

KPI no. KPI	Descriptor	Evidence methodology	Reporting frequency
1. CQC Essential standard - the service is SAFE			
KPI 1.1	Safe Services Survey Critical default	80% or above residents, when asked, say the services help them feel safe	Contractor survey / assisted assessment through independent third party discussion Annual
KPI 1.2	CQC Safe rating critical and non critical default	After the first 12 months of service the Contractor will achieve at least a rating of 'good' for Safe in any inspection undertaken by CQC A rating of inadequate is a critical default A rating of requires improvement is a non critical default	CQC inspection As taken
KPI 1.3	Safe services compliance critical default	The contractor can demonstrate through the required monitoring information (and other supplementary information as presented by the contractor) that the service helps residents feel and be safe	Contractor performance and monitoring information. Authority audit activity annually / twice annually
Performance and monitoring requirements			
PM 1.1	Safeguarding	In line with the ADASS PAN London procedures, 100% of safeguarding concerns will be promptly *Reported (internally within the Contractor organisation and to the Authority - if there's any doubt that a concern should be raised the Contractor should liaise with the borough Safeguarding lead) *Recorded (the Authority's Concern and Preliminary Enquiry form and in line with the Contractor's processes and procedures) *Followed up (Safety plans/Enquiries) *Concluded (Action Plan) *Analysed (Thematic issues / wider organisation learning) *Service change (as relevant)	Authority template contractor reports & standard operating procedures Quarterly available upon request
PM 1.2	Medication	There will be robust organisational policies and procedures and 100% of medication errors will be promptly reported recorded followed up concluded	Authority template contractor reports & standard operating procedures Quarterly available upon request
PM 1.3	Medication audit & improvement plan	The contractor shall (preferably with a pharmacist) undertake a medication audit. The audit will include *Reviewing the medication policy and local procedure *Reviewing MARS chart and other associated medical records *Reviewing process followed when a medication error is identified *Reviewing recording when a medication error is identified *Reviewing staff competency and training needs As a result of the review develop an action plan with target deadlines for i) any required improvements and ii) any recommended improvements. The audit and action plan should be shared with the local authority The contractor will complete 100% of the required improvements within the target timelines	Contractor summary monitoring report Annual audit Quarterly report on actions accomplished
PM 1.4	Accidents and incidents	There will be robust organisational policies and procedures and 100% of accidents and incidents will be promptly Reported Recorded Followed up Concluded	Authority template contractor reports & standard operating procedures Quarterly available upon request
PM 1.5	Fincancial Procedures	There will be robust organisational policies and procedures and the contractor will maintain accurate and up to date records on residents money and property. This will include *Payment of bills *Shopping *Collection of benefits *lost and / or damaged property *Accepting / borrowig / lending / selling / gifts *use of residents loyalty cards / personal property	Contractor to report back compliance as part of their annual service audit Contractor standard operating procedures Quarterly report of action plan available upon request
PM 1.6	Staffing	The contractor will have robust organisational policies and procedures in relation to staffing and HR. They will report on all staffing *staffing identified *starters *leavers *recruitment checks complete *DBS & updates completed *Permanent / agency	Authority template contractor reports & standard operating procedures Quarterly available upon request
PM 1.7	Supervision	The contractor will ensure that supervision is undertaken in accordance with their supervision policy and that there is a dated and written record of all supervision undertaken maintained within the staff file. The contractor will report by exception if any staff member does not have supervision in any 8 week period staff identified last supervision date reason for no supervision within the 8 week period next supervision planned	Authority template contractor reports & standard operating procedures Quarterly available upon request
PM 1.8	Staff training	The Authority will audit staff files to verify information For each type of role the contractor will have a defined training and refresher training plan. For care and support staff this will include the Care Certificate and assessment methodology as set out by Skills for Care	Contractor will be able to complete the full training plan and accomplishments in a matrix format within the authority template Quarterly
PM 1.9	Feedback Activity and Response	The Authority will undertake a feedback activity with internal stakeholders (e.g. social workers / team managers / clinicians / safeguarding leads) to seek feedback that the action the contractor is taking helps residents to feel and be safe. The feedback will be shared with the contractor for them to respond to and to report on the actions they have taken as part of the monitoring submission	authority feedback Contractor summary monitoring report annually / twice annually

