How to complete the provider information return (PIR):

Residential care

April 2015
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Purpose:

On 1 October 2014, we launched our new approach to regulating and inspecting adult social care services. To understand more about why, how and what we have changed, and our priorities and principles, please go to our webpage to access the Provider Handbooks and appendices we have published.

This Provider Information Return (PIR) is an important element of our new inspection process. Under Regulation 17(3) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, we are asking you to provide us with data, and some written information, that answer the questions:

• Is the service safe?
• Is the service effective?
• Is the service caring?
• Is the service responsive?
• Is the service well-led?

The PIR is a pre-inspection questionnaire and it will help us to plan our inspection of your service. Inspectors will use this information to help decide the areas they wish to look at in more detail during their visit. Providers are encouraged to be concise in their answers, as we are seeking a snapshot of your service rather than a comprehensive view.

The PIR will help you to understand the areas we may look at during our visit, and to provide you with the opportunity to reflect on what you do well for people using services under each of the key questions. We hope the PIR will also add value to your existing quality assurance processes.

Please complete the form and return it to us by the deadline stated in the email to you. We have found that the average time it takes for providers to complete the PIR for the first time is about one and a half to two working days, so some planning may be required to make sure the form is completed on time. If it is not completed and returned to us by the deadline, inspectors will not normally award a rating better than 'Requires Improvement' for Well-Led. Inspectors can, however, use their judgement to recognise exceptional circumstances that suggest when a different rating is appropriate.

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

Some of the content you provide may also be used to inform national reporting such as the State of Care report or thematic reviews. When used in this way, it will not be attributed to any provider.

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

- To use this form, please click on the hyperlink we emailed you. You must be connected to the internet when filling it in, saving or submitting the form.
- The PIR is arranged under the five key question areas (safe, effective, caring, responsive and well-led).
- Further information about the five questions can be found in the ‘Adult social care: residential care services provider handbook’ and appendices which contain the Key Lines of Enquiry and Characteristics of ratings. It is recommended that you read these to have a fuller understanding of what the five questions mean, and what we would like you to focus on in your response.
- You should make your answers as concise and clear as possible. We encourage you to use bullet points to help you do this.
- For each of your free text responses, you should include examples of evidence to support what you have written.
- Please limit your answer to 500 words in the free text boxes.
- Some questions are mandatory, these are shown by a * at the beginning of a question. These need to be completed otherwise the form will not submit.
- Please put N/A in mandatory text boxes or ‘0’ in numeric mandatory questions that follow on from a question that you are not required to fill in otherwise the form will not submit.
- The questions in the data sections ask you for simple responses predominantly in the form of a number, date or a yes/no confirmation.
- You will find that some responses to questions will be pulled through to form part of another question.
- Also, you will find that some questions that appear in the guidance will not appear in the PIR. This is because the PIR will not display questions you do not need to answer, based on how you have answered other questions earlier in the form.
- Do not use spaces when inserting telephone numbers.
- To exit the form before completion, use the ‘Save & Exit’ button which is located at the bottom of each page. You will be asked if you want the link to the form to be emailed to you, if so please complete your email address in the box. You will receive a message "Your email reminder has successfully been sent".
- Clicking on the ‘Finish’ button will automatically submit the return to CQC. When submitted a message will pop up saying "Thank you for taking part in the survey". You will receive a confirmation that your submission has been received by CQC and an individual reference number will be emailed to you. Please check your spam/junk if you do not receive an email.
- A summary of responses that you have provided in the Provider Information Return (PIR) will be emailed to you for your information.
- Please do not send attachments with the PIR. If we need further information, we will contact you.
- There are ‘evaluation questions’ at the end of the PIR. Answering these questions as fully as possible will help us to improve the PIR.
• You must complete and submit the PIR before the deadline date otherwise the information you have entered previously may be lost.

• Once you have completed and returned the form, we may contact you to ask additional questions to clarify your answers or to provide further detail.

