Provider information return (PIR): information for adult social care services

We need you to send us information about your service every year, including any changes that you have made and how you ensure that your service is safe, effective, caring, responsive and well-led.

The PIR helps us collect this information and is required by law under Regulation 17(3) of the Health and Social Care Act 2008.

The details you provide might also be used in national reports shared with important groups like Skills for Care and the Department of Health and Social Care.

PIR procedure:

1. Registered managers receive an email that includes a link to the PIR form to enable them to complete it. A 4-week deadline is given for submission. This happens once per calendar year. We will primarily use the anniversary month of your location's first initial site visit date. However, we might need to send the invite in a different month.

2. Nominated individuals are notified about the PIR request that has been sent to the registered manager, but they don't receive a separate PIR link unless they also serve as the registered manager.

3. PIR is to be completed by the registered manager with the latest information.

4. Following submission, a summary of the responses is displayed with an option to print, an email copy is then also sent to the email address recorded in the PIR. Do not forward any printed or email copies to CQC.

5. Once the PIR has been reviewed, CQC may reach out to ask further questions regarding clarification of the submitted responses or to gather additional details.

The PIR link sent to you within the email is unique to your organisation and is not to be shared. It will be pre-populated with your location name and ID, address, registration date, provider name and ID and your organisation type. If any of this information is incorrect, contact us for help.

Changes to registered manager's details

If the registered manager's contact information is incorrect, the nominated individual will receive a link in their email to enable them to provide alternative details.   Any updates will need to be provided within one week, this will ensure the registered manager has adequate time to complete the PIR. We will not send any invites to an alternative email address after this period. Also, please remember to fill out the official online statutory notification form to inform us about the changes to the manager's details as the link provided in the email is only for PIR purposes.

Guidance on completing the PIR

For more information and help completing the PIR form, see the PIR question guidance by service section.

Contact us

Any queries or comments you have regarding the PIR process are managed through our customer service centre.

You can contact them on **03000 616161** or email ASCinspections@cqc.org.uk.

Please ensure that all correspondence relating to the PIR includes the Location ID listed at the top of this letter. This will help us resolve your query more efficiently.

Common PIR queries

This section provides answers to the common queries we receive about the PIR form and its completion process.

Receiving the PIR: Questions

We did not receive a PIR to complete before our recent inspection, will this have a negative effect on our inspection and ratings?

We use the information we receive in the PIR to monitor services. It is not a pre-inspection document. Judgements about the overall quality and ratings of services are not based on the PIR, but on information gathered over the whole inspection process.

If providers were unable to submit a PIR shortly before inspection, we suggest that registered managers or equivalents familiarise themselves with How we monitor, inspect, and regulate adult social care services, along with our 5 key questions and quality statements. Reading these will provide a fuller understanding of what we are looking for and help support the narrative a service may wish to share when we inspect.

My inspector says that I have not returned a PIR, but we did not receive a request email. What should I do?

First check that the email has not been blocked, then check your mail's spam filter and/or 'junk' folder. If you still cannot find the email, contact: ASCinspections@cqc.org.uk including your location name and id.

You also may not have received the PIR request if the address or contact details that we hold for you are incorrect or out of date. Registered providers must notify us if there have been changes to:

- their registration details

- email address for service of document.

To enable us to update these you need to submit Changes to registered details: provider's name and address – notification form.

We very recently completed a PIR but we are now under new ownership. Do we still need to complete a new PIR?

Yes. New PIRs are required where ownership of the service is taken over by a new provider. For example, a new company set up to do so. Existing PIRs submitted by the previous provider can no longer be accepted.

In exceptional circumstances, we may be able to accept an existing PIR. Only if there are extenuating circumstances to show why you cannot submit a new PIR. For example, where there is a transfer of legal ownership but there are no changes to the:

- service

- service provision

- policies and procedures

- registered manager

- staff.

A PIR request has been sent but we are currently completing a new 'Registered Manager' application with CQC. Do we lose the email request?

When we send a PIR request, a notification email is also sent to the Nominated Individual. It contains a link to enable them to update the Registered Manager's contact details and resend the PIR request to the correct email address.

I am the Nominated Individual for a service. I have received a letter about the PIR, but I am unable to find the link to complete it.

The letter sent to the Nominated Individual is for information only. It is the Registered Manager who receives the PIR form to complete. In some cases, the Nominated Individual and the Registered Manager are the same.

However, the Nominated Individual is sent a link which enables them to update the Registered Manager details if they are no longer correct. The link provided in the email is only a temporary solution. You **still** need to submit a Changes to registered details: provider's name and address – notification form. This to permanently update the contact details.

Why have we received more than one type of PIR request?

If you are registered as a dual service location, you will receive a PIR request for each service type that you offer that will need to be completed. The following service types are:

- Residential

- Community

- Shared Lives

- Specialist Colleges

Completing the PIR

I would like someone other than a Registered Manager to complete the form. Can you send them the link?

PIR requests can only be sent to someone who is registered with CQC in a regulatory role to provide regulated activities at the location. However, if we receive a request from the Nominated Individual to resend the PIR to an alternative contact, we can then forward the request to that person.

Can a paper version of the PIR be requested or submitted?

No, unfortunately we are unable to provide a paper version of the PIR to complete, it is an online form. This is to enable us to efficiently store, analyse and report on the data that is returned by providers. The only exceptional circumstances are:

- your service does not have internet access. For example, there is no broadband coverage in the area. Contact CQC and we ask you to arrange your own transcribing.

- you need [reasonable adjustments](#) under the Equality Act.

We are having technical problems accessing the PIR. What should we do?

Make sure you are accessing the link provided in the Registered Manager's email, not the Nominated Individual's. If you still need help please email ASCinspections@cqc.org.uk including your location name and id.

The information on the webforms sent out is incorrect. For example, location ID. Why?

This information was checked before sending out requests to complete PIRs. It should be correct. Email ASCinspections@cqc.org.uk and we will investigate.

Can we share the PIR across our services to submit it quickly?

A registered person will **always** need to fill in the PIR. Also, you must not share the link to the form, if multiple people are drafting answers to questions this can cause information to be overridden and on some occasions, lost.

I want to answer the questions out of sequence. Why won't it let me?

You must answer all mandatory questions on each page **before** the form will allow you to move on to the next. The PIR question guidance will help you gather relevant information you need before completing the PIR.

I'm completing a free text box but wish to send more than 500 words. How do I do this?

We are looking for a snapshot of the service so we limit the text to 500 words to ensure we only receive concise answers. The inspector will follow up with you if they require more information than what has been provided.

Deadline and submission of the form

The PIR will be sent to us in the anniversary month of our first site visit. How do we find out when this was?

Go to find and compare services on the CQC site and then search for your organisation. Under your organisation click on 'all inspection reports and timeline' link and then scroll down to find the earliest report. Open the report and on the summary page it will tell you the date when we first inspected the site. For certain older services, when scrolling to the bottom, you may encounter "Reports under our old system." Disregard any reports listed under this heading when determining the initial site visit date

If you provide multiple services and would like dates for all your services, send a request to ASCinspections@cqc.org.uk.

This information can only be given to active contacts in a regulatory role.

We would like a copy of the PIR as we haven't had a receipt following our PIR submission.

You can contact us and we will check the online system to see if the form has been submitted. But first make sure you didn't received a copy because you:

- haven't pressed the 'submit' button, although it is complete and saved, it would not have been officially submitted

- you were not the email contact who was sent the original PIR request. PIR receipts are always sent there, so you will need to check this.

If you are still unable to locate it. we can send a PDF of the PIR to locations where the receipt has been misdirected. This needs to be on a case-by-case basis.

Can I have a time extension to complete my form?

All extension requests are at the inspector's discretion. You will need to contact the inspector directly and copy us in on ASCinspections@cqc.org.uk, as we need to know if an extension is granted.

Can I print my PIR, so I have a copy?

The final summary page displays all entries made within the form. This allows you to print your responses before submitting or reviewing them. When you submit the form you will receive a confirmation email. The email includes all your entries.

We've had a copy of the submission, should we send you a copy?

No. When you submit the PIR the information is automatically sent to our online system.

Troubleshooting the PIR form

In this section, we address issues users have encountered during the completion of the PIR form.

Accessing the PIR

Security settings:

Ensure your security settings are not set too high when trying to access the link.

Browser compatibility:

Use the most up-to-date browser; Google Chrome, Microsoft Edge or Mozilla Firefox are recommended.

PIR form link:

Access the form through the link provided in the letter sent to the registered manager, not the nominated individual.

PIR Invitation email not received:

Check spam/junk folders for the invitation email. Contact us if the email cannot be found.

If you've changed your email address, complete the statutory notification form to update your contact details.

On screen difficulties

Please make sure:

- answer boxes are not missing a response or the page could freeze, save your form and return later. There could be server issues, so consider revisiting the next day

- only the 'back' or 'next' buttons within the PIR form are used; do not use the browser's back button

- the browser cache is cleared

- only one person is accessing the PIR

- special characters, such as apostrophes, pound signs, bullet points, hyphens, quotation marks, dashes, and multiple dots, are avoided.

- if reviewing answers, avoid leaving empty responses; otherwise, the form will take you back to that page upon resuming, potentially requiring the form to be resent.

No submit button:

Make sure you have scrolled down to the bottom of the page and all along to the edge of the page to check for the 'submit' button.

No summary screen or confirmation email

- Check if the correct email address is entered in the PIR.

- Ensure the form is submitted; check junk/spam folders for the confirmation email.

- If it has been submitted correctly, contact us if you still need a copy of the submitted form.

Contact us

If these suggestions do not solve your problems, email ASCinspections@cqc.org.uk

Confirm you have followed the guidance above and provide the following information:

- location name and ID

- username - you'll find this at the top of your PIR invitation letter

- the time the issue happened

- the page number or box that is missing

- how long you have had the issue

- name of internet browser you are using

- screenshots of any error messages you are getting.

Tips on how to complete the PIR

Scope of the PIR form:

All questions on the PIR form relate to:

- the service you provide for people receiving regulated activities, such as personal care

- staff and other people delivering regulated activities.

Do not include any information about people and staff who do not receive or deliver regulated activities. Regulated activities are those listed in Regulation 17(3) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 for which you are registered. Find out more about regulated activities.