2. CQC Standard - the service is EFFECTIVE

KPI 2.1	Wellbeing	80% or above residents, when asked, say the services have helped improve their wellbeing and quality of life	Contractor survey / assisted assessment through independent third party discussion	Annual
	Non-Critical default	Residents when asked would identify what aspects of their lives has improved since moving in to the service		
KPI 2.2	CQC Effective rating	After the first 12 months of service the Contractor will achieve at least a rating of 'good' for Effective in any inspection undertaken by CQC	CQC inspection	As taken
	critical & non-critical	A rating of inadequate is a critical default a rating of requires improvement is a non critical default		
KPI 2.3	Reabling approach	The contractor can demonstrate through the required monitoring information (and other supplementary information as presented by the contractor) that the service is maximising residents level of independence	Contractor Performance & Monitoring Information	As specified
	Critical		Authority Audit Activity	annually / twice annually
Performance Monitoring information				
PM 2.1	Reablement reduced	The Contractor will report on all residents requiring reduced or greater level of services. The information will provide: *Number of residents within reporting period . *Resident Identifier *Reason/Comments (as relevant)	Authority template contractor reports & standard operating procedures	Quarterly available upon request
PM 2.2	Reablement hospitalisation	the contractor will report on all hospital admissions and hospital discharges. The information will provide: *Number of residents within reporting period & *Admission or Discharge Resident Identifier . *Reason/Comments (as relevant)	Authority template contractor reports & standard operating procedures	Quarterly available upon request
PM 2.3	Feedback Activity and Response	The Authority will undertake a feedback activity with internal stakeholders (e.q. social workers / team managers / clinicians / safeguarding leads) to seek feedback that the action the Contractor is taking ensures an effective service. This feedback activity will be shared with the Contractor for them to respond to and to report on the actions they have taken as part of the monitoring submission.	authority feedback Contractor summary monitoring report	annually / twice annually quarterly

3. CQC Essential standard - the service is CARING

KPI 3.1	Service satisfaction	80% or above of residents and their family / friends would recommend the service to a loved one	Contractor survey / assisted assessment through independent third party discussion	annual
	non-critical default			
KPI 3.2	CQC Caring rating	After the first 12 months of service the Contractor will achieve at least a rating of 'Good' for 'Caring' in any inspection undertaken by CQC.	CQC inspection	As taken
	critical & non-critical default	A rating of inadequate is a critical default. A rating of requires improvement is a non-critical default.		
KPI 3.3	Culture of dignity and respect	The Contractor can demonstrate through the required monitoring information (and other supplementary information as presented by the Contractor) that they are embedding respect and dignity within their organisation's culture; In the way the Contractor engages with residents and their families and friends; its own staff and stakeholders	Contractor Performance & Monitoring Information	As specified
	critical default		Authority Audit Activity	annually / twice annually
Performance and Monitoring Information				
PM 3.1	Dignity audit	The Contractor shall in partnership with its staff group undertake an annual Dignity Self Assessment Audit and form a Dignity Action Plan The Contractor will complete 100% of the required improvements within the target timelines. The Contractor will complete no less than 50% of the recommended improvements within the target timelines.	Contractor to provide the Dignity Audit & Action Plan	Annual Audit Quarterly Report on actions accomplished
PM 3.2	Dignity Training	The Contractor shall provide training and support to their staff on dignity and compassion in training.	see PM 1.6	Upon request
PM 3.3	Resident preferences	The Contractor to provide information on the number of incidents where a resident's stated preference of care worker (gender, ethnicity etc.) could not be met.	Authority Template Exception Reporting Contractor Reports & Standard Operating Procedure (s)	quarterly upon request
PM 3.4	Staff reward scheme	The Contractor shall have a staff reward scheme to recognise good staff practice	Contractor summary monitoring report	Quarterly
PM 3.5	Complaints	There will be robust organisational policies and procedures to follow and 100 % Complaints will be listened to effectively, taken seriously and promptly: *Reported *Recorded *Followed up *Concluded	Authority Template Contractor Reports & Standard Operating Procedure (s)	Quarterly Available upon request
PM 3.6	Feedback Activity and Response	The Authority will undertake a feedback activity with internal stakeholders (e.9. social workers / team managers / clinicians / safeguarding leads) to seek feedback that the action the Contractor is taking ensures a caring service. This feedback activity will be shared with the Contractor for them to respond to and to report on the actions they have taken as part of the monitoring submission.	Authority Feedback Activity Contractor summary monitoring report	annually / twice annually quarterly

