



## Care Home Assurance & Monitoring Visit

<b>Name of service</b>			
<b>Date of Visit</b>			
<b>Registration Type (Residential / Nursing / EMI)</b>			
<b>Number of beds in care home</b>		<b>Number of people using the service</b>	
<b>Breakdown of Bed Types</b>		<b>Vacancy Information</b> <i>Are unoccupied beds unavailable and if so for what reason/s</i>	
<b>Residential</b>			
<b>Nursing</b>			
<b>EMI</b>		<b>Open to admissions/transfers</b>	
<b>Respite</b>			
<b>Visiting team</b>	<b>Name</b>	<b>Role</b>	

Assurance / Monitoring Visit Template November 2023

12 Month Visit Chronology (Care Home Tactical Team & Contracts Team)	Date		Visit Type		Team Members		
Care Inspectorate Grades (last 3) Date:	COVID	People's wellbeing	Leadership	Staffing	Setting	Care / Support Planning	
Requirements / Areas of Improvement from previous Inspection/s (where applicable)				Comments / Discussion			

<b>Key for completion</b>		
<b>Care Home Tactical Team (CHTT)</b>	<b>Contracts Monitoring Team (CMT)</b>	<b>Both Teams</b>

**People's health and wellbeing**

<b>1. Assessments carried out prior to admission / transfer (which includes infection risk)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Pre-Assessment process in place for new residents <input type="checkbox"/> Risk assessments undertaken where necessary for admissions / transfers <input type="checkbox"/> Infection risks assessed and appropriate processes / current guidelines followed		
<b>Notes</b> ( <i>good practice examples &amp; improvement suggestions</i> )		
<b>2. Visiting is offered in line with Scottish Government Open with Care Guidance and residents are supported to keep in touch with people that are important to them?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Notes</b> ( <i>good practice examples &amp; improvement suggestions</i> )		
<b>3. Residents are supported to engage in meaningful activities?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Observations of meaningful interactions between staff and residents during the visit <input type="checkbox"/> Activities are person centred <input type="checkbox"/> Residents have a choice of activities <input type="checkbox"/> Activities Planner available / on display <input type="checkbox"/> Evidence of activities (both 1:1 and group) <input type="checkbox"/> Mobility and keeping active physically is promoted <input type="checkbox"/> Outings Supported <input type="checkbox"/> Outdoor spaces of the home as well maintained and accessible <input type="checkbox"/> Community Engagement		
<b>Notes</b> ( <i>good practice examples &amp; improvement suggestions</i> )		

<b>4. Residents who are bedbound and/or choose to stay in their own rooms are provided with appropriate care and support?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		
<b>5. Residents with communication difficulties are supported and involved?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		
<b>6. Residents who experience stress and distress are supported emotionally and are engaged appropriately with their surroundings?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Observed appropriate interactions between residents and staff <input type="checkbox"/> Are staff confident in approaching and supporting residents experiencing stress and distress <input type="checkbox"/> Appropriate referrals being made / supports being accessed (i.e. IDEAS Team, Community Mental Health Team)		
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		
<b>7. Resident Care &amp; Support is regularly reviewed?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 6 Monthly In-House Provider Reviews undertaken with all relevant parties involved/consulted <input type="checkbox"/> Annual Reviews with Social Work are undertaken and up to date		
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		
<b>Care Plans / Personal Planning</b>		
<b>Sample for two residents:</b> - One should be chosen by the provider and identified as one they feel is a best practice example within their setting		

- <i>One should be randomly selected by Visiting Team</i>	
<b>Care Plan 1 – Please note Resident Initials and/or Room Number:</b>	
<p><u>Plan sampled was:</u></p> <p><input type="checkbox"/> Digital Care Plan</p> <p><input type="checkbox"/> Paper Care Plan</p> <p><input type="checkbox"/> Both</p> <p><u>Plan sampled evidenced the following:</u></p> <p><input type="checkbox"/> Picture of Resident</p> <p><input type="checkbox"/> Appeared to contained up to date information</p> <p><input type="checkbox"/> Written in person centred style</p> <p><input type="checkbox"/> Basic details and important information easily accessible</p> <p><input type="checkbox"/> One Page Profile</p> <p><input type="checkbox"/> Life History / Context</p> <p><input type="checkbox"/> Clarity of legal status / capacity</p> <p><input type="checkbox"/> Details how care and support is to be provided</p> <p><input type="checkbox"/> Individual goals and outcomes</p> <p><input type="checkbox"/> Visiting / Meaningful connections Care Plan</p> <p><input type="checkbox"/> Communication needs</p> <p><input type="checkbox"/> Health needs</p> <p><input type="checkbox"/> Skin Integrity Monitoring (Waterlow)</p> <p><input type="checkbox"/> Oral Health</p> <p><input type="checkbox"/> Falls Risk Assessment</p>	