Accessing and viewing the form:

- To complete the PIR, click on the hyperlink emailed to you. Ensure internet connectivity throughout the process.

- It's recommended to use Mozilla Firefox, Google Chrome or Microsoft Edge for optimal performance.

- Avoid opening the form on multiple computers simultaneously to prevent data loss.

- You can save the form and return to it later. We'll email you a unique link for you to use when returning to your form.

Answering the questions:

- Questions must be answered in the correct order to avoid missing mandatory responses.

- Ensure your answers are concise and clear, providing anonymized examples of evidence to support each free text response.

- Use 'N/A' for text fields or '0' for numeric fields where 'not applicable'.

- Some of your answers are limited to 500 words, if we need more information your inspector will contact you

- Mandatory questions are marked with a *. Failure to complete them will prevent form submission.

- Telephone numbers should be entered without spaces or special characters.

- Email addresses must be in the correct format.

- Free text answers should not contain hyphens or other special characters.

- Data section questions require simple responses such as numbers, dates, or yes/no answers.

- Only use the survey's 'back' button instead of your browser's to avoid losing answers.

- Use the scroll bar to verify any additional mandatory questions on the right side of the screen.

- Do not include attachments with the PIR; further information will be requested if necessary.

- Exiting the form saves changes automatically, allowing you to resume later.

Submission and confirmation:

- If sharing the form with colleagues, ensure only one return is submitted to avoid duplication.

- Upon clicking 'Submit,' a confirmation message will appear, and you'll receive an email with a unique reference number.

- Check your spam or junk mail folder if you didn't receive the confirmation email.

After submission:

- Expect an email summarising your PIR responses; if absent, contact ASCinspections@cqc.org.uk.

- Complete and submit the PIR before your deadline date to avoid losing any entered information.

- Once you have completed and returned your PIR, we may contact you to ask additional questions to clarify your answers or to provide further detail.

If you have read all of the PIR questions guidance and still have further queries about filling in or submitting the PIR, contact ASCinspections@cqc.org.uk.

PIR question guidance by service

You will need to complete a different PIR form for each type of service that you provide. To help you do this, we've included useful information explaining what details we need from each of your responses using the links below.

PIR question guidance by service:

- [ASC residential](#)

- [ASC community](#)

- [ASC Shared Lives](#)

- [ASC specialist college](#)

If you are having problems with the form when trying to complete the PIR, view the [troubleshooting](#) section for help and for further guidance use our [tips on how to complete the PIR](#).

PIR question guidance: ASC residential

These are the questions we ask of adult social care residential services in the PIR.

Download and print

We have provided additional information to help guide your answers. There are also links to our five key questions and their corresponding quality statements, which are related to each PIR question. Reading these will give you a better understanding of our expectations and assist with focusing your responses.

We're currently addressing an issue where information inputted in the PIR forms occasionally fails to save properly upon exiting the form. While we work on resolving this issue, we advise you to draft your responses in a separate document and then copy and paste them into the form.

1. Successes and barriers to good care

1.1 Describe what is going well and the impact this is having on people using your service.

Text (500 word limit)

- Use our good and outstanding ratings as guide to help you identify relevant items

- Tell us what has worked well and about the impact this has had on people using your services. You can include feedback from people who use the service or how monitoring has shown positive effects or results.

- Look at [how we monitor, inspect and regulate adult social care services](#) for more ideas about what you could put in your answer.

- Do include examples of how you're being innovative in your practice, but be sure not to include any names, or personal details.

1.2 Describe the barriers that you are facing that make it difficult to provide good quality care to people using your service.

Text (500 word limit)

- Barriers to good care may be things outside your control, but you should still tell us about them.

- Explain what effect any barriers have had, or are having on the people using your service.

- Explain the problems you know about, what action you're taking, or plan to in order to deal with them.

2. People who use your service

2.1 How many people are currently receiving support with regulated activities as defined by the Health and Social Care Act from your service?

- Tell us the number of people currently using your service as of the completion date of the PIR.

- Find out what is meant by [regulated activities](#).

- Because of the operational and statistical value these answers often have, we share responses with the [Department for Health and Social Care](#) (DHSC)

2.2 Upon how many people have you served notice to leave your service in the past 12 months solely due to a change in their care needs?

Number:

We want to know the number of service users who have been asked to leave because their needs changed and you can no longer support them; this doesn't include staff.

2.3 Upon how many people have you served notice to leave your service in the past 12 months for any other reason?

Number:

Tell us only about people who use or have used the service, not staff.

2.3a What were those other reasons?

Text (500-word limit)

Apart from a change in care needs, what were your reasons for asking people who used your service to leave in the past 12 months?

People who use your service: Care needs and preferences

2.4 How many people with the following dependencies do you currently support?

Numbers:

Select those that apply to the people using your service. One person can be counted under more than one dependency in the list here.

- Dementia
- People detained under the Mental Health Act

- Mental health needs

- Drug or alcohol misuse

- Eating disorders

- Sensory impairments

- Learning disabilities or autistic spectrum disorder

- Physical disabilities

2.5 How many people who use your service are in each of the following age categories:

Numbers:

Give the number of people in each age category. Your responses for all categories should add up to the total number of people who use your service.

- 0 to 17 years

- 18 to 24 years

- 25 to 64 years

- 65 to 74 years

- 75 to 84 years

- 85 to 94 years

- 95 years and over

2.6 How many people are currently nursed or cared for in bed?

Number:

This applies to those who are in their bed all of the time. It helps us understand the specific dependencies of those currently needing support to prevent pressure sores and infection.

2.7 Do people who use your service have any specific communication needs or preferences?

Options: Yes/ No

For example, people who use British Sign Language (BSL) or need information in large print, braille or another language.

2.7a How have you met these needs?

Text (500-word limit)

We want to know:

- how you identify and record communication needs
- if you seek accessible ways to communicate with people
- how you meet these needs of the individual.

For example, you may be communicating using symbols and pictures that you have developed for service users with learning disabilities.

2.8 How many people who use your service are non-verbal?

Number:

Tell us the number of people using your service that are unable to use speech to communicate.

2.9 How many of the people who use your service are assessed to be at risk of malnutrition or dehydration?

Number:

Tell us how many people are at risk of malnutrition or dehydration. You'll know this through the assessment processes you use to identify when a person is at risk.

People who use your service: Restrictions and restraints

2.10 How many people have restraints or restrictions in their care plans?

Number:

This is where we ask about people using your service who may have their freedoms, rights or choices restricted:

- the Mental Capacity Act 2005 explains where a restraint can be used legally. The restraint must be necessary to prevent harm to a person that lacks capacity or to prevent that person causing harm to others. It must also be proportionate in its use to prevent that harm.

- under the Human Rights Act 1998 restraint which amounts to inhuman or degrading treatment is unlawful in all circumstances, for example, using excessive force.

Further information about reducing restraint, and human rights (PDF).

Any act that restricts an individual's movement, liberty and/or freedom to act independently, that intends to take immediate control of a dangerous situation where there is a real possibility of harm to the person, is restriction. Restriction should end, or significantly reduce the danger to the person or others. Restriction should not limit the person's freedom for any longer than is necessary.

Restraint is the use of force, or the threat of force, to restrict freedom of movement, whether a person is resisting or not. There are 3 main types:

Physical restraint: This is any direct physical contact intended to prevent, restrict, or subdue movement of the body, or part of the body of another person. This would include restraint by police officers if it were to occur in a care home.

Prone restraint: This is physical restraint that involves holding a person's chest down.

Chemical restraint: This is when medicines that calm or lightly sedate are used to reduce the risk of harm and control extreme agitation and aggression.

Mechanical restraint: This is the use of a device, such as a safe suit, arm splints or a strap to prevent, restrict or subdue a person's bodily movement. Wheelchair lap-belts and bedrails are forms of mechanical restraint. For [legislation](#) and guidance relating to restraint and restrictions, go to the [Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13(4)(b)](#).

2.11 How many incidents of restraint have you recorded in the past 12 months?

Number:

In your response to this question you should count incidents of restraint, but not restriction.

You should include restraints triggered by the actions of the person at the time. For example, if they are used when the person is distressed or might cause harm to themselves or others. Do not include routine and regular use of mechanical restraint used to prevent people from having accidents, such as falling out of bed or a moving wheelchair.

2.12 Are there any restrictions or special arrangements for friends or relatives visiting?

Options: Yes/ No

2.12a What are these?

Text (500-word limit)

Give clear reasoning for any arrangements over the past 12 months.

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

2.13 How do you make sure you meet the Accessible Information Standard?

Text (500-word limit)

Accessible Information Standard (AIS) covers the needs of people who are blind, d/Deaf, deafblind or who have a learning disability. It also includes anyone with information or communication needs relating to a disability or sensory loss that affects their ability to communicate. For example people who have aphasia, autism or a mental health condition.

Provide examples of how you have met the Accessible Information Standard by identifying, recording, sharing, and meeting the information and communication needs of people who use services, carers/staff and relatives whose needs relate to a disability, impairment or sensory loss.

Include any procedures you have implemented that help you meet it, and that have helped your staff understand it.

2.14 State what specific work you have carried out in the past 12 months to ensure or improve care quality for people with the following protected equality characteristics:

Checkboxes

- Age

- Disability

- Gender

- Gender reassignment

- Race

- Religion or belief

- Sexual orientation

- None of the above

Tick the relevant box(es) if you have carried out any work in relation to recruitment, staff training, environmental adaptations, care plan amendments or operational changes that promote equality, diversity and human rights. You can select any or all that apply, or choose 'None of the above'.

2.15 What specific work have you undertaken in the past 12 months to ensure your service meets the needs of people with protected equality characteristics - and what impact has this had?

Text (500-word limit)

Protected equality characteristics are Age, Disability, Gender, Gender Reassignment, Race, Religion or Belief and Sexual Orientation.

If you can, give examples for each of the different protected equality characteristics and say what impact this has had on their personalised care. This is about people who use your services only, it's not about staff.

2.16 What have you done in the past 12 months to ensure equality and inclusion for your workforce - and what impact has this had?

Text (500-word limit)

This is about your staff only.