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

All questions on this form relate to the service you provide for people receiving regulated activities, such as personal care and to staff and other people delivering regulated activities. Regulated activities are those listed in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 for which you are registered. Do not include any information about people and staff who do not receive or deliver regulated activities.

Your Service:

Guidance

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

Number of people using your service

Guidance

• You should include the number of people who are using your service on the day the PIR is completed.

Skills for Care NMDS-SC return

Guidance

• If you have completed the National Minimum Data Set for Social Care (NMDS-SC) and given permission for information to be shared with CQC then you may not need to complete some questions about staffing. This will depend on whether you declare this information to be accurate and complete.
• Where you do not have to complete these questions, they will not appear in your PIR form.
• If you have not completed the NMDS-SC, or have not given permission for information to be shared with CQC, then you need to complete all the questions.
• More information about the NMDS-SC can be found at the Skill for Care website.
1. **Information to support the question ‘Is the service safe?’**

1a. **How do you ensure the service you provide is safe?**

By *safe*, we mean that people are protected from abuse and avoidable harm.

In *residential care* this means that people are supported to make choices and take risks and are protected from physical, psychological and emotional harm, abuse, discrimination and neglect.

**Guidance**

- Please write your response in the box.
- We want you to let us know in practical terms what you do to make sure the service you provide is safe. You should include brief examples of how you do this.
- We would also like you to include examples of innovative practice.
- Please limit your response to 500 words.
- Please don’t include any attachments with the PIR when you submit it to us. Just describe or list the evidence you have to support your comments.
- You need to focus on the areas covered under the ‘safe’ question, which include how risks, premises, equipment and medicines are managed, how your location prevents and controls infection, and staff arrangements. For example when detailing how you manage risk:
  - We would like to see evidence and an explanation of how you ensure people who use your service, and your staff, are protected from unnecessary risk.
  - You should also consider how you assess risk and promote the choices of people and not deny them the opportunity to live the lives they want to lead.
- Please refer to the provider handbook and appendices for more information on the areas you could consider in answering this question.
- You shouldn’t necessarily limit yourself to the areas covered in the lines of enquiry or prompts; you can include any other areas that show you provide a safe service.
- We do not want to be prescriptive about what you should include in the PIR as this document is your opportunity to tell us what you do to provide a safe service.
- The information you include in your response may also help us understand the areas you see as important.
- It will also contribute to your own quality assurance process by demonstrating your level of awareness of the issues and what you currently do to provide a safe service.
1b. **What improvements do you plan to introduce in the next 12 months that will make your service safer and how will these be introduced?**

**Guidance**

- Please write your response in the box.
- Please limit your response to 500 words.
- We want to know where you think you need to improve the service to make it safer. Please consider how people are protected, how risks, premises, equipment and medicines are managed, how your location prevents and controls infection, and staff arrangements.
- Please also consider how you will continue to ensure that people's rights and choices in relation to risks will also be respected.
- You should tell us how you will make the improvements you have identified.
- You should give us a concise plan of:
  - What you are going to do.
  - Who is going to do it.
  - How it will be resourced.
  - When it will be completed.
- The information in this section is evidence that you have explored and recognised where you need to provide a better level of service.
- The detail included within this section could be used as part of your own quality assurance processes to show you are planning for the future and not relying on past success or areas you have already improved.

1c. **Staffing levels**

**Guidance**

- This set of questions will not appear in the PIR if you answered the questions at the front of the form to say that you have completed the National Minimum Data Set for Social Care (NMDS-SC), given permission for this information to be shared with CQC, and that it is accurate and complete.
- When we refer to people in the first question, this would include permanent + temporary employees, + apprentices directly employed + pool + agency + students + voluntary + apprentices not directly employed + ‘other’ who provide regulated activities.
- When we refer to staff in the questions, this means permanent and temporary employees who provide regulated activities.
1d. Drugs and medicines

Guidance

- We would like you to include the number of medicine errors that have occurred in the 12 months up to the date of this return. By a medicine error we mean when:
  - A dose has been missed.
  - Too much or too little of the medicine was given.
  - The wrong medicine was given.
  - It was given to the wrong person.
  - It was wrongly recorded.
  - It was administered in a manner that did not follow your medicines procedure or prescribing requirements.

