

# ASC Community PIR Questions

## Location information

	Location number
	Location name
	Address of your location
	Postcode
	Provider number (Sometimes called 'organisation number')
	Provider name
	Organisation type

## Respondent information

	Your name
	Your phone number
	Your email address
	Website address

## 1. Changes

1.1	Describe the impact of changes you have made in the past 12 months on people using your service. Consider the characteristics of good and outstanding ratings to identify relevant changes
1.2	Describe the changes you have planned for the next 12 months and the impact you expect these to have on people using your service. Consider the characteristics of good and outstanding ratings to identify relevant changes

## 2. People who use your service

### People who use your service: Number of people

2.1	How many people are currently receiving support with regulated activities as defined by the Health and Social Care Act from your service?
2.2	How many people have you served notice on to leave your service in the past 12 months solely due to a change in their care needs?
2.3	How many people have you served notice on to leave your service in the past 12 months for any other reason?

2.3-a	What were those other reasons?
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## People who use your service: Attorneys and deputies

2.4	How many people using your service have given another person valid and active lasting powers of attorney with authority to take decisions about the service you provide?
2.5	How many people using your service have a Deputy appointed by the Court of Protection with powers to take decisions about the service that you provide?

## People who use your service: Care needs and preferences

2.6	Which of the following dependencies do you currently support people with? Select all that apply: <ul style="list-style-type: none"><li>• Dementia</li><li>• People detained under the Mental Health Act</li><li>• Mental health needs</li><li>• Drug or alcohol misuse</li><li>• Eating disorders</li><li>• Sensory impairments</li><li>• Learning disabilities or autistic spectrum disorder</li><li>• Physical disabilities</li></ul>
2.7	Do people who use your service have any specific communication needs or preferences?
2.7-a	How have you met these needs?
2.8	How do you assess whether people are at risk of malnutrition and dehydration?
2.9	How many of the people who use your service are assessed to be at risk of malnutrition or dehydration?
2.10	How many of the people who use your service need a specialist diet?
2.11	Of the people who use your service, how many have meals prepared for them by your staff?
2.12	Of the people who use your service, how many are supported to eat their meals?

## People who use your service: Restrictions and restraints

2.13	How many people have restraints or restrictions in their care plans?
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2.14	How many incidents of restraint have you recorded in the past 12 months?
2.15	How many people are the subject of an order made by the Court of Protection that restricts, or deprives them of, their liberty?

### People who use your service: Equality, Diversity and Human Rights

2.16	How do you make sure you meet the Accessible Information Standard?
2.17	<p>Please state whether you have carried out any specific work in the past 12 months to ensure or improve care quality for people in relation to the following equality characteristics:</p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Disability</li> <li>• Gender</li> <li>• Gender reassignment</li> <li>• Race</li> <li>• Religion and belief</li> <li>• Sexual orientation</li> <li>• None of the above</li> </ul>
2.18	<p>What specific work have you undertaken in the past 12 months to ensure your service meets the needs of the people with protected characteristics?</p> <p>Protected Characteristics are Age, Disability, Gender Reassignment, Marriage and civil partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex, and Sexual Orientation</p>
2.19	<p>What has been the impact?</p> <p>Please provide examples for different protected characteristics</p>
2.20	<p>How do you ensure your staffing is sufficient in numbers and quality to meet all the needs of those you care for?</p> <p>Take into consideration all the protected characteristics and preferences of those that you care for</p>
2.21	<p>What practical examples can you give as to how you implement and apply human rights principles (fairness, respect, equality, dignity and autonomy) to your service and the impact this has had?</p>
2.22	<p>How do you assure yourself that you and your workforce understand human rights principles (fairness, respect, equality, dignity, and autonomy)?</p>

## People who use your service: Funding

2.23	How many of the people who use your service (i) are funded in full or in part by their local authority, or (ii) receive NHS Continuing Health Care? Include people here even if they pay user charges towards local authority funded care, pay using a local authority personal budget, or have someone paying a third-party top-up on their behalf.
2.24	How many other people use your service? These people will be self-funded or charity funded, including those in receipt of NHS Funded Nursing Care, and those paying the full cost through their local authority.

