

Health and Social Care Scrutiny Commission

Thursday 27 February 2020

7.00 pm

Ground Floor Meeting Room G01A - 160 Tooley Street, London
SE1 2QH

Supplemental Agenda No.1

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Contact

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Date: 21 February 2020

Item No. 6.	Classification: Open	Date: 27 February 2020	Meeting Name: Health and Social Care Scrutiny Commission
Report title:		Commissioning of the lay inspection service	
Ward(s) or groups affected:		Care home residents	
From:		Genette Laws, Director of Commissioning	

RECOMMENDATION

1. That the Health and Social Care Scrutiny Commission notes the contents of this report.

BACKGROUND INFORMATION

2. In 2009, a report with options about the future of Lay Inspection was presented to the Older People's Partnership Board in January 2009. The outcome of this report was unknown but it establishes that lay inspection was a pilot that focused on care homes.
3. The options appraisal referred to the objectives of the service still being a priority. However, reports from the then two organisations (Age Concern and AG Care) showed that the pilots achieved mixed successes against these objectives. The objectives were:
 - Support the Long Term Care Commissioning Team (Commissioning) in its contract monitoring of care homes located within the London Borough of Southwark
 - Utilise the expertise of the local Independent Sector so that the service is part of the mainstream of partnership working on services
 - Assess whether the lives of older people living within care homes are based upon core values being upheld
 - Ensure the views of the service users in care homes for older people on their quality of life are collected and collated within a process that is aligned but independent from Commissioning monitoring reports and can be reported separately to the OPPB
4. As per the Home Care Annual Contract Performance Report on 17 September 2013, the Lay Inspection service was, at one stage, additionally commissioned for supporting service users of home care. However, this aspect of lay inspection has discontinued.

KEY ISSUES FOR CONSIDERATION

5. The lay inspection is an established service that is valued and is valuable. However, there has, in the last 12 months, been a change in personnel within

both the council and Age UK.

6. The objectives in the pilot review still hold true for Council officers and therefore the recent changes in personnel presents an opportunity to review how contract monitoring and lay inspection can complement each other to ensure that the resident's voice is heard and that the services that they receive are safe and positive experiences.
7. A meeting was held between the council and Age UK on the 17th February 2020 to review how quality assurance can be delivered in 2020/21. The officers are considering how quality assurance of care homes can be improved by both organisations work together to coordinate when we visit, what we focus on, so that we identify and address areas for development as well as capture and share good practice.
8. The Health and Social Care Scrutiny Commission will be provided with an update about the outcome of the meeting and this will provide an opportunity for members of the Commission to comment on the proposed approach.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Home Care Annual Contract Performance Report – Cabinet 17 September 2013 – Item 10	Commissioning 4 th Floor, 160 Tooley Street	Genette Laws 020 7525 3460
Link: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&MId=4550&Ver=4		
Lay Inspector Scheme Pilot: Options Appraisal for continuation of service	Commissioning 4 th Floor, 160 Tooley Street	Genette Laws 020 7525 3460

AUDIT TRAIL

Lead Officer	Genette Laws, Director of Commissioning for Children and Adults	
Report Author	Genette Laws, Director of Commissioning for Children and Adults	
Version	Final	
Dated	19 February 2020	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Scrutiny Team	20 February 2020	

Version May 2019

Age UK Lewisham and Southwark Care Home Lay Inspection Report Template

Scheme details: Date(s) of visits:

Number of rooms:

Number of Residents at time of visits:

Manager: *name and contact details*

Name(s) of Lay Inspectors:

Security, safety & comfort of building & facilities

Security, safety & comfort of communal areas

Maintenance, decoration, cleanliness, hygiene, temperature, lighting etc. Sights & smells & ambience of shared communal areas e.g. entrance, lounge, dining area, kitchen, toilets, bathrooms, water temperature, laundry room, outside area, lifts. Any urine or faeces smells? What does the care home do when there is an incontinence accident? What is the situation re. smoking / designated smoking areas & alcohol? Is this restrictive & institutionalised? Health & safety inspections. Fire drills & evacuation

Security, safety & comfort of resident's own living area

Sights & smells in resident's own flat, including bathroom. How well does the resident think this is maintained? Is this often enough? Is there an ensuite? How personalised can the resident make their flat? Is TV reception OK?

