



MINIMUM QUALITY STANDARDS

Day Services

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Introduction

Adult Day Services are not subject to Registration or Inspection by the Care Quality Commission (CQC). The framework for the registration of health and adult social care providers in England, which came into force in April 2010 states that day service providers who provide personal care will not be regulated by the Care Quality Commission.

The Department of Health retained consultative proposals to exclude day service settings that provide personal care from registration, on the basis that users are likely to be at relatively low risk, though it promised to keep this under review. Day Services are currently unregulated in England.

In the absence of a national position we and London Boroughs of Newham, Redbridge and Waltham Forest have decided to do what we can locally in attempt to address this, drive up standards and improve the sharing of info and reduce the burden on providers who do work for multiple boroughs by streamlining the forms and making the monitoring processes more efficient by reducing duplication.

The standards described (Minimum Quality Standards) in this document are what each individual service user can expect from the provider and they focus on the quality of life that the service user using the service actually experiences.

The standards reflect an approach to care and support that is based on the following values:

Privacy	A right to have privacy and property respected and to receive the time, the space and the facilities they need. To be free from intrusion as long as it is safe for the service user and for others using the service.
Dignity	A right to be treated with dignity and respect at all times; and enjoy a full range of social relationships.
Choice	A right to make informed choices, whilst recognising the rights of others to do the same. To know about the range of choices and get help to fully understand the options and choose the one that is right for the individual.
Safety	A right to feel safe and secure in all aspects of life but not to be over protected. To be free from exploitation and abuse.
Fulfilment	A right to live an independent life, rich in purpose and meaning and personal fulfilment. To have the opportunity to achieve all that can be achieved. To make full use of the resources that are available to make the most of life.
Equality and diversity	A right to be valued for ethnic background, language and culture; to be able to express sexuality and have that respected. To be free from bullying, harassment and discrimination and to be able to complain without fear of victimisation.

1.0 Making Informed Decisions About Accessing a Service

Outcome – A prospective service user has all the information needed to help make an informed decision about whether or not to use the services.

1.1 The provider must have in place a Statement of Purpose which describes the overall aims, objectives and philosophy of the services it provides. The information must be updated regularly to ensure accuracy and be in an accessible format and language that service users can understand.

1.2 A service user guide or handbook in a variety of formats including easy read must be available which contains information about the provider's service and:

- A summary of the statement of purpose.
- The location and description of the services.
- The types of activities and services provided.
- The fees or charges payable and required payment method for services, facilities or activities.
- Any transport provided and associated cost.
- The general terms of attendance and any trial period and its review timescale. This can include notice periods for holidays and absences.
- The service user's rights and responsibilities whilst using the services and the consequences of not complying with the same.
- How to apply for a placement / referral process.

1.3 The provider must offer simple and clear pricing information for service users to avoid a hidden cost scenario and specify outline if transport is included or offered and whether this is included in the price or may be provided but at additional cost.

1.4 The service user must be able to visit the service or attend a 'taster day' prior to them, or their named representative, signing a contract between the service user and the provider.

1.5 The provider has an obligation to ensure the information regarding their services on their website is up to date and correct at all times.

2.0 Assessment of Need

Outcome – Each service user must have an assessment of their needs and a person centred plan with regard to the service provided.

2.1 The provider must undertake an assessment of each service user prior to offering a place to ensure their needs can be met. The service user, their family and other professionals (as appropriate) must be involved in the assessment process

2.2 The assessment must be developed and co-produced with the service user (wherever possible) or their representative to create the person centred plan. This plan must reflect the individual's Care and Support Plan completed by the Authority.

2.3 Each provider must have in place a person centred plan for every service user which is reviewed and updated every six months, or earlier if their needs or circumstances change.

2.4 The service user must be involved in creating their plan. Where they choose not to be involved, or are unable to, this must be recorded and family or other professionals must be involved and the plan should clearly state who has been involved in its creation.

2.5 The person centred plan must identify all areas of support to be met by the provider and how this is to be achieved. It must include information and decisions about:

- What they prefer to be called
- Any specialist equipment required
- Dietary, nutritional or food preferences, eating and drinking plans
- Medication
- Personal care requirements
- Cultural needs
- Any communication needs and how these will be met
- Who should be involved in the plan reviews
- Any risk assessments including those around mobility, behaviour and health conditions.

3.0 Contract/Agreement

Outcome – Each service user must have a contract/agreement detailing the services to be provided.

