



How to complete the provider information return (PIR): All Service Types

August 2019

CONTENTS

CONTENTS	2
Purpose:	4
Completing the return:	5
Technical Tips	5
Tips for Completion	5
Guidance and Support.....	6
Location Information	7
Respondent Information.....	7
1. Changes	8
2. People who use your service	9
Number of people	9
Attorneys and deputies.....	12
Care needs and preferences	12
Restrictions and restraints	13
Equality, Diversity and Human Rights.....	15
Funding	17
3. Services you provide	18
4. Staff/ Workers and Carers	19
Staff numbers	19
Training and qualifications	21
Registered Manager	23
5. Commissioners and partnerships	23
Commissioners.....	23
Partnerships	24
6. Quality Assurance and Risk Management	24
Quality assurance.....	24
Accreditation, memberships and recognition.....	26
Duty of candour	26
Medicines and controlled drugs	26
Deaths.....	28
Complaints and compliments.....	28
Further Service Specific Questions	30
Domiciliary Care Agency service provision (DCA)	30

People who use your service (DCA)	30
Number of people (DCA)	30
Services you provide (DCA)	30
Staff (DCA)	31
Staff numbers (DCA)	31
Staff payments (DCA).....	31
Supported Living/ Extra Care Housing.....	32
Service provision	32
Number of people who use your service.....	32
Services you provide(Supported Living)	32
Restrictions and restraints	32
Quality Assurance and Risk Management.....	33
Anything else	33

Purpose:

Within the PIR we are asking you to provide us with data, and some information on how you are ensuring your service is safe, effective, caring, responsive and well-led. The purpose of the PIR is to help us identify areas to explore in more detail as part of our continuous monitoring of a service. You will be required to complete a PIR every year. We are requesting this information under Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please complete the form and return it to us by the deadline stated in the e mail to you. If it is not completed and returned to us by the deadline inspectors will not award a rating better than 'Requires improvement' for Well-Led.

The date you receive or return this form will not determine the date we next visit your service.

We will use the information to help us understand how your service is performing between inspections and to assist our decision making. We will also use the PIR as part of any inspections that may take place and to understand emerging trends and patterns across Adult Social Care. We may use some of the information that you provide to inform national reporting such as the State of Care report. When used in this way, it will not be attributed to any provider. We will also be sharing data on a small number of questions with key stakeholders to maximise the use of information and reduce burden on the number of requests that you receive. Details of this and more information on how we use your data can be found within our PIR guidance document.

The information you provide is considered lawful under the Data Protection Act 1998. Disclosure of this information is necessary to help us exercise our statutory functions (in accordance with paragraph 5(b) of schedule 2 of the Act).

Please read the PIR guidance before completing the PIR. If you have any queries that you are not able to find the answer to within the guidance please contact ascinspections@cqc.org.uk

To understand more about our priorities and principles, please go to our [webpage](#) to access the Provider Handbooks and appendices we have published.

Completing the return:

Technical Tips

- To complete the PIR, please click on the hyperlink we emailed you. You must be connected to the internet when filling it in, saving or submitting the form. It is advised that you use Mozilla Firefox or Google Chrome as your internet browser to complete the form.
- Some questions are mandatory, these are shown by a * at the beginning of a question. These need to be completed otherwise the form will not submit.
- Do **not** use spaces or characters when inserting telephone numbers.
- Do **not** use hyphens or other special characters such as bullet points in free text answers. These characters cannot be recognised by the software.
- Email addresses must be in the correct format i.e. joe.bloggs@rac.co.uk
- To exit the form before completion, use the 'Save and Exit' button which is located at the bottom of each page. You will be asked if you want the link to the form to be emailed to you, if so please complete your email address in the box. You will receive a message "Your email reminder has successfully been sent". The link should not be shared with your colleagues to ensure that only one submission is returned from your service.
- Clicking on the '**Submit**' button will automatically submit the return to CQC. When submitted a message will pop up saying "Thank you for taking part in the survey". You will receive a confirmation that your submission has been received by CQC and an individual reference number will be emailed to you. Please check your spam/junk if you do not receive an email.
- A summary of responses that you have provided in the PIR will be emailed to you for your information. If you do not receive this, please contact ascinspections@cqc.org.uk
- You must complete and submit the PIR before the deadline date otherwise the information you have entered previously may be lost.
- You must only use the survey's 'back button' and not the browser back button, otherwise it will log each of your answers.
- The questions in the data sections ask you for simple responses predominantly in the form of a number, date or a yes/no confirmation.

Tips for Completion

- You should make your answers as concise and clear as possible.
- For each of your free text responses, you should include **clear anonymised** examples of evidence to support what you have written.
- Where the answer is 'Not applicable' or '0', please type 'N/A', '00', not@applicable.com or 01234.

- Please limit your answer to 500 words in the free text boxes. This limit has been set to encourage you to focus on telling us the important things about your service and to minimise the time it takes to fill in the form.
- Please ensure that when sharing the form with colleagues that you still only return one submission.
- Please do not open the form simultaneously on two computers as data may be lost.