2.17 How do you ensure your staffing is sufficient in numbers and quality to meet all the needs of those you care for?

Text (500-word limit)

Take into consideration all the protected equality characteristics and preferences of those that you care for. These may be in the care plan, but go beyond dependency assessments. Also say what methods you use for estimating staffing levels.

2.18 What practical examples can you give about how you and your workforce implement and apply the principles of fairness, respect, equality, dignity and autonomy in your service and the impact this has had?

Text (500-word limit)

Show how the [principles of human rights](#) are used in your service and staffing. For example, you might have used the FREDA (Fairness, Respect, Equality, Dignity and Autonomy) principles and also have included these in your workforce policies.

People who use your service: Funding

2.19 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?

Number:

Include in your number those who pay user charges towards local authority funded care; those who pay using a local authority personal budget, or those who have someone paying a 3rd-party top-up on their behalf.

2.20 How many other people use your service?

Number:

This should include self-or charity-funded users and include those receiving NHS Funded Nursing Care, and also those paying the full cost through their local authority.

Your responses to 2.19 and 2.20 should add up to the total number of people using your service.

3. Services you provide

Video monitoring cameras

3.1 Have you used video monitoring cameras at your location in the past 12 months?

Options: Yes / No

3.1a How have you used them?

Text (500-word limit)

If you're using video cameras, tell us why. You can also take this opportunity to explain how they've been useful and say what you store or save for future us and how you have used any images obtained from them.

4. Staff

Staff: Numbers

4.1 How many people are directly employed and deliver regulated activities at your service as part of their daily duties?

This should include the following types of workers:

- permanent employees

- temporary employees

- pool

- agency

- students

- voluntary

- 'other' (who provide regulated activities).

Include staff on zero-hour contracts.

Don't include people who do things we don't regulate, like cooking or cleaning.

Don't include vacancies.

With your consent, we'll share your response to this question with Skills for Care who use such information to improve adult social care workforce estimates.

4.2 How many staff have left your service in the past 12 months?

Number:

With your consent, we'll share your response to this question with Skills for Care who use such information to improve adult social care workforce estimates.

4.3 How many staff vacancies do you have?

Number:

This is about the vacancies you hold that are for those who provide care as part of a regulated activity and need to meet the demands of your current client roster.

With your consent we will share your response to this question with [Skills for Care](#). They will use the information to check and improve the adult social care workforce estimates

4.4 How many full-time equivalent posts do you employ?

Number:

You'll get the equivalent when you add all the working hours together and divide them by 35.

4.5 How many hours of care have agency staff provided in the past 28 days?

Number:

Weekly hours vary, so using 28 days gives us an idea of the average provision.

Staff: Training and qualifications

4.6 How many of your current staff have completed the Care Certificate?

Number:

This question focuses on staff and volunteers having effective and regular mentorship, support, induction, supervision, appraisal and training. You can view [the Care Certificate](#)'s 15 standards at [Skills for Health](#).

4.7 How many of your current staff have achieved a relevant Level 2 (or above) qualification?

Number:

Those with caring responsibilities often have a qualification such as an NVQ or a Diploma in Health and Social Care. You can submit that information here.

4.8 How many of your care staff have a named person that provides them with regular one-to-one supervision?

Number:

'Supervision' means when a member of your staff takes responsibility for providing guidance and support to a junior employee.

5. Commissioners and partnerships

Commissioners

Tell us which organisations receive, or 'commission', care from you.
These could be your local authority, or it could be safeguarding teams, clinical commissioning groups - or others. These fields are mandatory. Be sure to give the correct number as it relates to your service.

5.1 Select the number of commissioners

Tell us how many organisations you work in partnership with. This can include your local authority, safeguarding teams and clinical commissioning groups.

Commissioning organisation

Text:

You should include the details of organisations that commission care and support for people at your service. We may contact them to seek their views on your service. Organisations could include local authorities, NHS, and charities, and so on.

Number of people

Number:

We would also like you to tell us how many people each commissioner has asked you to support. This will help us understand the relative size of the organisations that commission services from you

5.1a Please give the name and number of people for all other organisations that are currently commissioning care from you, if any, in the box below

Text (500-word limit)

You will only need to enter information here if there are more than 10 organisations that place people with your service.

Partnerships

5.2 How do you work in partnership with other specialist services (for example, speech and language, dementia, tissue viability, nutrition and reablement services)?

Text (500-word limit)

If you can, give specific (anonymised) examples of the benefits you have had from partnership working.

6. Quality assurance and risk management

Quality assurance and risk management: Infection prevention and control

6.1 How do you minimise the risk of infection at your service?

Text (500-word limit)

This is about all types of infection, so include things that you have learned from the coronavirus (COVID-19) pandemic.

Quality assurance and risk management: Duty of candour

6.2 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?

Number:

This is to do with managers understanding the recommendations made by CQC, keeping up-to-date with changes and communicating these effectively to staff. For more information you can go to [Regulation 20 and the duty of candour](#).

Quality assurance and risk management: Medicines and controlled drugs

6.3 Do you administer medicines?

Options: Yes / No

Answer 'yes' if you administer drugs to people receiving regulated activities.
If you don't administer medicines, medicine-related questions will not appear.

6.3a Have you administered controlled drugs in the past 12 months?

Options: Yes / No

A 'controlled drug' is any medicine defined by the [Misuse of Drugs Act 1971](#).

6.3b Have you administered medicines covertly in the past 12 months?

Options: Yes / No

Medicines are being administered covertly if they are given disguised in food or drink. This practice can only be authorised if the person lacks the capacity to understand the consequences of not taking the medicine.

6.3c How many people have been given medicine as a form of restraint or to control behaviour in the past 12 months?

Number:

Chemical restraint is achieved using a medicine prescribed and administered for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness.

6.3d How many of the people who take prescribed medicine have not had a medication review with a GP or other suitable healthcare professional in the past 12 months?

Number:

A medication review is a structured, critical examination of a person's medicines by a healthcare professional and it should occur at least once a year.

6.3e Have you used enteral tube feeding to administer medicines in the past 12 months?
Options: Yes / No

'Enteral' feeding tubes provide access to the stomach or jejunum (small intestine) where there is an obstruction or difficulty in swallowing.

6.3f How many medicine-related errors have there been in the past 12 months?

Number:

Include the number of medicine errors that have occurred in the 12 months up to the date of this return. Count every single incident.

The following are examples from a non-exhaustive list:

- not recording when you have administered medicines, for example, not signing MAR charts

- not recording why doses have been missed

- using the wrong key code for non-administration

- signing for medicines you have not administered

- inaccurate or unclear records

- not enough information to administer medicines safely, for example instructions about taking medicines with or after food

- a dose has been missed

- too much or too little of the medicine was given

- the wrong medicine was given

- medicine was given to the wrong person

- medicine was administered in a manner that did not follow your medicines procedure or prescribing requirements.

6.3g How many of these medicine-related errors involved controlled drugs?

Number:

State the number of medicine errors occurring in the 12 months up to the date of this return. Include those that relate to ordering, storing, recording, prescribing, administering and destructing controlled drugs.

A 'controlled drug' is any medicine listed under the schedules defined by the Misuse of Drugs Act 1971.

Only answer this question if you have administered controlled drugs in the past 12 months.

Count every single incident. This is also partly about finding out how well you deal with matters when things go wrong.

Quality assurance and risk management: Complaints

6.4 In the past 12 months, how many complaints made about your service were managed under your complaint's procedure?

Number:

Count all complaints made in the 12 months up to the date of this return.

6.4a What are the main complaints you have received in the past 12 months and what have you changed in order to improve your service?

Text (500-word limit)

Here you can give specific examples of action you have taken that has resulted in a difference being made for people involved.

Quality assurance and risk management: Records

6.5 How are you assured that those you employ and deploy within your service have had their required vaccinations?

Registered persons in all CQC registered care homes must deploy and allow entry to people who have been fully vaccinated against COVID-19 (unless exempt). This question asks how you meet this requirement and is part of the [fundamental standards](#) and the [Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 ('the Regulations')](#). Further information is available in the [DHSC operational guidance](#).

6.6 Do you currently use a digital social care record system (DSCR) at your location?

Options: Yes / No

Do you operate a digital social care record system (DSCR), something you might call an 'electronic care plan'? A [DSCR](#) permits the digital recording of care (both plans and any other care received by an individual). This question helps us understand DSCR use in the social care sector.

7. Anything else

Information not included elsewhere

7.1 Tell us anything else about your service that is not included in other answers.

500-word limit text.

PIR question guidance: ASC community

These are the questions we ask of the adult social care community services in the Provider Information Return (PIR).

Download and print

We have provided additional information to help guide your answers. There are also links to our 5 key questions and their corresponding quality statements, which are related to each PIR question. Reading these will give you a better understanding of our expectations and assist with focusing your responses.

We're currently addressing an issue where information inputted in the PIR forms occasionally fails to save properly upon exiting the form. While we work on resolving this issue, we advise you to draft your responses in a separate document and then copy and paste them into the form.

1. Successes and barriers to good care

Successes

1.1 Describe what is going well and the impact this is having on people using your service.

Text (500-word limit)

- Use our good and outstanding ratings as guide to help you identify relevant items
- Tell us what has worked well and about the impact this has had on people using your services. You can include feedback from people who use the service or how monitoring has shown positive effects or results.

- Look at [how we monitor, inspect and regulate adult social care services](#) for more ideas about what you could put in your answer.

- Do include examples of how you're being innovative in your practice, but be sure not to include any names, or personal details.

Barriers to good care

1.2 Describe the barriers that you are facing that make it difficult to provide good quality care to people using your service

Text (500-word limit)

- Barriers to good care may be things outside your control, but you should still tell us about them.

- Explain what effect any barriers have had, or are having, on the people using your service.

- Explain the problems you know about, and what action you're taking, or plan to do, to deal with them.

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?

Number:

- Tell us the number of people currently using your service as of the completion date of the PIR.

- Find out what is meant by [regulated activities](#).

- Because of the operational and statistical value these answers often have, we share responses with the [Department for Health and Social Care](#) (DHSC)

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?

Number:

We want to know the number of service users who have been asked to leave because their needs changed and you can no longer support them; this doesn't include staff

2.3 How many people have you served notice on to leave your service in the past 12 months for any other reason?

Number:

Tell us only about people who use or have used the service, not staff.

2.3a What were those other reasons?