- Dietary requirements and meal preferences (including MUST)
- Links to activities
- Anticipatory Care Plan (ACP)
- Finance and supports
- Where applicable:
- AWI / Section 47 Certificate (in date)
- POA Document
- Guardianship Document
- DNR Certificate (in date)
- Compulsory Treatment Order (CTO)
- Medication & Administration Details
- Skin Integrity Monitoring (i.e. Positional Monitoring Charts, pressure relieving equipment)
- Food / Fluid Monitoring
- Continence Care Plan
- Long Term Condition Care Plan (i.e. Diabetes, Parkinson's, MS)
- Dementia / Stress & Distress Care Plan (may include CEASE)
- Communication Care Plan (i.e. visual/hearing impairment)
- Positive Behavioural Support Plan
- Falls Care Plan
- Herbert Protocol
- Reviews:
- Evidence of up to date 6 monthly provider review

- Identified reason 6 monthly review is not yet achieved
- Evidence of positive outcomes and actions being taken

**Notes** (*good practice examples & improvement suggestions*)

**Care Plan 2 – Please note Resident Initials or Room Number:**

Plan sampled was:

- Digital Care Plan
- Paper Care Plan
- Both

Plan sampled evidenced the following:

- Picture of Resident
- Appeared to contained up to date information
- Written in person centred style
- Basic details and important information easily accessible
- One Page Profile
- Life History / Context
- Clarity of legal status / capacity
- Details how care and support is to be provided
- Individual goals and outcomes
- Visiting / Meaningful connections Care Plan
- Communication needs

- Health needs
- Skin Integrity Monitoring (Waterlow)
- Oral Health
- Falls Risk Assessment
- Dietary requirements and meal preferences (including MUST)
- Links to activities
- Anticipatory Care Plan (ACP)
- Finance and supports
- Where applicable:
- AWI / Section 47 Certificate (in date)
- POA Document
- Guardianship Document
- DNR Certificate (in date)
- Compulsory Treatment Order (CTO)
- Medication & Administration Details
- Skin Integrity Monitoring (i.e. Positional Monitoring Charts, pressure relieving equipment)
- Food / Fluid Monitoring
- Continence Care Plan
- Long Term Condition Care Plan (i.e. Diabetes, Parkinson's, MS)
- Dementia / Stress & Distress Care Plan (may include CEASE)
- Communication Care Plan (i.e. visual/hearing impairment)



<input type="checkbox"/> Positive Behavioural Support Plan <input type="checkbox"/> Falls Care Plan <input type="checkbox"/> Herbert Protocol <u>Reviews:</u> <input type="checkbox"/> Evidence of up to date 6 monthly provider review <input type="checkbox"/> Identified reason 6 monthly review is not yet achieved <input type="checkbox"/> Evidence of positive outcomes and actions being taken		
<b>Notes</b> ( <i>good practice examples &amp; improvement suggestions</i> )		
<b>8. Staff are confident in recognising early identification of a deterioration of a resident, monitoring and escalation as required?</b> <i>The Care Inspectorate recommend Restore 2 as best practice: <a href="#">WessexAHSN</a></i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Staff trained and deemed competent in taking vital signs <input type="checkbox"/> Baseline recordings in place <input type="checkbox"/> Appropriate professional engagement and escalations (i.e. ANP, Community Nurses, GP)		
<b>Notes</b> ( <i>good practice examples &amp; improvement suggestions</i> )		
<b>9. ACPs are in place, up to date and appropriate supporting documentation (i.e. DNACPRs)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Staff feel confident in engaging in these discussions <input type="checkbox"/> Staff are aware of individual residents wishes <input type="checkbox"/> Evidence that agreed plans and wishes are being followed		
<b>Notes</b> ( <i>good practice examples &amp; improvement suggestions</i> )		

<b>10. Guidance and supports in place for residents, relatives/families and staff in terms of palliative care, loss and bereavement?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		
<b>11. Residents are well supported in terms of their nutritional needs (including fluids) and positive meal time experiences promoted?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Food and fluids readily available / easily accessible (both within residents rooms and communal areas) <input type="checkbox"/> Dietary requirements known and adhered to (diabetes, allergies, personal choice /beliefs i.e. vegetarian) <input type="checkbox"/> Residents who require support are provided with assistance <input type="checkbox"/> Residents are given choices at meal times <input type="checkbox"/> Residents have option of dining locations (communal spaces, own room etc.) <input type="checkbox"/> Resident views / feedback are sought regarding meal provision / menu planning <input type="checkbox"/> Adaptive equipment in place / options available (i.e. lipped plates, specialist cutlery/cups etc.) <input type="checkbox"/> Referrals made to appropriate professionals (i.e. Dietetics / SALT)		
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		