Please ensure that you use your scroll bar to check for any further mandatory questions on the right side of the screen.

- Please do not send attachments with the PIR. If we need further information, we will contact you.

Guidance and Support

- Further information about the five questions can be found in the 'Adult social care: residential care services provider handbook' and appendices which contain the Key Lines of Enquiry and Characteristics of ratings. It is recommended that you read these to have a fuller understanding of what the five questions mean, and what we would like you to focus on in your response.
- Once you have completed and returned the form, we may contact you to ask additional questions to clarify your answers or to provide further detail.
- **The questions in the guidance below are for all service types, if there is a question that is service specific, it will be referenced as such or the wording of the question will be highlighted were there are variations.**

If you have any questions about filling in or submitting the PIR, please read the relevant section in the guidance document. Please contact ascinspections@cqc.org.uk if you cannot find the answer there.

Location Information

All questions on this form relate to the service you provide for people receiving regulated activities, such as personal care and to staff and other people delivering regulated activities. Regulated activities are those listed in Regulation 17(3) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 for which you are registered. Do not include any information about people and staff who do not receive or deliver regulated activities.

If any of the information within this section has changed then you must send us a notification using our standard form for this. Please go to www.cqc.org.uk/content/notifications-non-nhs-trust-providers for the form and further information.

Location number	Pre-populated – and would be shared with DHSC/SfC
Location name	Pre-populated
Address of your location	Pre-populated
Postcode	Pre-populated
Registration date	Pre-populated
Provider number (<i>sometimes called 'organisation number'</i>)	Pre-populated
Provider name	Pre-populated
Organisation type	Pre-populated

Respondent Information

Your name	There may be several authorised individuals completing this form. It is expected however that the Registered Manager or, where absent, the Nominated Individual have final oversight of the form. Therefore, these details must be what are noted here for who is completing the form.
Your phone number	
Your email address	Please ensure this email address is the same as what is registered or please use the notification link above to update it.
Website address	If you have an inspection rating, it should be displayed in a conspicuous place on your website.

1. Changes

Describe the impact of changes you have made in the past 12 months on people using your service.

- Consider the characteristics of good and outstanding ratings to identify relevant changes
- We want you to let us know in practical terms what the impact of the changes you have made are on people who use services. You may wish to describe feedback from people who use the service or how monitoring has evidenced these changes.
- Please refer to the provider handbook and appendices (including the Key Lines of Enquiry) for more areas you could consider in answering this question.
- Please limit your response to 500 words.
- We would also like you to include specific anonymised examples of how you are meeting this question and any innovative practice.

Describe the changes you have planned for the next 12 months and the impact you expect these to have on people using your service.

- Consider the characteristics of good and outstanding ratings to identify relevant changes.
- We want to know where you are planning to make changes to improve the service and how these aspirations will result in firm outcomes.
- The information in this section is evidence that you have explored and recognised where you need to provide a better level of service and how you seek continuous improvement.
- Please limit your response to 500 words.
- Areas to consider may include points from your service improvement actions plan, feedback from the quality governance audit and points identified within your quality assurance processes.
- Please also consider:
 - How you will continue to involve people who use the service in these changes
- You should give us a clear understanding of the objectives and concise plan of:
 - What you are going to do
 - Who is going to do it and how it will be resourced
 - When it will be completed.
- What would be the expected positive outcomes for people using your service.

2. People who use your service

Number of people

Question	Guidance/ Rationale
<p>How many people are currently receiving support with regulated activities as defined by the Health and Social Care Act from your service?</p>	<p>This question outlining current dependencies provides context for the following questions.</p> <p>This information also helps up to look how much capacity/demand there is in each local area.</p> <p>You should include the number of people who are using your service on the day the PIR is completed.</p> <p>See here for information on regulated activities.</p> <p>The responses to this question will be shared with DHSC to assist them in understanding more about capacity across authorities and regions. For Community services it will help them to assist them in understanding the size and scale of the domiciliary care market and how the market is changing. This information would also be of operational value during times of NHS pressure, such as in winter.</p>
<p>Residential Services</p> <p>Over the past 12 months, how many admissions have been:</p> <ul style="list-style-type: none"> • Permanent • Temporary and not made permanent • For respite 	<p>This question again relates only to those people receiving support with regulated activities.</p> <p>Permanent is a specific term used in terms of contracting and welfare payments for the residential placement. It means the residential home has become their primary and permanent residence. If they have been transferred there from home or hospital, they are classed as a temporary resident in the care home until a decision is made either for them to become a permanent resident at the home, or to return home or to an alternative address.</p>
<p>Specialist Colleges</p> <p>How many new college admissions have there been in the past 12 months?</p>	
<p>How many long-term Shared Lives arrangements are there as of today?</p>	<p>This is the snapshot figure for the day at not Service Level Agreement figures</p>