4. CQC Essential Standard - the service is RESPONSIVE

KPI 4.1	CQC Responsive Rating Critical & Non Critical Default	After the first 12 months of service the Contractor will achieve at least a rating of 'Good' for 'Responsive' in any inspection undertaken by CQC. A rating of inadequate is a critical default.	CQC inspection	As taken
KPI 4.2	Effective support compliance Critical default	The Contractor can demonstrate through the required monitoring information (and other supplementary information as presented by the Contractor) that they are delivering effective support to residents to achieve their needs and goals. They will evidence this by meeting the minimum requirements as below and further defined in the Performance and Monitoring Information: *Accessible person centred care and support plan *Co Produced person centred care and support plan *Appropriate risk assessments *Reviews undertaken as needed and no less than every 6 months *Outcomes Measured (Outcome Star /Distance Travelled Tool)	Contractor Performance & Monitoring Information Authority Audit Activity	As specified Annually/twice Yearly
KPI 4.3	In control Critical default	Contractor can demonstrate through the required monitoring information (and other supplementary information as presented by the Contractor) that they are: *Co-producing services with Residents and Relatives and other appropriate stakeholders *Ensuring changes and service development activity are undertaken in partnership with Residents and relatives and other appropriate stakeholders *Delivering an activities programme in alignment with resident wishes	Contractor Performance & Monitoring Information Authority Audit Activity	As specified annually / twice annually
Performance & Monitoring Requirement				
PM 4.1	Care and support planning	95% of residents have an accessible, person-centred care and support plan in place within one week of moving into the scheme, that the resident has been actively involved in developing. The resident case file will clearly define when the resident moved into the scheme. The Care and Support Plan will be clearly dated. The Contractor to report through exception any occasion this is not achieved: *Resident Identifier *Date *Reason	Authority Template Exception Reporting Contractor Reports & Standard Operating Procedure (s)	Quarterly Available upon request
PM 4.2	Reviews	The Contractor to ensure that 95% of residents' have their Care and Support Plan reviewed at least every six months, or more frequently if required and residents to be actively involved in the review. The Care and Support Plan will be clearly dated The Contractor to report through exception any occasion this is not achieved *Resident Identifier *Date *Reason	Authority Template Exception Reporting Contractor Reports & Standard Operating Procedure (s)	Quarterly available upon request
PM 4.3	Outcomes	At the 6 month review The Contractor to report through exception any occasion this is not achieved *Resident Identifier *Date *Reason	Authority Template Exception Reporting Contractor Reports & Standard Operating Procedure (s)	Quarterly Available upon request
PM 4.4	Home for life	The Contractor will support residents to live in the service as long as they wish and is within the resident's best interest. Their activity will include End Of Life planning, ensuring that residents and their families have agreed a plan clearly identifying their preferred place of dying (e.g. Hospital, Own Flat, Back with their family if viable). The Contractor will report on all residents exiting the service. The information will provide *Service start date *Service departure date *Ongoing Service Provision (as relevant) . *Reason/Comments (as relevant)	Authority Template Exception Reporting Authority Template	quarterly
PM 4.5	Social Inclusion	The contractor to ensure residents have access to a range of interesting and diverse activities. These as a minimum will include: *Scheme Activity - The Contractor in co-production with residents will design and deliver an activities programme. *Community Activity - The Contractor will develop and continue to build community links to support residents to access community activity. The Contractor will support residents to maintain existing community links (e.g. Faith attendance, social clubs). *Self Directed Activity - The Contractor will support residents to maintain or engage in self directed activity (e.g. hobbies & outings). The Contractor will maintain a social inclusion document (diary/log) listing: *Date *Scheme activity *Community activities *Self Directed activity *Attendees The Contractor to ensure that residents are participating regularly in an activity defined as above and will report via exception when this is not being achieved: *Resident Identifier *Reason	Template Exception Reporting Contractor Social Inclusion Document	Quarterly
PM 4.6	Residents informing the running of the service	The Contractor will demonstrate how they have involved residents and their families and/or friends carers in running the service and co-production of activities. *Action plan arising from residents and relative meetings *Residents and relatives being engaged in training staff	Minutes / action plan	quarterly
PM 4.7	Feedback Activity and Response	The Authority will undertake a feedback activity with internal stakeholders (e.g. social workers / team managers / clinicians i safeguarding leads) to seek feedback that the action the Contractor is delivering a responsive service. This feedback activity will be shared with the Contractor for them to respond to and to report on the actions they have taken as part of the monitoring submission for KPI 4.1 & 4.2	Authority Feedback Activity Contractor summary monitoring report	Annually / twice Yearly Quarterly

