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|  | Action/Date |
| Title/Status- | QA Report Residential Template |
| New document or revised | Revised |
| Responsible Head of Service | Liz Perfect |
| Date review | July 2020 |
| Date SMT approved. |  |

# QA Report Residential Template

**QUALITY ASSURANCE VISIT REPORT FOR RESIDENTIAL PROVISION**

**PART 1 - QUALITY ASSURANCE PRE-VISIT PROVIDER FORM**

| 1. **ORGANISATION AND SERVICE** | |
| --- | --- |
| 1. **Registered Business Address:** |  |
| 1. **Provision Address:** |  |
| 1. **Manager / Responsible Individual:** |  |
| 1. **Telephone Number:** |  |
| 1. **Email Address:** |  |
| 1. **Name of Member of Staff Completing Form:** |  |
| 1. **Position of Member of Staff Completing Form:** |  |
| 1. **Date Form Completed:** |  |

| 1. **REGISTRATION AND PLACEMENTS (Residential Home)** | |
| --- | --- |
| 1. **OFSTED Registration Number:** |  |
| 1. **Current OFSTED Rating:**   (attach copy of most recent report) |  |
| 1. **Requirements and Recommendations from recent OFSTED inspection:** |  |
| 1. **Action Plan:**   (attach copy) |  |
| 1. **Statement of Purpose:**   (attach copy) |  |
| 1. **Children’s Guide:**   (attach copy) |  |
| 1. **Date Registered Manager Commenced in Post:** |  |
| 1. **Total Number of Placements Available within Provision:** |  |
| 1. **Number of Current Vacancies:** |  |
| 1. **Number of planned placements started in the last 12 months:** |  |
| 1. **Number of unplanned placements ended in last 12 months:** |  |
| 1. **Number of planned LCC placement endings in the last 12 months:** |  |
| 1. **Number of unplanned LCC placement endings in the last 12 months:** |  |

| 1. **STAFFING (Including Specialist Staff)** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Staffing structure chart showing all relevant staff, including leadership team.**   Please include the current vacancy positions on the chart. | | | |  | | |
| 1. **Please provide details of qualifications and DBS checks:** | | | | | | |
| **Job Title Role** | | **Staff Initials** | **Relevant qualification** e.g. NVQ 3, 4 or 5. Please include other qualifications obtained or working towards. | | **DBS no. & Date of Completion** | **DBS clear / positive disclosure.**  Confirm if positive disclosure risk assessment completed |
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|  | |  |  | |  |  |
| 1. **Number of staff who have joined the provision in last 12 months:** Please include their role. | | | |  | | |
| 1. **Number of staff who have left provision in the last 12 months:** | | | |  | | |
| 1. **Please state reason(s) for staff leaving:** | | | |  | | |
| 1. **Number of agency staff used in last 12 months** | | | |  | | |
| 1. **Number of agency staff members currently working in the provision:** | | | |  | | |
| 1. **How do you ensure the safer recruitment policy has been followed when employing agency staff?** | | | |  | | |
| 1. **What is the minimum staffing ratio in the home?** | | | |  | | |
| 1. **How often do all staff members receive supervision as a minimum including the manager?** | | | |  | | |
| 1. **Training matrix for current staff members including mandatory training:**   (attach copy of training matrix) | | | |  | | |
| 1. **Can you confirm all new staff members undergo a structured programme of induction which includes Children and young people Safeguarding?**   The induction is signed off by appropriate management. | | | |  | | |
| 1. **Do all staff members have an individual training plan as identified through supervision?** | | | |  | | |
| 1. **How many staff are First Aid trained?**   Is there evidence that these staff are on duty at any one time? | | | |  | | |
| 1. **Please provide below the details of staff members who carry out formal supervision with staff members and the date they received training to deliver this support:** *.* | | | | | | |
| **Staff Initials** | **Job Title Role** | | | **Training date** | | |
|  |  | | |  | | |
|  |  | | |  | | |
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| 1. **MONITORING** | | |
| --- | --- | --- |
| 1. **Name of other Local Authorities with placements:** | | |
| **Local Authority** | | **Number of Placements** |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| 1. **Locality Risk Assessments:** |  | |