Shared Lives Schemes only	
<p>How many referrals have been made to the scheme in the past 12 months?</p>	
<p>How many new long-term Shared Lives arrangements have there been in the past financial year?</p>	<p>This is the number of long-term arrangements based on your Service Level Agreements and counted in accordance with the financial year.</p>
<p>How many day arrangements have been made in the past 12 months?</p>	
<p>How many respite arrangements have been made in the past 12 months?</p>	<p>For respite admissions, please include the number of admissions for respite in the past 12 months. If someone has used the service for more than one period of respite, please include each stay in the total.</p> <p><i>If one person has had 12 periods of respite over the 12-month period, that is 12 respite admissions. The length of each stay is not asked for.</i></p>
<p>How many referrals have not resulted in new long-term arrangements?</p>	
<p>For those where no arrangement was made, what was the reasoning?</p> <ul style="list-style-type: none"> • The scheme does not provide the right accommodation or support. • Individual does not fit the criteria for the service. • The service could not find a suitable match. • Other or reason not known 	
<p>How many long-term Shared Lives arrangements have ended in the past 12 months?</p>	

<p>For those long-term arrangements that have ended in the past 12 months, how many were for the following reasons?</p> <ul style="list-style-type: none"> • Person who uses the service has developed their daily living skills and is ready to move on to greater independence • Person who uses the service moving away to another area • Person who uses the service’s needs have changed • Person who uses the service wants a change or to do something different • SL Carer can no longer provide SL arrangements • SL Agreement broken • Other/ Not known 	
<p>Specialist College</p> <p>How many people have left your service in the past 12 months because their health needs could no longer be met?</p>	
<p>How many people have left your service in the past 12 months because their social care needs could no longer be met?</p>	
<p>How many people have you served notice on to leave your service in the past 12 months solely due to a change in their care needs?</p>	<p>This relates to people who use the service, not staff.</p>
<p>How many people have you served notice on to leave your service in the past 12 months for any other reason?</p>	<p>This relates to people who use the service, not staff.</p>
<p>What were those other reasons?</p>	

Attorneys and deputies

Question	Guidance and Rationale
<p>How many people using your service have given another person valid and active lasting power of attorney with authority to take decisions about the service you provide?</p>	<p>It is common for it to be used for managing people’s finances if they don’t have capacity, but it may cover any other areas that have been assessed or agreed, where a person does not have capacity to make decisions such as in relation to their health and wellbeing.</p>

<p>How many people using your service have a Deputy appointed by the Court of Protection with powers to take decisions about the service that you provide?</p>	<p>Differentiates the use of care plans and others who may be involved with making decisions on behalf of the individual.</p>
---	---

Care needs and preferences

Question	Guidance and Rationale
<p>Which of the following dependencies do you currently support people with?</p> <p>Select all that apply:</p> <ul style="list-style-type: none"> • Dementia • People detained under the Mental Health Act • Mental health needs • Drug or alcohol misuse • Eating disorders • Sensory impairments • Learning disabilities or autistic spectrum disorder • Physical disabilities 	<p>For the bandings that capture people’s needs, please select all the bandings that apply to the people using your service. The bandings are the same as those used in applications for registration and allow inspectors to view the current mix and requirements from people using the service.</p>

<p>Residential Services</p> <p>How many people are currently nursed or cared for in bed?</p>	<p>This applies to those who are in their bed all the time. To support the understanding of current dependencies and for those that need more support to prevent pressure sores and infection</p>
--	---

<p>Do people who use your service have any specific communication needs or preferences?</p>	<p>For example, they use British Sign Language (BSL) or they need information in large print or another language.</p>
--	---

How have you met these needs?

We want to know how communication needs are identified, recorded, if accessible ways to communicate with people are sought, and how these meet the needs of the individual. For example, some people with learning disabilities using symbols and pictures developed by the service - and so familiar to them - to communicate.

How do you assess whether people are at risk of malnutrition and dehydration?

It has been estimated that malnutrition (or “undernutrition”) affects over 3 million people in the UK. We would like to gather information to ensure that information to support our regulatory activity as well as to share this between agencies where people are in touch with Adult Social Care services. This is particularly pertinent to the high-risk group of individuals who receive services in the community.

How many of the people who use your service are assessed to be at risk of malnutrition or dehydration?

We want you to tell us how many people are at risk of malnutrition or dehydration. We expect you to know this through the assessment processes you use to identify when a person is at risk.

How many of the people who use your service need a specialist diet?

This includes things like fortified, diabetic and gluten free diets. It also includes fork mashable diet.

Community Services only

Of the people who use your service, how many have meals prepared for them by your staff?

Of the people who use your service, how many are supported to eat their meals?

Restrictions and restraints

Question	Guidance/ Rationale
	The question asks whether anyone currently using your service has their freedoms, rights and choices restricted and whether this has affected how staff support them. Consideration should be given to certain conditions,

How many people have restraints or restrictions in their care plans?

e.g. people living with dementia and whether their care plans illustrate their involvement.

