



Key lines of regulatory assessment (KLORA)

Care homes for adults (Younger adults [18-65] and older people)

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- **Staffing YA - NMS 31-36** **37**
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 Staff in the home are trained, skilled and in sufficient numbers to support the people who use the service, in line with their terms and conditions, and to support the smooth running of the service.

- **Conduct and management of the home YA - NMS 37-43** **42**
- **Management and Administration OP - NMS 31-38**
 The management and administration of the home is based on openness and respect, has effective quality assurance systems developed by a qualified, competent manager.

A. Introduction to Key Lines of Regulatory Assessment

Using the KLORA to make judgements and a quality rating.

Care services are judged against outcome groups. Outcome descriptors were introduced from April 2006. They allow us to judge how well a provider delivers outcomes for the people using the service, rating them as Excellent, Good, Adequate or Poor. **One overall judgement must be made** for each of the outcome areas. This judgement is based on the standards looked at during the inspection process.

In some instances inspectors may feel they have conflicting evidence for an outcome group that makes it difficult to decide one overall judgement. For example, inspectors may feel some evidence falls in the 'excellent' category, while other parts are assessed as 'adequate'. An excellent service may have some weaknesses, but as long as these are being managed well there may be no need for the judgement to change to 'good' or 'adequate'. Similarly an 'adequate' service may have some examples of 'poor' practice but if they are able to show us the improvements that they will make a judgement of 'adequate' may be appropriate. In these circumstances an inspector will need to judge the overall delivery of the service and balance the evidence against the service's capacity and commitment to improve and the level of risk to people who use the service. By doing this inspectors will be proportionate in their decision making.

In summary the outcome descriptors are:

'Excellent'

An outcome group judged as 'excellent' has substantial strengths and has a sustained track record of delivering good performance and managing improvement. Where areas for improvement emerge the service recognises and manages them well. We would expect to see the essential elements found in an outcome judged as 'good' with further additional strengths particularly qualitative aspects of practice. For example, a high commitment to promoting dignity, a focus on valuing diverse needs, and an innovative approach to care practices. The performance does not have to be perfect to be 'excellent' in an outcome area. The key NMS under this outcome heading are met.

'Good'

An outcome group judged as 'good' has more strengths than areas for improvement. There are no significant areas for improvement relating

to the health and safety of people using the service or issues of poor management. The key NMS under this outcome heading are generally met but there may be some areas of improvement that we are confident the provider can manage. Where weaknesses emerge the service recognises and manages them well.

'Adequate'

An outcome group judged as 'adequate' has some strengths but areas of particular weaknesses which may require improvement through an improvement plan monitored by the Commission. Most key NMS under this outcome heading are almost met. We judge that residents are safe in how the service delivers this outcome area, or if there are potential risks to residents these are being responded to by management.

'Poor'

An outcome group judged as 'poor' has significantly more weaknesses than strengths. Important elements of key NMS are not met. We may judge that the residents are not safe as a result of how the service delivers this outcome area. Or we may evidence a trend towards seriously diminishing or deteriorating service quality in this outcome area.

How outcome descriptors contribute to the overall Quality rating

The individual outcome descriptors of 'excellent', 'good', 'adequate' and 'poor' go together to make up an overall quality rating for each care service. This is done through a 'rules based' approach.

Guidance on how to do this is included in 'How we inspect a Care Service'.

Examples given in the KLORA are illustrations only and should not be regarded as a tick box.

Key Lines of Regulatory Assessment (KLORA):

B. Outcome Groups

- **Choice of Home YA – (NMS 1-5)**
- **Choice of Home OP – (NMS 1-6)**

People who may use the service and their representatives have the information needed to choose a home that will meet their needs.

Excellent

An outcome group judged as 'excellent' has substantial strengths and a sustained track record of delivering good performance and managing improvement. Where areas for improvement emerge the service recognises and manages them well. We would expect to see the essential elements found in an outcome judged as 'good' with additional strengths, particularly qualitative strengths. The performance does not have to be perfect to be 'excellent' in an outcome area. The key NMS under this outcome heading are met.

Significant time and effort is spent planning to make admission to the home personal and well managed. Prospective residents and their families are treated as individuals and with dignity and respect for the life-changing decisions they need to make. There is a high value on responding to individual needs for information, reassurance and support.

The home has developed a comprehensive statement of purpose and service user's guide, which is very specific to the resident group and considers the different styles of accommodation, support, treatment, philosophies and specialist services required to meet the needs of people who use the service. The information is in a format suitable for their and their families' needs, using, for example, appropriate language, pictures or Braille.

Staff use innovative methods to make the information they give meaningful and interesting. Some homes, for example, may use leaflets, photographs, or videos. People who already use the service may have been involved in the process, giving their comments and experiences of living at the home and helping to design the layout of the information.

All new residents receive a comprehensive needs assessment before admission. This is carried out by staff with skill and sensitivity. The service is highly efficient in obtaining a summary of any assessment undertaken through care management arrangements, and insists on receiving a copy of the care plan before admission. For individuals whom are self funding, the assessment is undertaken by a highly qualified member of staff. Individuals are supported and encouraged to be involved in the assessment process. Information is gathered from a range of sources including other relevant professionals, and with the individuals agreement, carer's interests are taken into account.

The assessment focuses on achieving positive outcomes for people and this includes ensuring that the facilities, staffing and specialist services provided by the home meet the ethnic and diversity needs of the individual. The six strands of diversity are: gender (including gender identity), age, sexual orientation, race, religion or belief, and disability.

Before agreeing admission the service carefully considers the needs assessment for each individual prospective person and the capacity of the home to meet their needs. Prospective residents are given the opportunity to spend time in the home. An individual member of staff is allocated to give them information and special attention to help them to feel comfortable in their surroundings and enable them to ask any questions about life in the home.

All residents receive a contract to which they have agreed. It gives clear information about fees and extra charges which is reviewed and kept up to date. This information is meaningful and is provided in appropriate languages and formats, such as large print, Braille or easy read. The documents are also explained to individuals, so they fully understand the information. The use of advocates to support people is encouraged. The contract is reviewed and amended with the person when their life and circumstances change.

Good

An outcome group judged as 'good' has more strengths than areas for improvement. There are no significant weaknesses in areas relating to health and safety issues or management. The key NMS under this outcome heading are generally met but there may be some areas of improvement that we are confident the provider can manage. Where areas for improvement emerge the service recognises and manages them well.

The home understands the importance of having sufficient information when choosing a care home. It has innovative ways of helping prospective individuals to choose a home that will meet their needs and preferences. It has developed clear information to help them understand what specialist services the home can provide. This might be an information pack which includes photographs, the home's newsletter and an introductory letter written by people who live in the home.

The home provides a statement of purpose that is specific to the individual home and the resident group they care for. It clearly sets out the objectives and philosophy of the service supported by a service user's guide. The guide details what the prospective residents can expect and gives a clear account of the specialist services provided, quality of the accommodation, qualifications and experience of staff, how to make a complaint, recent CSCI inspection findings and contains comments and experiences of residents living at the home. All residents are given a copy of the guide. When requested the service can provide a copy of the statement of purpose and guide in a format which will

meet the capacity of the resident. Practice and information giving is informed by the service's written procedures.

Admissions are not made to the home until a full needs assessment has been undertaken. For people who are self-funding and without a care management assessment, a skilled and experienced member of staff always undertakes an assessment. The assessment is conducted professionally and sensitively and involves the individual and their family or representative, where appropriate. Where the assessment has been undertaken through care management arrangements the service insists on receiving a summary of the assessment and a copy of the care plan.

Admissions to the home only take place if the service is confident staff have the skills, ability and qualifications to meet the assessed needs of the prospective resident. The management team may consider the application together with other staff, where all information is shared and views, and comments are listened to and fully debated, before agreement is given for the admission.

Prospective residents are given the opportunity to spend time in the home. An individual member of staff is allocated to give them information and to help them understand how the home is organised and run and the facilities and services available. The allocated staff member will give them special attention, help them to feel comfortable in their surroundings, and enable them to ask any questions about life in the home.

New residents are provided with a statement of terms and conditions or a contract. This sets out in detail what is included in the fee, the role and responsibility of the provider, and the rights and obligations of the individual. This is clear, jargon free, easy to understand and gives a very clear understanding of what residents can expect. The manager actively promotes opportunity for discussion and clarification. Terms and conditions are reviewed regularly.

Adequate

An outcome group judged as 'adequate' has some strengths but also areas of particular weakness that may require improvement through an improvement plan monitored by the Commission. Most key NMS under this outcome heading are almost met. We judge that individuals are safe in how the service delivers this outcome area. Any risks highlighted are managed appropriately.

The admission of new people to the service may be process driven but not particularly personalised with little extra consideration of the individual needs, concerns and anxieties of the prospective resident and their families. The service does what it has to do to satisfy the regulator, and has the right policies and procedures although there is evidence that practice is not always consistent or well applied.

The service has developed a statement of purpose, which sets out the aims and objectives of the home, and includes a service user's guide, which provides basic information about the service and the specialist care the home offers. The guide is made available to individuals in a standard format.

The service consults the assessment information to see if they can meet the prospective resident's needs before they make the decision to accept the application for admission and offer a place. Evidence suggests that prospective residents should have a needs assessment before they go to live at the home. For most of the residents the home has received copies of the summary and care plans from the assessments carried out through care management arrangements. For residents who are self-funding the service is able to demonstrate how they have undertaken the assessment. They are generally undertaken satisfactorily. Staff have the necessary specialist skills and ability to care for individuals who are admitted.

Individuals are provided with a statement of terms and conditions or a contract before admission to the home. It gives basic information on what people who live in the home can expect to receive for the fee they pay, and sets out terms and conditions of occupancy. The contract is normally reviewed when the person's circumstances change.

Poor

An outcome group judged as 'poor' has significantly more weaknesses than strengths. Important key NMS are not met. We may judge that, overall, residents are not safe as a result of how the service delivers this outcome area or we evidence a trend towards seriously diminishing or deteriorating service quality in this outcome area.