| 1. **INCIDENTS AND NOTIFICATIONS** | |
| --- | --- |
| **These will be explored at the monitoring visit.** | |
| 1. **Please provide last three copies of Regulation 44 visits and most recent Regulation 45 visit.** | |
|  | |
| 1. **Number of reported missing episodes in the last 12 months overall?** |  |
| 1. **Number of missing episodes in relation to LCC placement/s?** |  |
| 1. **Number of OFSTED Notifications in last 12 months overall?** |  |
| 1. **Number of OFSTED notifications in relation to LCC placement/s?** |  |
| 1. **Number of Physical interventions in last 12 months overall? What behaviour management package is used?** |  |
| 1. **Number of Physical Interventions in relation to LCC placement/s?** |  |
| 1. **Number of incidents\* involving the police in last 12 months overall?**   \*Not including missing episodes. |  |
| 1. **Number of incidents involving police in relation to LCC placement/s?** |  |
| 1. **Number of medication discrepancies in last 12 months overall?** |  |
| 1. **Number of medication discrepancies in relation to LCC placement/s?** |  |
| 1. **Number of LADO referrals in last 12 months overall?** |  |
| 1. **Number of LADO referrals in relation to LCC placement/s?** |  |
| 1. **Number of compliments received in last 12 months overall?** |  |
| 1. **Number of compliments received in the last 12 months by LCC placement/s?** |  |
| 1. **Number of complaints received in last 12 months overall?** |  |
| 1. **Number of complaints received in the last 12 months re visiting LCC placement/s?** |  |

| 1. **POLICIES** | |
| --- | --- |
| **Please attach/embed copies or link to policies for the following:** | |
| 1. **Safeguarding for children and young people including allegation:** |  |
| 1. **Visitors to the home policy** |  |
| 1. **Recruitment and Selection:** |  |
| 1. **Disciplinary and Grievance:** |  |
| 1. **Whistle Blowing:** |  |
| 1. **Behaviour Management:** |  |
| 1. **Bullying and peer abuse policy** |  |
| 1. **Medication:** |  |
| 1. **Staff support supervision of staff members:** |  |
| 1. **Complaints and compliments** |  |
| 1. **Data Protection and IT Security policy**   Including GDPR (General Data Protection Regulation). |  |

| 1. **INSURANCE** | | | |
| --- | --- | --- | --- |
| 1. **Please provide details of levels of insurance cover held:** | | | |
| **Insurance Type** | **Adequate Cover** | **Date Valid** | **Please ensure a Copy is attached** |
| **Employer’s Liability** |  |  |  |
| **Public Liability** |  |  |  |
| **Professional Indemnity** |  |  |  |
| **Car Insurance** |  |  |  |

**PART 2 - QUALITY ASSURANCE VISIT**

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| --- | --- |
| 1. **VISIT DETAILS** | |
| 1. **Date of Visit:** |  |
| 1. **Initials/Mosaic YP placed:** |  |
| 1. **Name of Officer(s) completing visit?** |  |
| 1. **Officer Contact Details:** |  |
| 1. **Position of Member of Staff Completing Form:** | Commissioning and Placements Officer |
| 1. **Please list the areas that need further exploration when you undertake your visit:** | |
| **Areas of exploration from pre-visit form** | **Outcome of provider discussion** |
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| 1. **INDIVIDUAL STAFF FILE CHECKS** | | |
| --- | --- | --- |
|  | **File 1 – Initials** | **File 2 - Initials** |
| 1. **DBS Information**   (certificate number and date of issue) |  |  |
| 1. **Work History**   Including reasons for gaps in employment |  |  |
| 1. **References**   Evidence that they have been signed and verified |  |  |
| 1. **Induction** |  |  |
| 1. **Supervision** |  |  |
| 1. **Appraisal**   Guidance 13.5. All staff have their performance and fitness appraisal at least once a year. |  |  |
| 1. **Any other comments** |  |  |

| 1. **MEETINGS AND ROTAS** |
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| 1. **Staff Meetings** |
|  |
| 1. **Staffing Rotas** |
|  |
| 1. **On-call Staffing Rotas** |
|  |
| 1. **Young People’s Meetings** |
|  |