Aids, adaptations, assistive technology & equipment – resident's own & communal

What equipment does the resident have on an individual basis & how useful is this equipment? What about shared equipment e.g. in the bathroom? How useful is this equipment? Maintenance of both? Technology such as CCTV, sensor mats. Are there portable phones so that residents can take calls in private? Does the care home make use of Skype for keeping in touch with friends & relatives? Is there access to the internet and/or a PC? Wi-fi arrangements.

Security & safety

Does the resident have the right to go out if they are safe to do so? Entry codes? Access to Dial a ride / Taxi Card service? Access to garden /outside area. How does the care home address possible wandering at night, falls etc.? Do staff wear their name badges?

Culture of responsible appropriate risk taking

How do care staff encourage & support clients to do things for themselves or do they do everything for the resident? What things are residents encouraged and supported to do for themselves. Independence & choice. Friendships among residents.

Responsiveness

Any incidences of abuse /neglect or residents' needs not being responded to e.g. changing of incontinence pads, longer than acceptable response times to buzzers, requests & emergencies? Any safeguarding concerns? Outcome of any incidents or allegations?

Staffing

Number of staff.

Do numbers of staff working at time of inspection match agreed staffing levels? (Daytime and at night) If not, why not? Admin staff. Nursing staff (where applicable) Staff rota and overtime. How do managers deal with staff shortages? Use of agency staff. Are there enough staff on duty at night? What if there's several residents who don't sleep through the night? Frequency of checks on residents? Impact of staff changes.

Attitude

How does staff morale appear? Do staff look happy? Staff retention levels? Do residents feel that staff treat them with kindness and courtesy, dignity, respect, patience & compassion at all times? Are staff engaging, chatting, communicating, socially interacting, having meaningful relationships with residents?

Communication between staff

How well do staff communicate with each other? Re. resident information. Handovers between shifts. With other teams? Frequency and efficacy of staff meetings.

Training, support & supervision

What training has taken place recently? Have all new staff received full induction training? Have all staff attended training in managing dementia, strokes etc.? How often is refresher training provided? Who provides the training? How often do staff receive supervision? Do staff feel adequately supported by managers?

Resident assessments, reviews & keyworkers

Have care & support and risk assessments been carried out and reviewed appropriately? Does the care plan reflect this? Are individual personalised needs & choice addressed in the care delivered? How often is the care plan reviewed & who is involved in this? Is the family involved in assessments & reviews? Are family members informed of changes in need / incidents? Which members of staff carry out / are involved in assessments & reviews? Do self funding residents receive reviews? Does the resident and their family know who the named keyworker is and the role of the keyworker? Do family members have access to their family member's file –have they been told they can see this?

Food & drink

Menus

Are individual dietary & hydration requirements met? How are menus devised? Do menus reflect the residents' choices? Is it sufficiently varied? Is the main meal served up lunch time or tea time? Are there condiments such as tomato, brown & hot sauces, salt & pepper etc.? Are residents happy with the meals provided? Are the portions adequate? What about access to food & drink outside of meal times, snacks & fresh fruit? What if residents get hungry at night? What about residents at risk of malnutrition / refuse to eat? Is fluid intake monitored?

Meal times

Is there a social aspect in residents eating together? Are meals served on time or are residents waiting around? How about those that choose to eat in their own rooms?

Dining area

How does this look? Clean, tidy & attractive? Are there serviettes? Are there many or few places are laid at the table? Is there a choice on where to sit?

Supporting residents to eat & drink

Health

Monitoring health needs

How is this done and how often? What if additional health needs are picked up e.g. not going to the toilet & infections such as UTIs?

GPs

Is there an arrangement with a local GP practice for regular visits or do residents choose another GP practice? What happens when a resident says they want to see a doctor?

Hospital appointments

How are residents supported to attend hospital appointments? Does a member of staff accompany them?

Continence care

What are the arrangements for incontinence care? Are the pads supplied appropriate / suitable? Are pads changed as frequently as needed?

Foot care

What are the arrangements for foot care e.g. toe nail cutting? Is this sufficient & satisfactory?

