How to complete the provider information return (PIR):

All Service Types

July 2022

CONTENTS

Purpose:

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

Please complete the form and return it to us by the deadline stated in the email to you. The date you receive or return this form will not determine the date we next visit your service.

We will use the information to help us understand how your service is performing between inspections and to assist our decision making. We will also use the PIR as part of any inspections that may take place and to understand emerging trends and patterns across Adult Social Care. We may use some of the information that you provide to inform national reporting such as the State of Care report. When used in this way, it will not be attributed to any provider. We will also be sharing data on a small number of questions with key stakeholders to maximise the use of information and reduce burden on the number of requests that you receive. Data is currently shared with Skills for Care - with your consent – and the Department of Health and Social Care (DHSC). Data from the PIRs may additionally be shared with other public bodies with a legitimate need. Details of items shared with DHSC and Skills for Care and more information on how we use your data can be found later within this PIR guidance document.

CQC considers that you can lawfully provide personal data, including special categories of personal data, where we have specifically requested this. Disclosure of this information is necessary to help us exercise our statutory functions and therefore meets lawful bases for processing under Article 6(1)(c)&(e) and Article 9(2)(h)&(i) of the General Data Protection Regulation (GDPR).

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

To understand more about our priorities and principles, please go to our webpage.

Completing the return:

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. Do not include any information about people and staff who do not receive or deliver regulated activities. Regulated activities are those listed in Regulation 17(3) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 for which you are registered.

Technical Tips

We are looking at an issue where information entered in the PIR forms sometimes does not save correctly when you exit the form.

While we investigate this issue, we recommend that you prepare your responses in a separate document, and copy and paste your responses to the form.

- See a list of questions for each PIR type.

- To complete the PIR, please click on the hyperlink we emailed you. You must be connected to the internet when filling it in, saving or submitting the form. It is advised that you use Mozilla Firefox or Google Chrome as your internet browser to complete the form.
- Some questions are mandatory, these are shown by a * at the beginning of a question. These need to be completed otherwise the form will not submit.
- Do **not** use spaces or characters when inserting telephone numbers.
- Do **not** use hyphens or other special characters such as bullet points in free text answers. These characters cannot be recognised by the software.
- Email addresses must be in the correct format i.e. joe.bloggs@rac.co.uk
- If you exit the form before completion, all your changes will be saved automatically and you will be able to make further updates and complete the form later.
- Clicking on the **'Submit'** button will automatically submit the return to CQC. When submitted a message will pop up saying "Thank you for taking part in the survey". You will receive a confirmation that your submission has been received by CQC and an individual reference number will be emailed to you. Please check your spam/junk if you do not receive an email. A summary of responses that you have provided in the PIR will also be emailed to you for your information. If you do not receive this, please contact ascinspections@cqc.org.uk.
- You must complete and submit the PIR before the deadline date otherwise the information you have entered previously may be lost.
- You must only use the survey's 'back button' and not the browser back button, otherwise it will log each of your answers.

- The questions in the data sections ask you for simple responses predominantly in the form of a number, date or a yes/no confirmation.

Tips for Completion

- You should make your answers as concise and clear as possible.
- For each of your free text responses, you should include **clear anonymised** examples of evidence to support what you have written.
- Where the answer is 'Not applicable', please type 'N/A' for text fields and 0 for numeric fields.
- Please limit your answer to 500 words in the free text boxes. This limit has been set to encourage you to focus on telling us the important things about your service and to minimise the time it takes to fill in the form.
- Please ensure that when sharing the form with colleagues that you still only return one submission.
- Please do not open the form simultaneously on two computers as data may be lost.
- Please ensure that you use your scroll bar to check for any further mandatory questions on the right side of the screen.
- Please do not send attachments with the PIR. If we need further information, we will contact you.

Guidance and Support

- Further information about the five questions can be found on our adult social care key lines of enquiry webpage which contains the Key Lines of Enquiry and Characteristics of ratings. It is recommended that you read these to have a fuller understanding of what the five questions mean, and what we would like you to focus on in your response.
- Once you have completed and returned the form, we may contact you to ask additional questions to clarify your answers or to provide further detail.