5. CQC Essential Standard - the service is WELL LED

KPI 5.1	Well led survey	75% or above of the staff think the service is well led	ASC led survey	annual
	Critical default			
KPI 5.2	CQC Well Led Rating Critical & Non Critical Default	After the first 12 months of service the Contractor will achieve at least a rating of 'Good' for 'Well Led' in any inspection undertaken by cQc. A rating of inadequate is a critical default. A rating of requires improvement is a non-critical default	CQC inspection	As taken
KPI 5.3	Well Led Compliance Critical Default	The Contractor can demonstrate through the required monitoring information (and other supplementary information as presented by the Contractor) that the service is well led.	Contractor Monitoring Information Authority Audit Activity	As required Annually/ Twice Yearly
Performance & Monitoring Requirement				
PM 5.1	Maximising the scheme	To deliver timely services to residents and maximise public funds in paying for the service the Contractor will maximise the usage of the scheme and minimise voids. The Contractor will ensure: *Referrals to assessments are undertaken within 5 working days *Assessment to decision are undertaken within 2 working days *Decision to move in date is within a further 30 day period. The Contractor will provide monitoring information on the *Referral date *Move in date *Comments / Reason	Authority template	quarterly
PM 5.2	Establishment hours	In alignment with contractual requirements and service need, the Contractor will ensure that they have a staffing establishment (numbers, type, quality) to deliver the service objectives. The Contractor will specify their staffing establishment hours at the beginning of the monitoring period and ensure that as a minimum 95% of the establishment hours are delivered. The Contractor will report by exception if any particular day the establishment level falls below 90%	Authority template	quarterly
PM 5.3	Service Audit	The Contractor shall undertake a Service Audit for all elements of the service that have not received a dedicated audit. The Audit will inform a Service Improvement Action Plan. The Service Improvement Action Plan will include existing areas of practice and at least one new developmental area. The Contractor will complete 100% of the required improvements within the target timelines. The Contractor will complete no less than 50% of the recommended improvements within the target timelines.	Contractor audit and action plan	Annual audit Quarterly updates
PM 5.4	Voids	The Contractor will report the voids weekly to the social workers	Contractor weekly update to assessment services	weekly
PM 5.5	Feedback Activity and Response	The Authority will undertake a feedback activity with internal stakeholders (e.g. social workers / team managers / clinicians / safeguarding leads) to seek feedback that the action the Contractor is delivering a responsive service. This feedback activity will be shared with the Contractor for them to respond to and to report on the actions they have taken as part of the monitoring submission.	Authority Feedback Activity Contractor summary monitoring report	Annually/Twice Yearly Quarterly

