****

**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](https://www.gov.scot/publications/early-indicators-concern-care-services/), [Hull University 2012](https://www.hull.ac.uk/work-with-us/research/site-elements/docs/groups/early-indicators-of-concern-for-older-people.pdf), [Francis Report 2013](https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry))

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 checklist of core assurances highlights what inspectors must look at in the course of an inspection.  They help guide providers on the areas that are important to people’s safety and wellbeing as well as identifying any potential risks to outcomes for children and young people.  This is because children and young people's rights to be safe and have good outcomes must be consistent, planned and embedded.  We know that quality inputs and processes are a key driver for good outcomes and minimising the risks to poor outcomes, which is why we examine these core assurances at every inspection.  Our focus is on the effectiveness of these in delivering good outcomes and minimising the risk of poor outcomes.

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.

**Worked example**

|  |  |  |
| --- | --- | --- |
| **General actions** | **Date checked** | **Comments/actions required** |
| A registration certificate is on display and contains accurate information that reflects the service currently being delivered. | 16/7/23 | Old certificate displayed, print off the new one which was issued after we applied for and received a variation in our conditions |
| A valid insurance certificate is on display or readily available | 16/7/23 | Certificate is held electronically – printed off hard copy for ease of access – displayed with registration certificate so it is easy to see for families and visitors. |

|  |
| --- |
| **Protection** |
| * There is a child and/or adult protection policy and procedure that evidences how people are kept safe. * Staff are trained in child and/or adult 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 and/or adult protection referrals have been made and followed up. |
| How can we evidence that we meet this core assurance? |
| Our protection policy was last updated in October 2022. We checked that current guidance was included in the policy and was a key driver to the development of our policy. From this, we found some information could be updated to include national guidance from 2023.  We used staff supervision to discuss our protection procedures with staff and found almost all had a clear understanding of their role and how to record and report a concern. Staff training was due to be renewed for some staff in the next two months and our training needs analysis had identified this as a priority for some staff who had not completed a refresher recently.  We audited our protection documentation including chronologies and identified that these had mostly been completed to a high standard. There was evidence of oversight and review from internal and external leaders.  In the last six months we made 10 referrals to the relevant lead agency as defined in our policy. For each of these, we cross-checked with eForms and found that all had been notified to the Care Inspectorate within the required timescale. |
| Any additional actions to be taken? |
| Update policy using most recent national guidance and legislation – these will be the key drivers of any updates to the policy. Reviews of this policy will now be six monthly.  Ensure that identified staff complete training and review the impact of this. |

**Core assurances self-evaluation template**

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

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

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

|  |  |  |
| --- | --- | --- |
| **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 or easily accessible |  |  |

