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**Core Assurances**

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

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

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

This template (which includes a worked example) is devised to help you check that you are meeting all of these core assurances and that you are able to evidence this.

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| --- | --- | --- |
| General actions | Date checked | Comments/actions required |
| A registration certificate is on display and contains accurate information that reflects the service currently being delivered. | 16/7/22 | Old certificate displayed, print off the new one which was issued after the variation |
| A valid insurance certificate is on display on the noticeboard. (Not LA services) | 16/7/22 | Certificate expired 14/7 but printer broken so unable to print off new certificate. Check action on broken printer with resources team. |
| There is a written statement of the aims and objectives that accurately describes the conditions of registration and the service that is offered to people. | 16/7/22 | Last consultation with children and families on aims and objectives was in 2020, we are planning a review in October to take account of the views of new children and families and the changes to registration conditions. |

**Worked example**

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| **Protection** |
| □ There is a child protection policy and procedure that evidences how children are kept safe.  □ Staff are trained in child protection and are confident in knowing when and how to make referrals, including notifying the Care Inspectorate.  □ Where required, there is evidence that appropriate child protection referrals have been made and followed up. |
| How can we evidence that we meet this core assurance? |
| We have a child protection policy and procedure in place, last reviewed/updated 12/3/22. This includes a flowchart of the actions we need to take when a concern is raised. Child Protection training has been completed by all staff and is included in our induction training. As part of induction, we ensure that all staff have a clear understanding of their role in protecting children. We have procedures in place to ensure that training is refreshed every year.  Records of the training attended are kept in each staff member’s personal development file, along with copies of any training certificates and copies of their reflective account of the impact of the learning on their practice. Child Protection is a standing item on agendas for each room meeting and for monthly whole staff meetings. We regularly check staff understanding by discussing case studies from events elsewhere.    We have made 3 Child Protection referrals during the past year, all of which were notified to the Care Inspectorate. Detailed chronologies are stored securely, and we make sure that staff have the information they need to support individual children appropriately and to work with other agencies. |
| Any additional actions to be taken? |
| Make sure that child protection training is refreshed every year and the procedure is up to date with changes. |

**Core assurances self-evaluation template**

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

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

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

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

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| --- |
| **Protection** |
| □ There is a child protection policy and procedure that evidences how people are kept safe.  □ Staff are trained in child protection and are confident in knowing when and how to make referrals, including notifying the Care Inspectorate.  □ Where required, there is evidence that appropriate child protection referrals have been made and followed up. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Infection prevention and control** |
| □ All Staff are trained in and can demonstrate they understand and apply the principles of infection prevention and control as contained in [infection-prevention-and-control-in-childcare-settings.pdf (careinspectorate.com)](https://hub.careinspectorate.com/media/1538/infection-prevention-and-control-in-childcare-settings.pdf)  □ There is a nominated lead person who has responsibility for infection prevention and control.  □ The Service has governance and quality assurance processes in place for infection prevention and control.  □ Leaders ensure that staff have access to suitable equipment and appropriate cleaning products. A robust risk assessment is undertaken and approved through local governance when this cannot be implemented. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Medication system and records** |
| □ Children are protected by safe medication management policies and practices.  □ Legislation and good practice guidance are followed when supporting children to take medication in line with [management-of-medication-in-daycare-of-children-and-childminding.pdf (careinspectorate.com)](https://hub.careinspectorate.com/media/1549/management-of-medication-in-daycare-of-children-and-childminding.pdf)  □ Where there are medication errors, the service makes appropriate notifications and learns from these to improve medication practice. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Accident/incident records** |
| □ A record of all accidents and incidents occurring in the service is maintained and, where required, notified to the Care Inspectorate and/or the appropriate agency/ authority.  □ There are quality assurance processes around accident and incidents and evidence of learning from these. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Development/Improvement plan** |
| □ There is an up-to-date development/improvement plan in place that is informed by feedback from staff and children who use the service, and their relatives. This plan is actively used to drive improvement in the service. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Complaints** |
| □ The complaints and concerns of each child, their family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.  □ People are made aware promptly of the outcome of any complaints and there are processes in place to implement learning from complaints. A record is made of all complaints, responses and outcomes and details of any formal investigations undertaken.  □ The complaints process is user-friendly and accessible. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Staff recruitment procedures** |
| □ Safe and effective recruitment practices are in place to recruit staff in accordance with good practice and national safer recruitment guidance.  □ Staff are inducted appropriately into their roles.[National Safer Recruitment Guidance | Care Inspectorate Hub](https://hub.careinspectorate.com/resources/national-safer-recruitment-guidance/)  [Early learning and childcare – national induction resource - latest version: August 2022 - gov.scot (www.gov.scot)](https://www.gov.scot/publications/early-learning-childcare-national-induction-resource-latest-version-august-2022/) |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **The physical environment** |
| □ The service is clean, tidy, welcoming and free from avoidable and intrusive noise and smells.  □ The layout of the setting and quality of the furnishings and fixtures meets children’s needs and outcomes. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Maintenance records for safety equipment** |
| □ Children have access to appropriate equipment, including single use equipment, which promotes their independence and comfort. Where the equipment is not single use, this is cleaned between uses and stored securely.  □ Equipment is fit for purpose and there is a process and record of ensuring that all equipment is properly installed, used, maintained, tested, serviced and replaced.  □ Staff are trained to use equipment (details in training records).  □ The setting has relevant safety certificates including gas and water checks, and others as appropriate.  □ Testing and maintenance of fire safety equipment and systems takes place, and a fire risk assessment is in place.  Staff and children in the service know what to do in the event of a fire, including information on those who need support to evacuate and how to do this safely (for example children with mobility aids and strategies for evacuating the baby room). |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Planned care and support** |
| □ The personal plan is based on an ongoing comprehensive assessment of individual’s needs, strengths and development and is outcomes-focussed. It is implemented, evaluated and reviewed, reflects children’s changing needs and outlines the support required to maximise their quality of life in accordance with their wishes and development needs.  □ Children and their families are actively involved in their personal planning process and care is observed to be child-centred and delivered in accordance with each child’s individual plan.  □ Personal plans are accessible to children, their families/carers and the staff providing their care and support, ensuring their needs and wishes are met. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Management oversight and governance/administration** |
| □ There are governance and oversight systems in place to identify risks and ensure appropriate action is taken to improve outcomes for people. These include leaders’ behaviours which create the right environment for safe quality care. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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