

ONLINE QUALITY IMPROVEMENT SYSTEM SPECIFICATION

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1. OVERVIEW OF LONDONADASS

The fundamental aim of LondonADASS is to improve adult social care across London, and to identify ways of achieving this as cost-effectively as possible. The organisation works primarily with adult social services within London local authorities, but frequently partners with other bodies committed to improving the health and wellbeing of Londoners. Every two years the LondonADASS Board of Directors confirms its priorities and in collaboration with LondonADASS works towards various key projects.

2. BACKGROUND TO REQUIREMENT

LondonADASS is seeking to commission the delivery of a web-based portal which will serve multiple purposes, but ultimately strives to improve the quality of adult social care services across London.

The portal will enable the sharing of data across London Boroughs and will also allow sub regions and individual boroughs to further define measures independent of the London wide core set of quality standards. This will improve the sharing of knowledge and achieve administrative efficiencies around out-of-borough care settings which are of interest.

There will also be a facility for Local Authorities to specify their specific requirements regarding the capture and analysis of:

- Performance returns forming part of their contracts with providers
- Further internal quality standards if there are measures in addition to the agreed regional / sub regional core standards.

Local Authorities work closely with their Clinical Commissioning Groups (CCGs) and it is envisaged that the portal will include data sources that are actively monitored by the CCG and connect with existing technology solutions which support quality and provider management. This will enable sharing of real-time service data including (but not limited to) care home capacity information, and open up key measures to partners, providing a broader depth of knowledge across the care sector at a local authority level and access to the core standards at the sub regional and regional level.

The portal will be a valuable tool for Care Providers as it will have a self-reporting facility and will be designed with the intent of reducing the current duplication of reporting that providers encounter in the delivery of their reporting obligations to Local Authorities, CCGs and the Care Quality Commission (CQC).

The facility will subsequently provide integrated quality dashboards that are accessible to and meet the requirements of both the health and social care markets.

3. KEY OBJECTIVES

3.1 Develop a central integrated tool for the efficient provision, collection and collation of Health & Social Care data to inform practice in relation to quality, risks, benchmarking, spend and market profiling.

3.2 Provide a three-tiered facility to capture and analyse agreed core standards and measures and bespoke requirements at a Local Authority level:

- **Regional** - A core set of standards agreed at a Regional level (Appendix 1)
- **Sub Regional** - Standards agreed by Sub Regions (North East, North West, South East, South West)
- **Local** - Bespoke detailed standards in addition to agreed Regional and Sub Regional standards

3.3 Provide a public facing element to provide service users, families and carers access to defined key information regarding the facilities and delivery of care services by all providers recorded on system.

3.4 Improve efficiencies by:

3.4.1 Minimising reporting duplication on the behalf of the Provider

3.4.2 Providing an accessible online portal for data entry for all stakeholders/partners

3.4.3 Improving efficiencies across stakeholder organisations in the production of effective KPIs

3.4.4 Sharing agreed core standards across London Boroughs

3.4.5 Sharing key information and guidance documentation

3.4.6 Providing a contact and response facility

3.4.7 Coordinating the production of an integrated and interactive KPI dashboard including:

3.4.7.1 Real-time performance alerts

3.4.7.2 Regular dashboard reporting made available to all partners

3.4.7.3 Regular dashboard reporting made available to all Care Providers

3.4.7.4 Interactive dashboard formation and application that can retrieve data from multiple external systems with the National Health Service (NHS), Local Authorities and other relevant organisations

4. DATA SOURCES

This section summarises the various data sources that will feed into the portal and the dashboards that are available to the portal users.

Table 4a below details the tiers that will be structured within the portal and the associated stakeholders who would have access to the data within each tier

Table 4b below details the relevant data sources that would contribute to the portal that are currently captured and analysed at a Local Authority or CCG level

Note: This table is not exhaustive, and it is essential that the portal is built with the functionality and flexibility to amend and add further data sources as appropriate. Data sources should be sent and received by secure and recognised standards, using Application Programme Interfaces, such as Extensible Mark-up Language (XML) or Health Level-7 (HL7), and various Interoperability Toolkit (ITK) data interchange options.