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

1e. Deaths

Guidance

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

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

- Section 1(e)(iv) relates only to deaths of people subject to an authorisation to deprive them of their liberty from a Supervisory Body or the Court of Protection.
2. Information to support the question ‘Is the service effective’?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

In residential care, this means that people are supported to live their lives in the way that they choose and experience the best possible health and quality of life outcomes.

2a. What do you do to ensure the service you provide is effective?

Guidance

• Please write your response in the box provided.
• Please limit your response to 500 words.
• The general guidance on answering the key questions described in 1a above also applies to this question.
• You need to focus on the areas covered under the ‘effective’ question. This question covers a wide range of subjects including how your location provides effective care, how people’s needs, preferences and choices are being met, access to, and maintaining healthcare, nutrition and hydration, and home design and decoration.
• Please refer to the provider handbook and appendices for more information on the areas you could consider in answering this question.

2b. What improvements do you plan to introduce in the next 12 months that will make your service more effective, and how will these be introduced?

Guidance

• Please write your response in the box.
• Please limit your response to 500 words.
• The general guidance on answering the key questions described in 1b above also applies to this question.
• We want to know where you think you need to improve the service to make it effective.
• You need to focus on the areas covered under the ‘effective’ question. This question covers a wide range of subjects including how your location provides effective care, how people’s needs, preferences and choices are being met, access to, and maintaining healthcare, nutrition and hydration, and home design and decoration.
2c. Staff training and qualifications

Guidance

- This set of questions will not appear in the PIR if you have answered the questions at the front of the form to say that you have completed the National Minimum Data Set for Social Care (NMDS-SC), given permission for this information to be shared with CQC, and that it is accurate and complete.

- For the staff induction question, the Skills for Care Common Induction Standards are being replaced by the Care Certificate from April 2015 which covers both care assistants and support workers across the health and social care sector. During this transition period, we would like to capture the number of staff who have completed one or other of these. More information about the new Care Certificate can be found on the Skills for Care website.

- Please enter the number of staff that have completed training in the areas listed in the last 24 months.

- We recognise that not all training is relevant to all services. Please enter '0' for training that is not applicable to your service.

- For other training that is not listed, please give the title of the training and the number of staff who have taken part in the table at the end of this section.

- If there is not enough space to add all the training, you could refer to the additional training provided in your response to 2a.

2d. Staff Supervision

Guidance

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

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

- Appraisals are normally undertaken every 12 months for staff but in this question we have than recognised the staff concerned must have been employed for more than two years to allow the appraisal process to be fully established.

2e. Mental Capacity Act 2005

Guidance

- The Mental Capacity Act 2005 is an important piece of legislation that underpins how you support people who use your service, and you should have policies and procedures that ensure you are meeting the legal requirements of the Act and the associated Code of Practice.
• The Act outlines the importance of enabling people to make decisions for themselves to the maximum extent possible, acting in a person’s best interests when they cannot, and the process that needs to be followed when you restrict a person’s liberty.

• The questions asks whether anyone currently using your service has their freedoms, rights and choices restricted and whether this has effected how staff support them.

• Subsequent questions ask you to provide the number of people affected. If there is no one at your service that is currently affected then please enter 0.

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

2f. End of life

Guidance

• Do Not Attempt Resuscitation (DNAR) forms should be reviewed whenever a person’s condition or wishes change.

• A ‘complete’ DNAR form should clearly record that the person is in agreement with the decision or, if they do not have capacity to make the decision, that it has been agreed to be in their best interests in line with the Mental Capacity Act 2005.