These include:

- *holding someone to stop them harming themselves or to provide care
- *using bedrails or wheelchair straps to keep them safe
- *giving them medication to calm them down
- *stopping them from going out by locking doors
- *making sure there is always someone with them when they go out
- *taking away things that could harm them
- *restricting their contact with other people, including friends and family

How many incidents of restraint have you recorded in the past 12 months?

Residential Services

How many people are subject to an authorisation under the Deprivation of Liberty Safeguards?

To understand who is under a formal authorisation and offers a current snapshot of the dependencies and support in place for people who use the service.

Specialist Colleges

How many people are the subject of an order made by the Court of Protection that restricts, or deprives them of, their liberty?

The Court of Protection may not have been involved in any decisions about limiting a person’s rights, freedoms and choices. If this is the case, then how you manage capacity and best interest assessments may be looked at during your inspection.

All service types

What are the visiting arrangements for relatives and friends?

EXCEPT DCAs

Are there any restrictions or special arrangements on friends or relatives visiting people?

What are these?

Please give clear reasoning for any arrangements over the past 12 months

Equality, Diversity and Human Rights

As a public body, CQC has a statutory duty in the area of diversity to:

- Collect information.
- Advance equality of opportunity.
- Eliminate unlawful discrimination.
- Foster good relationships between different groups.

We see this section of the return as one of the main ways we can gather information to help build a national picture of ethnicity and diversity for people using services. We would appreciate your input in this valuable area.

To support you in answering the questions and provide further resources for developing your approach to Equality, Diversity and Human Rights you may find the following link useful:

https://www.cqc.org.uk/sites/default/files/20181010_equally_outstanding_ehr_resource_nov_18.pdf

With all of the questions we are looking for how you practically apply Equality, Diversity and Human Rights principles to your service and what you have found the impact to be. Please ensure then when providing examples, they are not personally identifiable.

The information you give will provide us with a clearer understanding of the ethnicity and diversity of your service and in the country more widely.

All providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full from 1 August 2016 onwards - in line with [section 250 of the Health and Social Care Act 2012](#)

The Accessible Information Standard applies to patients and service users (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss.

Question	Guidance and Rationale
<p>How do you make sure you meet the Accessible Information Standard?</p>	<p>AIS covers the needs of people who are blind, d/Deaf, deafblind and/or who have a learning disability.</p> <p>AIS also includes anyone with information or communication needs relating to a disability or sensory loss, for example people who have aphasia, autism or a mental health condition which affects their ability to communicate.</p> <p>Please provide examples of how you have met the Accessible Information Standard - by identifying, recording, flagging, sharing, and meeting the information and communication needs of people who use services, carers/staff and relatives where those needs relate to a disability, impairment or sensory loss.</p>

Include how you know your staff understand it and any procedures you have that help you meet it.

Please state whether you have carried out any specific work in the past 12 months to ensure or improve care quality for people in relation to the following equality characteristics:

- Age
- Disability
- Gender
- Gender reassignment
- Race
- Religion and Belief
- Sexual orientation
- None of the above

You could answer the questions by ticking if you have carried out any work in relation to areas such as recruitment, staff training, environmental adaptations, care plan amendments and/or operational changes which promote equality, diversity and human rights.

What specific work have you undertaken in the past 12 months to ensure your service meets the needs of the people with protected characteristics?

Protected Characteristics are Age, Disability, Gender Reassignment, Marriage and civil partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex, and Sexual Orientation

This is with regards to be both people who use services and staff.

What has been the impact?

Please provide examples for different protected characteristics and the impact this has had on their personalised care.

This question is also relevant to staff

How do you ensure your staffing is sufficient in numbers and quality to meet all the needs of those you care for?

Take into consideration all the protected characteristics and preferences of those that you care for.

Preferences are what may be detailed in care plan but go beyond dependency assessments.

Please detail any tool or recognised approach you use to estimate sufficient staffing levels if you use one.

What practical examples can you give as to how you implement or apply human rights principles (fairness, respect, equality, dignity and autonomy) to your service and the impact this has had?

The Human Rights Act underpins human rights approach. The purpose of this question is to demonstrate how you may have used the principles of human rights to promote human rights in your service delivery and for staff. For example; you may use the FRED A (Fairness, Respect, Equality, Dignity and Autonomy) principles when planning and delivering services as well as looking at workforce related policies.

How do you assure yourself that you and your workforce understand human rights principles (fairness, respect, equality, dignity, and autonomy)?

Funding

Services should have this information from the contract and invoicing arrangements put in place.

The NHS tops up funding for people who need nursing care:

<http://www.nhs.uk/chq/Pages/what-is-nhs-funded-nursing-care.aspx>

<http://www.ageuk.org.uk/health-wellbeing/doctors-hospitals/nhs-continuing-healthcare-and-nhs-funded-nursing-care/nhs-funded-nursing-care/>

<http://caretobedifferent.co.uk/how-is-registered-nursing-care-contribution-rncc-assessed/>

It is a non-means-tested payment of £156 a month that goes directly from the NHS to the nursing home to pay for nursing care. It is provided when a person is assessed as *not* eligible for CHC funding (i.e. the “entire source of funding” comment) but do still have nursing needs. In many cases, it can change that person’s fee banding. It is, in all cases, a **top up** towards the full cost that is met by either the person themselves or the LA.