Table 4a: Access tiers and stakeholders

Tiers	Regional	Sub Regional	Local	Public
Stakeholders	ADASS All London Authorities All London CCGs Providers	Sub Region Authorities Associated CCGs Sub Region Providers	Local Authorities Associated CCGs Local Providers	General Public

Table 4b: Data sources

Ref	Data source	Data provider	Collection method	Regional	Sub Region	Local
4.1	ADASS Quality Standards	Care Provider	Self-report Template	Core	X	X
4.2	Authority Quality Standards	Local Authority	Self-report Template	X	Sub Region Standards	Local Bespoke
4.3	AQP Nursing Home Report	Care Provider	Self-report Template	Core	X	X
4.4	Authority Provider Return	Care Provider	Self-report Template	Core	Sub Region Standards	Local Bespoke
4.5	London Ambulance	NHS England		Core	X	X
4.6	Hospitals - Acute	NHS England		Core	X	X
4.7	Hospitals – Mental Health Trust	NHS England		Core	X	X
4.8	111 (*6) Data	NHS England		Core	X	X

Ref	Data source	Data provider	Collection method	Regional	Sub Region	Local
4.9	CQC Rating	CQC	Link to CQC website	Core	X	X
4.10	Provider Capacity (Live)	Care Provider	Existing care home capacity tool	Core	X	X
4.11	CQC – PIR		Self-report	Provider Access Only		
4.12	Other	Various	Various	Potential	Potential	Potential

4.1 ADASS Quality Standards

Portal: Regional - See [Appendix 1](#) for a copy of the standards

This is a London wide initiative, working with the National Institute of Health and Care Excellence (NICE).

Aim of the Quality Improvement Standards:

- Produce a minimum set of quality standards to report against quarterly
- Enable London boroughs to obtain an overview of quality standards and/or carry out quality inspections across care providers outside their geographical area
- Ensure that service users receive an acceptable standard of care from the local market

This initiative is currently rolling out across Older People Care Homes, however Quality Standards will be agreed and implemented across all Adult Care Providers including Learning Disabilities, Housing Support and Domiciliary Home Care and Extra Care.

As part of this specification, the provider will be expected to incorporate a new service area every year within the tender price. This will cover:

- Regional
- Sub-regional
- Bespoke local

4.2 Local Authority Quality Standards

Each Authority has a set of local quality assurance measures and resource responsible for undertaking quality inspection audits at regular intervals or at request if any concerns or queries arise.

It is envisaged that Sub Regions will agree a set of standard Quality Assurance measures, potentially reducing the need for bespoke local measures. This will ensure that care providers are assessed to the same standards allowing more effective identification and comparison of quality

performance across the region. All Sub Region boroughs would have access to the Regional Standards Information.

Portal: Local

Local Authorities will all have the option of including additional Quality Assurance measures at a more detailed local level which will only be accessible by Local Authority officers.

4.3 AQP Nursing Home Report – It is expected that these will be included within the system

Portal: Regional

A London wide CCG commissioned system which requires AQP registered Nursing Homes and non AQP registered Nursing Homes to provide a set of standard reporting measures on a monthly basis.

This is conducted via an online portal where Providers can input their data directly. A PDF report is distributed to all appropriate parties however the portal does have functionality for CCGs and Local Authorities to access the portal directly and interactively view the reports and measures.

4.4 Authority Provider Return

Portal: Sub Region

Each Authority has a set of performance measures included in contracts with their providers. There may be a variety of processes / systems in place in terms of the collation and analysis of these returns currently either on a relatively manual basis or by means of software in place.