The statement of purpose and the resident guide do not give clear relevant information about the home, or the home has not produced a guide.

Written policies and procedures do not refer to giving information or the importance of informing residents of what they can expect from the home. Prospective residents and their families have insufficient information on which to make a considered choice of home.

Applications for admission to the home may be agreed without any reference to a needs assessment, consideration of the specialist care the resident requires, or the skills, ability or knowledge of the staff that will be caring for them. It may be an approach based on filling beds, or the demand for beds is so high locally that prospective residents may feel pressurised to make a quick decision rather than receive a thorough assessment of individual need. Meeting individual needs is a low priority. The result is people with specialist needs who live in the service may receive very poor quality of care through lack of trained, knowledgeable staff. The care staff team may not understand the particular needs of the individual and don't have access to specialist facilities to support them. Good quality training is not provided to enable staff to develop and be aware of current good

practice.

Prospective residents and their families are not encouraged to visit the home. Where they are invited they may have little opportunity to freely meet staff, visit parts of the building and have restricted or no opportunity to talk to other people who use the service or their families to find out more about it.

The home does not provide a written statement of terms and conditions or a contract and relies on verbal information to inform residents of what is included in the fee, liability, and overall care. Residents and their families are not clear about what is covered by the fee and may find they need to make additional payments for services. When contracts are available they are generally out of date with little or no evidence of reviewing taking place or that the resident or their representatives have been involved.

People who move into the service may feel they had no choice and insufficient information on which to base their choice of home. They are not where they want to be and their needs are not being met.

- **Individual needs and choices – YA only (NMS 6-10)**

Individuals are involved in decisions about their lives, and play an active role in planning the care and support they receive.

Excellent

An outcome group judged as 'excellent' has substantial strengths and a sustained track record of delivering good performance and managing improvement. Where areas for improvement emerge the service recognises and manages them well. We would expect to see the essential elements found in an outcome judged as 'good' with further additional strengths, particularly qualitative strengths. The performance does not have to be perfect to be excellent in an outcome area. The key NMS under this outcome heading are met.

The key principle of the home is that people using the service are in control of their lives and they direct the service. Staff are fully committed in supporting individuals to lead purposeful and fulfilling lives as independently as possible. People using the service make their own informed decisions and have the right to take risks in their daily lives.

The care plan is developed with, and owned by the person using the service. It is based on a full and up to date holistic assessment. It includes reference to equality and diversity and clearly addresses any needs identified in the six strands of diversity which are: gender (including gender identity), age, sexual orientation, race, religion or belief, and

disability. The plan is person centred and focuses on the individual's strengths and personal preferences. The plan might be called a 'living description', essential lifestyle plan, path, map, personal futures plan or support plan will be written with the individual, or their representative, and includes a range of information that is important to them. This could be information such as who and what is important to them, how they keep safe, their goals and aspirations, their skills and abilities, and how they make choices in their life. It should also include information about their health; this could be called a 'health action plan'. It always celebrates the individual, their life experiences and sets out in detail how all their current requirements and aspirations are to be met through positive individualised support.

Plans are all different and highly individualised and they include evidence that the service values improving outcomes for people using the service.

A variety of different and creative methods are used to help people who use the service to contribute to the development of their care plan and the ongoing review process. Staff have the specialised training and skills to support, engage and encourage the individual to be fully involved. Key workers actively provide one to one support, keep the care plan up to date and make sure that other staff always know the person's current needs and wishes.

The service will know and record the preferred communication style of the individual, and will use new and innovative methods that enable the person to fully participate. This could include communication charts, information about communication styles (sometimes called communication passports), relationship circles, intensive interaction, objects of reference, photographs, visual timetables, drawing and signing or symbols.

The plan is an up to date working tool used by the individual and all involved staff. The care plan can be easily used by people who are not familiar with the individual to deliver a personalised and consistent person centred service.

Plans should be reviewed regularly, and as the individual's needs change. This process is led by the resident and reflects current and up to date information. Reviews focus on asking questions about what has worked, where there is progress, achievements, concerns and what the plans are for the future. These are sometimes called learning logs.

The care plan includes a comprehensive risk assessment, which is regularly reviewed. The service has a 'can do' attitude and risks are managed positively to help people using the service lead the life they want. Any limitations on freedom, choice or facilities are always in the person's best interests. The individual understands and agrees any limitations; they are fully documented and reviewed regularly.

People using the service know, and are able to see, the records the home holds about them. Individuals know their rights and advocacy services are encouraged to promote

these.

The service works creatively and actively with other services and organisations to ensure that the person's whole life needs are met, and goals addressed. The service recognises its own limitations and when to seek support from others to meet the individual needs of people.

Residents are continually consulted on how the service runs and are able to influence key decisions in the home whatever their communication style. They are fully involved in decisions about the areas such as staff selection, the day-to-day life of the home, and its future development. Policies and procedures are developed with, and are understandable by, the residents.

The home acts upon the results of consultation with residents and their representatives. The home makes sure that good practice is modelled and developed throughout.

Good

An outcome group judged as 'good' has more strengths than areas for improvement. There are no significant weaknesses in areas relating to health and safety issues or management. The key NMS under this outcome heading are generally met but there may be some areas of improvement that we are confident the provider can manage. Where areas for improvement emerge the service recognises and manages them well.

The service involves individuals in the planning of care which affects their lifestyle and quality of life. Staff understand the importance of residents being supported to take control of their own lives. Individuals are encouraged to make their own decisions and choices.

The service will know and record the preferred communication style of the individual, and will use proven methods that enable the person to lead a full life that promotes independence and choice. These could include communication aides such as photographs and symbols.

Care plans are person centred and are agreed with the individual. Plans are written in plain language, are easy to understand and look at all areas of the individual's life. They include reference to equality and diversity and address any needs identified in a person centred way. Staff have skills and ability to support and encourage residents to be involved in the ongoing development of their plan. Staff make the process interesting and use a variety of ways to help individuals make a worthwhile contribution. A key worker system allows staff to work on a one-to-one basis and contribute to the care plan for the individual.

The plan will normally be written with the individual, or their representative, and includes

a range of information that is important to them. This could be information about risk assessment, how they keep safe, their goals and aspirations, how they communicate, their skills and abilities and how they make choices in their life. It should also include information about their health. It is kept up to date and focuses on how individuals will develop their skills, and considers their future aspirations.

The care plan is a working document reviewed regularly involving the person and their representatives, as appropriate. Reviews focus on asking what has worked for the individual, where there are progress, achievements, concerns and identifies action points.

Each care plan includes a comprehensive risk assessment, which is reviewed regularly. The management of risk is positive in addressing safety issues while aiming for improved outcomes for people. Where there are limitations, the decisions have been made with the agreement of the person or their representative and are accurately recorded.

There are procedures to ensure that people using the service are informed of their rights to confidentiality. Individuals understand when staff may have to share personal information and can access advocacy services for support.

The service is aware of current policy issues and good practice developments, and tries where possible to transfer this thinking into their daily work.

The home ensures that residents are consulted regularly to gather information about their satisfaction with the home. They are involved in both the development and review of the service.

Adequate

An outcome group judged as 'adequate' has some strengths but also areas of particular weakness that may require improvement through an improvement plan monitored by the Commission. Most key NMS under this outcome heading are almost met. We judge that individuals are safe in how the service delivers this outcome area. Any risks highlighted are managed appropriately.

The service understands the right of individuals to take control of their lives and to make their own decisions and choices. However, this does not always happen in practice as staff have a limited understanding of how to do this effectively. There is some evidence that individuals are involved in some decision making about the home, such as day to day living and social activities, but this tends to be the people using the service whose communication styles are more easily understood by staff. Individuals with more diverse needs find it harder to have their opinions listened to. Areas where individuals can affect change are limited.

Staff will be able to communicate with people using the service, and understand what their needs are. However, communication methods may be basic, with little understanding of innovative or individual communication styles.

Each individual has a care plan but the practice of involving residents in the development and review of the plan is variable. The plan includes basic information necessary to deliver the person's care but is not detailed or person centred. It might not include reference to an individual's particular needs regarding gender (including gender identity), age, sexual orientation, race, religion or belief or disability, or address any needs identified in a person centred way. The care plan is not used as a working document and does not consistently reflect the care being delivered.

Care plans are reviewed and updated as required by the NMS. People who use the service are aware that they have a care plan but they are not actively encouraged to be involved in its review or development. The home's procedures describe the arrangements for providing key workers to support individual residents. These staff have a very limited role in practice and do not actively contribute to the care plan.

Risk assessments are completed but these are basic and mainly focus on keeping residents safe. There could be evidence that residents are having their independence and choice limited, with risk assessments not being individualised or person centred. Where there are limitations, there is some evidence that decisions are agreed with the individual but not consistently.

There is basic information available to inform individuals of their rights. Documentation is provided but often not in formats understandable to people. Information about contacting advocacy services may be available but not promoted.

The home consults residents about their satisfaction with the service they are receiving. Actions are not always taken to follow through on the results of these consultations.

Poor

An outcome group judged as 'poor' has significantly more weaknesses than strengths. Important key NMS are not met. We may judge that, overall, residents are not safe as a result of how the service delivers this outcome area or we evidence a trend towards seriously diminishing or deteriorating service quality in this outcome area.

Routines at the home are task based and not person led. People who live at the home are not in control of their own life and do not have the opportunity to make their own choices and decisions. Staff do not involve individuals or their representatives in decisions or give them a say in how they would like their care to be delivered.

The service will have limited or no knowledge about communication styles. This results in people who use the service having very limited opportunity to express themselves and to be treated as an individual.

Some residents do not have a care plan. If there is a care plan it is basic and only records simple health and personal care needs. There is no evidence of the individual being involved in the development of their plan, and it does not reflect their diverse needs, current situation or discuss any future plans. The home does not work to a key worker system and there is lack of individual support and attention.

Reviews do not regularly take place. People living at the home are not involved in any meaningful way or encouraged to communicate their needs. Information is not shared with individuals and actions are not agreed.

There is little evidence of risk assessments. Those that exist are generic and out of date. Individuals are not allowed to make informed choices or to take any risks. Many limitations are routinely placed on the individual.

