

PAMMS Assessment Questions

ADASS Eastern Region Accommodation Services

Involvement and Information Respecting and Involving Service Users

A01 The care plan should be individually tailored, person centred, include appropriate information on the SU's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered. This is confirmed via the pre-admission, daily records & across care plans.

A02 There is evidence that SU's have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support (e.g. signed information on admission forms).

B02 Through observation of staff interaction and discussion with service users there is evidence that service users are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.

B01 Through observation of staff interaction and discussion with service users there is evidence that SU's are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. SU's are treated with kindness, compassion and empathy. Care workers are seen to support SU's choices and preferences in regards the way their care and support is delivered.

B03 Service users confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.

B04 Service users spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.

B05 Service users spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.

C01 Care workers are able to explain how they ensure people are treated with dignity and respect.

Involvement and Information Consent

A03 Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLs. POA is clearly documented and evidenced across the care plan where relevant.

B06 Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.

C02 Care staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

Personalised Care and Support Standard Rating Care and Welfare of Service Users

A04 Care plans are signed by the service user where appropriate to evidence their involvement in their care and support planning.

A05 There is evidence that where a key worker system is in place that this is clearly recorded in the care plans and that the service user has been given appropriate information about key working system.

A06 There is evidence that SU's have been given information about how to make contact with the care provider.

A07 The care assessment has been conducted in a way to reflect the SU's strengths, abilities and interests so as to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.

A08 There is evidence that the SU's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the SU remains safe, their needs are adequately met and their welfare is protected.

A09 Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the SU safe.

A10 Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.

A11 Evidence that the care planning and support is designed to maximise the SU's independence and quality of life and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible.

B07 Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.

B08 If a key worker system is in place then service users are aware of who their named care worker is. Good

B09 Observation of care staff interaction and care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the SU's independence and quality of life.

C03 Care workers understand and can explain the roll of the keyworker if used in the service.

Personalised Care and Support Standard Rating Meeting Nutritional Needs

A12 Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.

A13 Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.

A14 If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.

B10 Service users confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet and are offered a choice of food and portion size that meets their preferences.

B11 Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.

B12 Discussion with service users and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote service users dignity and they have a choice about whether to eat alone or with company.

B13 Observation of staff practice confirms appropriate behaviour in relation to food and hygiene.

Personalised Care and Support Standard Rating Co-operating with other Providers

A15 Where required and appropriate the care and support plans should evidence co-operation with other providers of the individual's care and support when responsibility is shared, or where a named service user is transferred to one or more services.

B14 Where applicable there is evidence that staff support service users to access other social care or health services as and if required.

Safeguarding and Safety Standard Rating Safeguarding People who use the Service from Abuse

A17 Assessments, together with and care/support plans effectively maintain people's safety and DOL's are only used when in the best interests of the service user (where possible).

B21 Service users confirm that they feel safe and observations of care practice confirm this to be the case. Any service users spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.

C04 Care workers are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

C05 Care workers confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLs.

E08 Appropriate safeguarding Information is on display in the Home.

Safeguarding and Safety Standard Rating Cleanliness and Infection Control

B15 Staff are observed to follow good practice in relation to cleanliness & infection control.

C06 Care workers confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.

E01 Assessment of the environment confirms that the provider has effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

E02 There is sufficient information provided to service users, staff and visitors about infection prevention and control matters.

Safeguarding and Safety Standard Rating Management of Medicines

A16 Care & support plans document that service users have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.

B16 Staff are observed to handle medicines safely, securely and appropriately.

B17 Service users confirm that they are involved in decisions regarding their medication.

C07 Care workers where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line

with the mandatory training requirements and are aware and follow any local requirements under the contract.

E03 Medicines are stored and administered safely including any homely remedies and covert medication.

F01 Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.

Safeguarding and Safety Standard Rating Safety and Suitability of Premises

E04 The premises are safe and ensure people, staff and others are protected against the risks of unsafe or unsuitable premises.

E05 The use of the premises ensures that service users with specific needs are taken into account, appropriate changes are made and that effective risk management is in place to reduce identified risks.

E06 There are appropriate security arrangements in place to address the risk of unauthorised access to protect the people who use the premises.

Safeguarding and Safety Standard Rating Safety, Availability and Suitability of Equipment

C08 Care workers confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.

E07 Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

Suitability of Staffing Standard Rating Requirements Relating to Staff Recruitment

D01 Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

D02 Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.

D03 Records evidence that other people who provide additional services are subject to any appropriate and necessary checks.

D04 The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.

Suitability of Staffing Standard Rating Staffing and Staff Deployment

B18 Through observation and discussion with service users, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs.

C09 Care workers confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

F02 Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.

F03 The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

Suitability of Staffing Standard Rating Staff Support

C10 Care workers confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.

C11 Care workers confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.

C12 Care workers confirm that they have undertaken appropriate training that this is refreshed and updated as required.

C13 Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.

C14 Care workers confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.

D05 The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.

D06 The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.

D07 The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.

Quality of Management Standard Rating Assessing and Monitoring the Quality of Service provision

C15 Care workers confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.

F04 Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that people receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.

F05 The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

Quality of Management Standard Rating Using Information and Dealing with Complaints

B19 Service users spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO.

B20 Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.

C16 Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.

F06 There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services.

They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

F07 There is evidence that the provider has a range of regular, organised meetings where service users, relatives and staff can provide feedback and this is listened to, acted upon appropriately and people are kept informed of the outcome.

F08 There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.

Quality of Management Standard Rating Records

F09 Personal records of service users are clear, accurate, factual, complete, personalised, fit for purpose, up-to date, held securely and remain confidential.

F10 The manager maintains a log to evidence the applications made for authorisation under DoLs, including the date sent, the outcome, the date of the outcome and date of expiry. If authorised the log records that CQC is notified.

F11 Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

PAMMS E of E Contract Monitoring Visit Provider Evidence List

STAFF	
Staff List	
Staff Personal files	Including References and DBS evidence (random selection by Monitoring Officer)
Supervisions Matrix /Records	
Staff Rotas and Allocation Sheets	
Minutes of Staff meetings	
Agency Profile and Induction	
Training Matrix	
Staff Induction and Care Certificate	
Staff Handbook	
Chiropodist and Hairdresser Public Liability insurance, DBS and professional membership.	
SERVICE USER	
Minutes of Resident Meetings	
Service User Guide	
Care Plans including any associated documents	Turning Charts, (Random selection by Monitoring Officer)
	Food and Fluid Charts
	Observation Sheets
	DoL's.
Activity Programme	
Complaints and Compliments Folder	
Stakeholder Satisfaction Survey	
Statement of Purpose	
MAINTENANCE	
Maintenance checks	Hoist and Sling, bedrail checks
	PAT Tests and 5 year electrical installation checks
	Water Temp Checks/Legionella Checks
	Gas Safety
	Call Bell Checks and Window Restrictor Checks
	Asbestos Survey Fire Risk Assessment and maintenance checks

<u>POLICIES</u>	
Whistle Blowing Policy	
Safeguarding Policy	
Complaints	
Medication Policy	
Business Continuity Plan	
Bullying and Harassment Policy	
Equal Opportunities Policy	
Dementia Care Standards	
<u>AUDIT OF QUALITY SYSTEMS</u>	
Care plan Audit	
Medication Audit	
Pressure Relieving Mattresses and Cushions	
Infection control Audit	
H&S Audit and Fire Prevention Equipment Audit	
Home Managers Audit	
Temperature Checks for Fridge & Freezer for Food and Medication Storage	