| 1. **LOCAL AUTHORITY CHILD SPECIFIC DETAILS**. | | | | |
| --- | --- | --- | --- | --- |
|  | **FILE 1** | | **FILE 2** | |
| 1. **Young Person Details** | | | | |
| **YP Initials** |  | |  | |
| **Mosaic Reference** |  | |  | |
| **Age** |  | |  | |
| **Placement Start Date** |  | |  | |
| **Placement Cost**  Including breakdown as identified in IPA |  | |  | |
| **Additionalities to placement**  Not currently identified in IPA |  | |  | |
| **Do both parties have a signed copy of IPA?** |  | |  | |
| **Are there clear outcomes on the IPA which the provider can evidence they are working towards?** |  | |  | |
| 1. **Professional Documents from Local Authority** | | | | |
| **Document Type** | **Y/N** | **Comments** | **Y/N** | **Comments** |
| **Care Plan / Pathway Plan** |  |  |  |  |
| **Delegated Authority** |  |  |  |  |
| **LAC Review** |  |  |  |  |
| **PEP** (Personal Education Plan) |  |  |  |  |
| **EHCP** (Education Health Care Plan) |  |  |  |  |
| **Annual Health Review** |  |  |  |  |
| **Strengths & Difficulties Questionnaire (SDQ)** (Has this been completed in the past 12 months?) |  |  |  |  |
| 1. **Professional Documents Created by Provider** | | | | |
| **Document Type** | **Y/N** | **Comments** | **Y/N** | **Comments** |
| **Care Plan** |  |  |  |  |
| **Risk Assessments** |  |  |  |  |
| **Behaviour Management Plan** |  |  |  |  |
| **Matching Information / Impact Assessment** |  |  |  |  |
| **Consent Forms** |  |  |  |  |

| 1. **SAFEGUARDING** | |
| --- | --- |
| 1. **Is there a visitor’s book?** |  |
| 1. **Were you asked to sign in and out?** |  |
| 1. **Were you requested to show ID?** |  |
| 1. **Who ensures compliance re visitor policy?** |  |
| 1. **What determines the level of supervision for each visit?** |  |
| 1. **How are YP safeguarded when any visitors come to the home?** |  |
| 1. **What is an example you have of best practice in these cases?** |  |
| 1. **How does the home monitor when a YP leaves the premises with visitor? Does the home have a procedure in place re agreement and when return etc** |  |

| 1. **EMPOWERMENT** | |
| --- | --- |
| 1. **Are there any barriers preventing good outcomes for the YP?**   If so what measures are being undertaken? |  |
| 1. **Are YP supported to engage in activities of their choice?** |  |
| 1. **Are YP supported to be involved in the wider community where appropriate?** |  |
| 1. **How are YP’s achievements celebrated?** |  |
| 1. **How is information made available to carers, YP and family members on how to make a complaint?** |  |
| 1. **Does the agency ensure the YP receives feedback following a complaint?** |  |
| 1. **Does the YP have access to a Children’s Rights Officer (CRO)?** |  |
| 1. **What do providers do to encourage a work ethic in the young people?** |  |
| 1. **How are young people prepared for independence?** |  |
| 1. **Is there evidence of restorative justice work being undertaken?** |  |

| 1. **INVOLVEMENT** | |
| --- | --- |
| 1. **Is there management oversight of sanctions and behaviour contracts?** |  |
| 1. **Are YP supported to inform and make changes to their individual support/care?** |  |
| 1. **Are YP consulted about any changes to service provision inc staff?** |  |

| 1. **QUALITY OF LIFE FOR YOUNG PERSON** | |
| --- | --- |
| 1. **Are YP receiving the appropriate allowances (pocket money, clothing, savings birthday, festivals) and that these allowances are managed appropriately?**   (include breakdown) | Please complete for each YP per week  Saving:  Pocket Money:  Clothing:  Toiletries:  Activities:  Birthday:  Festivals: |
| 1. **Does the provider ensure the records completed by staff are suitable for YP to read in later life?** |  |
| 1. **Is there evidence to suggest Life Story work is being undertaken by home?** |  |