People living at the home feel they have little or no influence over decisions about how the service is run. Feedback on the quality of the service is not sought from the individual or their representatives.

Individuals are not aware of their rights in the home. Contact with advocacy services is not promoted.

- **Lifestyle YA - (NMS 11-17)**
- **Daily Life and Social Activities OP - (NMS 12-15)**

People who use services are able to make choices about their life style, and supported to develop their life skills. Social, educational, cultural and recreational activities meet individual's expectations.

Excellent

An outcome group judged as 'excellent' has substantial strengths and a sustained track record of delivering good performance and managing improvement. Where areas for improvement emerge the service recognises and manages them well. We would expect to see the essential elements found in an outcome judged as 'good' with further additional strengths, particularly qualitative strengths. The performance does not have to be perfect to be 'excellent' in an outcome area. The key NMS under this outcome heading are met.

Central to the home's aims and objectives is the promotion of the individual's right to live an ordinary and meaningful life, appropriate to their peer group, in both the home and the community, and to enjoy all the rights and responsibilities of citizenship. The home

understands the importance of enabling younger adults to achieve their goals, follow their interests and be integrated into community life and leisure activities in a way that is directed by the person using the service.

The service understands and actively promotes the importance of respecting the human rights of people using the service, with fairness, equality, dignity, respect and autonomy all being seen as central to the care and support being provided.

Residents are able to enjoy a full and stimulating lifestyle with a variety of options to choose from. The home has sought the views of the residents and considered their varied interests when planning the routines of daily living and arranging activities both in the home and the community. Routines are very flexible and residents can make choices in major areas of their life.

The routines, activities and plans are person centred, individualised and reflect diverse needs in the six strands of diversity: gender (including gender identity), age, sexual orientation, race, religion or belief, and disability. They are regularly reviewed, and are very responsive to individuals changing needs, choices and wishes.

The service actively encourages and provides imaginative and varied opportunities for people using the service to develop and maintain social, emotional, communication and independent living skills where appropriate. The service has very strong and highly effective methods, which focus on involving residents in all areas of their life, and actively promotes the rights of individuals to make informed choices, providing links to specialist support when needed. This includes developing and maintaining family and personal relationships.

There is evidence of innovative methods being used, and staff actively seeking information to enable people to access education and work, including supported employment, and paid employment where they have the capacity. There may be links with local services such as the careers office and job centres. Outcomes for people are positive, and there is evidence that they are enjoying the life opportunities that they experience.

The service actively supports people to be independent and involved in all areas of daily living in the home. This includes where appropriate, taking responsibility for shopping, planning meals, and meal preparation. Good practice may include individuals being supported to be independent in the process following training and support.

Meals are very well balanced and highly nutritional and cater for varying cultural and dietary needs of residents. For those individuals who need support during mealtimes, including those who have difficulty swallowing or chewing, staff give assistance. They are discrete and sensitive to the feelings of both the person they are helping and also to others present. Mealtimes are flexible and relaxed, staff are patient and helpful, and allow

individuals the time they needed to finish their meal comfortably.

Residents appreciate support and guidance about a balanced health diet.

Good

An outcome group judged as 'good' has more strengths than areas for improvement. There are no significant weaknesses in areas relating to health and safety issues or management. The key NMS under this outcome heading are generally met but there may be some areas of improvement that we are confident the provider can manage. Where areas for improvement emerge the service recognises and manages them well.

The service has a strong commitment to enabling residents to develop or maintain their skills, including social, emotional, communication, and independent living skills. Individuals are supported to identify their goals, and work to achieve them.

People who use the service have the opportunity to develop and maintain important personal and family relationships, and are able to access information and specialist guidance about issues such as intimate relationships. The staff practices promote individual rights and choice, but also consider the protection of individuals in supporting them to make informed choices.

The service respects the human rights of people using the service with fairness, equality, dignity, respect and autonomy underpinning the care and support being provided.

The staff team help with communication skills, both within the service and in the community, to enable residents to fully participate in daily living activities.

Residents are involved in meaningful daytime activities of their own choice and according to their individual interests, diverse needs and capabilities. They have been fully involved in the planning of their lifestyle and quality of life. Where appropriate, education and occupational opportunities are encouraged, supported and promoted. People might be attending local colleges, supported employment schemes, and also paid employment. Other support may be offered in the service by a skilled and trained team. Residents can access and enjoy the opportunities available in their local community, such as using public transport, library services, the local pub, and local leisure facilities. The service is committed to the principles of inclusion and promotes and fosters good relationships with neighbours and other members of the community.

Where appropriate, and particularly with younger adults, residents are involved in the domestic routines of the home. They take responsibility for their own room, menu planning and cooking meals, making sure that they are able to enjoy the food they prefer and like. The menu is varied with a number of choices including a healthy option. It includes a variety of dishes that encourage individuals to try new and sometimes

unfamiliar food. The meals are balanced and nutritious and cater for the varying cultural and dietary needs of individuals.

Care staff are sensitive to the needs of those residents who find it difficult to eat and give assistance with feeding. They are aware of the importance of feeding at the pace of the resident, making them feel comfortable and unhurried.

Adequate

An outcome group judged as 'adequate' has some strengths but also areas of particular weakness that may require improvement through an improvement plan monitored by the Commission. Most key NMS under this outcome heading are almost met. We judge that individuals are safe in how the service delivers this outcome area. Any risks highlighted are managed appropriately.

Generally staff are aware of the need to support residents to develop their skills, including social, emotional, communication, and independent living skills. Some residents are consulted or listened to regarding the choice of daily activity, but this process could be improved.

People using the service are given the opportunity to take part in a variety of activities both within the home and in the community. Where possible, staff gather information on community-based events and try to make individual arrangements for people to attend.

The service has a basic understanding of human rights and how this impacts on people using the service. There is some commitment being shown in the areas of respect, dignity and fairness, although this commitment might be difficult to evidence, or the service might view human rights as a concept rather than something to be followed in practice.

Educational, and where appropriate, employment opportunities are explored with the person using the service. They are supported to lead a lifestyle that enables them to become part of the local community. Development and progress may be limited and reviewing of options might be infrequent.

Policies, procedures and guidance promote individual independence and the right to live in a flexible environment where their choice of routines and activities are met when possible. Systems for checking practice are not always evident.

The home tries to be flexible and attempts to provide a service that is as individual as possible, using its staff and resources effectively. Not all residents are consulted on how the home can work to provide them with a flexible lifestyle, the home recognises this and plans to make some changes. Where appropriate some residents are involved in independent living arrangements, this could be developed further.

The food in the home is of satisfactory quality, well presented and meets the dietary and cultural needs of people who use the service. Staff are trained to help those individuals who need help when eating and are sensitive in their approach.

Opportunities are available for residents to be involved in food shopping, the preparation of meals and menu planning, although the service might focus on the more able individuals and not always recognise the maximum potential of all people using the service.

Poor

An outcome group judged as 'poor' has significantly more weaknesses than strengths. Important key NMS are not met. We may judge that, overall, residents are not safe as a result of how the service delivers this outcome area or we evidence a trend towards seriously diminishing or deteriorating service quality in this outcome area.

Routines in the home are rigid and staff are not prepared to change their way of working to meet individual choices and wishes. Residents are not consulted or listened to regarding their choice of daily activity. Staff choose the activities, if they are provided. Residents become over-compliant with the routine of the home. The service is not person centred in its approach to supporting people that use the service.

People using the service may experience isolation and lack friends, advocates and community contact. The service may present as being run by the staff, for the staff, with very little consideration given to the wishes and choices of the people using the service.

The service has no, or a very limited, understanding of human rights and how this impacts on people using the service. There is a lack of commitment being shown in the areas of respect, dignity and fairness and there could be evidence that people's human rights are not being respected.

There may be limited opportunities for residents to be independent and involved in community activities. They are not helped or encouraged to follow educational interests or training courses and there is little support given to gaining employment.

Little consideration is given to supporting people's individuality or social preferences. Their wishes to develop or maintain personal relationships with privacy for intimate contact are not respected. Staff do not talk to or interact with individual residents or respect their rights.

Residents are not able to achieve their full potential. Independent living skills are not seen as important and staff do not give time to working with individuals, helping them to learn and develop. It is considered by staff to be much quicker and easier to 'do' for residents.

Eating and food in the home is not considered to be an enjoyable event and very little thought is given to providing a varied and balanced diet. Menus are not available and residents are not asked what they like or dislike. Individuals have very little choice of what they eat, are not involved in shopping for food, the preparation or serving. Residents are not given the choice of where and when they eat.

There is no reflection of the cultural or specific dietary needs of individuals and a lack of advice provided about healthy lifestyles.

- **Personal care and healthcare support YA – (NMS 18-21)**
- **Health and Personal Care OP – (NMS 7-11)**

The health and personal care that people receive is based on their individual needs. The principles of respect, dignity and privacy are put into practice.

Excellent

An outcome group judged as 'excellent' has substantial strengths and a sustained track record of delivering good performance and managing improvement. Where areas for improvement emerge the service recognises and manages them well. We would expect to see the essential elements found in an outcome judged as 'good', with further additional strengths, particularly qualitative strengths. The key NMS under this outcome heading are met.

Residents receive effective personal and healthcare support using a person centred approach with support provided based upon the rights of dignity, equality, fairness, autonomy and respect. The statement of purpose sets out the competencies and specialist services the home offers and delivers this effectively through a skilled, trained and knowledgeable staff group that work in a person centred way. Staff are highly aware that the way in which support is given is a key issue for younger adults. Individual plans clearly record people's personal and healthcare needs and detail how they will be delivered. These needs might be recorded in a separate 'health action plan'.

Practices in the home reflect residents' needs under the six strands of diversity: gender (including gender identity), age, sexual orientation, race, religion or belief and disability.

Staff ensure that care is person led, personal support is flexible, consistent, and is able

to meet the changing needs of the residents. Staff respect people's preferences and have expert knowledge about individual personal needs when providing support, including intimate care. The staff group is balanced to enable choice of male, female and age related preferences when delivering personal care. Staff respond appropriately and sensitively in all situations involving personal care, ensuring that it is conducted in private and at a time and pace directed by the person receiving the care.