The questions in the guidance below are for all service types, if there is a question that is service specific, it will be referenced as such or the wording of the question will be highlighted were there are variations.

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

Location Information

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

Location number
Location name
Address of your location
Postcode
Registration date
Provider number (*sometimes called 'organisation number')*
Provider name
Organisation type

The above are all pre-populated. The location number will be included with any items shared with DHSC, other public bodies and Skills for Care.

Respondent Information

Your name

There may be several authorised individuals completing this form. It is expected however that the **Registered Manager** or, where absent, the **Nominated Individual** have final oversight of the form. Therefore, these details must be what are noted here for who is completing the form.

Your phone number

We may use this to contact you to ask additional questions to clarify your answers or to provide further detail.

Your email address

Please ensure this email address is the same as that registered **or** use the notification link above to update it.

Website address

If you have an inspection rating, it should be displayed in a conspicuous place on your website.

1. Successes and barriers to good care

Successes

Describe what is going well and the impact this is having on people using your service.

- Consider the characteristics of good and outstanding ratings to identify relevant items.
- We want you to let us know in practical terms what has worked well and the impact this has had on people who use services. You may wish to describe feedback from people who use the service or how monitoring has evidenced the effects.
- Please refer to the provider handbook and appendices (including the Key Lines of Enquiry) for more areas you could consider in answering this question.
- Please limit your response to 500 words.

We would also like you to include specific anonymised examples of how you are meeting this question and any innovative practice.

Barriers to good care

Describe the barriers that you are facing that make it difficult to provide good quality care to people using your service.

- Consider the characteristics of good and outstanding ratings to identify relevant items.
- Barriers can include things beyond your direct control.
- You should give us a clear understanding of the issues that you face and information on how you have, or plan to, address them.
- What effect are these barriers having on outcomes for people using your service.
- Please limit your response to 500 words.

2. People who use your service

Number of people

How many people are currently receiving support with regulated activities as defined by the Health and Social Care Act from your service?

This question outlining current dependencies provides context for the following questions.

This information also helps up to look how much capacity/demand there is in each local area.

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

See here for information on regulated activities.

The responses to this question will be shared with DHSC to assist them in understanding more about capacity across authorities and regions. For Community services it will help them to assist them in understanding the size and scale of the domiciliary care market and how the market is changing. This information would also be of operational value during times of NHS pressure, such as in winter.

How many people have you served notice on to leave your service in the past 12 months solely due to a change in their care needs?

This relates to people who use the service, not staff.

How many people have you served notice on to leave your service in the past 12 months for any other reason?

This relates to people who use the service, not staff.

What were those other reasons?

What – apart from a change in care needs - were your reasons for asking people who used your service to leave the service in the past 12 months?

Care needs and preferences

How many people with the following dependencies do you currently support?

- **Dementia**
- **People detained under the Mental Health Act**
- **Mental health needs**
- **Drug or alcohol misuse**
- **Eating disorders**
- **Sensory impairments**
- **Learning disabilities or autistic spectrum disorder**
- **Physical disabilities**
- **None of the above**

For the bandings that capture people's needs, please select the bandings that apply to the people using your service.

The bandings are the same as those used in applications for registration and allow inspectors to view the current mix and requirements from people using the service. One person can be counted under more than one dependency.

How many people who use your service are there in each of the following age categories:

- **0 to 17 years**
- **18 to 24 years**
- **25 to 64 years**
- **65 to 74 years**
- **75 to 84 years**
- **85 to 94 years**
- **95 years and over**

Give the number of people in each age category. Your responses for all categories should add up to the total number of people who use your service.

How many people are currently nursed or cared for in bed?

This question is for residential services only.

This applies to those who are in their bed all the time. To support the understanding of current dependencies and for those that need more support to prevent pressure sores and infection.

Do people who use your service have any specific communication needs or preferences?

For example, they use British Sign Language (BSL) or they need information in large print or another language. (Yes/No)

How have you met these needs?

We want to know how communication needs are identified, recorded, if accessible ways to communicate with people are sought, and how these meet the needs of the individual.

For example, some people with learning disabilities using symbols and pictures developed by the service - and so familiar to them - to communicate.