The responses to these questions will be shared with DHSC to assist them with understanding patterns in funding across local authorities and regions as there is limited data within this area.

	Question	Guidance/ Rationale
All service types EXCEPT Specialist Colleges	<p>How many of the people who use your service</p> <p>(i) are funded in full or in part by their local authority, or</p> <p>(ii) receive NHS Continuing Health Care?</p>	<p>Include people here even if they pay user charges towards local authority funded care, pay using a local authority personal budget, or have someone paying a third-party top-up on their behalf.</p>
	<p>How many other people use your service?</p>	<p>These people will be self-funded, or charity funded, including those in receipt of NHS Funded Nursing Care, and those paying the full cost through their local authority.</p>

Your responses to the two questions above should add up to the total number of people who use your service.

3. Services you provide

Residential services only	How many beds does your service currently have for those receiving regulated activities?	<p>This should match your registration details. If it does not please go here for further information.</p> <p>Give the total number including unoccupied beds.</p> <p>You should only include beds that are used ONLY for those receiving regulated activities.</p>
Do you use assistive technology for people who use your service?		Examples of technology also include telehealth and telemedicine.
What assistive technology do you use?		<p>Technology continues to be a developing opportunity for services. We are looking to see how available systems are being used to support better outcomes for people who use services.</p> <p>Example- online care bed booking system</p>
What difference has this technology made to the people who use your service?		
Residential Services	Are you implementing the NICE guidance 'Oral health for adults in care homes' at your service?	<p>NICE Guidance Oral health for adults in care homes</p> <p>CQC - Smiling matters: oral health care in care homes report</p> <p>This question supports the recent thematic review in ASC services and recommendations, and, to ensure a consistent approach in this area as we will also be asking questions on inspection.</p>
Shared Lives DCAs	Do you use any 'satellite' offices that support carrying on the service managed from this location?	By 'satellite office', we mean somewhere that staff operate from, a place where you hold records, or a location with a telephone number and address that is used for the running of the business.
Shared Lives DCAs	Is this information in your statement of purpose?	Changes to your statement of purpose – notification form

Shared Lives	Give the address and phone number of each of these satellite offices.
DCAs	

4. Staff/ Workers and Carers

This set of questions supports inspectors to understand contextually what arrangements there are to ensure people's individual needs are consistently met as well as what support and flexibility there is for staff.

This set of questions will appear in the PIR regardless of whether or not you have completed the National Minimum Data Set for Social Care (NMDS-SC).

Staff numbers

Question	Guidance/ Rationale
How many people are directly employed and deliver regulated activities at your service as part of their daily duties?	<p>This would include permanent + temporary employees, + pool + agency + students + voluntary + 'other' who provide regulated activities.</p> <p>Do not include people who only do things we do not regulate, like cooking or cleaning</p> <p>Include staff on zero-hour contracts</p> <p>Do not include vacancies</p>
With your consent the response to this question will be shared with Skills for Care who will use the information to check and improve the adult social care workforce estimates.	
Of those:	
How many work 35 hours a week or more?	This figure has changed to 35 hours based on feedback to be more reflective of what the government count as full-time work
How many work less than 35 hours a week?	With your consent the responses to this question, and the two above, will be shared with Skills for Care to who will use the information to check and improve the adult social care workforce estimates.
Residential Services	How many are registered nurses?
Specialist Colleges	
A count of this specialist role provides understanding to the dependency needs within the service.	

Residential Services		
Specialist Colleges	How many are nursing associates?	A nursing associate is a new member of the nursing team in England. This role is designed to help bridge the gap between health and care assistants and registered nurses. Nursing Associates are registered with the Nursing and Midwifery Council (NMC). The first nursing associates were registered in January 2019.
Shared Lives Services	How many Shared Lives carers are providing regulated activities for the scheme?	<p>This set of questions helps us to understand the size of the scheme, and arrangements with Shared Lives carers as a separate support team away from directly employed staff.</p> <p>We would like to know the number of Shared Lives carers currently providing long term and respite/short breaks support. If a Shared Lives carer provides both types of care, please avoid double counting. To do this, only count a person in the long-term category if they provide both long-term arrangements and short breaks.</p> <p>See here for information on regulated activities.</p>
	How many respite carers are providing regulated activities for the scheme?	
	How many Shared Lives carers are not part of a support arrangement?	
	Of the people currently supporting the delivery of regulated activities at your service, how many are Shared Lives workers?	This supports context for later questions regarding Shared Lives workers and Shared Lives carers
	How many households are providing regulated activities for the scheme?	
	How many households are part of multiple support arrangements?	
How many staff/ Shared Lives Workers have left your service in the past 12 months?	With your consent the response to this question and the one below will be shared with Skills for Care who will use the information to check and improve the adult social care workforce estimates	

How many staff/ <i>Shared Lives Workers</i> vacancies do you have?	This is regarding the vacancies you hold that are for those who provide care as part of a regulated activity and needed to meet the demands of your current client roster
How many full-time equivalent posts do you employ?	The equivalent is to add all the working hours together and divide them by 35
How many hours of care have agency staff provided in the past 28 days?	Weekly hours vary therefore 28 days is asked for to offer a picture on the average provision

Training and qualifications

This section supports and provides evidence of staff having the appropriate training to meet the requirements of the role, whether the provider demonstrates a culture for learning and development and continuous improvement.