**Environment**

<b>12. The general environment, both communal areas and individual's rooms observed, appear clean, well maintained and are free from non-essential items/clutter?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		

<b>13. Environment is well maintained and conducive to meeting resident needs?</b> <i>The Care Inspectorate recommend Kings Fund as best practice: <a href="#">Is your Care Home Dementia Friendly Audit</a> <a href="#">Enriched Model of Psychological Needs Poster</a></i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> General maintenance in place (ongoing décor / updating etc.) <input type="checkbox"/> Signage in place to help identify facilities and to support residents in navigating their surroundings safely <input type="checkbox"/> Adequate lighting in place <input type="checkbox"/> Consideration given to best practice advice / guidance in terms of décor and layout for persons with dementia / cognitive impairment		
<b>Notes</b> (good practice examples & improvement suggestions)		
<b>14. Are staff following the <a href="#">National Infection Prevention and Control Manual: Infection Prevention and Control Manual for older people and adult care homes (scot.nhs.uk)</a></b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Appropriate PPE storage and use including donning/doffing <input type="checkbox"/> Appropriate Hand Hygiene Practice <input type="checkbox"/> Staff are Bare Below the Elbow <input type="checkbox"/> Respiratory & Cough Hygiene Practice followed <input type="checkbox"/> Dedicated equipment in place for each person (where possible) <input type="checkbox"/> Appropriate Infectious Waste Disposal <input type="checkbox"/> Safe Management of Laundry being followed <input type="checkbox"/> Staff Uniforms are safely transported and washed		
<b>Notes</b> (good practice examples & improvement suggestions)		
<b>15. Are staff following the Cleaning Specification for Older People and Adult Care homes <a href="#">Safe Management of the Care Environment (nhs.scot)</a></b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<input type="checkbox"/> Sufficient Supply of Cleaning Equipment <input type="checkbox"/> Appropriate Cleaning Products in use <input type="checkbox"/> Equipment is observed to be clean <input type="checkbox"/> Re-useable Equipment appropriately cleaned between use <input type="checkbox"/> Evidence / records of cleaning (i.e. Cleaning Schedules, 'I am Clean' stickers etc.) <input type="checkbox"/> COSHH Guidelines being followed
<b>Notes</b> ( <i>good practice examples &amp; improvement suggestions</i> )

**Staffing Capacity & Support**

<b>16. Staffing arrangements are regularly reviewed and responsive to meet the needs of residents and the service? Are staff providing appropriate observation and support both in communal areas and bedrooms? Care Inspectorate safe staffing guidance: <a href="#">Guidance for providers on the assessment of staffing levels</a></b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Staff are visible / accessible both within communal areas and resident rooms <input type="checkbox"/> Consideration in planning rotas given to: <ul style="list-style-type: none"> <li>○ Resident dependencies / dependency tool used as support</li> <li>○ Staff skill mix</li> <li>○ Building layout / environmental factors</li> <li>○ Staff dispersal</li> </ul> <input type="checkbox"/> Feedback on staffing levels sought from <ul style="list-style-type: none"> <li>○ Residents (and their visitors / families)</li> <li>○ Staff</li> </ul>		

<ul style="list-style-type: none"> <li>○ Visiting professionals</li> <li><input type="checkbox"/> Evidence of professional judgement / records maintained</li> <li><input checked="" type="checkbox"/> Staffing complement at full capacity (if shortages note details including impact and actions to ensure safe care and support)</li> <li><input type="checkbox"/> Clear protocols and risk assessments for use of agency staff (where appropriate)</li> </ul>		
<b>Notes</b> (good practice examples & improvement suggestions)		
<b>17. Safe and effective recruitment practices in place?</b> Care Inspectorate safe recruitment guidance: <a href="https://hub.careinspectorate.com/media/1608/safer-recruitment-through-better-recruitment.pdf">https://hub.careinspectorate.com/media/1608/safer-recruitment-through-better-recruitment.pdf</a> <b>Sample two staff files:</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Staff File 1 – Please note Staff member Initials:</b>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Job Descriptions</li> <li><input type="checkbox"/> Application Form</li> <li><input type="checkbox"/> Interview process / notes retained</li> <li><input type="checkbox"/> ID Checks (including right to work in UK)</li> <li><input type="checkbox"/> References obtained (minimum of 2 reference)</li> <li><input type="checkbox"/> Registrations (i.e. PVG, SSSC, NMC)</li> <li><input type="checkbox"/> Contracts in place</li> </ul>		
<b>Notes</b> (good practice examples & improvement suggestions)		
<b>Staff File 2 – Please note Staff member Initials:</b>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Job Descriptions</li> </ul>		