Dental care

What are the arrangements for dental care? Are waiting times satisfactory or too long?

Optical care

What are the arrangements for optical care? Is this satisfactory?

Hearing care

What are the arrangements for hearing care? Hearing tests and hearing aid batteries?

Emotional / mental health / dementia care

What are the arrangements for emotional / mental health / dementia care? Is this satisfactory? How well is validation therapy put into practice. How well are staff able to de-escalate dementia related incidents? Use and understanding of Mental Capacity and Deprivation of Liberty Safeguards. Is there an annual review of the DoLS assessment?

Medication needs

Are medicines stored appropriately & administered as provided? Are there adequate stocks available? Do residents appear over medicated to reduce noise & modify disruptive behaviour? How often are medication reviews carried out? How do staff ensure medication is taken?

End of life care

What are the arrangements for end of life care? Is the Gold Standard in place? Have staff received training in this? Can residents choose to remain in the home and not have to go into hospital? Is there any arrangement with a local hospice for palliative care in the home? Have there been any discussions with residents with residents & their family members about their wishes for end of life / DNR. How are residents informed about the death of another resident?

Post death & funeral. How quickly are any refunds made to relatives following a resident's death? Time given for relatives to clear possessions

Personal care**Bathing, showering, washing, getting dressed, getting in & out of bed etc**

Is the personal care delivered according to the resident's individual needs and how do residents feel when personal care is being given to them? What happens when a resident refuses a shower / bath? How do staff interact with them when personal care is delivered ie kind & respectful social interaction. Bathing products / toothpaste/ Steradent/ face creams etc – how is it ensured that these don't run out?

Hairdressing

Do staff comb/ brush the resident's hair? Are combs & brushes kept clean? Does a hairdresser come to the scheme? How often? Is this frequent enough? Is this satisfactory?

Clothing

Are residents appropriately dressed? Are socks worn? What happens when the resident needs or wants new clothes? Are paper hankies made available to residents at all times? Are cotton hankies used? Are these washed often enough?

Laundry & housekeeping

Numbers of staff doing laundry. Is laundry done over the weekend? Do housekeeping staff help laundry staff in doing the laundry? Are there adequate laundry facilities? Is individual laundry done or does everyone's laundry go into the machine? Is laundry labelled? Do they use individual net bags? What about ironing? Are rooms being cleaned & tidied adequately? What about the state of resident's bathrooms? Are the floors dry? Are the sinks clean? Are the toilets clean? Have they been flushed? How do the laundry & housekeeping staff interact with residents? How do the laundry & housekeeping staff work with & fit in with the care team?

Activities & stimulation

Who undertakes this role?

Is there an Activities Co-ordinator? How many days a week & how many hours do they work? Is there a programme of activities? What sort of activities are provided? Do planned activities actually take place? Do residents have a choice or say about what sort of activities are put on? How are residents supported to attend? Who else is involved – care staff / family & friends?

Does any reminiscence / life story work take place?

Residents who cannot or don't want to participate in group activities

Are there individual as well as group activities? What sort of activities? Who else if involved – keyworker / family / friends? What about activities for those who have dementia? How is the reduction of social isolation addressed? Are residents sitting in their rooms all day by themselves? Any 1 to 1s with residents?

External providers / volunteers

Are there any local groups or volunteers who visit regularly and engage with the residents?

Community participation

Registration & voting. Are residents supported to do this if they are interested?

Religion & faith

How are residents supported in maintaining their religion & faith? Does the care home receive visits from representatives of different faiths? How are acts of worship facilitated? How are religious rituals supported?

Relationships with other residents

How are friendships with other residents supported by staff? What happens when residents fall out with each other? Are residents who choose to have intimate personal relationships with other residents treated with dignity and respect or are they teased by staff?

User consultation

Residents views

How are these obtained? Frequency of residents meetings? Are they facilitated? Is there a variety of mechanisms? Are residents viewpoints acted upon? Have there been any complaints from residents and if so, what were the outcomes? Have there been any compliments from residents?

Consultation with resident's family / friends

Are relatives / friends' views sought out? How is this done? Frequency of relative's meetings? Minutes of meetings? Do they feel they are consulted enough? Are they informed beforehand about relevant meetings / reviews? Are their viewpoints considered and acted upon? Have there been any complaints from family & friends and if so, what were the outcomes? Have there been any compliments from friends & family?

Friends & families visiting

Can friends & family choose when they want to visit? Are visiting times restrictive? Is there a room for relatives to stay overnight? Are any friends / family present during the lay inspection visits? What are their overall comments? Do they feel happy with the care delivered to their family member / friend in this care home?

Admission into the home?

How well was the admissions process managed? Were family members given all the relevant information before the resident was admitted? How well did the transition from resident's own home to care home go? Respite admissions.

Equalities & diversity issues

Service delivery

Are all residents treated equally regardless of race, culture, language, gender identification, age, disability, sexual orientation? Is anyone discriminated against? Are equalities & diversity issues addressed in assessment, care planning & review? Are specific needs to these areas addressed eg. in dietary needs, language support, personal care, religious observance. Is resident information accessible e.g. translation into community languages? Residents who do not have English as a first language or who are no longer verbal

Training in equalities & diversity

Have staff received training in equalities & diversity issues eg in the needs of LGBT residents? Is there evidence that staff have the appropriate levels of awareness or are assumptions made?

Magic wand exercise

When we asked staff what they would wish for here if they had a magic wand...

Most important things to & for residents and family/ friends

What are the most important things to you about living here? What are the best & worst things about living here? If you could change anything here, what would it be?

Any significant changes since the last inspection report?

Any recent improvements?

Any recent failings or problems

A difficult situation or resident may have an impact upon the whole care home – anything like this occurring?

Any other comments or observations

Any major concerns or issues raised by this inspection

Details of feedback given to care home following this visit

Points to consider for follow up visit

Item No. 7.	Classification: Open	Date: 27 February 2020	Meeting Name: Health and Social Care Scrutiny Commission
Report title:		Commissioning of residential and nursing homes	
Ward(s) or groups affected:		Care home residents	
From:		Genette Laws, Director of Commissioning	

RECOMMENDATION

1. The Health and Social Care Scrutiny Commission is asked to note the contents of this report.

BACKGROUND INFORMATION

2. Southwark has 2 nursing homes and 20 residential care homes in the borough.
3. The council has termed contracts with four residential care homes, all run by Anchor Hanover. The contract is due to expire in 2025.
4. The council does not have termed contracts for nursing homes but there is a tender for nursing homes currently in progress.

KEY ISSUES FOR CONSIDERATION

5. To ensure that residents are influencing the outcome of the tender for nursing homes, the council attended 12 residents' meetings at care homes and extra care schemes and met over 100 residents to seek their views about what they think of nursing care and what they want from it.
6. Following the above engagement, the council advertised for volunteers. In addition to advertising in these facilities, officers also advertised through Southwark Pensioners, Southwark Carers and Age UK. The volunteers were asked to join a Co-Design Group who would help to develop I statements for the specification. They would then meet with the potential providers of nursing care to evaluate how closely they met those I statements. 16 volunteers agreed to be part of the process.
7. A short presentation about the approach to resident involvement in this tender will be provided on the 27th February 2020.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Gateway 1 – Nursing Care, Item 11 Cabinet 30 April 2019	Floor 4, 160 Tooley Street	Genette Laws 020 7525 3460
Link: http://modern.gov.southwark.gov.uk/ieListDocuments.aspx?CId=302&MId=6089&Ver=4		

AUDIT TRAIL

Lead Officer	Genette Laws, Director of Commissioning for Children and Adults	
Report Author	Genette Laws, Director of Commissioning for Children and Adults	
Version	Final	
Dated	19 February 2020	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No

Contract Monitoring Report (delete as appropriate)

Provider and Contract details	
Provider name	
Service name	
Service address and phone number	
Landlord	
Registered/Service/Contract manager (delete as appropriate)	Name of Manager: e-mail: Tel. No:
Contract description	<ul style="list-style-type: none"> • Type of contract: • Signed Contract in place? • Contract start and end dates: • Annual Contract Value: • Type of service: • Primary client group: • Weekly hours delivered: • Referral agent: Adult Social Care • Funding LA: Southwark Council
Monitoring arrangements (delete as appropriate and state arrangements according to the priority monitoring)	<p>Select as appropriate</p> <ul style="list-style-type: none"> • Monitoring visits announced and unannounced • Performance reports from provider • Annual Review • Contract Compliance Meetings • Spots check conducted by Provider • Service user feedback
Hours of Support (this applies to care at home, extra care, respite services only)	<p>Not applicable.</p> <p>No of hours being delivered No care workers (Southwark only) Average hours per care worker [please complete the table below]</p>

	Full time	Part time	Full time	Part time
	Weekly Hours	Weekly Hours	No of Care workers	No of Care workers
Financial Information	<p>Care At Home Only</p> <p>What rate of pay is the provider paying staff (Delete/add as required)</p> <ul style="list-style-type: none"> • London Living Wage • National Minimum Wage • Other (please state) <p>Is the rate of pay contractual?</p> <p>Is the submission of Invoices up to date?</p> <p>Are payments up to date?</p> <p>See note no 8 below for guidance</p>			
Team and Commissioner details				

Visit details	
Date of visit
Type of visit (delete as appropriate)	<ul style="list-style-type: none"> • Routine announced visit • Unannounced following intelligence from operational colleagues • Shadowed • Routine unannounced Visit
Staff members present at visit (LA, CCG, other professionals)	<p>Provide name / email / telephone details of management and other relevant professionals (external & internal) present</p>
Report author and type of report (delete as appropriate)	<ul style="list-style-type: none"> • Annual report • Contract Monitoring Report • Report following concerns raised by other professionals <p>Report author: Type of Report:</p>
Date of report	
Scheduled meetings	Insert date of last meeting or when meeting will take place

	Quarterly / 6-Monthly Next Due:
Date of next visit of follow up visit	To be arranged at a later date.
Reason for visit	Provide brief details of reason for visit, especially where reactive. Planned proactive routine visit.

Findings from visit	
Observations on Environment	<ul style="list-style-type: none"> - Capacity/Void: - Check/obtain a copy of recent quality audits: - Check state of decoration: - Check for any hazards: - Check COSHH cupboard: - Check for malodour / cleaning: - Fire: exit signs, evacuation procedure, fire alarm, emergency lighting, fire drill
Care/ Support Plans, Daily logs, etc.	<p>Check 2 Service Users files for:</p> <ul style="list-style-type: none"> - Support/Care Plans are up to date. - Check daily logs: legible, date, time & signature - RAs on file and up to date - Does SU lack capacity? Is there DOLS authorisation on file? - Are files tidy with easy access?
Catering	<ul style="list-style-type: none"> - Check staff training on food handling/hygiene - Check if any Service User has special dietary needs (religious/ medical) - Check for flexible weekly menu - Check vegetarian/meat options - Check food storage/shopping

Activities	<ul style="list-style-type: none"> - Is there an activities co-ordinator? - Are SUs involved in choosing activities? - Obtain a copy of planned weekly activities - Check that there is enough stimulation/indoor/community activities
Staffing/HR tool and Training	<ul style="list-style-type: none"> - Check 2 staff files - Current number of staff: - Current vacancies: - Staffing ratio: - Shift pattern: - DBS: - Application Form: - 2 references: - Right to work: - Supervision: - Training compliance: - Check training for specific client group e.g. mental health, LD, autism, dementia, medication, safeguarding adults/children - Team meetings:
Medication issues, Quality of Care/Support provided, MAR charts	<ul style="list-style-type: none"> - Where is medication stored? - Is it locked? - Check MAR sheet for 2 SUs - Are the MAR sheets completed, signed, any omissions? - Check for medication administration signature page - Check staff training/qualification on medication administration - Check medication RA is up to date
Safeguarding incidents	<ul style="list-style-type: none"> - Check for Safeguarding policy - Is Provider following LBS safeguarding guidelines? - Have staff accessed LBS Safeguarding training? - Do staff understand their responsibilities? - Have staff completed mandatory Safeguarding training (Non-LBS)