Aids and equipment are provided to encourage maximum independence for people using services; these are regularly reviewed and replaced to accommodate changing needs. Specialist advice is sought by the home to ensure effective use of equipment.

Residents, particularly younger adults, are encouraged to manage their own healthcare including visual, hearing, oral and continence care. They have the opportunity to choose their own GP and have access to all NHS healthcare facilities in the local community. Regular appointments are seen as important and there are systems to ensure they are not missed. The home arranges for health professionals to visit residents at home when necessary.

The home fully respects the rights of people in the area of health care and medication. They recognise and work with the decisions made by the individual regarding any refusal to take medication, or any specific requests about how their healthcare is managed.

Staff members are very alert to changes in mood, behaviour and general wellbeing and fully understand how they should respond and take action.

Staff are trained and competent in health care matters particularly in the care of individuals who remain immobile for long periods of time. The home arranges training on health care topics that relate to the health care needs of the residents.

The home has developed efficient medication policy, procedure and practice guidance. Staff all have access to this written information and understand their role and responsibilities. Quality assurance systems confirm that policy is put into practice. The home strongly promotes independence and those individuals assessed as being able are encouraged and supported to manage their own medication. Medication records are seen as key to the efficient management of health care matters, the home consistently keeps them up to date. The home has a sustained record of full compliance with the administration, safekeeping and disposal of controlled drugs. Care staff have the required accredited training. The homes policies, procedures and guidance support and inform practice.

The service is highly efficient when caring for residents who are terminally ill or dying. The wishes of individual's about dying and terminal care and the arrangements they want after death are openly and sensitively discussed during the development of a person centred plan of care. Staff are proactive and are sensitive to the particular religious or

cultural needs of the individual or their family. These are clearly recorded, respected and known to the staff delivering the care. The home has a detailed policy, procedure and practice guidance to help staff when caring for residents with degenerative conditions, terminal care and death. All staff receive in house training and practical advice and have continuous support and opportunities to discuss any areas of anxiety and concern.

Care staff work to a very high standard and constantly monitor pain, distress and other symptoms to ensure individuals receive the care they need. Facilities are provided to allow relatives and friends to stay at the home if the resident wants them to be present and help with their care. The home works closely with external professionals and specialists for advice and support to help the resident, their family and the home's staff.

Good

An outcome group judged as 'good' has more strengths than areas for improvement. There are no significant weaknesses in areas relating to health and safety issues or management. The key NMS under this outcome heading are generally met but there may be some areas of improvement that we are confident the provider can manage. Where areas for improvement emerge the service recognises and manages them well.

People receive personal and healthcare support using a person centred approach with support provided based upon the rights of dignity, equality, fairness, autonomy and respect. Personal healthcare needs including specialist health, nursing and dietary requirements are clearly recorded in each person centred plan or health action plan. They give a comprehensive overview of their health needs and act as an indicator of change in health requirements. The statement of purpose details the specialist treatments the home can deliver with a commitment to person centred planning, and refer to the skills and ability of the staff group.

Personal support is responsive to the varied and individual needs and preferences. The delivery of personal care is individual and is flexible, consistent, reliable, and person centred. Staff respect privacy and dignity and are sensitive to changing needs. The service listens and responds to individuals' choices and decisions about who delivers their personal care. People are supported and helped to be independent and can take responsibility for their personal care needs. Staff listen and take account of what is important to them.

Residents have access to healthcare and remedial services. Staff make sure that those who are fit and well enough are encouraged to be independent, have regular appointments and visit local health care services. The health care needs of residents unable to leave the home are managed by visits from local health care services. Residents have the aids and equipment they need and these are well maintained to support them and staff in daily living.

Staff have access to training in health care matters and are encouraged and given time to attend seminars on specialist areas of work. The aims and objectives of the home reinforce the importance of treating individuals with respect and dignity.

The home has an efficient medication policy supported by procedures and practice guidance, which staff understand and follow. Medication records are fully completed, contain required entries, and are signed by appropriate staff. Regular management checks are recorded to monitor compliance.

The home respects and understands the rights of residents in the area of health care and medication. They work with individuals regarding any refusal to take medication. Residents are given the support they need to manage their medication. If individuals prefer or where they lack capacity, care staff can manage medication on their behalf. Thought has been given to providing safe but sensitive facilities for keeping medication.

The home has a good record of compliance with the receipt, administration, safekeeping, and disposal of controlled drugs. Staff have completed and passed an appropriate medication course. An assessment has been carried out to ensure each member of staff is competent to handle, record and administer medication properly.

Staff work to clear and robust practices when caring for individuals who have degenerative conditions and terminal illnesses. Care plans are person centred and contain clear information about the individual's wishes, choices and decisions as their health deteriorates. Care staff work to a very high consistent standard and constantly monitor pain, distress and other symptoms to ensure individuals receive the care they need.

When residents die family and friends can help with the arrangements if this is what the resident had agreed to. Staff support both the family and the home's other residents during the bereavement process. Staff understand and are sensitive to the particular religious or cultural needs of the individual or their family. The home seeks out guidance and support of care for individuals who are dying and learns from best practice.

Adequate

An outcome group judged as 'adequate' has some strengths but also areas of particular weaknesses that may require improvement through an improvement plan monitored by the Commission. Most key NMS under this outcome heading are almost met. We judge that residents are safe in how the service delivers this outcome area. Any risks highlighted are managed appropriately.

People have access to health care services both within the home and in the local community. The majority are able to choose their own GP and attend local dentists, opticians and other community services. People unable to access local services are supported by visits to the home by health care professionals.

Health needs are monitored and appropriate action and intervention taken. The home is generally able to provide the aids and equipment recommended, but more attention could be given to the changing needs of residents.

There is evidence in the care plan of health care treatment and intervention, and a record of general health care information. There are some gaps in information but staff are able to think in a person centred way and are able to give a verbal update.

Staff encourage individuals to be independent and to take responsibility for their own personal hygiene. The views of residents are sought about the way personal care is delivered.

The home has a medication policy which is accessible to staff. Medication records are generally up to date for each resident and medicines received, administered and disposed of are recorded.

There is evidence of some people administering their own medication safely. The home generally respects the rights of people using the service in the area of health care and medication. With refusal of treatment or medication being managed in a way that recognises choice and independence.

The home understands the need to comply with the administration, safekeeping and disposal of controlled drugs. Medication systems do not always follow good practice or safe practice guidelines and has needed action. The registered person has responded and staff generally think in a person centred way when considering an individual's personal care needs. Staff are aware of the need to treat individuals with respect and to consider dignity when delivering personal care. People who use the service are able to demonstrate their understanding of working towards improvement. The home has a training plan and intends to train its staff in health care to achieve accreditation.

People receiving services are happy with the way that most staff deliver their care and respect their dignity and rights. However, decisions on how personal care is delivered might not be consistently recorded.

The home has policies and procedures, which provide guidance for staff on how to support a person and their family when faced with a terminal illness. Staff are not consistently trained in terminal care but are able to give a verbal account of good practice that includes the religious and cultural needs of the people they support.

The wishes of individuals about terminal care and arrangements after death are not always recorded, but staff are able to give an account of the arrangements.

Poor

An outcome group judged as 'poor' has significantly more weaknesses than strengths. Important key NMS are not met. We may judge that people who use the service are not safe as a result of how the service delivers this outcome area or we evidence a trend towards seriously diminishing or deteriorating service quality in this outcome area.

The delivery of health care does not reflect the home's statement of purpose.

There is a lack of policies, procedures or guidance available to promote good health care for people who use the service. Health care is reactive rather than proactive and ongoing monitoring of health is poor. Residents are not supported to make regular dental, optician or similar appointments. Aids and equipment are not checked and individuals may not have access to equipment they need. The home does not facilitate independent choice or encourage residents who have the capacity to be responsible for their own personal care.

When health care is provided it is not person centred, with a lack of concern shown for the individuals rights. Care does not promote the dignity, fairness, respect, equality or autonomy of the person using the service.

The home does not satisfactorily respond to the health needs of residents who are unable to visit local NHS facilities. There is delay in calling doctors when residents are ill and visual, hearing, and dental requirements are not attended to. There is a lack of awareness that poor practice could potentially be viewed as neglectful or abusive.

People do not have access to the aids and equipment they need. There is a deterioration of individuals' health due to aids and equipment not being provided. The aids and equipment which are provided are not maintained and staff are not trained to use them safely. The home does not facilitate independent choice or encourage residents who have the capacity to be responsible for their own personal care.

Staff do not adequately record health care issues within individuals care plans and there is little or no evidence that regular health monitoring takes place. Staff do not have the skills, experience or training to meet the health care needs of the people who use the service, and are not aware of where or from whom they can seek advice. Residents are not encouraged to keep and administer their own medication. Safe storage facilities are not provided.

The home does not respect or understand the rights of people using the service in the area of health care and medication. They do not allow the person using the service to have a choice in whether to refuse medication or treatment, and do not explore the reasons for refusal or investigate any alternatives.

Medication records are not up to date; there are gaps in recording and information. The current practice and lack of adequate recording puts people who use the service at risk.

No clear system for compliance with the administration, safekeeping and disposal of controlled drugs is in operation and staff are unclear of what is required.

There is a lack of staff training and understanding of the safe handling of medication. There has been failure to respond to unsafe practice that places people at risk.

Staff in the home treat people who use the service in a way which does not respect their privacy and dignity. Staff fail to treat them as individuals and their choices, decisions and wishes are not respected.

- **Concerns, complaints and protection YA – (NMS 22-23)**
- **Complaints and protection OP – (NMS 16-18)**

People who use the service are able to express their concerns, and have access to a robust, effective complaints procedure, and are protected from abuse, and have their rights protected.