3.1 Each service user must be provided with an individual written contract/agreement between the person and the provider which sets out:

- The services and facilities provided.
- The start date and the sessions/days of attendance.
- Transport arrangements (where applicable).
- Any fees or charges payable and the arrangements for paying these.
- The arrangement for reviewing the contract/agreement.
- The period of notice required to terminate the contract/agreement including clear communication and exit plan.

3.2 The contract/agreement must be presented in a format and language suitable for the service user and should be signed and dated by them and the manager of the service. Where the service user is unable or chooses not to sign this must be recorded and where appropriate signed by anyone legally acting on their behalf.

3.3 The contract/agreement must be in place prior to the service user starting the services.

3.4 The service user must be given at least 28 days' written notice of all changes to the contract/agreement including where there is to be a change and these must be agreed in writing by the service user or their chosen representative. The service user must be given the option to cancel their contract/agreement if they do not agree to the changes within this time period without penalty. Any large scale change such as reducing or increasing hours or days of attendance must be communicated to the Local Authority social care team.

3.5 The service user must be given at least 28 days' advance notice of any increase or variation in the fees or charges. The service user must be given the option to cancel their contract/agreement if they do not agree to the changes within this time period.

3.6 The provider should alert the Local Authority if a service user fails to attend for more than 1 month and no communication has been made with them.

4.0 Activities

Outcome – The provider must have a structured programme of varied activities and events related to its statement of purpose.

- 4.1 The programme must provide opportunities for both group and individual activities. It must be flexible and allow for service user choice.
- 4.2 The types of activities offered must be diverse, varied, engaging, purposeful, enjoyable, age and culturally appropriate and promote well-being. All activities must be resourced appropriately.
- 4.3 All activities whether in-house, day trips or community based must be provided in an appropriate setting and facilitate community inclusion. The duration of the activities must take account of the needs and abilities of the service users participating.
- 4.4 Service users must be enabled to participate in the activities of their choice by the provision of equipment, aids and support from staff or others.
- 4.5 The programme of activities must be displayed in a suitable format and in an appropriate location so that service users know what is scheduled. This must be displayed at least a week in advance.
- 4.6 Service users should have access to food, snacks and refreshments as part of the daily programme (paid for separately by the service user), as for some this may be their main meal of the day.

5.0 Environment & Transport

Outcome – The environment and transport must be safe, well maintained and sustainable to meet the needs of the service users.

5.1 The provider's premises must be kept clean and well maintained. The service should be welcoming in character, in a suitable state of repair and decoration and the facility must be spacious yet secure to allow service users to walk around in safety.

5.2 The building and its fittings must help maintain and increase independence. Furniture, fittings, signage and any equipment or mobility aids in areas accessed by service users must be positioned to take into account the mobility and overall needs of the service users including those with sensory impairments.

5.3 The provider's premises must have a written Fire Risk Assessment that is compliant with Fire Safety guidance and instructions. Records must confirm that weekly alarm tests, monthly firefighting equipment (including emergency lighting) checks, and bi-annual fire drills are carried out.

5.4 The provider must have the appropriate Public, Employer and Professional Liability Insurance and the certificates must be prominently displayed.

5.5 Catering areas must comply with Food Safety legislation at all times and staff handling food must be suitably trained. Catering must be registered with the Department of Environment, Food and Agriculture (DEFA) as a food business.

5.6 The provider's premises must have separate toilets for ambulant males and females and at least one wheelchair accessible unisex toilet (where appropriate). These facilities must be clearly marked and have suitable hand washing and drying facilities to meet infection control guidance. They must be lockable and where appropriate have an override option.

5.7 Vehicles used as part of the services must be maintained and regularly checked. All of the provider's staff that drive vehicles must have their driving licences checked and details recorded on a regular basis (minimum annually). Appropriate insurances and carriage licences must be in place.

5.8 There must be adequate facilities for the provider's staff and service users to store their items including lockable storage facilities.

6.0 Provider Responsibilities

Outcome – Good quality support and care must be provided by the provider whose professional training, qualifications and expertise enables them to meet the service users' needs.

6.1 The provider will adopt safer recruitment practices and have adequate staffing levels to support the needs of the people in their care at all times. Providers need to display their average staffing levels on the website and within the premises. Provider staffing levels must be determined by the following factors, including: -

- The number and level of dependency of service users.
- Whether service users require moving and physical assistance support.
- Whether service users require special assistance due to behaviour/functional ability.
- How the layout and design of the building facilitates staff support service users.
- Hours allocated for social, recreational and cultural activities.

6.2 Staff providing support and care must have the knowledge and skills to care for service users attending. All new staff must be supported to develop the essential knowledge and skills as part of a planned training programme. Performance should be monitored regularly through supervisions and recorded/evaluated as part of an annual appraisal.