2g. Nutrition and hydration

Guidance

• We want you to tell us how many people are at risk of malnutrition or dehydration.

• We expect you to know this through the assessment processes you use to identify when a person is at risk.

• You could also explain in section 2a what you are doing as a service to reduce the risks associated with malnutrition and dehydration.

2h. Premises

Guidance

• We want you to tell us how many bedrooms are at these premises.
3. Information to support the question ‘Is the service caring?’

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

In residential care, this means that people, their families and carers experience care that is empowering and provided by staff who treat people with dignity, respect and compassion.

3a. What do you do to ensure the service you provide is caring?

Guidance

• Please write your response in the box.
• Please limit your response to 500 words.
• The general guidance on answering the key questions described in 1a above also applies to this question.
• We want you to tell what you do to make sure the service you provide is caring. You should include brief examples of how you do this.
• You need to focus on the areas covered under the ‘caring’ question including how you ensure that people are cared for properly; that their relationships with people that matter to them are supported; how privacy and dignity is respected and promoted, and the support you provide for people at the end of their lives.
• Please refer to the provider handbook and appendices for more information on the areas you could consider in answering this question.

3b. What improvements do you plan to introduce in the next 12 months that will make your service more caring, and how will these be introduced?

Guidance

• Please write your response in the box.
• Please limit your response to 500 words.
• The general guidance on answering the key questions described in 1b above also applies to this question.
• You need to focus on the areas covered under the ‘caring’ question including how you ensure that people are cared for properly; that their relationships with people that matter to them are supported; how privacy and dignity is respected and promoted, and the support you provide for people at the end of their lives.
3c. Recognition/good practice

Guidance

- You should include details of when the quality of your service, or the staff you employ, has been officially recognised. This could be by other organisations or through your own internal recognition of good practice.

- You should list any awards or other acknowledgements you have received in the 12 months up to the date of this return.

- List any schemes, initiatives or networks you use or are a member of that are a positive influence on how you provide care and support. For example, the Social Care Commitment, SCIE, NICE, or Skills for Care.

- We would like to hear about how you ensure your service and staff keep up to date with good practice. Examples could include being a part of schemes and membership bodies, developing or participating in training with other organisations, and what you might do internally such as having designated champions or implementing staff learning sets.
4. Information to support the question ‘Is the service responsive?’

By responsive, we mean that services are organised so that they meet people's needs.

In residential care this means that people get the care they need, are listened to and have their rights and diverse circumstances respected.

4a. What do you do to ensure the service you provide is responsive?

Guidance

- Please write your response in the box.
- Please limit your response to 500 words.
- The general guidance on answering the key questions described in 1a above also applies to this question.
- You need to focus on the areas covered under the ‘responsive’ question including how you ensure that people receive care that is responsive to their needs; that it is consistent, co-ordinated and person-centred; how people are listened to and are supported to express their views; how concerns and complaints are responded to; and how end of life choices are known and met.
- Please refer to the provider handbook and appendices for more information on the areas you could consider in answering this question.

4b. What improvements do you plan to make that will make your service more responsive and when will you make them?

Guidance

- Please write your response in the box.
- Please limit your response to 500 words.
- The general guidance on answering the key questions described in 1b above also applies to this question.
- You need to focus on the areas covered under the ‘responsive’ question including how you ensure that people receive care that is responsive to their needs; that it is consistent, co-ordinated and person-centred; how people are listened to and are supported to express their views; how concerns and complaints are responded to; and how end of life choices are known and met.

4c. Compliments and complaints

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

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

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

4d. Equality and Diversity

Guidance

• As a public body, CQC has a statutory duty in the area of diversity to:
  o Collect information.
  o Advance equality of opportunity.
  o Eliminate unlawful discrimination.
  o Foster good relationships between different groups.