Text (500-word limit)

Apart from a change in care needs, what were your reasons for asking people who used your service to leave in the past 12 months?

People who use your service: Care needs and preferences

2.4 How many people with the following dependencies do you currently support?

Number:

Select those that apply to the people using your service. One person can be counted under more than one dependency in the list here.

- Dementia

- People detained under the Mental Health Act

- Mental health needs

- Drug or alcohol misuse

- Eating disorders

- Sensory impairments

- Learning disabilities or autistic spectrum disorder

- Physical disabilities

2.5 How many people who use your service are there in each of the following age categories:

Number:

Give the number of people in each age category. Your responses for all categories should add up to the total number of people who use your service.

- 0 to 17 years

- 18 to 24 years

- 25 to 64 years

- 65 to 74 years

- 75 to 84 years

- 85 to 94 years

- 95 years and over

2.6 Do people who use your service have any specific communication needs or preferences?

Options: Yes/ No

For example, people who use British Sign Language (BSL) or need information in large print, braille or another language.

2.6a How have you met these needs?

Text (500-word limit)

We want to know:

- how you identify and record communication needs
- if you seek accessible ways to communicate with people
- how you meet these needs of the individual.

For example, you may be communicating using symbols and pictures that you have developed for service users with learning disabilities.

2.7 How many people who use your service are non-verbal?

Number:

Tell us the number of people using your service that are unable to use speech to communicate.

2.8 How many of the people who use your service are assessed to be at risk of malnutrition or dehydration?

Number:

Tell us how many people are at risk of malnutrition or dehydration. You'll know this through the assessment processes you use to identify when a person is at risk.

People who use your service: Restrictions and restraints

2.9 How many people have restraints or restrictions in their care plans?

Number:

This is where we ask about people using your service who may have their freedoms, rights or choices restricted. Here are links to the relevant legislation:

- the Mental Capacity Act 2005 explains where a restraint can be used legally. The restraint must be necessary to prevent harm to a person that lacks capacity or to prevent that person causing harm to others. It must also be proportionate in its use to prevent that harm

- under the Human Rights Act 1998 restraint which amounts to inhuman or degrading treatment is unlawful in all circumstances, for example, using excessive force.

Further information about reducing restraint, and human rights (PDF).

Any act that restricts an individual's movement, liberty and/or freedom to act independently, that intends to take immediate control of a dangerous situation where there is a real possibility of harm to the person is restriction. Restriction should end, or significantly reduce the danger to the person or others. Restrictions should not limit the person's freedom for any longer than is necessary.

Restraint is the use of force, or the threat of force, to restrict freedom of movement, whether a person is resisting or not. There are 3 main types:

Physical restraint: This is any direct physical contact intended to prevent, restrict, or subdue movement of the body, or part of the body of another person. This would include restraint by police officers if it were to occur in a care home.

Prone restraint: This is physical restraint that involves holding a person chest down.

Chemical restraint: This is when medicines that calm or lightly sedate are used to reduce the risk of harm and control extreme agitation and aggression.

Mechanical restraint: This is the use of a device, such as a safe suit, arm splints or a strap, to prevent, restrict or subdue a person's bodily movement. Wheelchair lap-belts and bedrails are forms of mechanical restraint. For [legislation](#) and guidance relating to restraint and restrictions, go to the [Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13(4)(b)](#).

2.10 How many incidents of restraint have you recorded in the past 12 months?

Number:

In your response to this question you should count incidents of restraint, but not restriction.

You should include restraint which is triggered by the actions of the person at the time. For example, if they are used when the person is distressed or might cause harm to themselves or others. Do not include routine and regular use of mechanical restraint used to prevent people from having accidents, such as falling out of bed or a moving wheelchair.

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

2.11 How do you make sure you meet the Accessible Information Standard?

Text (500-word limit)

Accessible Information Standard (AIS) covers the needs of people who are blind, d/Deaf, deafblind or who have a learning disability. It also includes anyone with information or communication needs relating to a disability or sensory loss that affects their ability to communicate. For example people who have aphasia, autism or a mental health condition.

Provide examples of how you have met the Accessible Information Standard by identifying, recording, sharing, and meeting the information and communication needs of people who use services, carers/staff and relatives whose needs relate to a disability, impairment or sensory loss.

Include any procedures you have implemented that help you meet it, and that have helped your staff understand it.

2.12 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 protected equality characteristics:

Checkbox

- Age
- Disability
- Gender
- Gender reassignment
- Race
- Religion or belief
- Sexual orientation
- None of the above

Tick the relevant box(es) if you have carried out any work in relation to recruitment, staff training, environmental adaptations, care plan amendments or operational changes that promote equality, diversity and human rights. You can select any or all that apply, or choose 'None of the above'.

2.13 What specific work have you undertaken in the past 12 months to ensure your service meets the needs of people using your service[1] with protected equality characteristics and what impact has this had?

Text (500-word limit)

Protected equality characteristics are Age, Disability, Gender, Gender Reassignment, Race, Religion or Belief and Sexual Orientation.

If you can, give examples for each of the different protected equality characteristics and say what impact this has had on their personalised care. This is about people who use your services only, it's not about staff.

2.14 What specific work have you undertaken in the past 12 months to ensure equality and inclusion for your workforce and what impact has this had?

Text (500-word limit)

This is about your staff only.

2.15 How do you ensure your staffing is sufficient in numbers and quality to meet all the needs of those you care for?

Text (500-word limit)

Take into consideration all the protected equality characteristics and preferences of those that you care for. These may be in the care plan but go beyond dependency assessments. Also say what methods you use for estimating staffing levels.

2.16 What practical examples can you give as to how you and your workforce implement and apply human rights principles (fairness, respect, equality, dignity and autonomy) to your service and the impact this has had?

Text (500-word limit)

Show how you may have used the principles of human rights in your service and staffing. For example, you may use the FREDA (Fairness, Respect, Equality, Dignity and Autonomy) principles and also relate these to your workforce policies.

People who use your service: Funding

2.17 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?

Number:

Include in your number those who pay user charges towards local authority funded care, and those who pay using a local authority personal budget or have someone paying a 3rd-party top-up on their behalf.

2.18 How many other people use your service?

Number:

This should include self-or charity-funded users and include those receiving NHS Funded Nursing Care, and also those paying the full cost through their local authority.

Your responses to 2.17 and 2.18 should add up to the total number of people using your service.

3. Staff

Staff: Staff numbers

3.1 How many people are directly employed and deliver regulated activities at your service as part of their daily duties?

Number

This should include the following types of workers:

- permanent employees
- temporary employees
- pool
- agency
- students
- voluntary
- 'other' who provide regulated activities.

Include staff on zero-hour contracts.

Don't include people who do things we don't regulate, like cooking or cleaning.

Don't include vacancies.

With your consent, we'll share your response to this question with Skills for Care who will use such information to improve adult social care workforce estimates.

3.2 How many staff have left your service in the past 12 months?

Number

With your consent, we'll share your response to this question with Skills for Care who will use such information to improve adult social care workforce estimates.

3.3 How many staff vacancies do you have?

Number:

This is about the vacancies you hold that are for those who provide care as part of a regulated activity and needed to meet the demands of your current client roster.

With your consent we will share your response to this question with Skills for Care. They will use the information to check and improve the adult social care workforce estimates

3.4 How many full-time equivalent posts do you employ?

Number:

You'll get the equivalent when you add all the working hours together and divide them by 35.

3.5 How many hours of care have agency staff provided in the past 28 days?

Number:

Weekly hours vary, so using 28 days gives us an idea of the average provision.

Staff: Training and qualifications

3.6 How many of your current staff have completed the Care Certificate?

Number:

This question focuses on staff and volunteers having effective and regular mentorship, support, induction, supervision, appraisal and training. You can view the Care Certificate's 15 standards at Skills for Health.

3.7 How many of your current staff have achieved a relevant Level 2 (or above) qualification?

Number:

Those with caring responsibilities often have a qualification such as an NVQ or a Diploma in Health and Social Care. You can submit that information here.

3.8 How many of your care staff have a named person that provides them with regular one to one supervision?

Number:

'Supervision' means when a member of your staff takes responsibility for providing guidance and support to a junior employee.

4. Commissioners and partnerships

Commissioners

Tell us which organisations receive, or 'commission', care from you.
These could be your local authority, or it could be safeguarding teams, clinical commissioning groups - or others. These fields are mandatory. Be sure to give the correct number as it relates to your service.

4.1 Select the number of commissioners

Tell us how many organisations you work with in partnership. This can include your local authority, safeguarding teams and clinical commissioning groups.

Commissioning organisation

Text

You should include the details of organisations that commission care and support for people at your service. We may contact them to seek their views on your service. Organisations could include local authorities, NHS, and charities, and so on.

Number of people

Number:

We would also like you to tell us how many people each commissioner has asked you to support. This will help us understand the relative size of the organisations that commission services from you

4.1a Please give the name and number of people for all other organisations that are currently commissioning care from you, if any, in the box below

Text (500-word limit)

You will only need to enter information here if there are more than 10 organisations that place people with your service.

Partnerships

4.2 How do you work in partnership with other specialist services (for example, speech and language, dementia, tissue viability, nutrition and reablement services)?

Text (500-word limit)

If you can, give specific (anonymised) examples of the benefits you have had from partnership working.

5. Quality assurance and risk management

Quality assurance and risk management: Infection prevention and control

5.1 How do you minimise the risk of infection at your service?

Text (500-word limit)

This is about all types of infection, so include things that you have learned from the coronavirus (COVID-19) pandemic.

Quality assurance and risk management: Duty of candour

5.2 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?

Number:

This is to do with managers understanding the recommendations made by CQC, keeping up-to-date with changes and communicating these effectively to staff. For more information you can go to [Regulation 20 and the duty of candour](#).

Quality assurance and risk management: Medicines and controlled drugs

5.3 Do you administer medicines?

Options: Yes / No

Answer 'yes' if you administer drugs to people receiving regulated activities.
If you don't administer medicines, medicine-related questions will not appear.

5.3a Have you administered controlled drugs in the past 12 months?

Options: Yes / No

A 'controlled drug' is any medicine defined by the [Misuse of Drugs Act 1971](#).

5.3b Have you administered medicines covertly in the past 12 months?