Furthermore, it provides understanding as to how the service ensures that staff are enabled and are confident to support people who use services by giving them the best and relevant training materials available.

Question	Guidance/ Rationale
<p>How many of your current staff [<i>Shared Lives Carers/ Workers</i>] have completed the Care Certificate?</p>	<p>The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. The Care Certificate is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate:</p> <ul style="list-style-type: none"> • Understand your role • Your personal development • Duty of care • Equality and diversity • Work in a person-centred way • Communication • Privacy and dignity • Fluids and nutrition • Awareness of mental health, dementia and learning disability • Safeguarding adults • Safeguarding Children • Basic Life Support • Health and Safety • Handling information • Infection prevention and control

How many of your current staff [*Shared Lives Carers/Workers*] have achieved a relevant Level 2 (or above) qualification?

This is asking about those with caring responsibilities.

For example, this could be an NVQ or Diploma in Health and Social Care.

Shared Lives

How many of your Shared Lives workers/carers have a relevant Level 3 qualification or above?

For example, this could be an NVQ or Diploma in Health and Social Care.

(ANSWER SPLIT Shared Lives Worker/ Shared Lives Carers)

This is asking about those with caring responsibilities.

What training are your staff [*Shared Lives Workers*] required to do so they have the skills and knowledge to support people who use your service?

Please detail for which staffing groups the course is mandatory and how frequently these courses need to be updated.

What impact has this had on the experience and outcomes for people who use your service?

How many of your care staff [*Shared Lives Workers*] have a named person that provides them with regular one to one supervision?

By supervision, we mean the process where a member of staff has the responsibility for providing guidance and support to another (usually more junior) employee.

All staff should have a named person who performs this supervision to ensure that staff members have appropriate support. Supervision can be performed in a number of different ways but is normally on a one-to-one basis or in a group setting.

Shared Lives

What training are Shared Lives carers attached to your service required to do so they have the skills and knowledge required to support people who use your service prior to approval by the panel?

Registered Manager

Question	Guidance/ Rationale
<p>Is this service required by a condition of registration to have a Registered Manager at this location?</p>	<p>You will normally need a registered manager at the service you run.</p> <p>If you are a sole provider, who owns and manages the service, you may not need to have a separate registered manager.</p>
<p>Is there a Registered Manager in post at this location?</p>	
<p>When did your last manager leave?</p>	
<p>What stage are you at in recruiting a new registered manager?</p> <ul style="list-style-type: none"> • Recruiting • Appointed • Waiting for person to start • Waiting for DBS (criminal record) check • Manager application submitted to CQC • Manager application accepted by CQC • Waiting for CQC to process application • Waiting for fit person interview or result • Not applicable 	<p>Please tick one from the list</p>

5. Commissioners and partnerships

Commissioners

Question	Guidance/ Rationale
<p>Tell us which organisations commission care from you, their contact details and how many people they commission care for:</p>	<p>We would like the details of up to ten commissioning organisations.</p> <p>If your service currently has more than ten commissioners, then we would like the details of the organisations that commission services for most people.</p> <p>If your service currently has fewer than ten organisations, then we would like the details of them all.</p> <p>Where you have more than one contact, the contact given should be the contact most closely related to care as opposed to finance etc.</p>
	<p>You should include the contact details of organisations that commission care and support for people at your service. We may contact them to seek their views of your</p>

Commissioning organisation

service. Organisations could include local authorities, NHS, and charities, and so on.

Do you have a named person?

Named Person

Telephone number

Email address

Number of People

We would also like you to tell us how many people each commissioner has asked you to support. This will help us understand the relative size of the organisations that commission services from you

Please give details of all other organisations that are currently commissioning care from you, if any, in the box below.

Partnerships

	Question	Guidance/ Rationale
Residential Services	How do you work in partnership with other specialist services (for example, speech & language, dementia, tissue viability, nutrition and reablement services)?	Please provide specific anonymised examples of the benefits this has had.
Community Services		

6. Quality Assurance and Risk Management

Quality assurance

There should be regular health and safety risk assessments of premises (including grounds) and equipment. The findings of these assessments must be acted on without delay if improvements are required. As part of monitoring, it is essential that there are assurances that premises and equipment are assessed as fit for purpose in between inspections.