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

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

• You could answer the questions by ticking if you have specific policies and/or carried out any work in relation to areas such as recruitment, staff training, and operational practices to see if they promote equality, diversity and human rights.

4e. Service User Bands

Guidance

• We would like to record the number of people who use your service using these bandings. The bandings are those used in applications for registration.

• For the bandings that capture people’s needs, please select all the bandings that apply to each person using your service.
5. **Information to support the question ‘Is the service well-led?’**

By **well-led**, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

In **residential care**, this means that management and leadership encourage and deliver an open, fair, transparent, supporting and challenging culture at all levels.

5a. **What do you do to ensure the service you provide is well-led?**

**Guidance**

- Please write your response in the box.
- Please limit your response to 500 words.
- The general guidance on answering the key questions described in 1a above also applies to this question.
- You need to focus on the areas covered by the ‘well-led’ question, including how you encourage open communication; promote a positive culture; learn from incidents and complaints; provide management and leadership of the location, staff and partnerships with agencies to ensure best practice and high quality care with responsibility and accountability. For example, you could include information about:
  - How you assure yourself about the quality of the service.
  - How staff are trained and supervised.
  - How you ensure that the leadership of the service keeps up to date with best practice.
  - Any patterns you have noticed in the complaints you have received.
- You may also wish to reflect on how you should adhere to the Fit and Proper Person requirements for directors (should this be applicable).
- Please refer to the provider handbook and appendices for more information on the areas you could consider in answering this question.

5b. **What improvements do you plan to introduce in the next 12 months that will make your service better led, and how will these be introduced?**

**Guidance**

- Please write your response in the box.
- Please limit your response to 500 words.
• The general guidance on answering the key questions described in 1b above also applies to this question.

• You need to focus on the areas covered by the ‘well-led’ question, including how you encourage open communication; promote a positive culture; learn from incidents and complaints; provide management and leadership of the location, staff and partnerships with agencies to ensure best practice and high quality care with responsibility and accountability.

5c. Registered manager

Guidance

• You will normally need a registered manager at the service you run.

• If you are a sole provider, who owns and manages the service, you may not need to have a separate registered manager.

5d. People who currently use your service

Guidance

• For respite admissions, please include the number of admissions for respite in the last 12 months. If someone has used the service for more than one period of respite, please include each stay in the total.

• Please provide the number of people who use your service who pay you for all, or some, of their own care. You should know this information from the contract and invoicing arrangements you have in place.

• Please include the number of people who are funded by either the local authority or the NHS.

• If you do not know whether somebody is fully funded by either body, please do not include them in your totals.

5e. Organisations who commission your service

Guidance

• You should include the contact details of organisations that commission care and support for people at your service. We may contact them to seek their views of your service. Organisations could include local authorities, NHS, and charities, and so on.

• We would like the details of up to ten commissioning organisations.

• If your service currently has more than ten commissioners then we would like the details of the organisations that commission services for most people.

• If your service currently has less than ten organisations then we would like the details of them all.
• We would also like you to tell us how many people each commissioner has asked you to support. This will help us understand the relative size of the organisations that commission services from you.

5f Staff Departures

Guidance

• This set of questions will not appear in the PIR if you have answered the questions at the front of the form to say that you have completed the National Minimum Data Set for Social Care (NMDS-SC), given permission for this information to be shared with CQC, and that it is accurate and complete.

• Please select a single reason for each person who has left.
6. Additional question for providers with more than one location included in their conditions of registration

Guidance

- We would like to know about the support you receive from the senior management and/or internal quality auditors of the organisation which your service is part of.
- This should be recorded as the number of visits that have taken place to specifically assess the quality of your service.
- Only include visits by senior managers or auditors who:
  - Talked to people using services.
  - Toured the premises.
  - Undertook a professional, formal assessment of the quality of the service.
- Ad-hoc visits that were brief, office-based and did not provide any assessment of quality should not be included.
- Details of these visits should be included in section 5a to increase the evidence that your service is well-led.