It is envisaged that Sub Regions will agree a set of standard Performance Measures replacing bespoke local measures. This would ensure that performance monitoring across the sub region is comparative and provides a more accurate reflection of care provider performance In and Out of Borough. This will assist Authorities in decision making processes when commissioning out of borough care services for their service users.

Portal: Local

Local Authorities will all have the option of including additional performance measures at a more detailed level which will only be accessible by Local Authority officers.

4.5 London Ambulance

Portal: Regional – this information will be submitted quarterly by NHSE (London region)

4.6 London Hospitals - Acute

Portal: Regional – this information will be submitted quarterly by NHSE (London region)

4.7 London Hospitals - Mental Health Trust

Portal: Regional – this information will be submitted quarterly by NHSE (London region)

4.8 111 (*6) Data

Portal: Regional – this information will be submitted quarterly by NHSE (London region)

4.9 Care Quality Commission (CQC) Rating

Portal: Regional

The solution should source data directly from CQC so that all portal users have up-to-date CQC information at all times.

This should include:

- Overall CQC Rating
- Domain ratings
 - Safe
 - Effective
 - Caring
 - Responsive
 - Well-led
- Date of most recent inspection
- Hyperlinks allowing portal users to access the CQC site directly if further detailed information is required (e.g. access to full inspection reports)
- All other information that CQC are able to share

4.10 Provider Capacity

Portal: Regional

Local Authorities have varying systems / processes to capture and record the capacity of each Provider.

The size and current availability for placements is valuable information that would be beneficial at a Regional level.

The solution should send a request to the Provider requesting capacity details at agreed frequencies (daily / weekly). The response should automatically update the data available on the portal.

4.11 CQC Provider Information Return (PIR)

Portal: Regional

Providers are required to complete a PIR prior to CQC inspections. This is not a periodic reporting requirement but there may be value in capturing key elements of these returns within the Integrated Quality Dashboard.

The system should have the functionality for providers to complete the PIR within the System and download as a PDF.

4.12 Other

There may be other data sources that would add value to the dashboard such as the National Minimum Data set for Social Care. When assessing other sources consideration must be taken as to what value is added to the dashboard and the feasibility of obtaining the data in the required formats for upload to the portal.

The portal function should allow flexibility to add additional data sources at a Regional / Sub Regional or Local level which will be discussed further later within this specification.

5. DATA FEEDS

When considering data feeds between external systems, the following must be taken into consideration:

5.1 Options for data feeds:

- Potential feed between existing portals
- Data extracts – define required file format e.g. Excel, CSV
- Parameters for late submissions / failure to submit
- Process for handling file errors and exceptions

5.2 The platform must be able to:

- Connect with existing technology solutions to enable bilateral, real-time data sharing
- Collate data retrieved from external systems
- Prioritise and de-duplicate the data as agreed with the ADASS or NHS teams
- Structure the data in an agreed format using a standardised template or schema
- Export to provider systems through an Application Program Interface (API) or the Interoperability toolkit (ITK) Message
- Ensure that, in response to user feedback and as part of continuous improvement, this data can be restructured quickly and easily

6. PORTAL / DASHBOARD - OUTLINE SPECIFICATION

Develop an online portal facility which will have multiple functions according to the level of access afforded to the user.

6.1 Provider Facility

The solution will allow providers to access a set of performance indicators defined in the system according to the Login and the “questionnaire set” that is assigned for completion. Some responses may populate multiple reports / dashboards however it is important that the solution can distribute responses across data requirements avoiding the need for the provider to duplicate responses.

The solution will allow providers to view and export reports and dashboards improving the visibility of their own quality and performance measures and that of other providers in their locality / sub region or across London (when reviewing core minimum standards).