How many people who use your service are non-verbal?

Give the number of people who use your service and are unable to use speech to communicate.

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

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

Restrictions and restraints

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

This question asks about people using your service who may have their freedoms, rights **or** choices restricted.

Relevant legislation:

- The Mental Capacity Act 2005 explains where a restraint can be used legally. The restraint must be necessary to prevent harm to a person that lacks capacity or to prevent that person causing harm to others. It must also be proportionate in its use to prevent that harm.
- Under the Human Rights Act 1998 restraint which amounts to inhuman or degrading treatment is unlawful in all circumstances, for example, using excessive force.

Further information about reducing restraint and the link to human rights can be found in the:

- Restraint Reduction Network tools and resources
- Equality and Human Rights Commission's Human rights framework for restraint

Restriction

An act that restricts an individual's movement, liberty and/or freedom to act independently, with a view to taking immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is taken. Restriction should end or reduce significantly the danger to the person or others. Restrictions should not limit the person's freedom for any longer than is necessary.

Restraint

The use of force or threat of force to restrict a person's freedom of movement, whether they are resisting or not, or to make someone do something they are resisting (MCA 2005).

Restraint may be physical, prone, chemical or mechanical

Physical Restraint: Any direct physical contact where the intention of the person intervening is to prevent, restrict, or subdue movement of the body, or part of the body of another person. This would include restraint by police officers if this occurred in a care home. Examples:

• A staff member holds Tola's hands down to stop her punching herself.

• Two staff hold Alex's arms against his sides to stop him pulling someone's hair until he calms down.

• Debbie is attacking a visitor. She is not responding to staff trying to stop her, so they restrain her in a chair to allow the visitor to leave the area safely.

Prone Restraint: (A type of physical restraint) holding a person chest down, whether the person placed themselves in this position or not, whether the person resists or not and whether the person is face down or has their face to the side. It includes being placed on a mattress face down and being placed prone onto any surface while being held there.

Chemical Restraint: PRN (as and when needed) medicines to calm or lightly sedate an individual to reduce the risk of harm to self or others and to control extreme agitation and aggression.

Mechanical restraint: The use of a device (such as a safe suit, arm splints or strap) to prevent, restrict or subdue movement of a person's body, or part of the body, for the primary purpose of behavioural control. Examples:

• Simisola has a history of extreme self-injurious behaviour. Staff follow a positive behaviour support programme with her and have specialist advice, but at times it is agreed she needs to wear arm splints or a cushioned helmet to prevent serious injury.

• Arif becomes physically agitated at the shops, pushing at shelves, waving his arms around and risking pushing items onto himself or others. His behaviour is so dangerous that, despite being able to walk home, staff insist that he sit in a wheelchair and they fasten the strap as it is the only way they can be sure to get him back home safely.

• Ben often wanders and is at risk of falling, so staff encourage him to sit in a chair which he cannot get out of without assistance.

Wheelchair lap belts and bedrails are forms of mechanical restraint. You should include people whose care plans indicate bedrails or a wheelchair lap belt may be used, whether this is due to the person being distressed and potentially causing harm to themselves or others as well as routine and regular use (which is to prevent people from falling out of bed or out of a wheelchair whilst moving).

Please see relevant legislation and guidance (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13(4)(b)) for further information around restraints and restrictions.

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

For this question you should only count incidents of restraint (not restriction).

You should include restraint which is triggered by actions of the person at the time, for example, if they are used when the person is distressed or might cause harm to themselves or others. Do not include routine and regular use of mechanical restraint used to prevent people from having accidents (falling out of bed or out of a wheelchair whilst moving).

Restraint is more likely to be related to the use of medicine or holding methods but could also include the use of mechanical restraints such as bedrails or wheelchair straps, for example where a person's condition fluctuates, and these items are used for restraint. Example:

• Zaida is with family who are celebrating the birth of a cousin's baby. Zaida is excited and wants to hold the baby and starts trying to grab it. When family try to prevent her taking hold of the child, she becomes agitated and starts pushing people and hitting the wall. To protect Zaida, her family and the baby, her carers must intervene. Her care plan has three options for restraint which her carers can consider (giving Zaida medicine to calm her down, removing her from her family celebration or placing her in a wheelchair with the belt secured).