## 3. Services you provide

3.1	Do you use assistive technology for people who use your service?
3.1-a	What assistive technology do you use?
3.1-b	What difference has this technology made to the people who use your service?

## 4. Staff

### Staff: Staff numbers

4.1	How many people are directly employed and deliver regulated activities at your service as part of their daily duties?
	<b>Of those:</b>
4.2	How many work 35 hours a week or more?
4.3	How many work less than 35 hours a week?
4.4	How many staff have left your service in the past 12 months?
4.5	How many staff vacancies do you have?
4.6	How many full time equivalent posts are employed at this service?
4.7	How many hours of care have agency staff provided in the past 28 days?

### Staff: Training and qualifications

4.8	How many of your current staff have completed the Care Certificate?
4.9	How many of your current staff have achieved a relevant Level 2 (or above) qualification? For example, this could be an NVQ or Diploma in Health and Social Care.

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4.10	What training are your staff required to do so they have the skills and knowledge to support people who use your service?
4.11	What impact has this had on the experience and outcomes for people who use your service?
4.12	How many of your care staff have a named person that provides them with regular one to one supervision?

### Staff: Registered Manager

	Is this service required by a condition of registration to have a Registered Manager at this location?
	Is there a Registered Manager in post at this location?
	When did your last manager leave?
4.13	<p>What stage are you at in recruiting a new registered manager?</p> <ul style="list-style-type: none"> <li>• Recruiting</li> <li>• Appointed</li> <li>• Waiting for person to start</li> <li>• Waiting for DBS (criminal record) check</li> <li>• Manager application submitted to CQC</li> <li>• Manager application accepted by CQC</li> <li>• Waiting for CQC to process application</li> <li>• Waiting for fit person interview or result</li> <li>• Not applicable</li> </ul>

## 5. Commissioners and partnerships

### Commissioners and partnerships: Commissioners

	<b>Tell us which organisations commission care from you, their contact details and how many people they commission care for:</b>
5.1	Select the number of commissioners
	Commissioning organisation
	Do you have a named person?
	Named person
	Telephone number
	Email address
	Number of people
5.2	Please give details of all other organisations that are currently commissioning care from you, if any, in the box below.

## Commissioners and partnerships: Partnerships

5.3	How do you work in partnership with other specialist services (for example, speech & language, dementia, tissue viability, nutrition and reablement services)?
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## 6. Quality Assurance and Risk Management

### Quality assurance and risk management: Quality assurance

6.1	How do you assure yourself about the quality of care practice?
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### Quality assurance and risk management: Accreditation, memberships and recognition

6.2	List any accreditation schemes, initiatives, associations or memberships you have been a part of, and any awards or official recognition your service, or individual staff members, have received for the quality of care provided to people who use your service. Only include items from the past 12 months.
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### Quality assurance and risk management: Duty of candour

6.3	How many notifiable safety incidents have you had in the past 12 months that have triggered the harm thresholds of the duty of candour regulation?
6.3-a	Have you kept copies of what you told the people using your service - or people lawfully acting on their behalf - when the incident happened (including an account of that incident, further enquiries anticipated, and an apology)?
6.3-b	Have you kept copies of what you put in writing to them (setting out support provided, enquiries made and their results, and the apology)?

### Quality assurance and risk management: Medicines and controlled drugs

6.4	Do you administer medicines?
6.4-a	Do you currently administer controlled drugs?
6.4-b	Do you use enteral feeding to administer medicines?
6.4-c	Do you ever administer medicines covertly?

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6.4-d	How many medicine recording errors have there been in the past 12 months?
6.4-e	How many medicine administration errors have there been in the past 12 months?