|  |
| --- |
| **Protection** |
| * There is a child and/or adult protection policy and procedure that evidences how people are kept safe. * Staff are trained in child and/or adult 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 and/or adult protection referrals have been made and followed up. |
| How can we evidence that we meet this core assurance? |
|  |
| Any additional actions to be taken/areas for improvement? |
|  |
| **Infection prevention and control** |
| * All staff have an understanding of infection prevention and control, including the importance of regular handwashing, which contributes to a safe and hygienic environment for children and young people. * The service has governance and quality assurance processes in place for infection prevention and control.  This includes regular training in key areas such as infection prevention and control and food hygiene where appropriate.      * Leaders ensure that staff have access to suitable equipment and appropriate cleaning products where needed. |
| How can we evidence that we meet this core assurance? |
|  |
| Any additional actions to be taken/areas for improvement? |
|  |
| **Medication system and records** |
| * Children and young people are protected by safe medication management policies and practices. This includes regular audits and accurate tracking of children and young people’s medication. * Legislation and good practice guidance are followed when supporting children and young people who do not have capacity to take medication, where medication is given covertly and when as required medication is prescribed. * Where there are medication errors, services make appropriate notifications and learn from these to improve medication practice. This is supported by regular training and development opportunities for staff. |
| How can we evidence that we meet this core assurance? |
|  |
| Any additional actions to be taken/areas for improvement? |
|  |
| **Management of people’s finances** |
| * Children and young people’s personal property and finances are managed and protected in line with legislation. This includes children and young people in continuing care still receiving pocket money or an allowance. * Clear financial policies and procedures for the management of children and young people’s money and possessions are documented and evidenced in practice. * Where decisions are being made on behalf of an individual who lacks capacity, legislation principles and good practice guidance are followed. For some services working with young adults, this includes proper financial accounting and audit measures being in place in accordance with Part 4 of the Adults with Incapacity (Scotland) Act 2000, and the Act’s guidance for managers – code of practice. |
| How can we evidence we meet this core assurance? |
|  |
| Any additional actions to be taken/areas for improvement? |
|  |
| **Accident/incident/restraint records** |
| * A record of all accidents and incidents involving children and young people occurring in the service is maintained and, where required, notified to the Care Inspectorate and/or the appropriate agency or authority. There are quality assurance processes around accidents and incidents and evidence of learning from these. * Clear records of any instances where restrictive practices are used must be kept in line with national guidance. This should include details of any debrief or learning and development arising from the incident. |
| How can we evidence that we meet this core assurance? |
|  |
| Any additional actions to be taken/areas for improvement? |
|  |
| **Development/Improvement plan** |
| * There is an up-to-date development/improvement plan in place that is informed by feedback from staff and children and young people who use the service and their relatives or people who are important to them. This plan reflects the principles of The Promise and is actively used to drive improvement in the service. |
| How can we evidence that we meet this core assurance? |
|  |
| Any additional actions to be taken/areas for improvement? |
|  |
| **Complaints** |
| * The complaints and concerns of each child or young person, 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 accessible and easy for people to use. It can easily be understood by children and young people using the service. |
| How can we evidence that we meet this core assurance? |
|  |
| Any additional actions to be taken/areas for improvement? |
|  |
| **Staff recruitment procedures** |
| * Safe and effective recruitment practices are in place to recruit staff in accordance with good practice and national safer recruitment guidance. |
| How can we evidence that we meet this core assurance? |
|  |
| Any additional actions to be taken/areas for improvement? |
|  |
| **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 is nurturing and meets children and young people’s needs and outcomes. |
| How can we evidence that we meet this core assurance? |
|  |
| Any additional actions to be taken/areas for improvement? |
|  |
| **Maintenance records for safety equipment** |
| * Equipment necessary to the safe operation of the service is well-maintained in line with manufacturer’s instructions and any other relevant legislation. * Staff and children and young people are aware of emergency procedures, including where evacuation is required. * Where specialist equipment is needed, there is a process for ensuring this is properly installed and remains safe through appropriate testing and servicing. |
| How can we evidence that we meet this core assurance? |
|  |
| Any additional actions to be taken/areas for improvement? |
|  |
| **Planned care and support** |
| * The child or young person’s personal plan is outcome-focused and based on an ongoing comprehensive assessment of individual’s needs and strengths. It is implemented, evaluated and reviewed, reflects the child or young person’s changing needs and outlines the support required to maximise their quality of life in accordance with their wishes. * Children and young people are actively involved in their personal planning process and care is person-centred and delivered in accordance with each child or young person’s individual plan. * Personal plans are accessible to children and young people 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? |
|  |
| Any additional actions to be taken/areas for improvement? |
|  |
| **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 children and young people. These include leaders’ behaviours which create the right environment for safe quality care. * There are internal and external quality assurance systems in place to promote high quality care and support. |
| How can we evidence that we meet this core assurance? |
|  |
| Any additional actions to be taken/areas for improvement? |
|  |
| **Meaningful connections** |
| * Children and young people are actively supported with physical meetings, visits and digital and/or traditional forms of communication to maintain social and community connections.  This includes staying connected with siblings and other people important to children and young people. * Staff demonstrate they understand and apply the principles of sustaining meaningful relationships in children and young people’s lives and how to support them with this. * Practice is strengthened by a policy which outlines how children and young people will be supported to keep in touch with people who are important to them. |
| How can we evidence that we meet this core assurance? |
|  |
| Any additional actions to be taken/areas for improvement? |
|  |
| **Safe staffing** |
| □ The numbers, skill mix and deployment of staff are determined by an effective  process of continuous assessment featuring a range of measures and is  linked to quality assurance. |
| How can we evidence that we meet this core assurance? |
|  |
| Any additional actions to be taken/areas for improvement? |
|  |