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

We do not ask community services to answer this question.

(Yes/No)

What are these?

We do not ask community services to answer this question.

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

Equality, Diversity and Human Rights

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

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

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

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

https://www.cqc.org.uk/guidance-providers/all-services/our-human-rights-approach

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

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

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

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

How do you make sure you meet the Accessible Information Standard?

AIS covers the needs of people who are blind, d/Deaf, deafblind and/or who have a learning disability.

AIS also includes anyone with information or communication needs relating to a disability or sensory loss, for example people who have aphasia, autism or a mental health condition which affects their ability to communicate.

Please provide examples of how you have met the Accessible Information Standard - by identifying, recording, flagging, sharing, and meeting the information and communication needs of people who use services, carers/staff and relatives where those needs relate to a disability, impairment or sensory loss. Include how you know your staff understand it and any procedures you have that help you meet it.

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

- **Age**
- **Disability**
- **Gender**
- **Gender reassignment**
- **Race**
- **Religion or belief**
- **Sexual orientation**
- **None of the above**

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

What specific work have you undertaken in the past 12 months to ensure your service meets the needs of the people using your service with protected equality characteristics and what impact has this had?

Protected equality characteristics are Age, Disability, Gender, Gender Reassignment, Race, Religion or Belief and Sexual Orientation.

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

This is with regards to people who use your services only.

What specific work have you undertaken in the past 12 months to ensure equality and inclusion for your workforce and what impact has this had?

This is with regards to your staff only.

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

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

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

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

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

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

Funding

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

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

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

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

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

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

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

How many of the people who use your service

(i) are funded in full or in part by their local authority, or
(ii) receive NHS Continuing Health Care?

We do not ask specialist colleges to answer this question.

Include people here even if they pay user charges towards local authority funded care, pay using a local authority personal budget, or have someone paying a third-party top-up on their behalf.

How many other people use your service?

We do not ask specialist colleges to answer this question.

These people will be self-funded, or charity funded, including those in receipt of NHS Funded Nursing Care, and those paying the full cost through their local authority.

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

3. Services you provide

This section is for residential services and specialist colleges only.

Video monitoring cameras

Have you used video monitoring cameras at your location in the past 12 months?

This question is for residential services and specialist colleges only.

(Yes/No)

How have you used them?

This question is for residential services and specialist colleges only.

Tell us why you have used video cameras and how you have used any images obtained from them.

4. Staff / Workers and Carers

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

Staff numbers

How many people are directly employed and deliver regulated activities at your service as part of their daily duties?

This would include permanent + temporary employees, + pool + agency + students + voluntary + 'other' who provide regulated activities.

Do not include people who only do things we do not regulate, like cooking or cleaning

Include staff on zero-hour contracts

Do not include vacancies

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

Of those:

How many Shared Lives carers are providing regulated activities for the scheme?

This question is for Shared Lives services only.

This set of questions helps us to understand the size of the scheme, and arrangements with Shared Lives carers as a separate support team away from directly employed staff.

We would like to know the number of Shared Lives carers currently providing long term and respite/short breaks support. If a Shared Lives carer provides both types of care, please avoid double counting. To do this, only count a person in the long-term category if they provide both long-term arrangements and short breaks.

See here for information on regulated activities.

Of the people currently supporting the delivery of regulated activities at your service, how many are Shared Lives workers?

This question is for Shared Lives services only.

This supports context for later questions regarding Shared Lives workers and Shared Lives carers.

How many staff [*Shared Lives workers]* have left your service in the past 12 months?

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

How many staff *[Shared Lives workers]* vacancies do you have?

This is regarding the vacancies you hold that are for those who provide care as part of a regulated activity and needed to meet the demands of your current client roster.

How many full-time equivalent posts do you employ?

The equivalent is to add all the working hours together and divide them by 35.

How many hours of care have agency staff provided in the past 28 days?

Weekly hours vary therefore 28 days is asked for to offer a picture on the average provision.