### Quality assurance and risk management: Complaints and compliments

6.5	In the past 12 months, how many complaints were made about your service that were managed under your complaints procedure?
6.5-a	What are the main complaints you have received in the past 12 months and what have you changed as a result to improve your service?
	<b>Of the complaints you have had in the past 12 months:</b>
6.5-b	How many were made within the past 28 days?
6.5-c	How many have been resolved?
6.5-d	Of the complaints that were resolved, how many were resolved in 28 days?
6.6	Tell us the most common types of compliment people have given your service over the past 12 months

## 7. Domiciliary Care Agencies

7.1	Do you operate a domiciliary care agency service?
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### Domiciliary care agencies: Number of people who use your service

7.2	How many people who receive regulated activities started using your service in the past 12 months?
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7.3	How many people who received regulated activities stopped using your service in the past 12 months?
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### Domiciliary care agencies: Services you provide

7.4	How many care visits has your service made in the past 28 days?
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7.5	How many scheduled visits were missed in the past 28 days?
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7.6	How many visits required more than one carer?
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7.7	How many scheduled visits were 15 minutes duration or less in the past 28 days?
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7.8	How many hours of personal care did you provide in the past 28 days?
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7.9	Do you use any 'satellite' offices that support carrying on the service managed from this location?
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7.9-a	Is this information in your statement of purpose?
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7.9-b	Give the address and phone number of each of these satellite offices.
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### Domiciliary care agencies: Staff numbers

7.10	How many staff do you employ on a 'zero hours' basis?
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### Domiciliary care agencies: Staff payments

7.11	Do you make separate payments to your care workers for their travel time?
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7.12	Do you financially compensate workers for their travel time between home visits?
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7.13	Do you pay your carers above the National Minimum Wage (for under 25s)?
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7.14	Do you pay your carers above the National Living Wage (for over 25s)?
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7.15	Do the people that commission services from you make a payment for the travel time of staff?
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## 8. Supported Living

8.1	Do you operate a Supported Living service?
8.2	How many schemes do your location staff visit to provide personal care?

### Supported Living: Number of people who use your service

8.3	Number of people living at this address or scheme who receive regulated activities who moved in during the past 12 months?
8.4	Number of people who receive regulated activities who moved out of this address or scheme during the past 12 months?

### Supported Living: Services you provide

8.5	Number of people you provide sleep-in support for who receive the regulated activity of 'Personal Care' at these premises?
8.6	Number of people you provide 24-hour duty / on-call responsive cover for people receiving the regulated activity of 'Personal Care' at these premises?

### Supported Living: Restrictions and restraints

8.7	Do your staff limit the freedom of movement of any person living at this address or scheme?
8.8	How many people have their freedom of movement limited?
8.9	Are any people deprived of their liberty due to being under continuous or complete supervision and control, and not free to leave?
8.10	How many people are deprived of their liberty?
8.11	Has the deprivation of any person's liberty been authorised by the Court of Protection?
8.12	What are the visiting arrangements for relatives and friends?
8.13	Are there any restrictions or special arrangements on friends or relatives visiting people?
8.13-a	What are these?

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### Supported Living: Quality assurance and risk management

8.14	Have you had any safety concerns about premises or equipment in the past 12 months?
8.14-a	What have you done to address these concerns?
8.15	Do you manage the personal finances of anyone living at this address or scheme?

## 9. Extra Care Housing

9.1	Do you operate an Extra Care Housing service?
9.2	How many schemes do your location staff visit to provide personal care?

### Extra Care Housing: Number of people who use the service

9.3	Number of people living at this address or scheme who receive regulated activities who moved in during the past 12 months?
9.4	Number of people who receive regulated activities who moved out of this address or scheme during the past 12 months?

### Extra Care Housing: Services you provide

9.5	Number of people you provide sleep-in support for who receive the regulated activity of 'Personal Care' at these premises?
9.6	Number of people you provide 24-hour duty / on-call responsive cover for people receiving the regulated activity of 'Personal Care' at these premises?

### Extra Care Housing: Restrictions and restraints

9.7	Do your staff limit the freedom of movement of any person living at this address or scheme?
9.8	How many people have their freedom of movement limited?
9.9	Are any people deprived of their liberty due to being under continuous or complete supervision and control, and not free to leave?
9.10	How many people are deprived of their liberty?
9.11	Has the deprivation of any person's liberty been authorised by the Court of Protection?
9.12	What are the visiting arrangements for relatives and friends?
9.13	Are there any restrictions or special arrangements on friends or relatives visiting people?
9.13-a	What are these?

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### Extra Care Housing: Quality assurance

9.14	Have you had any safety concerns about premises or equipment in the past 12 months?
9.14-a	What have you done to address these concerns?
9.15	Do you manage the personal finances of anyone living at this address or scheme?

### 10. Anything else

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