6.1.1 Provider Portal Functions:

- User ID & Login – (multiple users is a possibility)
- Recognition of Care Providers with multiple sites
- CQC Location ID in order to allocate data sources and questionnaires
- Self-reporting questionnaire(s) with:
 - Access to defined questionnaire set (to include ADASS, Provider Returns, AQP)
 - Facility to view / copy over from previous (or older) returns
 - Facility to save & return before final submission
 - Once deadline has passed responses should be locked down
 - Ability to upload evidence vis attachments
- Access to view pre-defined reports & dashboards (see Live Alerts below)
- Email message to establish capacity at defined intervals (Daily / Weekly). Link in message should allow provider to update on current capacity which will automatically upload to the portal
- Facility to upload documents (may be required for Governance / Quality / Provider Returns)
- PIR Completion
 - Availability of PIR questionnaire
 - Facility to keep PIR up to date
 - Save & store
 - Download and email to CQC on request

6.1.2 Live Alerts

6.1.2.1 Automatically send alerts based on set parameters defined within the portal

6.1.2.2 Automatically send alerts to providers:

6.1.2.2.1 to schedule completion of data entry

- 6.1.2.2.2 to remind of deadlines for data entry
- 6.1.2.2.3 from site users
- 6.1.2.3 Advise portal users of new dashboards and data releases

6.2 Local Authority Facility

The solution will contain a number of facilities that will improve efficiencies for local authorities including a valuable platform to access a wealth of data that will provide greater insight into the quality of service that is being provided in the Borough and across London.

The availability of reports and dashboards will be valuable to all Local Authorities for a range of reasons including:

- The provision of effective data to Councillors, Senior Managers, Commissioning Boards etc. (access to portal will be limited to Local Authority Officers)
- Contract management of providers
- Effectively informing commissioning strategies and procurement processes
- Safeguarding
- Quality Assurance Management
- Information Sharing Panels
- Core minimum standards across London (ADASS)
- A further minimum set of standards within Sub Regions
- Local quality standards (if measures further to the agreed core standards are deemed necessary)

6.2.1 Local Authority Portal Functions

6.2.1.1 User Login

6.2.1.2 Quality Assurance Monitoring by the Local Authority

6.2.1.2.1 Quality Assurance Timetables

6.2.1.2.2 Input of Quality Assessments

6.2.1.2.2.1 Sub Regional Standards

6.2.1.2.2.2 Local Standards

6.2.1.2.3 Input Quality Assurance Findings (Local Authority defined QA report templates)

6.2.1.2.4 Input Action Plans

6.2.1.2.5 Notification and distribution of reports to providers

6.2.1.2.6 Facility to record communication / updates between providers and Quality Assurance Officers

6.2.1.2.7 Review schedules

6.2.1.2.8 Review findings

6.2.1.3 Access to view pre-defined reports and dashboards (see Live Alerts below)

6.2.1.4 Noticeboard (at Local Authority level)

- 6.2.1.4.1 Facility for Local Authority / CCG to post notices including:
 - 6.2.1.4.1.1 Forum Dates, Agendas, Minutes and Actions
 - 6.2.1.4.1.2 Training Notices
 - 6.2.1.4.1.3 Information Alerts
 - 6.2.1.4.2 This is not a two-way message board

6.2.2 Live Alerts

- 6.2.2.1 Automatically send alerts based on set parameters defined within the portal
 - 6.2.2.1.1 to defined users where high priority measures or targets require attention i.e. “has exceeded alert thresholds”
 - 6.2.2.1.2 to portal users to advise of availability of data & new dashboards
 - 6.2.2.1.3 including live facility so that immediate or pro-active action can be taken where necessary

6.3 CCG Facility

The solution will also incorporate the needs of the CCG ensuring that the tool provides an integrated solution across Health & Social Care, including sharing care home vacancy data and data related to AQP.

The core data sets from NHS England as referenced in Section 3 above will be available within the Portal providing the CCG with access to the dashboards they require which are driven from these datasets.

In the spirit of data sharing Health & Social Care data will be available across Partners (at the defined access levels).