Options: Yes / No

Medicines are being administered covertly if they are given disguised in food or drink and this practice can only be authorised if the person lacks capacity to understand the consequences of not taking the medicine.

5.3c How many people have been given medicine as a form of restraint or to control behaviour in the past 12 months?

Number:

Chemical restraint is achieved using a medicine prescribed and administered for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness.

5.3d How many of the people who take prescribed medicine have not had a medication review with a GP or other suitable healthcare professional in the past 12 months?

Number:

A medication review is a structured, critical examination of a person's medicines by a healthcare professional and it should occur at least once a year.

5.3e Have you used enteral tube feeding to administer medicines in the past 12 months?

Options: Yes / No

Enteral feeding tubes provide access to the stomach or jejunum (small intestine) where there is an obstruction or difficulty in swallowing.

5.3f How many medicine related errors have there been in the past 12 months?

Number:

Include the number of medicine errors that have occurred in the 12 months up to the date of this return. Count every single incident.

The following are examples from a non-exhaustive list:

- not recording when you have administered medicines, for example, not signing MAR charts

- not recording why doses have been missed

- using the wrong key code for non-administration

- signing for medicines you have not administered

- inaccurate or unclear records

- not enough information to administer medicines safely, for example instructions about taking medicines with or after food

- a dose has been missed

- too much or too little of the medicine was given

- the wrong medicine was given

- medicine was given to the wrong person

- medicine was administered in a manner that did not follow your medicines procedure or prescribing requirements.

5.3g How many of these involved controlled drugs?

Number:

State the number of medicine errors occurring in the 12 months up to the date of this return. Include those that relate to ordering, storing, recording, prescribing, administering and destructing controlled drugs.

A 'controlled drug' is any medicine listed under the schedules defined by the Misuse of Drugs Act 1971.

We will only ask you this question if you have administered controlled drugs in the past 12 months.

Count every single incident. This is also partly about finding out how well you deal with matters when things go wrong.

Quality assurance and risk management: Complaints

5.4 In the past 12 months, how many complaints were made about your service that were managed under your complaint's procedure?

Number:

Count all complaints made in the 12 months up to the date of this return.

5.4a 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?

Text (500-word limit)

Here you can give specific examples of action you have taken that has resulted in a difference being made for the people involved.

Quality assurance and risk management: Records

5.5 Do you currently use a digital social care record system (DSCR) at your location?

Options: Yes / No

Do you operate a digital social care record system (DSCR), something you might call an 'electronic care plan'? A [DSCR](#) permits the digital recording of care (both plans and any other care received by an individual). This question helps us understand DSCR use in the social care sector.

6. Service settings

Service types

6.1 How many people are currently receiving support with regulated activities from your:

Number:

Tell us the number of people in each service type. Enter 0 for services types that you do not provide.

- Domiciliary care agency service?

- Supported Living service?

- Extra Care Housing service?

Your responses should add up to the total number of people who use your service.

It is important that you enter figures for all service types that apply to your location. You will be asked extra questions for each type of service for which you report having one or more people.

Supported Living services - These services involve a person living in their own home and receiving care and/or support in order to promote their independence. The care they receive is regulated by the Care Quality Commission, but the accommodation is not. The support that people receive is continuous, but is tailored to their individual needs. It aims to enable the person to be as autonomous and independent as possible, and usually involves social support rather than medical care.

7. Domiciliary Care Agencies

Domiciliary Care Agencies: Services you provide

7.1 How many care visits has your service made in the past 28 days?

Number:

Count all visits made in the 28 days up to the date of this return. For 24-hour care services, count the number of visits made in each 24-hour period. This is likely to require a minimum of 2 or 3 visits where there is an average 8-hour shift.

7.2 How many scheduled visits were missed in the past 28 days?

Number:

Count all visits missed in the 28 days up to the date of this return.

7.3 How many visits required more than one carer?

Number:

Use the last 28 days to answer this question.

7.4 How many scheduled visits were 15 minutes duration or less in the past 28 days?

Number:

Count scheduled visits in the 28 days up to the date of this return.

7.5 How many hours of personal care did you provide in the past 28 days?

Number:

If you are a live-in care service, add the full amount of 24 hrs x 28 days.

We will share your response to this question with DHSC. It will assist them in understanding more about capacity across authorities and region.

Domiciliary Care Agencies: Staff numbers

7.6 How many staff do you employ on a 'zero hours' basis?

Number:

Zero-hours contracts are also known as casual contracts. Zero-hours contracts are usually for 'piece work' or 'on call' work, for example for interpreters.

This means:

- they are on call to work when you need them
- you do not have to give them work
- they do not have to do work when asked

This question helps understand the commissioning and workforce patterns across regions.

Domiciliary Care Agencies: Staff payments

7.7 Do you make separate payments to your care workers for their travel time?

Options: Yes / No

It is not a legal requirement to make a separate payment for travel time, the more common practice is to include a compensatory payment for travel time within the hourly rate for contact time. The reason for asking is to provide a fuller picture of staffing terms and conditions.

7.8 Do you financially compensate workers for their travel time between home visits?

Options: Yes / No

It is not a legal requirement to make a separate payment for travel time, the more common practice is to include a compensatory payment for travel time within the hourly rate for contact time. The reason for asking is to provide a fuller picture of staffing terms and conditions.

7.9 Do you pay your carers above the National Minimum Wage (for under 25s)?

Options: Yes / No

This question determines the approach of the provider in relation to Live in Care, 'on-call', or overnight care.

7.10 Do you pay your carers above the National Living Wage (for over 25s)?

Options: Yes / No

This question determines the approach of the provider in relation to Live in Care, 'on-call', or overnight care.

7.11 Do the people that commission services from you make a payment for the travel time of staff?

Options: Yes / No

8. Supported Living

Supported Living: Schemes

8.1 How many schemes do your location staff visit to provide personal care?

Number:

Extra care housing services cover many different arrangements. Usually, they consist of purpose-built accommodation in which varying amounts of care and support can be offered, and where some services and facilities are shared. The care that people receive is regulated by the Care Quality Commission, but the accommodation is not.

Supported Living: Services you provide

8.2 How many people receiving the regulated activity of 'Personal Care' at your Supported Living service do you provide sleep-in support for?

Number:

This question provides further understanding of the size and scope of your service.

8.3 How many people receiving the regulated activity of 'Personal Care' at your Supported Living service do you provide 24-hour duty / on-call responsive cover for?

Number:

This question provides further understanding of the size and scope of your service.

Supported Living: Restrictions and restraints

8.4 Do your staff limit the freedom of movement of any person living at your Supported Living service?

Options: Yes / No

This question, in conjunction with notifications, helps to determine your understanding and implementation of procedures around the Mental Capacity Act (MCA).

8.4a How many people have their freedom of movement limited?

Number:

This question, in conjunction with notifications, helps to determine your understanding and implementation of procedures around the Mental Capacity Act (MCA).

8.5 Are any people deprived of their liberty due to being under continuous or complete supervision and control, and not free to leave?

Option: Yes / No

8.5a How many people are deprived of their liberty?

Number:

Count the number of people on the date of completion of this return.

8.6 Are there any restrictions or special arrangements on friends or relatives visiting people?

Options: Yes / No

8.6a What are these?

Text (500-word limit)

Give clear reasoning for any arrangements over the past 12 months.

Supported Living: Quality assurance and risk management

8.7 Do you manage the personal finances of anyone living at your Supported Living service?

Options: Yes / No

9. Extra Care Housing

Extra Care Housing: Schemes

9.1 How many schemes do your location staff visit to provide personal care?

Number:

Extra care housing services cover many different arrangements. Usually, they consist of purpose-built accommodation in which varying amounts of care and support can be offered, and where some services and facilities are shared. The care that people receive is regulated by the Care Quality Commission, but the accommodation is not.

Extra Care Housing: Services you provide

9.2 How many people receiving the regulated activity of 'Personal Care' at your Extra Care Housing service do you provide sleep-in support for?

Number:

This question provides further understanding of the size and scope of your service.

9.3 How many people receiving the regulated activity of 'Personal Care' at your Extra Care Housing service do you provide 24-hour duty / on-call responsive cover for?

Number:

This question provides further understanding of the size and scope of your service.

Extra Care Housing: Restrictions and restraints

9.4 Do your staff limit the freedom of movement of any person living at your Extra Care Housing service?

Options: Yes / No

This question, in conjunction with notifications, helps to determine your understanding and implementation of procedures around the Mental Capacity Act (MCA).

9.4a How many people have their freedom of movement limited?

Number:

This question, in conjunction with notifications, helps to determine your understanding and implementation of procedures around the Mental Capacity Act (MCA).

9.5 Are any people deprived of their liberty due to being under continuous or complete supervision and control, and not free to leave?

Option: Yes / No

9.5a How many people are deprived of their liberty?

Number:

Count the number of people on the date of completion of this return.

9.6 Are there any restrictions or special arrangements on friends or relatives visiting people?

Options: Yes / No

9.6a What are these?

Text (500-word limit)

Give clear reasoning for any arrangements over the past 12 months.

Extra Care Housing: Quality assurance and risk management

9.7 Do you manage the personal finances of anyone living at this service?

Options: Yes / No

10. Anything else

Information not included elsewhere

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

Text (500-word limit).

PIR question guidance: ASC Shared Lives

These are the questions we ask of the adult social care Shared Lives services in the Provider Information Return (PIR).

Download and print

We have provided additional information to help guide your answers. There are also links to our five key questions and their corresponding quality statements, which are related to each PIR question. Reading these will give you a better understanding of our expectations and assist with focusing your responses.

We're currently addressing an issue where information inputted in the PIR forms occasionally fails to save properly upon exiting the form. While we work on resolving this issue, we advise you to draft your responses in a separate document and then copy and paste them into the form.

1. Successes and barriers to good care

Successes

1.1 Describe what is going well and the impact this is having on people using your service.

Text (500-word limit)

- Use our good and outstanding ratings as guide to help you identify relevant items

- Tell us what has worked well and about the impact this has had on people using your services. You can include feedback from people who use the service or how monitoring has shown positive effects or results.

- Look at [how we monitor, inspect and regulate adult social care services](#) for more ideas about what you could put in your answer.

- Do include examples of how you're being innovative in your practice, but be sure not to include any names, or personal details.