Training and qualifications

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

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

How many of your current staff *[Shared Lives carers/ workers]* have completed the Care Certificate?

The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. The Care Certificate is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate:

- Understand your role
- Your personal development
- Duty of care
- Equality and diversity
- Work in a person-centred way
- Communication
- Privacy and dignity
- Fluids and nutrition
- Awareness of mental health, dementia and learning disability
- Safeguarding adults
- Safeguarding Children
- Basic Life Support
- Health and Safety
- Handling information
- Infection prevention and control

How many of your current staff *[Shared Lives carers/ workers]* **have achieved a relevant Level 2 (or above) qualification?**
For example, this could be an NVQ or Diploma in Health and Social Care.

This is asking about those with caring responsibilities.

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

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

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

5. Commissioners and partnerships

Commissioners

We would like the details of up to ten commissioning organisations who place people with your service.

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 fewer than ten organisations, then we would like the details of them all.

Tell us which organisations commission care from you and how many people they commission care for:

Select the number of commissioners

Please select the correct number of commissioners as the fields are mandatory.

Commissioning organisation

You should include the 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.

Number of People

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

Please give the name and number of people for all other organisations that are currently commissioning care from you, if any, in the box below.

You will only need to enter information here if there are more than ten organisations that place people with your service.

Partnerships

How do you work in partnership with other specialist services (for example, speech & language, dementia, tissue viability, nutrition and reablement services)?

This question is for residential services and community services only.

Please provide specific anonymised examples of the benefits this has had.

6. Quality Assurance and Risk Management

Infection prevention and control

How do you minimise the risk of infection at your service?

This relates to all types of infection. Include things that you have learnt from the Coronavirus pandemic.

Quality assurance

This section is for Shared Lives services only.

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

Shared Lives Scheme Panel

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

Does your scheme have a panel?

This question is for Shared Lives services only.

If your scheme doesn't operate a panel, panel related questions will not appear in this section of your PIR. (Yes/No)

How many panel meetings have been held in the past 12 months?

This question is for Shared Lives services only.

Count all meetings that have been held in the 12 months up to the date of this return.

How many Shared Lives carers have been approved by panel in the past 12 months?

This question is for Shared Lives services only.

Count all approvals granted in the 12 months up to the date of this return.

How many Shared Lives carers have been de-approved by panel in the past 12 months?

This question is for Shared Lives services only.

For de-approvals, please state the number of Shared Lives carers that the panel have removed carer approval from.

Describe how carers are assessed and approved.

This question is for Shared Lives services only.

Describe how you assess and approve Shared Lives carers.

What reasons have there been for the panel to remove carers' approval status?

This question is for Shared Lives services only.

Give reasons for carers whose approval status was removed in the 12 months up to the date of this return.

How do you quality assure your scheme?

This question is for Shared Lives services only.

If a panel is not in place, please provide details of how these functions are currently being managed.

Duty of candour

How many notifiable safety incidents have you had in the past 12 months that have triggered the harm thresholds of the duty of candour regulation?

For details of the duty of candour regulation and information about notifiable safety incidents and associated harm thresholds please refer to the regulation guidance: Regulation 20: Duty of candour guidance.

Medicines and controlled drugs

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

Remember that 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. Do not include any information about people and staff who do not receive or deliver regulated activities.

Do you administer medicines? *[Do any Shared Lives carers in the scheme support people to take their medicines?]*

Answer Yes, if you admninister medicines to people receiving regulated activities. If your service doesn't administer medicines, medicine related questions will not appear in this section of your PIR. (Yes/No)

Have you administered controlled drugs in the past 12 months? *[Have any Shared Lives carers in the scheme supported people to take controlled drugs in the past 12 months?]*

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 receiving regulated activities at your service. (Yes/No)

Have you *[any Shared Lives carers in the scheme]* **administered medicines covertly in the past 12 months?**

A person has the right to refuse treatment including medicine. If medicines are being administered covertly, they are given disguised in food or drink and it can only be authorised if the person lacks capacity to understand the consequences of not taking the medicine. (Yes/No)

How many people *[in the scheme]* **have been given medicine as a form of restraint or to control behaviour in the past 12 months?**

Chemical restraint is the use of a medicine which is prescribed and administered for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness. Chemical restraint is unlawful unless justified for purposes set out within the legal framework. Chemical restraint should only be used as part of an agreed support plan and should be delivered in accordance with evidence-based best practice guidelines and by staff with the relevant qualifications, skills and experience to administer it.