<input type="checkbox"/> Application Form <input type="checkbox"/> Interview process / notes retained <input type="checkbox"/> ID Checks (including right to work in UK) <input type="checkbox"/> References obtained (minimum of 2 reference) <input type="checkbox"/> Registrations (i.e. PVG, SSSC, NMC) <input type="checkbox"/> Contracts in place		
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		
<b>18. Robust and supportive staff induction in place?</b> <i>(Note content and duration)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		
<b>19. Staff supervision &amp; appraisals are taking place?</b> <i>(Note frequency and records / evidence)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		
<b>20. Are any staff disciplinarys underway, and if so, are correct processes / reporting being followed?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		
<b>21. Are staff team meetings taking place?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Evidence of routine Team Meetings taking place (note frequency) <input type="checkbox"/> Agendas in place with staff input encouraged		

<input type="checkbox"/> Good attendance <input type="checkbox"/> Notes / records maintained and shared with staff <input type="checkbox"/> Evidence of actions and follow up		
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		
<b>22. Staff feel able to approach management with ideas / concerns, and feel well supported / can access additional support if required?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		
<b>23. Does the service / staff team feel there is appropriate support in place from Partnership Teams (i.e. Home Teams, GPs, Nursing, and Social Work) to ensure residents receive appropriate input / supports?</b> <i>If concerns noted ensure agreed actions by CHTT/CMT captured at end of report.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		

**Staff Training & Development:**

Training	Staff Groups <i>(All or list: Management, Nurses, Seniors/Team Leaders, Care Staff, Activities Coordinator, Housekeeping, Catering, Maintenance Officer)</i>	Mandatory (Yes / No)	Frequency of Updates	Compliance % (Expectation is a minimum of 80%)	Competencies (Yes / No / NA)	Comments
Moving & Handling		<input type="checkbox"/> Yes			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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		<input type="checkbox"/> No			<input type="checkbox"/> N/A	
Adult Support and Protection (ASP)		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Medication		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Fire Safety		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
First Aid		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Infection Prevention and Control (including Covid)		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Falls		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



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Skin Integrity		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
COSSH		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Dementia / Stress & Distress		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Nutrition / Hydration		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Notes</b> ( <i>good practice examples &amp; improvement suggestions</i> )						

**Quality Assurance and Service Improvement**

<b>24. Robust quality assurance processes in place and proactive approach to service development and improvement?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Policies and procedures in place and regularly reviewed and updated (minimum of 3 yearly or as required change) <ul style="list-style-type: none"> <li><input type="checkbox"/> ASP (if updated since last visit copy required)</li> <li><input type="checkbox"/> Comments, Compliments &amp; Complaints (if updated since last visit copy required)</li> </ul>		

- Medication
- Food, Fluid & Nutrition
- Falls
- IPC
- Recruitment
- Meaningful Connections
- Up to date Service Development Plan in place (with clear identification of improvement areas, lead/responsible persons and expected timescales)
- Internal audit process evidenced with action plans in place
  - Care Planning
  - Medication
  - IPC
  - Environment
  - Recruitment
  - Training
  - Supervision
  - Resident Finances
- External audit supports from within the organisation
- Provider confirms appropriate certificates in place i.e. - Fire Safety, Electrical Testing, Legionella, Gas Safety

**Notes** (*good practice examples & improvement suggestions*)

<b>25. There is a process for ensuring all equipment is properly installed, used, maintained, tested, serviced and replaced?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Mattress/Pressure Reliving Cushion Audit undertaken <input type="checkbox"/> Mobility Aid Checklist undertaken <input type="checkbox"/> Equipment Checks undertaken (i.e. hoists, slings, profiling beds, bed rails / bumpers, wheelchairs, bath/shower chairs etc.)		
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		
<b>26. Robust incident / accident recording / escalation in place? The Care Inspectorate recommend the use of their Falls &amp; Fractures tools to support falls analysis</b> <a href="https://www.careinspectorate.com/index.php/low-graphics/9-professional/2737-falls-and-fractures">https://www.careinspectorate.com/index.php/low-graphics/9-professional/2737-falls-and-fractures</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Evidence of a process in place for recording accidents and incidents (including documenting within care plans) <input type="checkbox"/> Appropriate reporting / escalation (including documenting within care plans) <input type="checkbox"/> Care Inspectorate and Social Work informed appropriately <input type="checkbox"/> Regular incident & accident analysis undertaken with identified actions & learning captured <input type="checkbox"/> Appropriate tools utilised to support falls analysis (e.g. falls bundle / falls cross / measles mapping) <input type="checkbox"/> Specific falls analysis undertaken regularly with identified actions & learning captured		
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		
<b>27. Robust Comments, Compliments &amp; Complaints process in place, with actions met and learning identified?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Process in place for recording all 3 elements		

<input type="checkbox"/> Evidence of information within logs/records <input type="checkbox"/> Actions have clear timescales and responsible person/s <input type="checkbox"/> Feedback provided to complainants regarding outcomes / actions		
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		
<b>28. Engagement with Key Stakeholders (residents, relatives/friends &amp; staff) in place to identify good practice and areas for development, with actions plans in place to reflect and evidence improvement work?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Resident Engagement Forums in place (i.e. Resident Meetings, Satisfaction Surveys) <input type="checkbox"/> Relative & Friends Forums (i.e. Relative Meetings, Satisfaction Surveys) <input type="checkbox"/> Proactive approach to feedback from Staff (i.e. is this evident via supervisions, team meetings, questionnaires etc.) <input type="checkbox"/> Feedback sought from Visiting Professionals / External Providers (i.e. questionnaires) <input type="checkbox"/> Obtained feedback is from / engagement is with a range of sources / persons <input type="checkbox"/> Action Plans in place as per identified improvements from gained feedback (should be linked to overarching Service Development / Improvement Plan) <input type="checkbox"/> Evidence of where feedback has lead to improvements / shaped the service		
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>		
<b>29. Does the service have a contingency plan in place and is it up to date</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Regularly reviewed at set intervals and as required if change necessary <input type="checkbox"/> Staff aware of where to locate this <input type="checkbox"/> Grab bags / emergency box in place		

<input type="checkbox"/> Discussed example of an element of the plan and action/s
<b>Notes</b> <i>(good practice examples &amp; improvement suggestions)</i>

Documents Reviewed: (prior to or during visit)			
Document	Reviewed (Yes / No)	Date (if applicable)	Comments or reason if not reviewed
Care Plan Review Schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Training Matrix	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervision Matrix	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Staff Files	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Care Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Accident & Incidents Log	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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ASP Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Complaints Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments, Compliments & Complaints Log	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Service Development Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<p><b>What people using the service / working in the service told us:</b>  <i>(Detail views of residents, relatives/friends and staff obtained during the visit)</i></p>

<b>Agreed Actions / Suggestions made at previous visits and any relevant updates:</b>			
<i>Agreed Action / Suggestion Made</i>	<i>Responsible person</i>	<i>Actions – Continued / Met / Closed</i>	<i>Update / Reason</i>

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		<input type="checkbox"/> Continued <input type="checkbox"/> Met <input type="checkbox"/> Closed	
		<input type="checkbox"/> Continued <input type="checkbox"/> Met <input type="checkbox"/> Closed	
		<input type="checkbox"/> Continued <input type="checkbox"/> Met <input type="checkbox"/> Closed	
		<input type="checkbox"/> Continued <input type="checkbox"/> Met <input type="checkbox"/> Closed	
		<input type="checkbox"/> Continued <input type="checkbox"/> Met <input type="checkbox"/> Closed	
		<input type="checkbox"/> Continued	

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		<input type="checkbox"/> Met <input type="checkbox"/> Closed	
		<input type="checkbox"/> Continued <input type="checkbox"/> Met <input type="checkbox"/> Closed	
		<input type="checkbox"/> Continued <input type="checkbox"/> Met <input type="checkbox"/> Closed	

Summary		
<b>General notes / additional comments:</b>		
<b>Good practice observations:</b>		
<b>Summary of agreed actions &amp; suggestions with the provider:</b>		
Agreed actions	Person Responsible	Timescale



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Suggestions	Person Responsible	
<b>Agreed actions for CHTT/CMT:</b>		
Action	Responsible Team / Person	Timescale

<b>Date/time verbal feedback given:</b>	
<b>Feedback provided to (name &amp; role):</b>	
<b>Providers response to verbal feedback at visit:</b>	

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<b>Author/s of Report:</b>		<b>Date report shared with provider:</b>	
<b>Follow up (Face-To-Face, TEAMS, Telephone Call or Email)</b>		<b>Follow Up Date:</b>	