Barriers to good care

1.2 Describe the barriers that you are facing that make it difficult to provide good quality care to people using your service

Text (500-word limit)

- Barriers to good care may be things outside your control, but you should still tell us about them.

- Explain what effect any barriers have had, or are having, on the people using your service.

- Explain the problems you know about, and what action you're taking, or plan to do, to deal with them.

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?

Number:

- Tell us the number of people currently using your service as of the completion date of the PIR.

- Find out what is meant by [regulated activities](#).

- Because of the operational and statistical value these answers often have, we share responses with the [Department for Health and Social Care](#) (DHSC).

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?

Number:

We want know the number of service users who have been asked to leave because their needs changed and you can no longer support them; this doesn't include staff

2.3 How many people have you served notice on to leave your service in the past 12 months for any other reason?

Number:

Tell us only about people who use or have used the service, not staff.

2.3a What were those other reasons?

Text (500-word limit)

Apart from a change in care needs, what were your reasons for asking people who used your service to leave it in the past 12 months?

People who use your service: Care needs and preferences

2.4 How many people with the following dependencies do you currently support?

Number:

Select those that apply to the people using your service. One person can be counted under more than one dependency in the list here.

- Dementia

- People detained under the Mental Health Act

- Mental health needs

- Drug or alcohol misuse

- Eating disorders

- Sensory impairments

- Learning disabilities or autistic spectrum disorder

- Physical disabilities

2.5 How many people who use your service are there in each of the following age categories:

Number:

Give the number of people in each age category. Your responses for all categories should add up to the total number of people who use your service.

- 0 to 17 years

- 18 to 24 years

- 25 to 64 years

- 65 to 74 years

- 75 to 84 years

- 85 to 94 years

- 95 years and over

2.6 Do people who use your service have any specific communication needs or preferences?

Options: Yes/ No

For example, people who use British Sign Language (BSL) or need information in large print, braille or another language.

2.6a How have you met these needs?

(500-word limit)

We want to know:

- how you identify and record communication needs

- if you seek accessible ways to communicate with people

- how you meet these needs of the individual.

For example, you may be communicating using symbols and pictures you've developed for service users with learning disabilities.

2.7 How many people who use your service are non-verbal?

Number:

Tell us the number of people using your service that are unable to use speech to communicate.

2.8 How many of the people who use your service are assessed to be at risk of malnutrition or dehydration?

Number

Tell us how many people are at risk of malnutrition or dehydration. You'll know this through the assessment processes you use to identify when a person is at risk.

People who use your service: Restrictions and restraints

2.9 How many people have restraints or restrictions in their care plans?

Number:

This is where we ask about people using your service who may have their freedoms, rights or choices restricted. Here are links to the relevant legislation:

- The Mental Capacity Act 2005 explains where a restraint can be used legally. The restraint must be necessary to prevent harm to a person that lacks capacity or to prevent that person causing harm to others. It must also be proportionate in its use to prevent that harm

- Under the Human Rights Act 1998 restraint which amounts to inhuman or degrading treatment is unlawful in all circumstances, for example, using excessive force.

Further information about reducing restraint, and human rights (PDF).

Any act that restricts an individual's movement, liberty and/or freedom to act independently, that intends to take immediate control of a dangerous situation where there is a real possibility of harm to the person, is restriction. Restriction should end, or significantly reduce the danger to the person or others. Restrictions should not limit the person's freedom for any longer than is necessary.

Restraint is the use of force, or the threat of force, to restrict freedom of movement, whether a person is resisting or not. There are 3 main types:

Physical restraint: This is any direct physical contact intended to prevent, restrict, or subdue movement of the body, or part of the body of another person. This would include restraint by police officers if it were to occur in a care home.

Prone restraint: This is physical restraint that involves holding a person chest down.

Chemical restraint: This is when medicines that calm or lightly sedate are used to reduce the risk of harm and control extreme agitation and aggression.

Mechanical restraint: This is the use of a device, such as a safe suit, arm splints or a strap, to prevent, restrict or subdue a person's bodily movement. Wheelchair lap-belts and bedrails are forms of mechanical restraint. For [legislation](#) and guidance relating to restraint and restrictions, go to the [Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13(4)(b)](#).

2.10 How many incidents of restraint have you recorded in the past 12 months?

Number:

In your response to this question you should count incidents of restraint, but not restriction).

You should include restraint which is triggered by the actions of the person at the time. For example, if they are used when the person is distressed or might cause harm to themselves or others. Do not include routine and regular use of mechanical restraint used to prevent people from having accidents, such as falling out of bed or a moving wheelchair.

2.11 Are there any restrictions or special arrangements on friends or relatives visiting people?

Options: Yes/ No

2.11a What are these?

Text (500-word limit)

Give clear reasoning for any arrangements over the past 12 months

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

2.12 How do you make sure you meet the Accessible Information Standard?

Text (500-word limit)

Accessible Information Standards (AIS) covers the needs of people who are blind, d/Deaf, deafblind or who have a learning disability. It also includes anyone with information or communication needs relating to a disability or sensory loss that affects their ability to communicate. For example people who have aphasia, autism or a mental health condition.

Provide examples of how you have met the Accessible Information Standard by identifying, recording, sharing, and meeting the information and communication needs of people who use services, carers/staff and relatives whose needs relate to a disability, impairment or sensory loss.

Include any procedures you have implemented that help you meet it, and that have helped your staff understand it.

2.13 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 protected equality characteristics:

Checkbox

- Age
- Disability
- Gender
- Gender reassignment
- Race
- Religion or belief
- Sexual orientation
- None of the above

Tick the relevant box(es) if you have carried out any work in relation to recruitment, staff training, environmental adaptations, care plan amendments or operational changes that promote equality, diversity and human rights. You can select any or all that apply, or choose 'None of the above'.

2.14 What specific work have you undertaken in the past 12 months to ensure your service meets the needs of people using your service with protected equality characteristics and what impact has this had?

Text (500-word limit)

Protected equality characteristics are Age, Disability, Gender, Gender Reassignment, Race, Religion or Belief and Sexual Orientation.

If you can, give examples for each of the different protected equality characteristics and say what impact this has had on their personalised care. This is about people who use your services only, it's not about staff.

2.15 What specific work have you undertaken in the past 12 months to ensure equality and inclusion for your workforce and what impact has this had?

Text (500-word limit)

This is about your staff only.

2.16 How do you ensure your staffing is sufficient in numbers and quality to meet all the needs of those you care for?

Text (500-word limit)

Take into consideration all the protected equality characteristics and preferences of those that you care for. These may be in the care plan but go beyond dependency assessments. Also say what methods you use for estimating staffing levels.

2.17 What practical examples can you give as to how you and your workforce implement and apply human rights principles (fairness, respect, equality, dignity and autonomy) to your service and the impact this has had?

Text (500-word limit)

Show how you may have used the principles of human rights in your service and staffing. For example, you may use the FREDA (Fairness, Respect, Equality, Dignity and Autonomy) principles and also relate these to your workforce policies.

People who use your service: Funding

2.18 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?

Number:

Include in your number those who pay user charges towards local authority funded care, and those who pay using a local authority personal budget or have someone paying a 3rd-party top-up on their behalf.

2.19 How many other people use your service?

Number:

This should include self-or charity-funded users and include those receiving NHS Funded Nursing Care, and also those paying the full cost through their local authority.

Your responses to 2.18 and 2.19 should add up to the total number of people using your service.

3. Shared lives workers and carers

Staff numbers

3.1 How many people are directly employed and deliver regulated activities at your service as part of their daily duties?

Number

This includes the following types of workers:

- permanent employees
- temporary employees
- pool
- agency
- students
- voluntary

- 'other' who provide regulated activities.

Do not include people who only do things we do not regulate, like cooking or cleaning.

Include staff on zero-hour contracts.

Do not include vacancies.

With your consent, we will share your response to this question with Skills for Care. They will use the information to check and improve the adult social care workforce estimates.

3.2 How many Shared Lives carers are providing regulated activities for the scheme?

Number:

This set of questions helps us to understand the size of the scheme, and arrangements with Shared Lives carers as a separate support team away from directly employed staff.

We would like to know the number of Shared Lives carers currently providing long term and respite/short breaks support. If a Shared Lives carer provides both types of care, avoid double counting. To do this, only count a person in the long-term category if they provide both long-term arrangements and short breaks.

Find out more about regulated activities.

3.3 Of the people currently supporting the delivery of regulated activities at your service, how many are Shared Lives workers?

Number:

This supports context for later questions about Shared Lives workers and Shared Lives carers

3.4 How many staff or Shared Lives workers have left your service in the past 12 months?

Number:

With your consent we will share your response to this question with Skills for Care. They will use the information to check and improve the adult social care workforce estimates

3.5 How many staff or Shared Lives workers vacancies do you have?

Number:

This is about the vacancies you hold that are for those who provide care as part of a regulated activity and needed to meet the demands of your current client roster.

With your consent we will share your response to this question with Skills for Care. They will use the information to check and improve the adult social care workforce estimates

3.6 How many full-time equivalent posts do you employ?

Number:

The equivalent is to add all the working hours together and divide them by 35

3.7 How many hours of care have agency staff provided in the past 28 days?

Number:

Weekly hours vary therefore 28 days is asked for to offer a picture on the average provision

Training and qualifications

3.8 How many of your current Shared Lives workers have completed the Care Certificate?

Number:

This question focuses on staff and volunteers having effective and regular mentorship, support, induction, supervision, appraisal and training. You can view the [Care Certificate](#)'s 15 standards at [Skills for Health](#).

3.9 How many of your current Shared Lives carers have completed the Care Certificate?

Number:

This question focuses on staff and volunteers having effective and regular mentorship, support, induction, supervision, appraisal and training. You can view the [Care Certificate](#)'s 15 standards at [Skills for Health](#).

3.10 How many of your Shared Lives workers have achieved a relevant Level 2 (or above) qualification?

Number:

Those with caring responsibilities often have a qualification such as an NVQ or a Diploma in Health and Social Care. You can submit that information here.

3.11 How many of your Shared Lives carers have achieved a relevant Level 2 (or above) qualification?

Number:

'Supervision' means when a member of your staff takes responsibility for providing guidance and support to a junior employee.

