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**Provider Monthly Report Template**

Regulation 19 (4) of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018, requires that the provider arranges for a representative to report monthly on care quality and compliance with the law on a monthly basis (where the registered manager is not the registered provider). The provider representative who completes the report should not be someone involved in the day to day management of the service.

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| (4)Where the registered provider – (a) is not the registered manager; and (b) is not a registered person to whom Regulation 32 applies, the registered provider must arrange for a representative to report monthly on the quality of the care provided and compliance with the registration requirements under the Law and these Regulations.  |

Following consultation with Providers in January 2019, the Care Commission have produced this template as guidance for the provider monthly report

Providers do not need to use this template and may use their own format. (The template contains some examples, providers will need to determine areas to be reviewed each month)

Providers are not required to submit their monthly report to the Care Commission, however, they must be made available upon request.

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| **Name of Registered Provider** |  |
| **Name and role of Provider Representative completing this report** |  |
| **Name of Service** |  |
| **Name of Service Registered Manager** |  |
| **Date of review** |  |
| **Duration of review** |  |
| **Method of review** | *Care homes/Day Care – visit**Home Care – Office/client visits* |
| **Number of people receiving care** | Total: |
| Nursing care: |
| Personal care: |
| Personal support: |
| **Capacity** | *Home Care – total number of care hours/week, capacity to take more**Day Care – number of places available**Care Homes - number of beds available/closed**Number of referrals/waiting lists* |
| **Number of staff working at time of review** | *Is this at or above what is detailed in the Statement of Purpose and above any minimum requirements?* |
| **Recruitment / retention** | Number of job vacancies (inc. role and hours):Number of leavers:Number of inductees: |
| **Staffing issues** | *Absences, disciplinary action, recruitment difficulties – summary*  |
| **Staff training, development and support** | *Statutory and mandatory training compliance**Supervision and appraisal compliance**Qualifications status* |
| **Review of previous actions** | *Include actions identified on previous reports or requirements under Regulation of Care Law* |
| **Accidents/incidents** (no identifiable info) | Total number reported: |
| Number of notifications to the Care Commission: |
| Outcomes – learning, themes, actions:  |
| **Safeguarding referrals/incidents**(no identifiable info) | *Number/stage/outcome/actions* |
| **Complaints** | *Number/stage/outcome/actions* |
| **Feedback from people receiving care** | *Consider using some structured questions to ask a number of people about the care they receive*Number of people spoken to:Summary of views: |
| **Feedback from relatives / representatives** | *Consider using some structured questions to ask visitors/relatives about the quality of the care service.*Number of people spoken to:Summary of views: |
| **Feedback from staff** | *Consider using some structured questions to ask staff about the quality of the care service*Number of staff spoken to:Summary of views: |
| **Feedback from health/social care professionals** | *Consider using some structured questions to ask staff about the quality of the care service*Number of health/social care professionals who have provided feedback:Summary of views: |
| **Environment** | *Condition of accommodation/premises, identify any areas for improvement, maintenance etc.* |
| **Health and safety** | *Equipment checks, maintenance, compliance**Fire safety requirements**Temperature recording**Risk* |
| **Quality Assurance** | *Summary of audits/reviews undertaken within the month, outcomes and actions (consider annual plan – up to date with plan?) (examples: infection prevention and control, Falls, nutrition, pain)* |
| **Areas reviewed this month (Standards/Regulation compliance)**  | *Compliance with: (consider annual plan)* *Examples:* *Statement of purpose**Documentation – assessments, risk assessments, personal plans, reviews**Care receiver outcomes**Recruitment**Policy reviews…*Summary of findings and actions |
| **Conclusion** | *Overall quality of care, compliance with statement of purpose, standards and regulations, feedback…* |
| **Actions** | *Include action plan if required.* |