Question	Rationale / Guidance
----------	----------------------

NOT DCAs or Shared Lives	Have you had any safety concerns about premises or equipment in the past 12 months?	This could be from your own observations of safety related concerns or one that has arisen from an external source e.g. environmental health inspection or a fire inspection.
	What have you done to address these concerns?	Please clearly state what the concern was, what action was taken and what the outcome was.

Community Services	How do you assure yourself about the quality of care practice?
Shared Lives	

Shared Lives Scheme Panel

- If your scheme doesn't operate a panel, panel related questions will not appear in this section of your PIR.

Panels have an important role in quality assuring the assessment process – monitoring and reviewing the work of assessors; providing and feeding back on the quality and consistency of assessments and Shared Lives processes. Please provide details of how this is being done.

Shared Lives Services	Does your scheme have a panel?	
	How many panel meetings have been held in the past 12 months?	
	How many Shared Lives carers have been approved by panel in the past 12 months?	
	How many Shared Lives carers have been de-approved by panel in the past 12 months?	For de-approvals, please state the number of Shared Lives carers that the panel have removed carer approval from.
	Describe how carers are assessed and approved.	
	What reasons have there been for the panel to remove carers' approval status?	

	How do you quality assure your scheme?	If a panel is not in place, please provide details of how these functions are currently being managed.
--	---	--

Accreditation, memberships and recognition

Question	Rationale / Guidance
<p>List any accreditation schemes, initiatives, associations or memberships you have been a part of, and any awards or official recognition your service, or individual staff members, have received for the quality of care provided to people who use your service. Only include items from the past 12 months.</p>	<p>You should list any awards or other acknowledgements your service or the staff you employ have received in the 12 months up to the date of this return. This may then provide evidence towards an outstanding rating. List any schemes, initiatives or networks you use or are a member of that are a positive influence on how you provide care and support. For example, the Social Care Commitment, SCIE, NICE, or Skills for Care.</p>

Duty of candour

Question	Rationale / Guidance
<p>How many notifiable safety incidents have you had in the past 12 months that have triggered the harm thresholds of the duty of candour regulation?</p>	<p>Regulation 20: Duty of candour guidance</p>
<p>Have you kept copies of what you told the people using your service - or people lawfully acting on their behalf - when the incident happened (including an account of that incident, further enquiries anticipated, and an apology)?</p>	
<p>Have you kept copies of what you put in writing to them (setting out support provided, enquiries made and their results, and the apology)?</p>	

Medicines and controlled drugs

Specialist staff support inspection teams to ensure that services are providing medicines in a safe and effective manner. The following questions help to provide context with what requirements are made of the service's staff when administering medication.

Question	Rationale / Guidance
<p>Do you administer medicines?</p>	

Do you/ any Shared Lives carers currently administer controlled drugs at households in the scheme?

A ‘controlled drug’ is any medicine listed under the schedules defined by the Misuse of Drugs Act 1971. By ‘administer controlled drugs’ we mean that you hold, store or give these to people using your service.

NOT Shared Lives	Do you use enteral feeding to administer medicines?	Medicines administered this way are done so “off licence” and have not been designed to be administered this way. Responsibility for giving off license medicine lies with the prescriber, consulting pharmacist and the person/service administering the medicine.
	Do you ever administer medicines covertly?	A person has the right to refuse treatment including medicine. If medicines are being administered covertly they are given disguised in food or drink and it can only be authorised if the person lacks capacity to understand the consequences of not taking the medicine.

How many medicine recording errors have there been in the past 12 months?

We would like you to include the number of medicine errors that have occurred in the 12 months up to the date of this return. By a medicine *recording* error we mean when:

- Not recording when you have administered medicines, for example not signing MAR charts
- Not recording why doses have been missed
- Using the wrong key code for non-administration
- Signing for medicines you have not administered
- Inaccurate or unclear records
- Not enough information to administer medicines safely, for example instructions about taking medicines with or after food

How many medicine administration errors have there been in the past 12 months?

We would like you to include the number of medicine errors that have occurred in the 12 months up to the date of this return. By a medicine *administration* error, we mean when:

- o A dose has been missed.
- o Too much or too little of the medicine was given.
- o The wrong medicine was given.
- o It was given to the wrong person.
- o It was administered in a manner that did not follow your medicines procedure or prescribing requirements.

Deaths

It would be expected that providers be aware of any inquests that have taken place following the death of a person who uses their service. Any recommendations should be implemented immediately if there were contributing factors on the part of the service.

You should already have notified us about people who have died whilst receiving a service from you, as this is a statutory requirement.

In this section, however, we would like you to tell us how many deaths in the 12 months up to the date of this return have resulted in further investigation, either by a coroner or those which have resulted in an inquest.

	Question	Rationale / Guidance
All service types EXCEPT Community Services	Have you notified us of any deaths in the past 12 months?	
	How many of these deaths were followed by an inquest?	It is understood that there will be variations in the timeliness of the service being informed of the inquest.
	How many of the people who died were subject to a DoLS authorisation?	

Complaints and compliments

These questions help us to review how effectively complaints are handled and to evidence to what extent concerns and complaints are used as an opportunity to learn and drive continuous improvement.