3.12 How many of your Shared Lives workers have a named person that provides them with regular one to one supervision?

Number:

'Supervision' means when a member of your staff takes responsibility for providing guidance and support to a junior employee.

4. Commissioners

Organisations that commission care from you

Commissioners

Tell us which organisations receive, or 'commission', care from you.
These could be your local authority, or it could be safeguarding teams, clinical commissioning groups - or others. These fields are mandatory. Be sure to give the correct number as it relates to your service.

4.1 Select the number of commissioners

Tell us how many organisations you work with in partnership. This can include your local authority, safeguarding teams and clinical commissioning groups.

Commissioning organisation

Text

You should include the details of organisations that commission care and support for people at your service. We may contact them to seek their views on your service. Organisations could include local authorities, NHS, and charities, and so on.

Number of people

Number

We would also like you to tell us how many people each commissioner has asked you to support. This will help us understand the relative size of the organisations that commission services from you

4.1a Please give the name and number of people for all other organisations that are currently commissioning care from you, if any, in the box below

Text (500-word limit)

You will only need to enter information here if there are more than 10 organisations that place people with your service and joined-up care? Does it do so in an open, honest and transparent way?

5. Quality assurance and risk management

Shared Lives Scheme Panel

5.1 Does your scheme have a panel?

Options: Yes / No

5.1a How many panel meetings have been held in the past 12 months?

Number:

Count all meetings that have been held in the 12 months up to the date of this return.

5.1b How many Shared Lives carers have been approved by panel in the past 12 months?

Number:

Count all approvals granted in the 12 months up to the date of this return.

5.1c How many Shared Lives carers have been de-approved by panel in the past 12 months?

Number:

For de-approvals, state the number of Shared Lives carers that the panel have removed carer approval from

5.1d Describe how carers are assessed and approved.

Text (500-word limit)

5.1e What reasons have there been for the panel to remove carers' approval status?

Text (500-word limit)

Give reasons for carers whose approval status was removed in the 12 months up to the date of this return.

5.2 How do you quality assure your scheme?

Text (500-word limit)

If a panel is not in place, provide details of how these functions are currently.

Quality assurance and risk management: Infection prevention and control

5.3 How do you minimise the risk of infection at your service?

Text (500-word limit)

This is about all types of infection, so include things that you have learned from the coronavirus (COVID-19) pandemic.

Quality assurance and risk management: Duty of candour

5.4 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?

Number:

This is to do with managers understanding the recommendations made by CQC, keeping up-to-date with changes and communicating these effectively to staff. For more information you can go to Regulation 20 and the duty of candour.

Quality assurance and risk management: Medicines and controlled drugs

5.5 Do any Shared Lives carers in the scheme support people to take their medicines?

Options: Yes / No

Answer 'yes' if you administer drugs to people receiving regulated activities.
(If your service does not administer medicines, medicine-related questions will not appear.)

5.5a Have any Shared Lives carers in the scheme supported people to take controlled drugs in the past 12 months?

Options: Yes / No

A 'controlled drug' is any medicine defined by the [Misuse of Drugs Act 1971](#).

5.5b Have any Shared Lives carers in the scheme administered medicines covertly in the past 12 months?

Options: Yes / No

Medicines are being administered covertly if they are given disguised in food or drink and this practice can only be authorised if the person lacks capacity to understand the consequences of not taking the medicine.

5.5c How many people have been given medicine as a form of restraint or to control behaviour in the past 12 months?

Number:

Chemical restraint is achieved using a medicine prescribed and administered for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness.

5.5d How many of the people who take prescribed medicine have not had a medication review with a GP or other suitable healthcare professional in the past 12 months?

Number:

A medication review is a structured, critical examination of a person's medicines by a healthcare professional and it should occur at least once a year.

5.5e Have any Shared Lives carers in the scheme used enteral tube feeding to administer medicines in the past 12 months?

Options: Yes / No

Enteral feeding tubes provide access to the stomach or jejunum (small intestine) where there is an obstruction or difficulty in swallowing.

5.5f How many medicine related errors have there been in the past 12 months?

Number:

Include the number of medicine errors that have occurred in the 12 months up to the date of this return. Count every single incident.

The following are examples from a non-exhaustive list:

- not recording when you have administered medicines, for example, not signing MAR charts

- not recording why doses have been missed

- using the wrong key code for non-administration

- signing for medicines you have not administered

- inaccurate or unclear records

- not enough information to administer medicines safely, for example instructions about taking medicines with or after food

- a dose has been missed

- too much or too little of the medicine was given

- the wrong medicine was given

- medicine was given to the wrong person

- medicine was administered in a manner that did not follow your medicines procedure or prescribing requirements.

5.5g How many of these medicine-related errors involved controlled drugs?

Number:

State the number of medicine errors occurring in the 12 months up to the date of this return. Include those that relate to ordering, storing, recording, prescribing, administering and destructing controlled drugs.

A 'controlled drug' is any medicine listed under the schedules defined by the Misuse of Drugs Act 1971.

We will only ask you this question if you have administered controlled drugs in the past 12 months.

Count every single incident. This is also partly about finding out how well you deal with matters when things go wrong.

Quality assurance and risk management: Complaints

5.6 In the past 12 months, how many complaints were made about your service that were managed under your complaint's procedure?

Number:

Count all complaints made in the 12 months up to the date of this return.

5.6a 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?

Text (500-word limit)

Here you can give specific examples of action you have taken that has resulted in a difference being made for the people involved.

Quality assurance and risk management: Records

5.7 Do you currently use a digital social care record system (DSCR) at your location?

Options: Yes / No

Do you operate a digital social care record system (DSCR), something you might call an 'electronic care plan'? A [DSCR](#) permits the digital recording of care (both plans and any other care received by an individual). This question helps us understand DSCR use in the social care sector.

6. Anything else

Information not included elsewhere

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

Text (500-word limit)

PIR question guidance: ASC specialist colleges

These are the questions we ask of the adult social care Specialist College services in the Provider Information Return (PIR).

Download and print

We have provided additional information to help guide your answers. There are also links to our five key questions and their corresponding quality statements, which are related to each PIR question. Reading these will give you a better understanding of our expectations and assist with focusing your responses.

We're currently addressing an issue where information inputted in the PIR forms occasionally fails to save properly upon exiting the form. While we work on resolving this issue, we advise you to draft your responses in a separate document and then copy and paste them into the form.

1. Successes and barriers to good care

Successes

1.1 Describe what is going well and the impact this is having on people using your service.

Text (500-word limit)

- Use our good and outstanding ratings as guide to help you identify relevant items

- Tell us what has worked well and about the impact this has had on people using your services. You can include feedback from people who use the service or how monitoring has shown positive effects or results.

- Look at [how we monitor, inspect and regulate adult social care services](#) for more ideas about what you could put in your answer.

- Do include examples of how you're being innovative in your practice, but be sure not to include any names, or personal details.

Barriers to good care

1.2 Describe the barriers that you are facing that make it difficult to provide good quality care to people using your service

Text (500-word limit)

- Barriers to good care may be things outside your control, but you should still tell us about them.

- Explain what effect any barriers have had, or are having, on the people using your service.

- Explain the problems you know about, and what action you're taking, or plan to do, to deal with them.

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?

Number:

- Tell us the number of people currently using your service as of the completion date of the PIR.

- Find out what is meant by [regulated activities](#).

- Because of the operational and statistical value these answers often have, we share responses with the [Department for Health and Social Care](#) (DHSC)

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?

Number:

We want to know the number of service users who have been asked to leave because their needs changed and you can no longer support them; this doesn't include staff

2.3 How many people have you served notice on, to leave your service in the past 12 months for any other reason?

Number

Tell us only about people who use or have used the service, not staff.

2.3a What were those other reasons?

Text (500-word limit)

Apart from a change in care needs, what were your reasons for asking people who used your service to leave the service in the past 12 months?

People who use your service: Care needs and preferences

2.4 How many people with the following dependencies do you currently support?

Numbers:

Select those that apply to the people using your service. One person can be counted under more than one dependency in the list here.

- Dementia

- People detained under the Mental Health Act

- Mental health needs

- Drug or alcohol misuse

- Eating disorders

- Sensory impairments

- Learning disabilities or autistic spectrum disorder

- Physical disabilities

2.5 How many people who use your service are there in each of the following age categories:

Numbers:

Give the number of people in each age category. Your responses for all categories should add up to the total number of people who use your service.

- 0 to 17 years

- 18 to 24 years

- 25 to 64 years

- 65 to 74 years

- 75 to 84 years

- 85 to 94 years

- 95 years and over

2.6 Do people who use your service have any specific communication needs or preferences?

Options: Yes/ No

For example, people who use British Sign Language (BSL) or need information in large print, braille or another language.

2.6a How have you met these needs?

(500-word limit)

We want to know:

- how you identify and record communication needs

- if you seek accessible ways to communicate with people

- how you meet these needs of the individual.

For example, you may be communicating using symbols and pictures that you have developed for service users with learning disabilities.

2.7 How many people who use your service are non-verbal?

Tell us the number of people using your service that are unable to use speech to communicate.

2.8 How many of the people who use your service are assessed to be at risk of malnutrition or dehydration?

Number:

Tell us how many people are at risk of malnutrition or dehydration. You'll know this through the assessment processes you use to identify when a person is at risk.

People who use your service: Restrictions and restraints

2.9 How many people have restraints or restrictions in their care plans?

Number:

This is where we ask about people using your service who may have their freedoms, rights or choices restricted. Here are links to the relevant legislation:

- The [Mental Capacity Act 2005](#) explains where a restraint can be used legally. The restraint must be necessary to prevent harm to a person that lacks capacity or to prevent that person causing harm to others. It must also be proportionate in its use to prevent that harm

- Under the [Human Rights Act 1998](#) restraint which amounts to inhuman or degrading treatment is unlawful in all circumstances, for example, using excessive force.

Further information about [reducing restraint](#), and [human rights](#) (PDF).

Any act that restricts an individual's movement, liberty and/or freedom to act independently, that intends to take immediate control of a dangerous situation where there is a real possibility of harm to the person, is restriction. Restriction should end, or significantly reduce the danger to the person or others. Restrictions should not limit the person's freedom for any longer than is necessary.