6.3 Volunteers must be familiar with the provider's policies and procedures and receive all relevant training to help them support the services provided. They must also be DBS checked.

6.4 Duty rotas must demonstrate that there are sufficient numbers of staff in various roles to meet service users' care and support needs and these take into consideration the layout of the building, activities being undertaken and any risks identified.

6.5 Staff must be fully conversant with the provider's fire policies and procedures and ensure that people using the service know what to do in the event of fire. Notices and signs must be clearly sited and are legible. Staff must be trained in fire safety as soon after their appointment as is reasonably practicable and within three months.

6.6 The manager must take an active approach to managing risk which results in safe systems of work, safe practice, safe premises and an awareness of danger, liability and responsibility; but not so risk averse as to have a detrimental impact on organisational development and more seriously, the outcomes for people accessing support. These areas should be discussed with each service user in relation to their plan and risk assessments must be recorded and reviewed regularly.

6.7 If medicines are being administered by the staff, those responsible for administration must be knowledgeable and trained to do so. Staff must be fully aware of the medication policy. They must also be aware of the provider's systems for the giving of medication and recording of medication, errors and missed medication. Staff must know how to store and administer medication safely and in the way that suits the service user best. A lockable storage facility must be available.

7.0 – Safeguarding

Outcome – Service users must be safeguarded from abuse.

7.1 Written procedures for safeguarding vulnerable adults must be in accordance with adult safeguarding guidelines and section 42 of The Care Act 2014.

7.2 Procedures must detail safeguarding arrangements within the service and identify named and appropriately trained members of staff with whom concerns should be discussed.

7.3 The procedures for safeguarding vulnerable adults must be included in the induction programme for staff. The training must include as a minimum:

- Types of abuse.
- Signs and symptoms of abuse.
- Recognising abuse.
- How to report abuse.
- Knowledge of company policies and procedures.
- Awareness of local multi – agency policy and procedure.

All staff must attend appropriate safeguarding training and undertake a refresher every 2 years.

7.4 A written record must be kept of all safeguarding concerns and this must include details of the investigation, the outcome and action taken by the day time supports setting. Providers must comply with PIPOT guidance and refer someone to the DBS if they are:

- Dismissed because they harmed a vulnerable service user.
- Dismissed or removed from working in a regulated activity because they may have harmed a vulnerable service user otherwise.
- Planning to dismiss them for either of these reasons, but the service user resigned first.

7.5 A daily attendance register must be maintained which includes the arrival and departure time of service users and the provider's staff.

8.0 – Complaints & Compliments

Outcome – All complaints must be treated seriously and responded to promptly and effectively.

8.1 The provider must operate a complaints procedure which meets the requirements of their complaints policy.

8.2 The complaints procedure must include a step by step guide to making a complaint and the timescales involved. The procedure must also include information of independent advocacy service.

8.3 A copy of the Complaints Policy and Procedure must be provided to services users and be displayed within the service (where appropriate in accessible format).

8.4 Written records of complaints must be kept and these must contain details of all communications with the complainant, the results of any investigations, outcomes, learning and any action taken.

8.5 Written records of compliments and comments must be kept and a record kept of any action taken in response i.e.: 'You Said, we did' etc.

9.0 – Policies & Procedures

Outcome – The provider must have policies and procedures in place which ensure the quality of care and services.

9.1 There must be policies and procedures in place which cover all requirements that apply to the type of service being provided.

9.2 The policies and procedures listed **as a minimum** must be in place to ensure the service is run safely and in accordance with legislation and good practice:

- Business Continuity Plan
- Complaints Policy
- Continence Care Policy
- COSHH Risk Assessment
- Evacuation Plan
- Fire Risk Assessment
- GDPR
- Health & Safety Policy
- Induction & Training Guide
- Manual Handling Risk Assessment
- Medication – Administration & Storage Guide
- Restraint Policy
- Safeguarding Policy
- Service User Guide
- Statement of Purpose
- Visitor Policy
- Whistle Blowing Policy

9.3 All policies and procedures must be reviewed regularly and the review date must be clearly recorded.

9.4 All policies and procedures must be available to service user's and the provider's staff.

9.5 Where requested by an appropriate officer of the Local Authority, the provider will make available any and all records requested relating to service users funded by the authority.

10.0 – Quality, Outcomes & Improvement

Outcome – The provider must have systems in place to assess the quality of the service and make provision for improvement and development.