6.3.1 CCG Portal Functions

- User Login
- Quality Assurance Monitoring
 - Quality Assurance Timetables
 - Input of Quality Assessments
 - Sub Regional Standards
 - Local Standards
 - Input Quality Assurance Findings (Local Authority defined QA report templates)
 - Input Action Plans
 - Notification and distribution of reports to providers
 - Facility to record communication / updates between providers and Quality Assurance Officers
 - Review schedules
 - Review findings
- Access to view pre-defined reports & dashboards (see below)
- Noticeboard (at CCG level)

- Facility for Local Authority / CCG to post notices including
 - Forum Dates, Agendas, Minutes and Actions
 - Training Notices
 - Information Alerts
- This is not a two-way message board
- The CCG data relates to all GP-led Nursing and Residential Homes in their Borough. (CCGGP footprint)
 - reporting available for the appropriate CCG Footprint (Care Providers with a GP registered in the Borough)

7. GENERAL REQUIREMENTS

7.1 Secure User Login (multiple users across all stakeholders)

Full Security and Account Management capability and authentication, including but not limited to:

- Ability to create usernames and password locally
- Ability to link username and passwords to Active Directory accounts
- Ability to apply expiry date and expiry criteria to user accounts
- Ability for end users to reset passwords
- Ability to support alternative log on approaches
- Ability to create security groups
- Ability to assign functionality rights to groups
- Ability to assign users to one or more security groups
- Role based access

For:

- Local Authority users
- ADASS
- CCG
- Providers
- NHSE+I
- Other

7.2 Reports and Dashboards

7.2.1 Must be able to collate data retrieved from external systems and prioritise and de-duplicating the data as agreed as defined

- View pre-defined reports & dashboards
- Response time for report execution and return of results for all date ranges to be less than 5 seconds
- Must possess a distribution capability that allows reports to be transmitted including but not limited to via email to multiple recipients i.e. groups and individuals
- Display/Present the real-time reporting data in an easily accessible and meaningful manner
- Allow a scheduling to generate pre planned reports. Dynamic and flexible to accommodate a range of individual and multiple parameters. Including but not limited to date, date range, time, and location
- Able to attach files including and not limited to user guides to each section of the report in the form of pdf documents to give background and context to the reports

- Additional facility to create bespoke dashboards through user friendly interface
 - Cut data in a range of different ways to fulfil the needs of local reporting, including tabular and graphical display, and allowing for data highlighting (e.g. through colour change)
 - Option to save new dashboard designs (limited access)

7.2.2 Allow for all available data items to be reportable, including but not limited to individual data items and concatenated format:

7.2.2.1 Filtering & drill down facility: (other filters to be defined)

7.2.2.1.1 date range

7.2.2.1.2 sector

7.2.2.1.3 provider

7.2.2.1.4 service type (e.g. Nursing / Residential / LD)

7.2.2.2 Geographical region:

7.2.2.2.1 Regional

7.2.2.2.2 Sub Region

7.2.2.2.3 Local Authority

7.2.2.2.4 CCG-GP Footprint

7.2.2.3 Download, save, email and print selected reports and dashboards

7.2.2.4 Links to documents / Emails so that reports and stored graphics can be updated automatically when data on the portal is updated

7.2.2.4.1 Consider security e.g. download and distribution functionality across the different tiers

7.2.2.4.2 User Disclaimers

7.3 Intelligent distribution of data to reports & dashboards

On agreement of the reporting criteria across all the sources, work will need to be undertaken to identify where there is crossover in reporting. For example, the AQP report is likely in most instances to include information that is also requested by Local Authorities on provider returns. CQC ratings are also likely to be required on multiple dashboards / reports.

The solution should recognise which reports & dashboards require a particular measure to be populated and draw on the central source for this information as opposed to requiring providers to self-report. This requirement extends across all data sources, so it will be important that the solution has a facility to intelligently distribute data to the required report(s) and dashboard(s).

The solution should allow for data feeds out to other sources where it is considered that the portal is the appropriate means of data collection.

7.4 Provider Data Set Template (self-reporting)

One of the key aims of the portal is to improve efficiencies and where possible to reduce the amount of reports that providers are required to complete for multiple partners and to reduce the duplication of data provision.

Providers are often collating and submitting the same or similar information, by means of differing templates and formats. It will be important that on designing the self-reporting questionnaires, analysis of all data sources and dashboard requirements is carried out to identify the gaps in data which must be self-reported.

The system should allow for the development of a provider data set template which will cover all the data and performance measures required in order to complete the requirements of the following reports:

- ADASS Quality Standards
- AQP Report
- Local Authority Provider Return

Note:

- Templates may differ across Providers
- If / where data or measures required by these reports are obtained from an alternative data source, the measure will not be included on the provider data set template
- When assessing crossover of data, it is important that we consider specific reporting parameters as some key indicators could report differing values simply by the way the question is worded which could potentially create some confusion when reading / interpreting KPIs.

7.5 Provider – Financial Status

As part of the Provider information available the solution should access credit rating tools (e.g. Credit Safe) monitoring any core financial aspects that affect a provider's credit rating, this could include changes in their financial position and changes compared to the 'market trend' for their business.

7.6 Public View

The data available and the understanding of the care service provided across London will be a valuable source of data to the public market and the Portal should therefore have a public facing facility.

Public users accessing the site will only have sight of defined reports and information. This will likely be based on the minimum core standards and only as agreed with all Boroughs, CCGs and interested parties:

- Description
- Location
- Contact Details
- CQC Ratings & last Inspection date
- Most recent Key Performance indicators

7.7 Review & Development

The solution should be built with an element of flexibility to allow for amendments and development as other relevant data sources and analysis may be identified and deemed to be valuable in the monitoring of quality and to the available dashboards.

Whilst there may be the need for some minor adjustments throughout the contract period it is envisaged that there will be a period of Annual Review at a defined period (i.e. Jan – March) whereby development requests can be requested and implemented for the next financial year.

Regional

Forums inviting all London Boroughs would take place in order to allow representatives the opportunity to identify any development that is deemed valuable at a Regional level. Experience of using the portal across all tiers will be valuable as users may identify key elements of data / reporting that has been key to their performance monitoring that may be available at Sub Region or Local level that would be beneficial at a Regional level on agreement.

Sub Regional

Discussion at Sub Region level will take place again to agree any required revision to the data and reporting available at a Sub Region level.

Local

Local Authorities, associated CCGs and the Providers (via the Local Authority) can identify and request areas of change and/ or development to the bespoke “Local” functionality and access available to them.

7.8 Governance

As part of the Quality Monitoring and Contract Management undertaken locally by all Authorities, the solution should provide a repository facility whereby Providers can upload documents such as:

- Insurance Policies
- Health & Safety Procedures
- Business Continuity Procedures

- Medicine Management Procedures
- Other appropriate documents

The facility should include entry of uploaded dates and policy expiry dates (where applicable) in order that Governance can be monitored.

Providers / Local Authorities are alerted when a policy is meeting its physical expiry (e.g. Insurance), the annual review is due seeking confirmation that the policy is still valid, or a revised updated document is to be uploaded.