Excellent

An outcome group judged as 'excellent' has substantial strengths and a sustained track record of delivering good performance and managing improvement. Where areas for improvement emerge the service recognises and manages them well. We would expect to see the essential elements found in an outcome judged as 'good' with further additional strengths, particularly qualitative strengths. The performance does not have to be perfect to be 'excellent' in an outcome area. The key NMS under this outcome heading are met.

The ethos of the home is that it welcomes complaints and suggestions about the service, uses these positively and learns from them.

Individuals and others associated with the home say that they are extremely satisfied with the service, feel safe and well supported. All staff working at the service know the importance of taking the views of residents seriously, and of listening to and responding to issues raised.

Complaints and protection procedures reflect the needs of people under the six strands of diversity: gender (including gender identity), age, sexual orientation, race, religion or belief, and disability.

People who use the service are supplied with a complaints procedure that they can understand. This procedure is available in a variety of formats that may include large

print, other languages, Braille, audio and pictures. The complaints procedure is clearly displayed throughout the service and is given to all other involved agencies or professionals in the local community.

Individuals and their representatives have a clear understanding of how to make a complaint and when they will get a final response. The home also makes sure that individuals are regularly updated on the progress of any investigation into their complaint.

All complaints made and the actions taken in response to them are fully recorded. A review of the number and nature of complaints made is used as part of the quality assurance procedures in use at the service. The home learns from complaints in order to improve its service. They pay particular attention to any themes within complaints that refer to dignity, respect, fairness, autonomy and equality.

The home has an open culture where individuals feel safe and supported to share any concerns in relation to their protection and safety. Policies and procedures regarding safeguarding adults are available to staff and give them clear guidance about what action should be taken. People using the service or their representatives are made aware of what abuse is and the safeguards which exist for their protection. Access to external agencies or advocacy services is actively promoted.

There is a clear system for staff to report concerns about colleagues and managers which ensures that concerns are investigated in line with local policies and procedures. Staff who 'blow the whistle' on bad practice are supported.

The home is clear when an incident needs to be referred to the Local Authority as part of the local safeguarding procedures. It is open and transparent when discussing incidents with external bodies.

All staff working within the home are fully trained in safeguarding adults and know how to respond in the event of an alert. Knowledge and understanding in this area is constantly checked at team meetings and during supervision sessions. Individual staff are also trained to respond appropriately to physical and verbal aggression and fully understand the use of physical intervention as a last resort.

All staff understand what restraint is and alternatives to its use in any form are always looked for. Equipment which may be used to restrain individuals, such as bed rails, keypads, recliner chairs and wheelchair belts are only used when absolutely necessary, with the home promoting independence and choice as much as possible. People using the service are fully involved in decisions about any limitations to their choice. The home fully respects the human rights of people using the service. Individual assessments are always completed which involve the individual where possible, their representatives and any other professionals such as the care manager or GP.

Good

An outcome group judged as 'good' has more strengths than areas for improvement. There are no significant weaknesses in areas relating to health and safety issues or management. The key NMS under this outcome heading are generally met but there may be some areas of improvement that we are confident the provider can manage. Where areas for improvement emerge the service recognises and managed them well.

The home has an open culture that allows residents to express their views and concerns in a safe and understanding environment. Residents and others involved with the service say that they are happy with the service provided, feel safe and well supported by an organisation that has their protection and safety as a priority.

The service has a complaints procedure that is clearly written and easy to understand. It is available on request in a number of formats (including other languages, large print, audio etc) to help anyone living at, or involved with, the service to complain or make suggestions for improvement.

The complaints procedure is supplied to everyone living at the home and is displayed in a number of areas within the service. Residents and others involved with the home understand how to make a complaint and are clear about what will happen if a complaint is made. The home keeps a full record of complaints and this includes details of the investigation and any actions taken. Unless there are exceptional circumstances the service always responds within the agreed timescale. The home learns from complaints, and it is rare that a complaint about the same issue is made twice.

The policies and procedures for safeguarding adults are available and give clear specific guidance to those using them. Staff working at the service know when incidents need external input and who to refer the incident to.

There is a clear system for staff to report concerns about colleagues and managers. Staff that 'blow the whistle' on bad practice are supported by the service.

The home understands the procedures for safeguarding adults and will always attend meetings or provide information to external agencies when requested. There are a low number of referrals made as a result of lack of incidents, rather than a lack of understanding about when incidents should be reported. The outcomes from any referral are managed well and issues resolved to the satisfaction of all involved.

Training of staff in safeguarding is regularly arranged by the Home. Other training around dealing with physical and verbal aggression is also made available to staff as needed.

All staff understand what restraint is and alternatives to its use in any form are always looked for. Equipment that may be used to restrain individuals such as bed rails, keypads,

recliner chairs and wheelchair belts are only used when necessary. People are involved in the decision making process about any limitations to their choice in this area. Individual assessments are always completed which involve the individual where possible, their representatives and any other professionals such as the care manager or GP.

Adequate

An outcome group judged as 'adequate' has some strengths but also areas of particular weaknesses that may require improvement through an improvement plan monitored by the Commission. Most key NMS under this outcome heading are almost met. We judge that residents are safe in how the service delivers this outcome area. Any risks highlighted are managed appropriately.

The service has a complaints procedure that meets the NMS and regulations. The procedure is up to date and may be displayed on a notice board in the home but is not always available in any alternative formats.

Some individuals say they know how to make a complaint but others do not. Staff are aware of the complaints procedure but may not realise the importance of listening to, and then acting on residents' concerns.

Complaints from individuals are not always fully recorded. When they are logged, the records may be incomplete, with timescales, outcomes and actions not being properly logged. There may be a number of complaints about the same issue with a lack of action being taken to address emerging themes.

There are policies and procedures for safeguarding people who use the service but these may not be specific to the home. Staff may not be familiar with the guidance or be able to access them easily.

There is an inconsistent approach to 'whistle blowing', with some staff having a lack of confidence in when and how to use policies and procedures. Other staff might have brought knowledge with them from previous employers, rather than the service highlighting its importance.

Links with external agencies are adequate but there is a lack of understanding of safeguarding procedures and how they work. There may be an 'it could not happen here' mentality within the service and referrals may not be made because of this or just through a lack of understanding. The outcomes from any referral are adequately managed, with the issues resolved but not learnt from.

Some staff have had training around safeguarding adults but others have a limited understanding in this important area. This leads to inconsistent knowledge and practice within the service.

Staff working at the service have a limited understanding around restraint issues. Practice around the use of equipment such as bed rails, recliner chairs and keypads may be too focused on keeping people safe, and not involve the person using services in the assessment. The service does not put a priority on human rights and there may be inconsistent practice in the areas of respect, dignity, autonomy and fairness.

Assessments for use of equipment are completed but these may be a paper exercise and of limited practical use. Residents say that they are satisfied with the care in the home and feel safe.

Poor

An outcome group judged as 'poor' has significantly more weaknesses than strengths. Important key NMS are not met. We may judge that people who use services are not safe as a result of how the service delivers this outcome area or we evidence a trend towards seriously diminishing or deteriorating service quality in this outcome area.

The home does not welcome complaints. People using the service are discouraged from making complaints or from making suggestions to improve the service being provided. The home does not seek to learn from any complaints it receives and is negative and defensive when dealing with them.

Residents or their representatives are not always supplied with a complaints procedure. Those who do receive one may be supplied with an unclear or incomplete document which they may have difficulty understanding. The procedure is not made available in other formats as needed and fails to give clear information about who to complain to, how to complain or what happens after a complaint is made.

The complaints procedure is not displayed or made widely available in the home. Residents, their representatives and others involved with the service will usually have to ask for a copy.

There are no records of complaints kept at the home or these are not completed properly. There is no evidence of the service valuing complaints or improving outcomes for people as a result of complaints. There may be very few complaints made – but this will be due to poor procedures and people using the service being disillusioned or scared of complaining.

People who use the service say that they do not always feel safe or listened to by staff, and that their concerns are not taken seriously. The home has a blame culture and individuals do not feel able to voice any concerns as they may be victimised.

Staff are unaware of 'whistle blowing' procedures and the importance of reducing bad practice. The service presents as being run 'by the staff for the staff' rather than the

focus being on the protection of the person using the service or of working in a person centred way.

Staff do not receive training and have little or no awareness of abuse and its many forms. The policies and procedures for safeguarding adults are not available to staff or do not give clear guidance about what they should do if they receive an alert.

Links within external agencies are weak and there is little evidence of the service being open or proactive when dealing with them. The home does not know how, or may be reluctant to, refer an issue to the Local Authority. Any incidents are poorly managed with issues not always satisfactorily resolved.

There is a lack of knowledge around restraint and individuals living at the home may be subject to restraint by the inappropriate use of equipment. The service has a lack of understanding about human rights and there is poor practice in the areas of respect, dignity, autonomy and fairness.

- **Environment YA – (NMS 24-30)**
- **Environment OP – (NMS 19-26)**

The physical design and layout of the home enables residents to live in a safe, well-maintained and comfortable environment, which encourages independence.

Excellent

An outcome group judged as 'excellent' has substantial strengths and a sustained track record of delivering good performance and managing improvement. Where areas for improvement emerge the service recognises and manages them well. We would expect to see the essential elements found in an outcome judged as 'good' with further additional strengths, particularly qualitative strengths. The key NMS under this outcome heading are met.

The provider and manager have ensured that the physical environment of the home provides for the individual requirements of the people who use the service who live there. The living environment is appropriate for the particular lifestyle and needs of the residents and is homely, clean, safe and comfortable, well maintained and reflects the individuality of the people using the service.

The service finds creative solutions to issues with the environment in ways that are not

necessarily dependent upon cost. The service goes that 'extra mile' to provide an environment that fully meets the needs of all residents and plans for the diverse needs of people that might use the service in the future.

The environment reflects the differing needs of residents under the six strands of diversity: gender (including gender identity), age, sexual orientation, race, religion or belief, and disability.

Residents are encouraged to see the home as their own. It is a very well maintained, attractive home and has very good access to community facilities and services. It has a wider range of up to date specialist equipment and adaptations to meet the individual needs of people who use the service.