10.1 The provider must have formal quality assurance systems in place and must use a range of tools to measure the quality of the service provided. This must include:

- The number and type of complaints received and any learning from these.
- Comments and compliments about the service from a range of stakeholders.
- Accident and incident reports.
- Observations of those who use the service
- Views of staff and volunteers working at the service.

10.2 The provider will actively encourage feedback from service users and their family/carers about the quality of the service each month. The outcomes of the feedback should be displayed and positive action taken.

10.3 The provider will have an annual review (this could be on site or a desktop review) with the Local Authority which will include a review of service against quality standards

10.4 The provider must have in place systems to check and monitor staff activity to ensure compliance with the terms and conditions of their employment and the services policy and procedural requirements.

10.5 All records and documents must be maintained in good order, be legible, kept up to date and stored securely in line with Data Protection Legislation.

Glossary of Terms

Disclosure and Barring Service (DBS)	A DBS replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) check. A DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including adults.
Person Centred Plan	Also known as: Care Plan, Plan of Care or Support Plan. Is the document that contains the service user's details and instructs the reader of the plan about how to deliver services that are tailored to that service user's needs. The provider is responsible for completing the plan in conjunction with the individual or their representative.
Physical Intervention	This is a broad term that is used when it is necessary to intervene i.e.: to stop people from harming themselves or others.
Person in a Position of Trust (PIPOT)	The Person in a Position of Trust policy and procedures provides a process for investigating allegations that a person in a position of trust has abused their position and how information will be shared.
Risk Assessments	Written documents that form part of the provider's safety strategies. They can be service user specific, environmental or generic. Risks are identified and plans set in place to minimise those risks.
Safeguarding	Sometimes called Adult Protection makes provision for and maps out the obligations and responsibilities on the provider and the provider's staff at the service to keep people safe and follow agreed procedures where abuse is suspected or alleged.

Appendix 1



Day Service Quality Standards Provider Document Submission (Annually)

Provider Information

Registered Provider	
Registered Address	
Telephone Number	
Completed By	

Documentation

Please send copies of all documents listed below to the Local Authority:

Document	Date of Creation	Planned Review Date
Business Continuity Plan		
Complaints Policy		
Continence Care Policy		
COSHH Risk Assessment		
Evacuation Plan		
Fire Risk Assessment		
Health & Safety Policy		
Induction & Training Guide		
Manual Handling Risk Assessment		
Medication – Administration & Storage Guide		
Organisational Structure Chart		
Property Risk Assessment		
Restraint Policy		
Safeguarding Policy		
Service User Guide		
Statement of Purpose		
Visitor Policy		
Whistle Blowing Policy		

MINIMUM QUALITY STANDARDS

Health & Safety Inspections

Please provide dates for the below to the Local Authority:

Inspection	Date	Inspection	Date
Gas Safety Certificate		Electrical Installation Certificate	
PAT Testing		Hoist Maintenance	
Fire Extinguishers		Environmental Health	

Summary Information

Summary figures for each Month for the last Six Months:

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Accidents						
Complaints						
Whistle Blowing						
Restraint Used						
Safeguarding Alerts						
DoLs/Court of Protection Applications						

Staff Information

Please complete for each member of staff currently employed:

Name	Job Title	Hours per Week	DBS/CRB Date	DBS/CRB Number

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Staff Qualifications

Please complete for each member of staff currently employed:

Name	RMA	NVO4	NVO3	NVO2	Care Certificate	Other

Further Information on Policies & Guidelines

Please complete the below table (you do not need to send related documentation):

Document	Date of Creation	Planned Review Date
Dealing with referrals, eligibility criteria, prioritising needs		
Dealing with new Service Users		
Equalities and diversity		
First Aid Guidance		
Food preparation and general kitchen hygiene, when appropriate.		
Lone working for staff		
Liaison with partnership agencies guidance.		
Risk assessment and management		

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Risk identification and minimisation procedural guidance		
Person Centred Planning guidance (including a commitment to co-production and review structure).		
Personal and intimate care practice guidelines.		
Physical interventions (challenging behaviour).		
Protection of Service Users' finances and property		
Quality assurance systems and guidance, including self-audit information.		
Recording/Data Protection and case files policy.		
Service User and Stakeholder Involvement Policy		
Service User involvement		
Service Users needs and risk assessment		
Sexuality guidance/education and staff support guidance, when appropriate.		
Staff Code of Conduct, poor staff performance		
Staff recruitment, induction, training, supervision, grievance and disciplinary matters		
Support planning		
Team meetings framework.		
Transport Services including the role of escorts, etc.		
Use of information technology guidelines (Including use of the internet Customers'/ staff).		

On Behalf of the Provider

Name:

Signature:

Position:

Date: