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**Core Assurances**

Experience has taught us that when things go wrong in care services, they often relate to key areas. Theory and inquiries into when care goes wrong has highlighted the areas that are important to monitor because these can be identified as early indicators of harm to people using services (Scottish Government 2014, Hull University 2012, Francis Report 2013, Wardhaugh and Wilding 1993). These are the key areas considered during the registration process, and policies and procedures relating to them must be in place before a service is registered. Because we know, and research tells us, that these key areas are essential to a service being safe, we have called them ‘core assurances’.

This list of core assurances highlights what inspectors must look at on inspection. They help guide providers on the areas that are important to people’s safety and wellbeing. The core assurances span the entire quality framework, covering elements of several different quality indicators.

The process for checking the core assurances is different from the rest of the self-evaluation as these areas are not evaluated, they are basic assurances that need to be in place.

The list of core assurances is in the updated quality framework for adults and older people. This template (which includes a worked example) is devised to help you check that you are meeting all of these core assurances and that you are able to evidence this.

**Worked example**

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| General actions | Date checked | Comments/actions required |
| A registration certificate is on display and contains accurate information that reflects the service currently being delivered. | 16/7/21 |  |
| A valid insurance certificate is on display (except LA services). | 16/7/21 | Certificate expired 14/7 but printer broken so unable to print off new certificate. |
| There is a written statement of the aims and objectives that accurately describes the conditions of registration and the service that is offered to people. | 16/7/21 |  |

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| **Protection** |
| □ There is an adult protection policy and procedure that evidences how people are kept safe.  □ Staff are trained in adult protection and are confident in knowing when and how to make  referrals, including notifying the Care Inspectorate.  □ Where required, there is evidence that appropriate adult protection referrals have been made and followed up. |
| How can we evidence that we meet this core assurance? |
| We have an adult support and protection (ASP) policy and procedure in place, last reviewed/updated 12/3/21. This includes a flowchart of the actions staff need to take when a concern is raised. ASP training level one is mandatory for all staff during induction, including housekeeping staff. Team leaders and managers must complete level two training. ASP refresher training is undertaken every two years. We have training records for every member of staff to evidence they have attended the training and we ask them to complete a reflective practice account after the training that is stored in their personal development file.  We have made three ASP referrals during the past year, these have been concerns raised by staff about disclosures made to them or incidents they have witnessed. We have records of the referrals made and outcomes for each including minutes of any additional meetings to address issues raised from the referral. As part of our auditing of accidents and incidents, we check that all appropriate referrals have been made depending on the nature of the incidents. |
| Any additional actions to be taken? |
| Consider putting ASP as a standing agenda item at team meetings to reflect on referrals made and communicate any outcomes or areas where we could make improvements in the service. |

**Core assurances self-evaluation template**

**Service…………………………………………………………………………………………**

**Date completed………………………………………………………………………………**

**Completed by………………………………………………………………………………...**

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| --- | --- | --- |
| **General actions** | **Date checked** | **Comments/actions required** |
| A registration certificate is on display and contains accurate information that reflects the service currently being delivered. |  |  |
| A valid insurance certificate is on display (except local authority services). |  |  |
| There is a written statement of the aims and objectives that accurately describes the conditions of registration and the service that is offered to people. |  |  |

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| --- |
| **Protection** |
| □ There is an adult protection policy and procedure that evidences how people are kept safe.  □ Staff are trained in adult protection and are confident in knowing when and how to make  referrals, including notifying the Care Inspectorate.  □ Where required, there is evidence that appropriate adult protection referrals have been made and followed up. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Infection prevention and control** |
| □ All Staff are trained in and can demonstrate they understand and apply the principles of infection prevention and control as contained in the Infection Prevention and Control Manual for Older people and Adult care homes (The Manual), in line with their role.  □ There is a nominated lead person who has responsibility for infection prevention and control.  □ The Service has governance and quality assurance processes in place for infection prevention and control.  □ Leaders ensure that staff have access to suitable equipment and appropriate cleaning products. A robust risk assessment is undertaken and approved through local governance when this cannot be implemented. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Medication system and records** |
| □ People are protected by safe medication management policies and practices.  □ Legislation and good practice guidance are followed when supporting people to take medication who do not have capacity, where medication is given covertly and when ‘as required’ medication is prescribed.  □ Where there are medication errors, the services makes appropriate notifications and learns from these to improve medication practice. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Management of people’s finances** |
| □ People’s personal property and finances are managed and protected in line with legislation.  □ Clear financial policies and procedures for the management of people’s money and possessions are documented and evidenced in practice.  □ Where decisions are being made on behalf of an adult who lacks capacity, legislation principles and good practice guidance are followed*.* This includes proper financial accounting and audit measures are in place in accordance with Part 4 of the Adults with Incapacity (Scotland) Act 2000, and the Acts guidance for managers – code of practice. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Accident/incident records** |
| □ A record of all accidents and incidents occurring in the service is maintained and, where required, notified to the Care Inspectorate and/or the appropriate agency/authority. There are quality assurance processes around accident and incidents and evidence of learning from these. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Development/Improvement plan** |
| □ There is an up-to-date development/improvement plan in place that is informed by feedback from staff and people who use the service, and/or their relatives. This plan is actively used to drive improvement in the service. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Complaints** |
| □ The complaints and concerns of each person, their family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.  □ People are made aware promptly of the outcome of any complaints and there are processes in place to implement learning from complaints. A record is made of all complaints, responses and outcomes and details of any formal investigations undertaken.  □ The complaints process is user-friendly and accessible. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Staff recruitment procedures** |
| □ Safe and effective recruitment practices are in place to recruit staff in accordance with good practice and national safer recruitment guidance. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **The physical environment** |
| □ The service is clean, tidy, welcoming and free from avoidable and intrusive noise and smells.  □ The layout of the setting and quality of the furnishings and fixtures meets people’s needs and outcomes. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Maintenance records for safety equipment** |
| □ People have access to appropriate equipment, including single use equipment, which promotes their independence and comfort. Where the equipment is not single use, this is cleaned between uses and stored securely.  □ Equipment is fit for purpose and there is a process for ensuring that all equipment is properly installed, used, maintained, tested, serviced and replaced.  □ Staff are trained to use equipment.  □ The setting has relevant safety certificates including gas and water checks, and others as appropriate.  □ Testing and maintenance of fire safety equipment and systems takes place and a fire risk assessment is in place.  Staff and people living in the service know what to do in the event of a fire, including information on those who need support to evacuate and how to do this safely. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Planned care and support** |
| □ The personal plan is based on an ongoing comprehensive assessment of individual’s needs, strengths and is outcomes-focussed. It is implemented, evaluated and reviewed, reflects the person’s changing needs and outlines the support required to maximise their quality of life in accordance with their wishes.  □ People are actively involved in their personal planning process and care is observed to be person centred and delivered in accordance with each person’s individual plan.  □ Personal plans are accessible to people and the staff providing their care and support, ensuring their needs and wishes are met. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Management oversight and governance** |
| □ There are governance and oversight systems in place to identify risks and ensure appropriate action is taken to improve outcomes for people. These include leaders’ behaviours which create the right environment for safe quality care. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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