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KPI 1.3	Safe services compliance critical default	The contractor can demonstrate through the required monitoring information (and other supplementary information as presented by the contractor) that the service helps residents feel and be safe	Contractor performance and monitoring information. Authority audit activity	annually / twice annually
KPI 2.1	Wellbeing Non-Critical default	80% or above residents, when asked, say the services have helped improve their wellbeing and quality of life Residents when asked would identify what aspects of their lives has improved since moving in to the service	Contractor survey / assisted assessment through independent third party discussion	Annual
KPI 2.2	CQC Effective rating critical & non-critical	After the first 12 months of service the Contractor will achieve at least a rating of 'good' for Effective in any inspection undertaken by CQC A rating of inadequate is a critical default a rating of requires improvement is a non critical default	CQC inspection	As taken
KPI 2.3	Reabling approach Critical	The contractor can demonstrate through the required monitoring information (and other supplementary information as presented by the contractor) that the service is maximising residents level of independence	Contractor Performance & Monitoring Information Authority Audit Activity	As specified annually / twice annually
KPI 3.1	Service satisfaction non-critical default	80% or above of residents and their family / friends would recommend the service to a loved one	Contractor survey / assisted assessment through independent third party discussion	annual
KPI 3.2	CQC Caring rating critical & non-critical default	After the first 12 months of service the Contractor will achieve at least a rating of 'Good'for'Caring' in any inspection undertaken by CQC. A rating of inadequate is a critical default. A rating of requires improvement is a non-critical default.	CQC inspection	As taken
KPI 3.3	Culture of dignity and respect critical default	The Contractor can demonstrate through the required monitoring information (and other supplementary information as presented by the Contractor) that they are embedding respect and dignity within their organisation's culture; In the way the Contractor engages with residents and their families and friends; its own staff and stakeholders	Contractor Performance & Monitoring Information Authority Audit Activity	As specified annually / twice annually
KPI 4.1	CQC Responsive Rating Critical & Non Critical Default	After the first 12 months of service the Contractor will achieve at least a rating of 'Good'for'Responsive' in any inspection undertaken by CQC`. A rating of inadequate is a critical default. A rating of requires improvement is a non-critical default.	CQC inspection	As taken

KPI 4.2	Effective support compliance Critical default	The Contractor can demonstrate through the required monitoring information (and other supplementary information as presented by the Contractor) that they are delivering effective support to residents to achieve their needs and goals. They will evidence this by meeting the minimum requirements as below and further defined in the Performance and Monitoring Information: . *Accessible person centred care and support plan *Co Produced person centred care and support plan *Appropriate risk assessments *Reviews undertaken as needed and no less than every 6 months *Outcomes Measured (Outcome Star /Distance Travelled Tool)	Contractor Performance & Monitoring Information Authority Audit Activity	As specified Annually/twice Yearly
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KPI 5.1	Well led survey Critical default	75% or above of the staff think the service is well led	ASC led survey	annual
KPI 5.2	CQC Well Led Rating Critical & Non Critical Default	After the first 12 months of service the Contractor will achieve at least a rating of 'Good'for'Well Led' in any inspection undertaken by cQc. A rating of inadequate is a critical default. A rating of requires improvement is a non-critical default	CQC inspection	As taken
KPI 5.3	Well Led Compliance Critical Default	The Contractor can demonstrate through the required monitoring information (and other supplementary information as presented by the Contractor) that the service is well led.	Contractor Monitoring Information Authority Audit Activity	As required Annually/ Twice Yearly

