule 3 of the health and Social Care Act 2008 and regulation 19 of the Health and Social Care regulation 2014 	<ul style="list-style-type: none"> 100% of staff records sampled have all relevant checks in place 	<ul style="list-style-type: none"> PAMMS – annual QM2 (ad-hoc when required) QM7 (ad-hoc when required)
My support workers are caring and well trained	All staff are inducted into the service using a recognised staff	<ul style="list-style-type: none"> New staff into the care sector to have completed the Care certificate training within 12 weeks of starting employment. 	<ul style="list-style-type: none"> 100% of Care Staff who have been employed for 12 weeks or more have attained the Social Care Certificate or equivalent 	<ul style="list-style-type: none"> PAMMs – annual QM2 (ad-hoc when required) QM7 (ad-hoc when required)

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	induction process.			
My support workers are caring and well trained	All Care Staff are up to date with mandatory training	<ul style="list-style-type: none"> The number of Care Staff trained in mandatory areas 	<ul style="list-style-type: none"> 100% of care Staff who have been employed for 12 weeks or more have been trained in mandatory areas 	<ul style="list-style-type: none"> QM1 – annual PAMMs – annual QM5 QM2 (ad-hoc when required) QM7 (ad-hoc when required)
My support workers are caring and well trained	Care Staff have the opportunity to work towards additional training relevant to their role.	<ul style="list-style-type: none"> The number of Care Staff who have been employed for 12 weeks or more who have achieved or are working towards level 2 or 3 QCF in Health & Social Care, or equivalent e.g., NVQ Evidence of additional training opportunities (more than the mandatory) 	<ul style="list-style-type: none"> 70% of Care Staff N/a 	<ul style="list-style-type: none"> PAMMs – annual QM2 (ad-hoc when required) QM7 (ad-hoc when required)
I am treated with dignity and respect	All Staff treat Service Users with dignity and respect	<ul style="list-style-type: none"> Consent should be sought at all times where a Service User has capacity Best interests recorded where appropriate. Care Plans record enough information to allow Care staff to provide person centred care. Care plans reflect the individual's protected characteristics. 	<ul style="list-style-type: none"> 100% of sampled records had a consent form in place where the Service User has capacity. 100% of care plans contained person-centred information including protected characteristics Where required (capacity) a Best interests decision has been recorded in all instances 	<ul style="list-style-type: none"> PAMMs – annual QM2 (ad-hoc when required) QM8 (ad-hoc when required)

