

SCHEDULE J – KEY PERFORMANCE INDICATORS

Care Home KPIs (in order of importance)		Impact on residents(H/M/L)
1.	There should be no medically diagnosed incidents of dehydration, malnutrition or grade 2 and above pressure sores unless on admission (unless there is a medical diagnosis which states that the pressure sore is unavoidable).	High
	<i>All incidents of dehydration or malnutrition or pressures sores that have been medically diagnosed will be reported to the Council.</i> <i>In the event of a reported incident the Council will be entitled to an amount from the Provider equal to the Council's normal liability at the time in respect of 4 weeks occupancy by that resident.</i>	
2.	There should be no avoidable admissions of residents to hospital, by way of medically diagnosed dehydration, malnutrition, or pressure sores.	High
	<i>The reason for any admission to hospital by a resident will be recorded.</i> <i>In the event of an admission arising from the resident having a pressure sore or being dehydrated or malnourished the Provider will pay the Council the equivalent of eight weeks' charges for that resident.</i>	
3.	All residents' records to have a statement of needs and preferences, a care plan and a risk assessment, all completed within 5 days of the resident's admission.	High
	<i>The Council may once in each Month review each care home's records for up to 20% of the admissions in the preceding three Months. The Provider shall procure immediate access to such records by the Council on request and visits for this purpose shall not be subject to prior agreement or announcement. Care plans will be deemed to be completed when the resident and/or a relative on their behalf signs and dates the care plan. If the resident is unable to sign because of frailty or lack of competence, and there is not a relative who can sign, the senior person on duty at the time of completing the care plan should sign that it is completed and record why it has not been signed by the resident or a relative.</i>	

	<p><i>For each care plan not meeting the requirement the Council may levy a charge of (a) 10% of the weekly rate applicable for the resident if the plan is found to have been signed later than 5 days after admission or (b) 20% if the plan is unavailable or found unsigned (and the said 5 days have expired). The Council may at not more than weekly intervals re-review defective records within (b) aforesaid and the charge may be repeated if the record is found to be still unavailable or unsigned.</i></p>	
4.	<p>Residents' medication: all records to be reviewed at least quarterly for long term residents and at least weekly for short term residents (respite or reablement). Such reviews must be authenticated by the signature of the care home manager, clinical lead, care lead or such other person as the Council shall have agreed to in writing.</p>	Medium
	<p><i>The Council may once in each Month review 20% of each home's medication records. The Provider shall procure immediate access to such records by the Council on request and visits for this purpose shall not be subject to prior agreement or announcement.</i></p> <p><i>For each record for which the requirement is not met the Council may levy a charge of 10% of the weekly rate applicable for the resident. The Council may re-review defective records at not more than weekly intervals and the charge may be levied on each occasion that the record is found to be unamended.</i></p>	
5.	<p>All residents' records must be reviewed within 12 months of the date of the last review, for each home.</p>	Medium
	<p><i>The Council may once in each Month inspect 10% of the care home's records. A review will be deemed to have been completed on the same basis as KPI 3 above.</i></p> <p><i>For each record for which the requirement is not met the Council may levy a charge of 10% of the weekly rate applicable for the resident. The Council may re-review defective records at not more than weekly intervals and the charge may be levied on each occasion that the record is found to be unamended.</i></p>	
6.	Not used	
7.	<p>Satisfaction with the service: 80% of responses to each question in the annual satisfaction questionnaire for residents and their families should be either strongly agree or agree.</p>	Med

	<p><i>The Provider will be required to conduct a satisfaction survey for each calendar year for each home with residents and relatives in the Care UK survey and the results and the returns shown to the Council within one Month of the end of that year.</i></p> <p><i>In the event of the standard not being met for a home (a) the Provider must use its best endeavours to agree in good faith and as soon as reasonably practicable an action plan with the Council for improving as soon as reasonably practicable the satisfaction scores, in consultation with that home's relatives' and residents' groups, and (b) thereafter to implement the same with all due diligence by 6 Months from the end of the year surveyed. If in the reasonable opinion of the Council either (a) or (b) is not completely complied with at the expiry of the said period the Council shall be entitled to an amount from the Provider equal to 10 times the average weekly bed rate at that home at the time of such entitlement (e.g. £6490 total potential fine based on original average weekly fee).</i></p>	
--	--	--

Community Wellbeing Centres KPIs		Likelihood of Occurrence (L/M/H)
1.	All service users records to have a statement of needs and preferences, a care plan and a risk assessment within 5 days of commencing the service.	High
	<p><i>The Council may once in each Month review each CWC's records for up to 20% of the admissions in the preceding three Months. The Provider shall procure immediate access to such records by the Council on request and visits for this purpose shall not be subject to prior agreement or announcement. Care plans will be deemed to be completed when the customer and/or a relative on their behalf signs and dates the care plan. If the customer is unable to sign because of frailty or lack of competence, and there is not a relative who can sign, the senior person on duty at the time of completing the care plan should sign that it is completed and record why it has not been signed by the customer or a relative.</i></p> <p><i>For each care plan not meeting the requirement the Council may levy a charge of (a) the amount payable</i></p>	

	<p><i>for two average sessions at the CWC if the plan is found to have been signed later than 5 days after admission or (b) the amount payable for four average sessions at the CWC if the plan is unavailable or found unsigned (and the said 5 days have expired). The Council may at not more than weekly intervals re-review defective records within (b) aforesaid and the charge may be repeated if the record is found to be still unavailable or unsigned.</i></p>	
2.	<p>There should be no more than four formal complaints upheld and serious about service quality across all CWCs per calendar year from residents and or family members.</p>	Med
	<p><i>The Provider will be required to report all complaints regarding service quality to the Council within one Month of the end of the calendar year in which they occur.</i></p> <p><i>In the event of the standard not being met for a centre (a) the Provider must use its best endeavours to agree in good faith and as soon as reasonably practicable an action plan with the Council for improving as soon as reasonably practicable the satisfaction scores, in consultation with customers and relatives and (b) thereafter to implement the same with all due diligence by 6 Months from the end of the year surveyed. If in the reasonable opinion of the Council either (a) or (b) is not completely complied with at the expiry of the said period the Council shall be entitled to an amount from the Provider equal to 10 times the total charge for one individual attending all sessions for a week at that CWC at the time of such entitlement.</i></p>	