A. Organisation Information					
Provider name:					
Scheme name:					
Contract/service manager name:					
Job title/position:					
Contact tel no:					
Email address:					
B. Activity	Q1	Q2	Q3	Q4	Target
Number of residents in reporting period					n/a
Number of flexi hours delivered					
Number of core hours delivered					
C. Referrals and voids	Q1	Q2	Q3	Q4	Target
Number of referrals received					
Number of referrals assessed within 5 days of receipt					100%
Number of decisions made within 2 days of assessment completed					100%
Number of move in dates within 30 days of decision					100%
Number of referrals rejected					
Number of residents moving in					
Number of residents moving out					
Number of voids at end of reporting period					
Comments					
D. Resident Hours and needs	Q1	Q2	Q3	Q4	Target
Number of residents having increased hours					
Number of residents having decreased hours					
Number of hospital admissions					
Number of LAS call outs					
Number of hospital discharges					
Number of reviews undertaken in monitoring period					
Number of residents using direct payment with alt. provider					
Number of incidents where a residents stated preference could not be met					
Number of care and support plans completed within one week of moving in					95%
Number of residents with co-produced person centred care and support plans					
Number of care and support plans reviewed within 6 month of previous plan					95%
number of activities					
Number of resident meetings / relative engagement					
Comments					
E. Audits and surveys	Q1	Q2	Q3	Q4	Target
Completed annual service audit					Annually
Contractor Survey - residents, when asked, say the services help them feel safe					80%
Contractor Survey - when asked, residents say the services have helped improve their wellbeing and quality of life					80%
Contractor Survey - residents and their family / friends would recommend the service to a loved one					80%
Contractor Survey - staff think the service is well led					75%
Annual Dignity Self Assessment Audit					Annually
F. Medication, accidents and incidents	Q1	Q2	Q3	Q4	Target
Medication errors identified					
Medication errors reported, recorded and followed up					100%
Medication audit					Annually
Number of accidents and incidents identified					
Number of accidents and incidents reported, recorded, and followed up					100%
G. Staffing	Q1	Q2	Q3	Q4	Target
Staffing establishment hours					95%
Total number of staff					
Number of employed staff					
Number of agency staff					
Number of new starters					
number of new starter recruitment checks completed					
Number of leavers					
Number of staff received supervision within 8 week period					100%
Number of staff with training out of date					
Number of staff with training up to date					
Number of staff with enhanced DBS checks					
H. Complaints	Q1	Q2	Q3	Q4	Target
Number of complaints received					
Number of complaints followed up					
Number of complaints resolved					
Number of complaints upheld					
I. CQC Ratings	Q1	Q2	Q3	Q4	Target
Safe					Good
Effective					Good
Caring					Good
Responsive					Good
Well Led					Good

Which monitoring period are you referring to?

1. Quality, compliance and safety

1.1 Please outline below, any reviews that have been undertaken in the monitoring period, including review dates, outcomes and ongoing concerns.

Resident initials	Date of the review	Details of the review

1.2 Have there been any safeguarding alerts in the monitoring period?

If yes, please give details:

Date reported	Date received response from ASC	Service user (initials)	Type/nature of safeguarding	Investigating Officer / Team	Brief description	Outcome	Any action taken

1.3 Have there been any other serious incidents in the monitoring period?

If yes, please give details:

Date of incident	Date reported	Type of incident	Brief description	Any action taken	Outcomes

1.4 Have there been any complaints in the monitoring period?

Date reported	Type/nature of complaint	Brief description	Outcome	Any action taken	Date concluded	If not concluded in <=10 days give reasons

1.5 Have there been any compliments in the monitoring period?

If yes, please give details:

Date	Brief description

1.6 Have there been any business continuity issues in the monitoring period?

e.g Holiday cover, hiring staff etc. If yes, please give details:

Please give details of your most recent activity to test or assure business continuity:

Date of test	What were you testing?	How did you test it?	Outcomes	Any actions taken

1.7 Have you undertaken any service user surveys (or other service user involvement/feedback activity) in the monitoring period?

If yes, please give details and provide any evidence:

Date of feedback activity	Type of involvement/ feedback activity (e.g. survey)	Brief description	Outcomes/learning and any actions taken as a result	How have you reported the findings and actions back to service users?

1.8 Have you undertaken any other quality assurance in the monitoring period?

If yes, please give details and provide any evidence:

Date	Brief description	Outcomes/learning and any actions taken as a result

1.9 Please give details of last CQC inspection/assessment (or other relevant inspection/quality standard):

Date of last inspection	Outcome	Any action plan and progress

2. Additional Info

Case Study 1 - Use this space to tell us how your staff have helped residents to move towards achieving their agreed outcomes, as outlined in their support plan, during this monitoring period.

Case Study 2 - Use this space to tell us how you have helped to engage residents in their local community, giving details of the expected or observed outcomes of this activity.