Family members/other professional agencies feedback	<p>(Link workers, social workers, health professionals, OTs, lay inspectors, healthwatch, etc.)</p> <ul style="list-style-type: none"> - Do SUs have named SWs? - Are health professionals involved with their care? - Are family members/NOK involved? - Do SUs have regular health check (optician, dentists, etc.) - Is there an advocacy involvement
Residents feedback	<p>(Is the care or support plan implemented?)</p> <ul style="list-style-type: none"> - Interview 2-3 SUs - Check yearly SU/family satisfaction survey - Check how feedback is implemented - Check if house meetings are held - Check how SUs are involved with decision making
Staff feedback	<p>(121, surveys, questionnaires)</p> <ul style="list-style-type: none"> - Check if staff survey is carried out and how often - Check team meetings - Check regular supervision - Interview 2 staff: Do they feel happy and supported?
Outcomes	<p>Summarise if you've seen evidence that residents/clients are achieving their outcomes as per care/support plans and if the service is meeting outcomes as per their service specification and how they are doing this.</p> <ul style="list-style-type: none"> - Check Support/Care Plans for goals/targets. Need evidence of outcomes - Are these achieved/worked towards - Check for independent living skills <p>Review some delivery objectives/KPIs/Outcomes</p>
Other	Governance structure, if service is Value for Money, anything else that doesn't fit into the other

observations	headings <ul style="list-style-type: none"> - Is service VFM? - Check for added value - Is service Person-centred? - Observe interaction - Observe dignity/do staff knock on doors? - Check if bedrooms are clean - Check SUs appearance - Check bathrooms/toilets/showers - Financial records - Legionella testing
Conclusion	Provider summary of findings and brief conclusion including next steps. <ul style="list-style-type: none"> - House-keeping? - Experienced/well-trained/caring staff? - Any voids/issues with referral? - Any concerns from Provider? - Check action from the last contract monitoring visit

Performance and Quality details	
CQC Inspection and Rating	See note 7 below and describe rating in full with recommendations from CQC <ul style="list-style-type: none"> - Check last CQC inspection date and rating. Obtain a copy. - Obtain a copy of action plan
Key Performance Indicators (targets and performance for year)	Where KPI's have not been set at the original award of the contract, performance monitoring returns should be used to determine KPI's / Outline service areas reviewed as part of your visit <ul style="list-style-type: none"> - Check KPIs/monitoring returns - Check some service areas in line with the above
QAs, Safeguarding concerns, Incidents and Complaints	Please state number and comment briefly on themes and if numbers are high, low or average. <ul style="list-style-type: none"> - Number of QA's in the last 3 months and brief description - Number of Safeguarding concerns in the last 3 months - Number pending/concluded and outcome - Number of accidents and incidents in the last 3 months. Check if there is a trend. - Check if appropriate action was taken - Are there policies in these areas? - Number of complaints in the last 3 months. Resolved/ongoing?

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Action number	Action Required based on findings	Person responsible	Date to be completed
1			
2			
3			
4			
5			

Actions/Follow Up From The Previous Visit. Date:	

A copy of this report will be shared with Commissioners, Operational Leads and the provider.

Notes for CMOs and CMSOs

1. All sections of this report may not be relevant to the service you monitored this form must be amended as necessary ensuring all important and relevant information about the service is included.
2. To assist with the completion of the visit you should complete as much information of this report **prior to your visit**.
3. All reports must be filed in under the provider/service name.
4. Where you are awaiting comments please mark the report as draft, once comments have received and report has been signed off please mark as final.
5. All reports must be informative so that anyone reading your report will be able to get a good understanding of the commissioned service, delivery and overall performance [including whether the service is value for money].
6. Please avoid leaving blank rows.
7. CQC rating- where a provider is registered with CQC the last inspection and rating must be recorded.
8. Please note that Care at Home providers should be paying the London Living Wage (LLW). To ascertain the rates being paid for all services, the CMO should request the following information from the provider **prior to your visit**.
 - Pay roll information for previous month/or weeks
 - Sample payment history.
 - If possible ask to see this information at your visit, it may not be available as this maybe filed centrally at the providers Head Office

Recommendation for Monitoring Activity	
Risk Assessment	<input type="checkbox"/> High Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> Low Risk
Proposed frequency of visits based on risks identified	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Six monthly <input type="checkbox"/> Annually