Psychoactive medicines, or psychotropic substances are often used as a chemical restraint. These are chemical substances that alter brain function, resulting in temporary changes in perception, mood, consciousness and behaviour. These include groups of medicines such as antidepressants, antipsychotics, antiepileptics, mood stabilisers (including sodium valproate and carbamazepine), anxiolytics (benzodiazepines), and central nervous system stimulants.

How many of the people who take prescribed medicine *[in the scheme who have support with their medicines]* **have not had a medication review with a GP or other suitable healthcare professional in the past 12 months?**

A medication review:

- Is a structured, critical examination of a person’s medicines by a healthcare professional
- includes the persons’ views and understanding about their medicines
- where appropriate, includes family members or carers
- answers concerns, questions or problems with the medicines, including side effects or reactions
- should occur at least once a year but more often if the health and care needs of the person dictate.

Have you *[any Shared Lives carers in the scheme]* **used enteral tube feeding to administer medicines in the past 12 months?**

Enteral feeding tubes provide access to the stomach or jejunum (small intestine).

They are used in cases where there is an obstruction or difficulty in swallowing. Medicines administered via enteral feeding tubes are often done so “off licence” and have not been designed to be administered this way. Responsibility for giving off license medicine lies with the prescriber, consulting pharmacist and the person/service administering the medicine. (Yes/No)

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

Providers should have robust processes for identifying, reporting, reviewing and learning from medicines-related problems. Research has shown that where rates of incident reporting are high there is more likely to be a better culture of safety and risk management.

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. The following are examples of errors (non-exhaustive list):

- Not recording when you have administered medicines, for example not signing MAR charts.
- Not recording why doses have been missed.
- Using the wrong key code for non-administration.
- Signing for medicines you have not administered.
- Inaccurate or unclear records.
- Not enough information to administer medicines safely, for example instructions about taking medicines with or after food.
- 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 administered in a manner that did not follow your medicines procedure or prescribing requirements.

Each single incident should be counted.

How many of these involved controlled drugs?

A ‘controlled drug’ is any medicine listed under the schedules defined by the Misuse of Drugs Act 1971. 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. Errors could be in relation to ordering, storing, recording, prescribing, administering and destructing controlled drugs.

This question will only be asked if you have administered controlled drugs in the past 12 months.

Each single incident should be counted.

Complaints

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

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

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

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

Count all complaints made in the 12 months up to the date of this return.

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

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

Records

How are you assured that those you employ and deploy within your service have had their required vaccinations?

This question is for residential services only.

Since 11 November 2021, registered persons of all CQC registered care homes have been required to ensure that they only deploy people, and allow entry to visiting professionals, within the premises who have been fully vaccinated against COVID-19 (unless exempt). This applies to services registered with CQC for the regulated activity of providing accommodation together with nursing or personal care and is subject to certain exemptions. This question is asking how you assure yourself that this requirement is met. The requirement forms part of the fundamental standards and is monitored and enforced in appropriate cases by the Care Quality Commission. The requirement is part of the Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 ('the Regulations'). Further information is available in the DHSC operational guidance.

Do you currently use a digital social care record system (DSCR) at your location?

A DSCR allows the digital recording of care plans and care received by an individual.

We would like to know if you operate a digital social care record system (DSCR) at this location; you might know this better as an electronic care plan. This question helps us to understand the level of adoption of DSCRs in the social care sector. These systems will also allow you to send information and generate reports more easily helping you to demonstrate quality assurance and risk management where requested by a CQC inspector. (Yes/No)

Further Service Specific Questions

Service settings

The following questions relate to community services only. They ask for information about the specific type or types of community service that you provide. This provides a picture of the size of the service as well as contributing to the national picture.

6.1 How many people are currently receiving support with regulated activities from the following service types?

- Domiciliary care agency service
- Supported Living service
- Extra Care Housing service

Tell us the number of people in each service type. Enter 0 for services types that you do not provide.