The environment is fully able to meet the changing needs of people, along with their cultural and specialist care needs. It is fully accessible throughout to people with physical disabilities, adaptations and specialist equipment are designed to fit within the homely environment. The management has a proactive infection control policy and they work closely with their own staff and external specialists, such as NHS infection control staff, to ensure that infections are minimised.

Where appropriate the home is designed to provide small group or 'cluster' living where residents can enjoy maximum independence in a discrete non-institutional environment. Residents are fully involved in decisions about the décor and any changes in their communal and personal accommodation. The service is creative in how it involves people in decision-making and positively encourages people with a limited capacity to be as fully involved as possible.

The home has single rooms available for all people who wish to have one. Residents say that they had real choice of the room they use. The rooms are above-average size, very well designed with most having en-suite facilities. The fixtures and fittings are of high quality, well maintained and adapted to meet the wishes of the present occupant. Individuals personalise their rooms and can use their own furniture if they wish.

There is a selection of communal areas both inside and outside of the home, this means that people using the service have a choice of place to sit quietly, meet with family and friends or be actively engaged with other people who use the service.

The kitchen and laundry are designed to enable and promote the involvement of people in domestic tasks and as part of developing or maintaining independence. Where there are concerns about the health and safety of anyone using the kitchen and laundry arrangements are fully risk assessed with the involvement of the person. Access is only limited when the completed assessment indicates such a need.

The bathrooms are homely and include aids and adaptations to meet the needs of the

people using the service. There are sufficient toilets to enable immediate access.

The home spends money on the environment in the best possible way so that outcomes are improved as much as possible for the people using the service. The rights of people who have more difficulty in communicating their views are just as valued as those of other people.

All bedrooms promote high levels of privacy and have locks or other innovative ways of promoting privacy (such as keypads). All residents have a key to their own room unless a person centred risk assessment indicates otherwise. They also have a key to the front or outer door where this has been agreed in their plan.

People say that there is always plenty of hot water and the temperature in the home can be changed to meet their personal choice, especially in their own rooms. The home is always very well lit, clean and tidy and smells fresh.

Good

An outcome group judged as 'good' has more strengths than areas for improvement. There are no significant weaknesses in areas relating to health and safety issues or management. The key NMS under this outcome heading are generally met but there may be some areas of improvement that we are confident the provider can manage. Where areas for improvement emerge the service recognises and manages them well.

The home provides a physical environment that is appropriate to the specific needs of the people who live there. The well-maintained environment provides specialist aids and equipment to meet their needs. The home is a very pleasant, safe place to live the bedrooms and communal rooms meet the NMS or are larger. Most bedrooms have en-suite facilities.

Where appropriate the lay out and design of the home allows for small clusters of people to live together in a non-institutional environment, although this might not consistently be translated in practice.

Bedrooms are only shared in limited situations and when this happens it is only by agreement with the people concerned. They are always given the choice to move into a single room when one becomes vacant. Screens are provided for privacy and the rooms reflect the chosen décor and personal belongings of both people. The service is open and honest with people when discussing the use of shared rooms and the prospect of having their own room. The choices of people who have more limited communication are just as valued as the more vocal people.

Residents are encouraged to personalise their bedrooms. All the home's fixtures and fittings meet the needs of individuals and can be changed if their needs change.

The environment promotes the privacy, dignity and autonomy of residents.

The shared areas provide a choice of communal space with opportunities to meet relatives and friends in private.

The bathrooms and toilets are fitted with appropriate aids and adaptations to meet the needs of the people who use the service, and are in sufficient numbers and of good quality.

People who use the service say that there is plenty of hot water and the temperature in the home can be changed, on request.

The home is well lit, clean and tidy and smells fresh. The management has a good infection control policy. They seek advice from external specialists, such as NHS infection control staff, and encourage their own staff to work to the home's policy to reduce the risk of infection.

Adequate

An outcome group judged as 'adequate' has some strengths but also areas of particular weakness that may require improvement through an improvement plan monitored by the Commission. Most key NMS under this outcome heading are almost met. We judge that individuals are safe in how the service delivers this outcome area. Any risks highlighted are managed appropriately.

The home provides a physical environment that meets the specific needs of the people who live there. The home is comfortable and has a programme to improve the decoration, fixtures and fittings. Occasionally there is slippage of timescales and maintenance tends to be reactive rather than proactive.

Residents can personalise their rooms. They also say they the home is clean, warm, well lit and there is usually sufficient hot water. There has been some consultation with residents about the décor, especially for their own rooms. Some en-suite facilities are available, not all bathrooms are accessible to all people in the home although they report that they can always access a bathroom that meets their needs.

Toilets are appropriately located within the home, are easily accessible and in sufficient numbers.

People are not always able to have the option of a single room immediately on admission and needed to share for a short time. They have agreed this and the home is open and

transparent about timescales and options.

The service might not always consider the views of people who have more limited communication and will focus on the more able and vocal people using the service. There could be evidence of more widespread choice, autonomy and equality being offered to these people.

Where relevant, the home may not have fully achieved small group living for people using services but is aware of the benefits of small units that have their own communal focus.

The home is generally clean and tidy, but there have been some outbreaks of infection. We have been informed and the home has asked for advice on controlling the infection from NHS infection control staff. Hygiene equipment is available but maintenance records are not always kept up to date.

Poor

An outcome group judged as 'poor' has significantly more weaknesses than strengths. Important key NMS are not met. We may judge that people who use the service are not safe as a result of how the service delivers this outcome area or we evidence a trend towards seriously diminishing or deteriorating service quality in this outcome area.

The physical environment does not always meet the specialist needs of the people who use the service and the assessed needs of some of the people being supported cannot be met.

The home does not have an on-going maintenance programme. Essential maintenance is only done when a problem has already arisen. A number of the fixtures and fittings need replacing and some of the décor requires upgrading. The quality of life for residents is being made worse by the environment they are living in.

There is a lack of respect for individual choice in the home, with people having limited control over the decoration, equipment, improvements or facilities being provided. This leads to those with limited communication or more individual needs being highly disadvantaged by the environment they are using.

The service does not operate in a person centred way, with residents having to 'make do' with a standardised and poor environment in which to live.

Space is inadequate for the physical care of people and does not allow them to use the room comfortably for all the purposes they wish.

The design and decoration reflects the preferences or convenience of staff and the provider rather than the people using the service.

Rooms are shared without any choice of single rooms being offered, even when a vacancy arises. Placement in a double room might be against the wishes of the person using the service. The service isn't open with the person with little progress being made towards people having a single room. People without family or advocates could be left in double rooms for extended periods of time.

There are no or very limited en-suite facilities.

Individuals tell us that they were not given the opportunity to personalise their own room and they are unable to change the decoration or furniture and fittings. There is no sense of ownership or belonging. Communal space is sometimes used for other purposes such as staff training.

Bathrooms do not contain sufficient and appropriate aids and adaptations to meet the specific needs of residents. They are not sufficiently heated and are bare and institutional in design.

The home is not always clean and tidy, domestic cleaning arrangements are not adequate and care staff often do the cleaning without any input from people living in the home. The home has poor ventilation. Some of the windows do not open.

There have been some outbreaks of infection, which the home has not informed us about. They have not used the NHS control of infection team following advice from our staff. There are potential risks to residents such as unguarded radiators, unsafe shower fittings and excessively hot water. The management has not recognised or responded to these and the risk of residents harming themselves is high.

The environment could be unsafe for people.

- **Staffing YA – (NMS 31-36)**
- **Staffing OP – (NMS 27-30)**

Staff in the home are trained, skilled and in sufficient numbers to support the people who use the service, in line with their terms and conditions, and to support the smooth running of the service.

Excellent

An outcome group judged as 'excellent' has substantial strengths and a sustained track record of delivering good performance and managing improvement. Where areas for improvement emerge the service recognises and manages them well. We would expect to see the essential elements found in an outcome judged as 'good' with further additional strengths, particularly qualitative strengths. The performance does not have to be perfect to be 'excellent' in an outcome area. The key NMS under this outcome heading are met.

The service has a highly developed recruitment procedure that has the needs of people who use the service at its core. The recruitment of good quality carers is seen as integral to the delivery of an excellent service. The service is highly selective, with the recruitment of the right person for the job being more important to the filling of a vacancy. People who use the service are involved in the recruitment of staff and receive training and support to do this.

The service has plentiful staff available at all times to support the needs, activities and aspirations of residents in an individualised and person centred way. The service is innovative and shows a high level of awareness of staffing levels needed.

The service is proactive rather than reactive in its staffing, recruitment and training, with planning for the potential needs of people who may use the service in the future. The result of this is a diverse staff team that has a balance of all the skills, knowledge and experience to meet people's needs. There is evidence that they demonstrate a thorough understanding of the particular needs of individuals, and can deliver highly effective person centred care.

Management prioritise training and facilitate staff members to undertake external qualifications beyond basic requirements. The home has internal developmental training, to complement formal training as part of an ongoing training plan.

The staff team support each other and share skills and knowledge with colleagues (this might be called a 'person centred team'). The roles and responsibilities of staff are clearly defined and understood, based on accurate job descriptions and specifications. Residents and others associated with the service report that staff are very skilled in their role, and

the service has quality assurance systems to ensure views are gathered and acted upon. They are able to meet the needs of individuals in highly imaginative ways.

The employer demonstrates that they are proactive and have a very good understanding of equality and diversity throughout the recruitment, induction and training process. These processes reflect the service's understanding of the six strands of diversity: gender (including gender identity), age, sexual orientation, race, religion or belief and disability.

There is recruitment of individual staff to meet the specific identified needs of people using the service. This could be called 'matching'. There is wide diversity in the staff team and its composition reflects the diversity of people in line with the six strands of diversity. People who use the service consistently report that their needs are met by the staff team that support them.

The service ensures that all staff within its organisation receives relevant training that is targeted and focused on improving outcomes for residents. The service uses external providers to deliver this training if they have not got the appropriate skills within the organisation. This training can be small scale and individualised if necessary in order to promote the delivery of person centred services. Staff consistently report high levels of satisfaction about the employer.

People also report that they know the staff team well, know their names and are able to communicate with them freely and easily using their preferred method.