We recognise that high numbers of complaints may not indicate a poor service, but instead that people feel safe to give their feedback

All complaints included should be recorded and you should be able to show us these records and any received in writing during the inspection.

All compliments (where possible) should be recorded and you should be able to show us these records and any received in writing

Question	Rationale / Guidance
In the past 12 months, how many complaints were made about your service that were managed under your complaint's procedure?	

What are the main complaints you have received in the past 12 months and what have you changed as a result to improve your service?

Please give specific examples of action you have taken which has resulted in making a difference for the people involved.

Of the complaints you have had in the past 12 months:

How many were made within the past 28 days?

How many have been resolved?

Resolved would be those that are resolved to the mutual satisfaction of the parties involved.

Of the complaints that were resolved, how many were resolved in 28 days?

We have used the figure of 28 days as the length of time in which a resolution to a complaint should be reached. Please use this time frame to assess the number of complaints resolved even if your complaints process resolution period is different.

Tell us the most common types of compliment people have given your service over the past 12 months

Please include, if known, how many compliments you have received.

Further Service Specific Questions

Domiciliary Care Agency service provision (DCA)

These questions provide a picture of the size of the service as well as contributing to the national picture.

There has been a 50% increase in the number of home care agencies since 2010, but we need to know how this translates into additional capacity through the size of each agency.

Question	Rationale / Guidance
----------	----------------------

Do you operate a domiciliary care agency service?

People who use your service (DCA)

Number of people (DCA)

Question	Rationale / Guidance
----------	----------------------

How many people who receive regulated activities started using your service in the past 12 months?

How many people who received regulated activities stopped using your service in the past 12 months?

[Attorneys and deputies' questions](#)

Services you provide (DCA)

Question	Rationale / Guidance
----------	----------------------

How many care visits has your service made in the past 28 days?

How many scheduled visits were missed in the past 28 days?

How many visits required more than one carer?

Please use the last 28 days to answer this question.

How many scheduled visits were 15 minutes duration or less in the past 28 days?

How many hours of personal care did you provide in the past 28 days?

If you are a live-in care service, please do the full amount of 24 hrs x 28 days

With your consent the response to this question will be shared with Skills for Care who will use the information to check and improve the adult social care workforce estimates

Staff (DCA) – [see guidance here for Satellite questions](#)

Staff numbers (DCA)

Question	Rationale / Guidance
How many staff do you employ on a 'zero hours' basis?	<p>Zero-hours contracts are also known as casual contracts. Zero-hours contracts are usually for 'piece work' or 'on call' work, for example for interpreters.</p> <p>This means:</p> <ul style="list-style-type: none"> •they are on call to work when you need them •you do not have to give them work •they do not have to do work when asked <p>This question helps understand the commissioning and workforce patterns across regions</p>

Staff payments (DCA)

Question	Rationale / Guidance
Do you make separate payments to your care workers for their travel time?	It is not a legal requirement to make a separate payment for travel time and the more common practice is to include a compensatory payment for travel time within the hourly rate for contact time. The reason for asking is to give a fuller picture of staffing terms and conditions.
Do you financially compensate workers for their travel time between home visits?	As above
Do you pay your carers above the National Minimum Wage (for under 25s)?	This question determines the approach of the provider in relation to Live In Care, 'on-call', or overnight care.
Do you pay your carers above the National Living Wage (for over 25s)?	As above.
Do the people that commission services from you make a payment for the travel time of staff?	

Supported Living/ Extra Care Housing

Service provision

Question	Rationale / Guidance
Do you operate a Supported Living / an Extra Care Housing service?	
Extra Care Housing	How many schemes do your location staff visit to provide personal care?

Number of people who use your service

Question	Rationale / Guidance
Number of people living at this [<i>Supported Living</i>]/ service who receive regulated activities who moved in during the past 12 months?	
Number of people who receive regulated activities who moved out of this [<i>Supported Living</i>]/ service during the past 12 months?	

Services you provide (Supported Living)

Question	Rationale / Guidance
Number of people you provide sleep-in support for who receive the regulated activity of 'Personal Care' at these premises?	
Number of people you provide 24-hour duty / on-call responsive cover for people receiving the regulated activity of 'Personal Care' at these premises?	

Restrictions and restraints [See guidance for relative friends' questions](#)

Question	Rationale / Guidance
Do your staff limit the freedom of movement of any person living at this address or scheme?	
How many people have their freedom of movement limited?	
Are any people deprived of their liberty due to being under continuous or complete supervision and control, and not free to leave?	
How many people are deprived of their liberty?	

Has the deprivation of any person's liberty been authorised by the Court of Protection?

Quality Assurance and Risk Management [See guidance above for safety concern questions](#)

Question	Rationale / Guidance
----------	----------------------

Do you manage the personal finances of anyone living at this address or scheme?

Anything else

Question	Rationale / Guidance
----------	----------------------

Tell us here, anything else that you wish to share about your service and that is not included in your other answers.