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

It is important that you enter figures for all service types that apply to your location. You will be asked extra questions for each type of service for which you report having one or more people.

Supported Living Services - These services involve a person living in their own home and receiving care and/or support in order to promote their independence. The care they receive is regulated by the Care Quality Commission, but the accommodation is not. The support that people receive is continuous, but is tailored to their individual needs. It aims to enable the person to be as autonomous and independent as possible, and usually involves social support rather than medical care.

Domiciliary Care Agencies

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

Services you provide (DCA)

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

Count all visits made in the 28 days up to the date of this return. For 24-hour care services, count the number of visits made in each 24-hour period. This is likely to require a minimum of 2 or 3 visits where there is an average 8-hour shift.

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

Count all visits missed in the 28 days up to the date of this return.

How many visits required more than one carer?

Please use the past 28 days to answer this question.

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

Count scheduled visits in the 28 days up to the date of this return.

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

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

The response to this question will be shared with DHSC to assist them in understanding more about capacity across authorities and regions.

Staff numbers (DCA)

How many staff do you employ on a 'zero hours' basis?

Zero-hours contracts are also known as casual contracts. Zero-hours contracts are usually for ‘piece work’ or ‘on call’ work, for example for interpreters.

This means:

- they are on call to work when you need them
- you do not have to give them work
- they do not have to do work when asked

This question helps understand the commissioning and workforce patterns across regions

Staff payments (DCA)

Do you make separate payments to your care workers for their travel time?

It is not a legal requirement to make a separate payment for travel time and the more common practice is to include a compensatory payment for travel time within the hourly rate for contact time. The reason for asking is to give a fuller picture of staffing terms and conditions. (Yes/No)

Do you financially compensate workers for their travel time between home visits?

As above.

Do you pay your carers above the National Minimum Wage (for under 25s)?

This question determines the approach of the provider in relation to Live in Care, ‘on-call’, or overnight care. (Yes/No)

Do you pay your carers above the National Living Wage (for over 25s)?

As above.

Do the people that commission services from you make a payment for the travel time of staff?

As above.

Supported Living/ Extra Care Housing

Schemes

How many schemes do your location staff visit to provide personal care?

Extra care housing services cover many different arrangements. Usually, they consist of purpose-built accommodation in which varying amounts of care and support can be offered, and where some services and facilities are shared. The care that people receive is regulated by the Care Quality Commission, but the accommodation is not.

Services you provide

How many people receiving the regulated activity of 'Personal Care' at your Supported Living/ Extra Care Housing service do you provide sleep-in support for?

This question provides further understanding of the size and scope of your service.

How many people receiving the regulated activity of 'Personal Care' at your Supported Living/ Extra Care Housing service do you provide 24-hour duty / on-call responsive cover for?

This question provides further understanding of the size and scope of your service.

Restrictions and restraints

Do your staff limit the freedom of movement of any person living at this service ***[your Supported Living Service]*****?**

This question, in conjunction with notifications, helps to determine your understanding and implementation of procedures around the Mental Capacity Act (MCA) (Yes/No)

How many people have their freedom of movement limited?

As above.

Are any people deprived of their liberty due to being under continuous or complete supervision and control, and not free to leave?

(Yes/No)

How many people are deprived of their liberty?

Count the number of people on the date of completion of this return.

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

(Yes/No)

What are these?

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

Quality Assurance and Risk Management

Do you manage the personal finances of anyone living at your *[Supported Living/ Extra Care Housing]* **service?**

(Yes/No)

Anything else

Information not included elsewhere

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

Please limit your response to 500 words.

Your feedback on the PIR form

Once you have submitted the PIR form you will be asked two further questions. Your responses to these will help us assess the effectiveness of the form and improve it over time. The two questions are:

How many hours did it take you to complete this PIR?

This is the time that you and others spent gathering the information requested, composing your responses and entering them to the form.

Please provide any feedback that you have on this return here:

If you have any comments on a particular question or questions please be as specific as possible. For example, include the question number or the question text as a reference so that we can identify items correctly.