Restraint is the use of force, or the threat of force, to restrict freedom of movement, whether a person is resisting or not. There are 3 main types:

Physical restraint: This is any direct physical contact intended to prevent, restrict, or subdue movement of the body, or part of the body of another person. This would include restraint by police officers if it were to occur in a care home.

Prone restraint: This is physical restraint that involves holding a person chest down.

Chemical restraint: This is when medicines that calm or lightly sedate are used to reduce the risk of harm and control extreme agitation and aggression.

Mechanical restraint: This is the use of a device, such as a safe suit, arm splints or a strap, to prevent, restrict or subdue a person's bodily movement. Wheelchair lap-belts and bedrails are forms of mechanical restraint. For [legislation](#) and guidance relating to restraint and restrictions, go to the [Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13(4)(b)](#).

2.10 How many incidents of restraint have you recorded in the past 12 months?

Number:

In your response to this question you should count incidents of restraint, but not restriction).

You should include restraint which is triggered by actions of the person at the time. For example, if they are used when the person is distressed or might cause harm to themselves or others. Do not include routine and regular use of mechanical restraint used to prevent people from having accidents, such as falling out of bed or a moving wheelchair.

2.11 Are there any restrictions or special arrangements on friends or relatives visiting people?

Options: Yes/ No

This question is related to KLOE C3.6 - Are people's relatives and friends made to feel welcome and able to visit without being unnecessarily restricted?

2.11a What are these?

Text (500-word limit)

Give clear reasoning for any arrangements over the past 12 months

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

2.12 How do you make sure you meet the Accessible Information Standard?

(500-word limit)

Accessible Information Standards (AIS) covers the needs of people who are blind, d/Deaf, deafblind or who have a learning disability. It also includes anyone with information or communication needs relating to a disability or sensory loss that affects their ability to communicate. For example people who have aphasia, autism or a mental health condition.

Provide examples of how you have met the Accessible Information Standard by identifying, recording, sharing, and meeting the information and communication needs of people who use services, carers/staff and relatives whose needs relate to a disability, impairment or sensory loss.

Include any procedures you have implemented that help you meet it, and that have helped your staff understand it.

2.13 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 protected equality characteristics:

Checkbox

- Age

- Disability

- Gender

- Gender reassignment

- Race

- Religion or belief

- Sexual orientation

- None of the above

Tick the relevant box(es) if you have carried out any work in relation to recruitment, staff training, environmental adaptations, care plan amendments or operational changes that promote equality, diversity and human rights. You can select any or all that apply, or choose 'None of the above'.

2.14 What specific work have you undertaken in the past 12 months to ensure your service meets the needs of people using your service with protected equality characteristics and what impact has this had?

Text (500-word limit)

Protected equality characteristics are Age, Disability, Gender, Gender Reassignment, Race, Religion or Belief and Sexual Orientation.

If you can, give examples for each of the different protected equality characteristics and say what impact this has had on their personalised care. This is about people who use your services only, it's not about staff.

2.15 What specific work have you undertaken in the past 12 months to ensure equality and inclusion for your workforce and what impact has this had?

Text (500-word limit)

This is about your staff only.

2.16 How do you ensure your staffing is sufficient in numbers and quality to meet all the needs of those you care for?

Text (500-word limit)

Take into consideration all the protected equality characteristics and preferences of those that you care for. These may be in the care plan but go beyond dependency assessments. Also say what methods you use for estimating staffing levels.

Text (500-word limit)

2.17 What practical examples can you give as to how you and your workforce implement and apply human rights principles (fairness, respect, equality, dignity and autonomy) to your service and the impact this has had?

Text (500 word limit)

Show how you may have used the principles of human rights in your service and staffing. For example, you may use the FREDA (Fairness, Respect, Equality, Dignity and Autonomy) principles and also relate these to your workforce policies.

3. Services you provide

Video monitoring cameras

3.1 Have you used video monitoring cameras at your location in the past 12 months?

Options: Yes / No

3.1-a How have you used them?

Text (500-word limit)

If you're using video cameras, tell us why. You can also take this opportunity to explain how they've been useful and say what you store or save for future use and how you have used any images obtained from them.

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?

Number:

This should include the following types of workers:

- permanent employees

- temporary employees

- pool

- agency

- students

- voluntary

- 'other' who provide regulated activities.

Include staff on zero-hour contracts.

Don't include people who do things we don't regulate, like cooking or cleaning.

Don't include vacancies.

With your consent, we'll share your response to this question with [Skills for Care](#) who will use such information to improve adult social care workforce estimates.

4.2 How many staff have left your service in the past 12 months?

Number:

With your consent we will share your response to this question with Skills for Care. They will use the information to check and improve the adult social care workforce estimates

4.3 How many staff vacancies do you have?

Number:

This is about the vacancies you hold that are for those who provide care as part of a regulated activity and needed to meet the demands of your current client roster.

With your consent we will share your response to this question with Skills for Care. They will use the information to check and improve the adult social care workforce estimates

4.4 How many full-time equivalent posts do you employ?

Number:

You'll get the equivalent when you add all the working hours together and divide them by 35.

4.5 How many hours of care have agency staff provided in the past 28 days?

Number:

Weekly hours vary, so using 28 days gives us an idea of the average provision

Staff: Training and qualifications

4.6 How many of your current staff have completed the Care Certificate?

Number

This question focuses on staff and volunteers having effective and regular mentorship, support, induction, supervision, appraisal and training. You can view the [Care Certificate](#)'s 15 standards at [Skills for Health](#).

4.7 How many of your current staff have achieved a relevant Level 2 (or above) qualification?

Number

Those with caring responsibilities often have a qualification such as an NVQ or a Diploma in Health and Social Care. You can submit that information here.

4.8 How many of your care staff have a named person that provides them with regular one to one supervision?

Number

'Supervision' means when a member of your staff takes responsibility for providing guidance and support to a junior employee.

5. Commissioners

Organisations that commission care from you

Tell us which organisations receive, or 'commission', care from you.
These could be your local authority, or it could be safeguarding teams, clinical commissioning groups - or others. These fields are mandatory. Be sure to give the correct number as it relates to your service.

5.1 Select the number of commissioners

Tell us how many organisations you work in partnership with. This can include your local authority, safeguarding teams and clinical commissioning groups.

Commissioning organisation

Text

You should include the details of organisations that commission care and support for people at your service. We may contact them to seek their views on your service. Organisations could include local authorities, NHS, and charities, and so on.

Number of people

Number:

We would also like you to tell us how many people each commissioner has asked you to support. This will help us understand the relative size of the organisations that commission services from you

5.1a Please give the name and number of people for all other organisations that are currently commissioning care from you, if any, in the box below

Text (500-word limit)

You will only need to enter information here if there are more than 10 organisations that place people with your service.

6. Quality assurance and risk management

Quality assurance and risk management: Infection prevention and control

6.1 How do you minimise the risk of infection at your service?

Text (500-word limit)

This is about all types of infection, so include things that you have learned from the coronavirus (COVID-19) pandemic.

Quality assurance and risk management: Duty of candour

6.2 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?

Number

This is to do with managers understanding the recommendations made by CQC, keeping up-to-date with changes and communicating these effectively to staff. For more information you can go to [Regulation 20 and the duty of candour](#).

Quality assurance and risk management: Medicines and controlled drugs

6.3 Do you administer medicines?

Options: Yes / No

Answer 'yes' if you administer drugs to people receiving regulated activities.
If you don't administer medicines, medicine-related questions will not appear.

6.3a Have you administered controlled drugs in the past 12 months?

Options: Yes / No

A 'controlled drug' is any medicine defined by the [Misuse of Drugs Act 1971](#).

6.3b Have you administered medicines covertly in the past 12 months?

Options: Yes / No

Medicines are being administered covertly if they are given disguised in food or drink and this practice can only be authorised if the person lacks capacity to understand the consequences of not taking the medicine.

6.3c How many people have been given medicine as a form of restraint or to control behaviour in the past 12 months?

Number:

Chemical restraint is achieved using a medicine prescribed and administered for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness.

6.3d How many of the people who take prescribed medicine have not had a medication review with a GP or other suitable healthcare professional in the past 12 months?

Number:

A medication review is a structured, critical examination of a person's medicines by a healthcare professional and it should occur at least once a year.

6.3e Have you used enteral tube feeding to administer medicines in the past 12 months?

Options: Yes / No

Enteral feeding tubes provide access to the stomach or jejunum (small intestine) where there is an obstruction or difficulty in swallowing.

6.3f How many medicine related errors have there been in the past 12 months?

Number:

Include the number of medicine errors that have occurred in the 12 months up to the date of this return. Count every single incident.

The following are examples from a non-exhaustive list:

- not recording when you have administered medicines, for example, not signing MAR charts

- not recording why doses have been missed

- using the wrong key code for non-administration

- signing for medicines you have not administered

- inaccurate or unclear records

- not enough information to administer medicines safely, for example instructions about taking medicines with or after food

- a dose has been missed

- too much or too little of the medicine was given

- the wrong medicine was given

- medicine was given to the wrong person

- medicine was administered in a manner that did not follow your medicines procedure or prescribing requirements.

6.3g How many of these medicine-related errors involved controlled drugs?

Number

State the number of medicine errors occurring in the 12 months up to the date of this return. Include those that relate to ordering, storing, recording, prescribing, administering and destructing controlled drugs.

A 'controlled drug' is any medicine listed under the schedules defined by the Misuse of Drugs Act 1971.

We will only ask you this question if you have administered controlled drugs in the past 12 months.

Count every single incident

Quality assurance and risk management: Complaints

6.4 In the past 12 months, how many complaints were made about your service that were managed under your complaint's procedure?

Number

Count all complaints made in the 12 months up to the date of this return.

6.4a 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?

Text (500-word limit)

Here you can give specific examples of action you have taken that has resulted in a difference being made for the people involved.

Quality assurance and risk management: Records

6.5 Do you currently use a digital social care record system (DSCR) at your location?

Options: Yes / No

Do you operate a digital social care record system (DSCR), something you might call an 'electronic care plan'? A [DSCR](#) permits the digital recording of care (both plans and any other care received by an individual). This question helps us understand DSCR use in the social care sector.

7. Anything else

Information not included elsewhere

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

Text (500-word limit)