The service sees induction and any probation as vital to the success of staff recruitment and retention.

The content of the induction and probationary periods are seen to be very robust, detailed and service specific. Induction training exceeds Skills for Care requirements and could include person centred planning and thinking. The service only confirms permanent employment when satisfied that competence and progress has been shown to be satisfactory against their high standards.

There are robust and imaginative contingency plans for cover for vacancies and sickness. There are well thought out systems for the induction and support of agency or temporary staff to ensure continuity of care.

The interview and selection process is based upon identified criteria that are closely related to the job being advertised and supports the procedure. People who use the service are positively involved in the choice of staff and their training, and their opinions are valued and acted upon. All elements of recruitment are accurately recorded and the required documentation is always received prior to the employee starting work.

Staffing levels reflect the needs of the people using the service, and rotas are flexible to

fit around the lifestyles of individuals. Key workers may have specific allocated time to spend with individuals.

Staff have the skills to communicate effectively with all residents. This includes all care staff and ancillary staff who come into regular contact with them.

Staff meetings are used for consultation and training and staff, including night staff, are involved in the development of the service. Agendas are developed, minutes are taken and relevant information is made available to staff and residents. All staff have the opportunity to attend meetings and to be kept fully informed and able to contribute to meetings. Individual supervision sessions take place regularly and staff say that they find them useful for their development and can demonstrate practical outcomes. Notes are taken which include action plans.

All staff recruited understand and are aware of the specific nature and uniqueness of the home, its aims and objectives and how care will be delivered.

Good

An outcome group judged as 'good' has more strengths than areas for improvement. There are no significant weaknesses in areas relating to health and safety issues or management. The key NMS under this outcome heading are generally met but there may be some areas of improvement that we are confident the provider can manage. Where areas for improvement emerge the service recognises and manages them well.

People have confidence in the staff who care for them. Rotas show well thought out and creative ways of making sure that the home is staffed efficiently, with particular attention given to busy times of the day and changing needs of the people who use the service.

Staff members undertake external qualifications beyond the basic requirements. Managers encourage and enable this and recognise the benefits of a skilled, trained workforce. Accurate job descriptions and specifications clearly define the roles and responsibilities of staff. People who use the service report that staff working with them are very skilled in their role and are consistently able to meet their needs.

There are consistently enough staff available to meet the needs of the people using the service, with more staff being available at peak times of activity. The staffing structure is based around delivering outcomes for residents and is not led by staff requirements.

All staff receive relevant training that is focussed on delivering improved outcomes for residents. The home puts a high level of importance on training and staff report that they are supported through training to meet the individual needs of people in a person centred way.

There is a good recruitment procedure that clearly defines the process to be followed. This procedure is followed in practice with the home recognising the importance of effective recruitment procedures in the delivery of good quality services and for the protection of individuals. People who use the service are regularly involved in the recruitment process.

Staff recruited confirm that the home was clear about what was involved at all stages and was robust in following its procedure. There are clear contingency plans for cover for vacancies and sickness and there is little use of any agency or temporary staff.

Staff meetings take place regularly. Supervision sessions are regular and staff find them helpful with a focus on improving outcomes for people using the service. Notes and action points are taken of meetings and sessions, and progress is regularly reviewing.

Adequate

An outcome group judged as 'adequate' has some strengths but also areas of particular weakness that may require improvement through a mandatory improvement plan monitored by the Commission. Most key NMS under this outcome heading are almost met. We judge that residents are safe in how the service delivers this outcome area. Any risks highlighted are managed appropriately.

People are generally satisfied that the care they receive to meet their needs, but there are times when they may need to wait a short time for staff support and attention.

There are enough qualified, competent and experienced staff to meet the health and welfare of people using the service. Staffing rotas take into account the needs and routines of the people using the service.

The service recognises the importance of training, and tries to deliver a programme that meets any statutory requirements and the NMS. The manager is aware that there are some gaps in the training programme and plans to deal with this. The service is also able to recognise when additional training is needed, but is not always in a position to provide this training. There is limited understanding of the person centred way of delivering care and support, but this is through lack of opportunity rather than a negative or 'blinkered' approach.

All staff are clear regarding their role and what is expected of them. People using the service report that staff working with them know what they are meant to do, and that they meet their individual needs in a way that they are satisfied with.

The service has a recruitment procedure that meets statutory requirements and the NMS. The procedure is followed in practice and there is accurate recording at all stages of the process. There is acceptable use of any agency or temporary staff which doesn't

adversely affect the quality of the individual care and support that residents receive.

Poor

An outcome group judged as 'poor' has significantly more weaknesses than strengths. Important key NMS are not met. We may judge that people who use the service are not safe as a result of how the service delivers this outcome area or we evidence a trend towards seriously diminishing or deteriorating service quality in this outcome area.

The service does not support or encourage the development of a competent staff team. Training provided may be very limited and weak, with areas not being identified and not targeted at relevant individuals. Training provided tends to be internal, with a lack of willingness to seek external providers to deliver training. There is no comprehensive training plan and much of the training is out of date. There are no reliable records of staff training that has been undertaken.

Staff are not encouraged or supported in the pursuing of external qualifications such as NVQ's.

Job descriptions and roles may not be defined, with residents reporting that the quality of the support is unpredictable, inconsistent or poor. Staff are not skilled to meet the specialist physical and emotional needs of the residents.

Staffing levels may not meet the needs of the people using the service, with their health and welfare being adversely affected. The service does not recognise the importance of individualised person centred support and sees personal care needs as the limit of support provided.

There is a lack of respect for human rights with dignity, respect, fairness, equality and autonomy only being recognised by staff in a very limited way. People using the service report that there is a 'one size fits all' approach to care delivery.

There could be a high level of reliance on agency or temporary staff. People do not know staff well, and report that the care they receive is rushed, inconsistent and impersonal.

The level of staffing severely restricts the ability of the service to deliver person centred support, or provide activities that people have requested. People's cultural or religious needs are not met because of lack of staff numbers or their understanding.

The service has a poor recruitment procedure with shortfalls in recording and processes being evident. People using the service are never involved in the recruitment of staff. The service places emphasis on filling vacancies rather than getting the right person for the role. Staff are appointed and start working without references or other important documentation being received.

There is little diversity in the staff team and its composition does not reflect the culture or gender of people using the service.

Individually or as a group staff do not have the necessary skills to meet the assessed needs of residents.

There is inconsistent or inadequate supervision of staff with infrequent individual sessions and few staff meetings. Staff meetings do not allow for the participation of all staff.

- **Conduct and management of the home YA – (NMS 37-43)**
- **Management and Administration OP – (NMS 31-38)**

The management and administration of the home is based on openness and respect, has effective quality assurance systems developed by a qualified, competent manager.

Excellent

An outcome group judged as 'excellent' has substantial strengths and a sustained track record of delivering good performance and managing improvement. Where areas for improvement emerge the service recognises and manages them well. We would expect to see the essential elements found in an outcome judged as 'good' with further additional strengths, particularly qualitative strengths. The performance does not have to be perfect to be 'excellent' in an outcome area. The key NMS under this outcome heading are met.

The registered manager has the required qualification and experience, is highly competent to run the home and meets its stated aims and objectives. The manager has sound knowledge of both strategic and financial planning. In the case of a corporate provider, the manager has sound knowledge of the organisation's strategic and financial planning systems and how the operational or business plan for the home 'fits' with these.

Working within these systems the manager demonstrates effective financial planning and budgetary control skill and the home provides value for money. In the case of a corporate provider this would include value for money in comparison to the running costs of similar homes.

The manager is able to describe a clear vision of the home based on the organisation's values and corporate priorities. The manager communicates a clear sense of direction, is able to evidence a sound understanding and application of 'best practice' operational systems, particularly in relation to continuous improvement, customer satisfaction, and quality assurance. Equality and diversity, human rights and person centred thinking are given priority by the manager who is able to demonstrate a high level of understanding and demonstrate best practice in these areas. The way the home is run shows an understanding of people's needs in respect of the six strands of diversity: gender (including gender identity), age, sexual orientation, race, religion or belief, and disability.

The manager is able to demonstrate through formal qualification, robust operational systems and or professional experience and ability that they are knowledgeable and highly competent in a range of areas. These can include service-specific good practice areas, understanding current legislation and proposed developments, and the importance and purpose of having effective quality assurance systems.

The quality assurance system may be nationally recognised by an authoritative independent accrediting body such as Investors in People.

Additionally the manager should possess a well developed awareness and understanding of equal opportunity issues, development and implementation of the service's policies and procedures, and if appropriate the corporate organisation's policies and procedures, good people skills, strong leadership of staff, and be responsive to the needs of residents.

The manager should at all times provide an excellent role model for other employees. Other professionals see the manager as an imaginative and effective leader who consistently provides high quality services. They undertake regular training and understand and value opportunities for their continuing professional development.

The manager ensures that staff follow the policies and procedures of the home and in the case of corporate providers those of the parent organisation also. Staff have practice handbooks (or their equivalent) and easy access to training materials and documents. Practice and performance are discussed during supervision, staff training and team meetings. Spot checks and quality monitoring systems provide management evidence that practice reflects the home's and organisation's policies and procedures.

There is strong evidence that the ethos of the home is open and transparent. The views of both people who use the service and staff are listened to, and valued.

The AQAA contains excellent information that is fully supported by appropriate evidence. It includes a high level of understanding about the importance of equality and diversity and a wide range of evidence showing how they have listened to residents. The home demonstrates a high level of self-awareness and recognises the areas that it still needs to improve, and has clearly detailed the innovative ways in which they are planning to do

this. The home fully recognises the importance of the annual quality assurance assessment and has used the content to inform its own quality assurance. The data section of the AQAA is accurately and fully completed and supports evidence in the self-assessment section.

The registered persons or organisational line manager have extensive knowledge and is highly confident in both strategic and financial planning and review. There is an established business plan that includes clear indicators of the success and efficiency of the business arrangements. The home has as appropriate, effective and regular support (in the case of a corporate provider, from the 'parent' organisation) through a named line manager and, as required, access to professional accountancy and business advice. There are clear lines of accountability. Insurance cover ensures that the home or corporate body are fully insured to meet any loss or legal liabilities.