| 1. **HEALTH AND SAFETY CHECKS** | |
| --- | --- |
| **Décor, homeliness warmth of home Tour of the home:**  Areas that need to be covered: - Décor, Cleanliness, Maintenance, Homeliness/Photographs, Facilities | |
|  | |
| 1. **Are there smoke alarms and/or heat detectors in every room?**   (wired or battery?) |  |
| 1. **How often are smoke alarms and/or heat detectors checked and are they recorded?** |  |
| 1. **Do you have a fire log book on site and is it up to date?** |  |
| 1. **Are evacuation drills conducted regularly with findings recorded?** |  |
| 1. **What time of day are these held?** ensure these are held at different times throughout 24 hours) |  |
| 1. **Are they completed when a new child or member of staff come to the home?** |  |
| 1. **Are there working fire extinguisher(s) and/or blanket(s)?** |  |
| 1. **Are they serviced regularly by a competent contractor and records kept?** |  |
| 1. **Does the provision have a carbon Monoxide detector and how often is it checked/tested?** |  |
| 1. **Does the propoerty have emergency escape lighting?** |  |
| 1. **Are they serviced regularly by a competent contractor and records kept?** |  |
| 1. **Are they tested weekly / monthly in-house and are the tests recorded?** |  |
| 1. **Does the property have an automatic fire detection system installed (fire alarm)?** |  |
| 1. **Are they serviced regularly by a competent contractor and records kept?** |  |
| 1. **Are they tested weekly / monthly in-house and are the tests recorded?** |  |
| 1. **required by the Regulatory Reform (Fire Safety) Order 2005, do you have current fire risk assessments (FRA’s) in place. Are these FRA’s conducted by an external competent fire risk assessor?** |  |
| 1. **Are there any outstanding actions to the inspection?** |  |
| 1. **Do the Windows have catches or restrictors?** |  |
| 1. **Do the home have external professionals complete any Risk Assessments and annual checks?** |  |
| 1. **Do the young people have PEEPS in place?** |  |
| 1. **Is there a Legionella Risk Assessment in place and how it evidenced?** |  |
| 1. **Copy of latest gas safety certificate seen?**   (include certificate number and date of issue) |  |
| 1. **Annual PAT testing**   (include certificate number and date of issue) |  |
| 1. **3/5 yearly electrical wiring checks**   (include certificate number and date of issue) |  |
| 1. **Are daily checks carried out to ensure that escape routes and fire exits are kept clear and recorded?** |  |
| 1. **Is there a ‘Safer Food/ Better Business’ file and is it adequate?** |  |
| 1. **Are Environment Risk Assessments completed and regularly updated and signed off by all staff – Is this evidenced?** |  |
| 1. **Is there a COSHH file and place of safety for storage?** |  |
| 1. **Are there any Deprivation of Liberty concerns?** |  |
| 1. **Any other health and safety issues?** |  |

| 1. **DATA PROTECTION** | |
| --- | --- |
| 1. **Do you have a designated Data Protection Officer within your organisation?** |  |
| 1. **Do you have mandatory GDPR** (General Data Protection Regulation) **training?** |  |
| 1. **Is there a clear Data Protection governance structure and process in place so that if there was a breach the Data Protection Officer would know the steps to follow and please provide an outline of this?** | |
|  | |
| 1. **Please give some examples of practical measures you have taken to ensure data protection (IT or otherwise):** | |
|  | |

| 1. **YOUNG PEOPLE’S VOICE** | |
| --- | --- |
| 1. **What interaction was had with LCC YP?** |  |
| 1. **What was discussed/observed?** |  |
| 1. **Did the YP receive a copy of the Children’s guide when placed?** |  |

| 1. **PROFESSIONALS FEEDBACK** | | | | |
| --- | --- | --- | --- | --- |
| 1. **Feedback:** ***(copy new table for each YP in placement)*** | | | | |
| **Initials of YP:** |  | | **Mosaic number:** |  |
| **Date requested:** |  | | **Date received:** |  |
| **Name of Social Worker:** | |  | | |
| **Feedback from Social Worker:** | | | | |
|  | | | | |
| **Date requested:** |  | | **Date received:** |  |
| **Name of IRO:** | |  | | |
| **Feedback from IRO:** | | | | |
|  | | | | |

**PART 3 - QUALITY ASSURANCE VISIT ANALYSIS & SUMMARY**

| 1. **SIGNS OF SAFETY** |
| --- |
| 1. **General feedback to provider at the end of the visit to raise compliments and concerns.**   **ANY IMMEDIATE CONCERNS TO BE RAISED AND DEADLINE GIVEN** |
| **What’s Working Well** |
|  |
| **Worried About** |
|  |

| 1. **ACTIONS** | | |
| --- | --- | --- |
| 1. ***Are there any actions that need following up on after the visit?*** | | |
| **Action** | **By Who** | **Deadline Date** |
|  |  |  |

| 1. **GENERAL OVERVIEW OF PROVISION** |
| --- |
| 1. **Please give a general overview of provision:** |
|  |

| 1. **SIGNING OFF/AUTHORISATION** | |
| --- | --- |
| 1. **Placement Commissioning Officer signature:** |  |
| 1. **Date:** |  |
| 1. **Quality Assurer & Auditor:** |  |
| 1. **Date:** |  |
| 1. **Provider signature:** |  |
| 1. **Providers Feedback on report:** |  |
| 1. **Date of Report:** |  |
| 1. **Date document sent to IRO & CSW:** |  |
| 1. **Date uploaded onto Mosaic:** |  |