7.9 Further System Integration

Beyond the required interoperability with the current London care home bed capacity tool, we would expect to work with the Provider to develop the solution further identifying ways in which the portal can integrate with other systems such as:

- Electronic Call Monitoring Systems (ECM)
- Varying Social Care Data Platforms

Appendix 1 – regional core set of quality standards

	EVIDENCE OF LOCAL PROCESSES	Result	PROPORTION FINDINGS	Result
SAFE	S1.1 Evidence of local arrangements to ensure that a list is made of a person's medicines on the day that they transfer into a care home	Incomplete	Proportion of transfers of people into a care home where a list of the person's medicines is made by the care home on the day of transfer	Incomplete
	S2.1 Evidence of local arrangements that care home staff provide support for residents to self-administer their medicines unless a risk assessment has indicated otherwise	Incomplete	Proportion of people who live in a care home who have an individual risk assessment to identify any support they need to self-administer their medicines	Incomplete
	S2.2 Evidence of local arrangements to ensure that individual risk assessments are carried out that identify and document any support that a care home resident needs to self-administer their medicines	Incomplete	Proportion of people who live in a care home who wish to self-administer their medicines, and who have not had a risk assessment that indicates that this would put themselves or others at risk, who self-administer their medicines	Incomplete
	S3.1 Evidence of local arrangements to agree a management plan after a best interests meeting in which a decision is made to covertly administer medicines to an adult care home resident	Incomplete	Proportion of adults in a care home being covertly administered medicine who have a record of a best interests meeting and management plan	Incomplete
	S4.1 Evidence of local arrangements ensuring the involvement of people using the service/ their carers in own safeguarding or risk assessments	Incomplete		
	S4.2 Evidence that environmental safety and service safety factors which impact on dignity (e.g. cleanliness) are effectively managed	Incomplete		
	S4.3 Evidence that restrictive practices, including restraint, are minimised through use of person-centred approaches	Incomplete		
EFFECTIVE	E1.1 Evidence of local arrangements to ensure that people in care settings are screened for the risk of malnutrition using a validated screening tool	Incomplete	Proportion of adults in a care home who are screened monthly for the risk of malnutrition	Incomplete
	E1.2 Evidence of local arrangements to ensure that care settings have access to suitably calibrated equipment to enable accurate screening to be conducted	Incomplete	Proportion of adults in a care home who are screened monthly for the risk of malnutrition using a validated screening tool	Incomplete
	E2.1 Evidence of protocols to ensure that staff are trained to recognise the symptoms and signs of mental health conditions in older people, and record them in their care plan.	Incomplete		
RESPONSIVE	R1.1 Evidence of local arrangements to ensure that care home residents, with the involvement of their family (where appropriate), have choice and control in decisions affecting their care and support	Incomplete		
	R1.2 Evidence that decisions made under the Mental Capacity Act 2005 on behalf of care home residents are made in line with the code of practice that accompanies the Act	Incomplete		
	R2.1 Evidence of local arrangements to collect and use views of service users to monitor and improve the performance of services	Incomplete		
	R2.2 Evidence of local arrangements to deal with complaints	Incomplete	Proportion of people who live in a care home who have raised a complaint	Incomplete
	R2.3 Evidence of local arrangements to provide reports on complaints, with a breakdown of the experience of care according to gender, sexual orientation, socioeconomic status, age, background (including cultural, ethnic and religious background) and disability	Incomplete		
CARING	C1.1 Evidence of local arrangements to ensure that older people in care homes are offered opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing	Incomplete	Proportion of staff who identify training needs (during their annual appraisal or performance assessment) in order to improve their ability to communicate more effectively with residents, and then undertake training	Incomplete
	C2.1 Evidence of local arrangements to ensure that annual appraisals or performance assessments of staff include a review of their ability to communicate effectively with all residents in the care home	Incomplete		
WELL-LED	WL1.1 Evidence of local processes to ensure that care providers have practice-based supervision discussions with care workers at least every 6 weeks	Incomplete	Proportion of care workers supporting older people who had a practice-based supervision discussion within the past 6 weeks	Incomplete
	WL2.1 Evidence of local processes to actively encourage staff at all levels to speak up and raise concerns	Incomplete	Proportion of changes that were implemented following identification in reviews	Incomplete
	WL2.2 Evidence of Quality Assurance Framework that is understood across the organisation	Incomplete	The number of audits undertaken within the quarter	0