The home has efficient systems to ensure effective safeguarding and management of residents' money and valuables, including record keeping. People are supported to manage their own money where possible. Those who do not currently have the skills are encouraged and supported to develop to become as independent as possible. They have access to their records whenever they wish. The service and organisation are faultless in their roles as agent or appointee and fulfil all requirements. People trust the home implicitly in the handling of their money.

Record keeping is of a consistently high standard. Records are kept securely and staff are aware of the requirements of the Data Protection Act. Residents can gain access to their records and contribute to them. They are always told when a significant new entry has been made and what it says.

All the working practices in the home are safe and there are no preventable accidents, or there are clear trends indicating a steady reduction in the number of preventable accidents, evidenced by good monitoring and record keeping systems. The home has a comprehensive range of policies and procedures to promote and protect residents' and employees' health and safety. Staff are trained, understand, and consistently follow these.

There is full and clearly written recording of all safety checks and accidents, including analysis, and there is no evidence of a failure to comply with statutory reporting requirements and other relevant legislation. The home proactively monitors its health and safety performance and consults other experts and specialist agencies about health and safety issues as required. There is evidence of organisational monitoring by corporate providers.

The manager, senior team, and staff at all levels have a good understanding of risk assessment processes which is underpinned by promoting independence, choice and autonomy. These principles are taken into account in all aspects of the running of the

home. The quality assurance system confirms that the findings from risk assessments have been followed-up and the home continuously improves its health and safety systems.

Health and safety systems are regularly reviewed and updated and are developed on the basis of experience in the home, outcomes for people using the service and learning from external developments. The manager ensures that all staff are trained in health and safety matters. Individual training records reflect this and regular updates are planned ahead.

Good

An outcome group judged as 'good' has more strengths than areas for improvement. There are no significant weaknesses in areas relating to health and safety issues or management. The key NMS under this outcome heading are generally met but there may be some areas of improvement that we are confident the provider can manage. Where areas for improvement emerge the service recognises and manages them well.

The manager has the required qualifications and experience and is competent to run the home. In the case of a corporate provider the manager knows the organisation's strategic and financial planning systems and the operational or business plan for the home links into these. Supported by these systems the manager is competent in delivering effective financial planning and budgetary control. The home provides value for money. In the case of a corporate provider value for money is high in comparison with the running costs of similar homes.

The manager has a clear understanding of the key principles and focus of the service, based on organisational values and priorities. They work to continuously improve services. They provide an increased quality of life for residents with a strong focus on equality and diversity issues and promoting human rights, especially in the areas of dignity, respect and fairness. There is also a focus on person centred thinking, with residents shaping service delivery. There is a strong ethos of being open and transparent in all areas of running of the home. The manager leads and supports a strong staff team who have been recruited and trained to a high standard. The manager is aware of current developments both nationally and by CSCI and plans the service accordingly.

The AQAA contains clear, relevant information that is supported by a wide range of evidence. The AQAA lets us know about changes they have made and where they still need to make improvements. It shows clearly how they are going to do this. The data section of the AQAA is accurately and fully completed.

The manager promotes equal opportunities, has good people skills and understands the importance of person centred care and effective outcomes for people who use the service.

The manager's practice, skills, and knowledge, is based on continuous development, gained through training and enthusiasm for the role.

The service has sound policies and procedures, which the manager effectively reviews and updates, in line with current thinking and practice. The manager ensures staff follow the policies and procedures of the home and, in the case of a corporate provider, those of the parent organisation. The staff team are positive in translating policy into practice. There are effective systems to monitor staff adherence to policies and procedures during their practice. Management processes ensure that staff receive feedback on their work.

The home works to a clear health and safety policy. All staff are fully aware of the policy and are trained to put theory into practice. Regular random checks take place to ensure they are working to it. Safeguarding is given high priority and the home provides a range of policies and guidance to underpin good practice.

The home has a consistent record of meeting relevant health and safety requirements and legislation, and closely monitoring its own practice. In the case of a corporate provider, local practice and guidance reflects the parent organisation's health and safety policies and best practice. There is also evidence of organisational monitoring by corporate providers. Records are of a good standard and are routinely completed. Residents are aware of safety arrangements and have confidence in the safe working practices of staff. The manager ensures risk assessments involve the residents in their production and that they are fully completed and taken into account in planning the care and routines of the home.

The registered person has the skills and ability to deliver good business planning, and effective financial controls, they provide a quality assurance and monitoring process to ensure efficient running of the home, which gives value for money and delivers effective outcomes for the people who use the service. In the case of a corporate provider there is an established corporate business plan that details the business arrangements for monitoring the performance and practice of the home. The parent organisation appropriately supports the manager in the running of the service.

People are supported to manage their own money where possible. Where this is not possible there is a clear reason why. Individuals have access to their records whenever they wish.

The home's financial and business plan shows continuing growth supported by strong financial arrangements. The home has access to professional business and financial advice and has all the necessary insurance cover to enable it to fulfil any loss or legal liabilities.

Adequate

An outcome group judged as 'adequate' has some strengths but areas of particular weaknesses that may require improvement through an improvement plan monitored by the Commission. Most key NMS under this outcome heading are almost met. We judge that residents are safe in how the service delivers this outcome area. Any risks highlighted are managed appropriately.

The manager is qualified or has the necessary experience to run the home. They are aware of and work to the basic processes set out in the NMS. In the case of a corporate provider, the manager has a fair understanding of the organisation's strategic direction, an awareness of its financial planning systems and how the business plan for the home fits into the organisational structure. The manager is aware of the need to keep up to date with practice and continuously develop management skills, although it may be difficult to attend regular formal training courses.

The manager trains and develops staff who are generally competent and knowledgeable to care for the residents. The service focuses on the individual, takes account of equality and diversity issues, and generally works in partnership with families or close friends, as appropriate, and professionals. The home has a statement of purpose that sets out the aims and objectives of the service. The manager is improving and developing systems that monitor practice and compliance with the plans, policies and procedures of the home. More work is needed in this area.

All sections of the AQAA were completed and the information gives a reasonable picture of the current situation within the service. The evidence to support the comments made is satisfactory, although there are areas where more supporting evidence would have been useful to illustrate what the service has done in the last year, or how it is planning to improve. The AQAA gives us some limited detail about the areas where they still need to improve. The ways that they are planning to achieve this are briefly explained. The data section of the AQAA was completed, although there are some inconsistencies.

The manager is aware of the need to promote safeguarding and has developed a health and safety policy that generally meets health and safety requirements and legislation. The manager has highlighted areas where they need to make improvements and has an action plan for undertaking the work.

The manager understands person centred planning and thinking but might have difficulty in translating this theory into practice to make a difference to the staff team or outcomes for residents using the service.

The registered person is aware of the need to plan the business activity of the home, and manage the finances and resources to deliver the business plan. In the case of a corporate provider the manager seeks support where appropriate from the parent organisation. The service provider takes responsibility for the home's accounts and

business development. The home complains of the heavy burden of having adequate insurance cover, but complies to an acceptable level.

People manage their own money where possible, although the service is not proactive in developing skills in this area. This means that some people could be more independent than they are currently. Individuals have access to their records whenever they wish.

Checks show that records are generally up to date although some gaps are found in recording and entries are not always clear.

Poor

An outcome group judged as 'poor' has significantly more weaknesses than strengths. Important key NMS are not met. We may judge that people who use the service are not safe as a result of how the service delivers this outcome area or we evidence a trend towards seriously diminishing or deteriorating service quality in this outcome area.

The manager of the home is not qualified, has only basic management skills and minimal experience to run a home. In the case of a corporate provider the manager has very limited knowledge of the organisations strategic and financial planning system and prefers to work in isolation from the parent organisation.

The manager is seen as incompetent or the home is without a manager. The manager has not been replaced by either a competent and skilled temporary appointment or prompt, active attempts made to appoint a new person in the management role.

Training, development and supervision of staff is inconsistent and staff lack leadership. The manager does not understand strategic planning and review. Policies and procedures are not reviewed or kept up to date, and quality assurance monitoring is not regarded or implemented as a core management tool. Other professionals regard the manager as weak and often ineffective. The home is drifting and lacks purpose and direction.

If the AQAA was returned it is brief and gives very little information about the service. There is minimal evidence to support any of the claims made within it. There is a lack of understanding of the purpose of the AQAA. The questions relating to the views of residents and to equality and diversity are particularly poorly completed. Areas of the data section are left blank. The AQAA does not give us a reliable picture of the service.

Staff do not always know the content and philosophy of the statement of purpose. It is not routinely discussed in supervision or during training. Staff are not always aware of the home's policies and procedures, which are not easily accessible and are not always complete.

The manager does not improve services or the quality of life for residents. There is no focus on equality and diversity issues or promoting human rights in any areas. There is limited or no understanding of person centred thinking in the service. There is no evidence that the management hierarchy respects residents.

The home has not produced any clear health and safety policy and there is evidence of a high number of accidents and incidents. Staff have not had sufficient or recent training to enable them to work safely and are unaware of any policies and procedures that do exist. Staff ignore basic safe practices and cut corners so that their jobs are easier. In the case of a corporate provider there may be a lack of support from the parent organisation and a serious lack of monitoring of the running of the home from directors and senior members of the organisation.

The home may be in financial difficulty and the provider may be in discussion with its financial lender. It is evident that the home is struggling to deliver a service. The registered person or corporate organisation is not sufficiently involved in the control and direction of the business and there is no evidence of long term or strategic planning. Resources may have been cut to an unacceptable level and the service provider is unable to produce any evidence of the home being adequately insured.

Residents do not manage their own money, with the service controlling their finances. Individual choice and independence is highly restricted by policies adopted by the manager. Individuals do not have access to their records. There could be financial irregularities at the home, with residents' money not being accounted for in a clear and transparent way.

People who use the service are not adequately protected or safe in this home. They have little confidence that they will be cared for in a safe way.