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| **Closed Culture Audit** | | | |
| Home: | Unit: | | Date: |
| Name of Auditor: | | Signature: | |

**Aims and Objectives:**

* To ensure that all are aware of what a (closed culture) means for SERVICE NAME;
* To ensure safe practice and compliance with CQC Guidelines and (ADD SERVICE NAME) policy.
* To meet the Standards of the appropriate Regulatory Body/Bodies;
* To meet the audit requirements of the appropriate Regulatory Body/Bodies.
* To ensure best practice and quality assurance.

**Administration of Closed Culture Audit :**

* The full audit will take place once a year; (**Change frequency according to service policy)**
* All Managers, senior staff and team leaders should have the opportunity to take part in completing this audit;
* The Manager is responsible for the collation of audits and scores from their respective units;
* Completed audits, including action plans and timescales, must be placed in the Service Evidence File and available for any visiting Contractor or Regulatory Inspector.
* This audit is to be carried out in conjunction with staff surveys, resident/client surveys & feedback gathering along with relevant stakeholder feedback.

**Scoring:**

* Each section can be scored individually on the score sheet and collectively to achieve an overall percentage score.
* The percentage can be calculated by dividing the actual score by the possible score, excluding the ‘n/a’s’, and multiplying by 100.

***“Closed environments may develop in services where people are situated away from their communities, where people stay for months or years at a time, where there is weak management of these services and where staff often lack the right skills, training or experience to support people.”***

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| **Closed Culture – SCORE SHEET** | | | | | | | | |
| **Home:** |  | **Unit:** |  | | | **Date:** | |  |
| Section | | | | Possible Score | Actual Score | | % | | |
| Leadership and management | | | | 16 |  | |  | | |
| Service User Experience | | | | 26 |  | |  | | |
| Skills and Experience of staff | | | | 14 |  | |  | | |
| Use of restriction and Restraint | | | | 10 |  | |  | | |
| Oversight of the service | | | | 9 |  | |  | | |
| **TOTAL SCORE:** | | | | **75** |  | |  | | |

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| **Section** | **Action to be Taken** | **Person Responsible** | **Date to be Achieved** | **Reviewed by & Date Completed** |
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ACTION PLAN

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| Area of audit: Leadership and management | | Yes | No | N/A | Score | Comments/Evidence |
|  | Are staff aware of what is classed as “closed culture” |  |  |  |  |  |
|  | Is there a policy and procedure in place staff can access? |  |  |  |  |  |
|  | Are staff aware and understand human rights and the protected characteristics of the equality act? |  |  |  |  |  |
|  | Are senior staff fully aware of what is happening in the service? |  |  |  |  |  |
|  | Do senior staff spend time interacting directly with people? |  |  |  |  |  |
|  | Are concerns raised dealt with directly and investigation documented? |  |  |  |  |  |
|  | Have any concerns been ignored or “played down”? |  |  |  |  |  |
|  | Do managers respond to bullying between staff? |  |  |  |  |  |
|  | Is the impact of violence on staff as well as service users recognised and responded to? |  |  |  |  |  |
|  | Has there been an increase in the number of incidents or complaints? |  |  |  |  |  |
|  | Is there an audit for incidents and complaints which evidences any action taken? |  |  |  |  |  |
|  | Are external audits completed by other professionals and their views sought? |  |  |  |  |  |
|  | Does the service respond well to CQC or other organisations that ask it for information? |  |  |  |  |  |
|  | Are recommendations from other professionals taken into consideration and acted upon as needed? |  |  |  |  |  |
|  | Are any recommendations used in a positive manner to move the service forward? |  |  |  |  |  |
|  | Is there evidence the service will protect people from abuse and protect their human rights: |  |  |  |  |  |

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| Area of Audit: Service user Experience | | Yes | No | N/A | Score | Comments/Evidence |
|  | Do service users appear comfortable with staff? |  |  |  |  |  |
|  | Do service users appear anxious with staff at any time? |  |  |  |  |  |
|  | Have staff been seen to tease, make fun of or play jokes on the service users? |  |  |  |  |  |
|  | Do staff tolerate abusive language, or inappropriate physical contact between service users? |  |  |  |  |  |
|  | Have there been any concerns raised regarding staff touching service users inappropriately? |  |  |  |  |  |
|  | Are staff aware and understand the impact they can have on behaviours and how this may escalate situations for service users? |  |  |  |  |  |
|  | Is any physical restraint used when it is not absolutely necessary? |  |  |  |  |  |
|  | Are staff trained in the use of physical restraint? |  |  |  |  |  |
|  | Are medical interventions carried out in the least restrictive manner appropriate? |  |  |  |  |  |
|  | Are medications being used appropriately and as prescribed? |  |  |  |  |  |
|  | Have any concerns / complaints / comments been made from service users regarding receiving “bad care” or being “punished? |  |  |  |  |  |
|  | If any concerns / complaints / comments have been made have they been investigated and where is the documentation? |  |  |  |  |  |
|  | Are care plans individual and person centered? |  |  |  |  |  |
|  | Do care plans evidence service user choice, decisions and involvement? |  |  |  |  |  |
|  | Are changes made to support a person with a disability? |  |  |  |  |  |
|  | Are communication plans in place to support people with a communication impairment, |  |  |  |  |  |
|  | Are there rules for everyone that stops them doing something, without looking at what is best for each person? |  |  |  |  |  |
|  | Are there times when service users are asked to go to their rooms or are stopped from leaving the service without appropriate rationale and documented explanation? |  |  |  |  |  |
|  | Are any people locked in their flat or room without rationale for best interest? |  |  |  |  |  |
|  | Have there been any changes to the service that will impact on the service user and give them less choice? |  |  |  |  |  |
|  | Are People’s rights set out in the Mental Health Act and other laws and rules being met and where is this evidenced? |  |  |  |  |  |
|  | Do people, like families, visit the service and are they helped to stay in touch with their relatives living there by phone or video call? |  |  |  |  |  |
|  | Can service users visit the local community and take part in social activities provided in communities at their choice? |  |  |  |  |  |
|  | Are service users supported to give regular written feedback and are action plans created as needed? |  |  |  |  |  |
|  | Are families kept updated with any changes and know how their loved one is cared for? |  |  |  |  |  |
|  | Are service users able to self-advocate or are supported to access an IMCA? |  |  |  |  |  |

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| Area of Audit: Skills and experience of staff | | Yes | | No | | N/A | | Score | | | Comments/Evidence |
|  | Are staff given the support they need from manager / senior staff | |  | |  | |  | |  |  | |
|  | Are staff up to date and aware of the service users and their support plans? | |  | |  | |  | |  |  | |
|  | Are staff supported and not afraid to speak out about things they think the service does badly? | |  | |  | |  | |  |  | |
|  | Are staff aware of the whistleblowing policy and able to access for reference? | |  | |  | |  | |  |  | |
|  | Do staff use disrespectful language about service users? | |  | |  | |  | |  |  | |
|  | Do staff view service users as problems? | |  | |  | |  | |  |  | |
|  | Are any service users seen to be poorly dressed? | |  | |  | |  | |  |  | |
|  | Are there signs of poor personal hygiene and physical health? | |  | |  | |  | |  |  | |
|  | Do managers / senior staff deal well with worries from staff, people who use services and their families, or other organisations? | |  | |  | |  | |  |  | |
|  | Do staff work long hours without a break? | |  | |  | |  | |  |  | |
|  | Is staff training monitored? | |  | |  | |  | |  |  | |
|  | Do staff have the training and skills to meet the service user needs? | |  | |  | |  | |  |  | |
|  | Do service users have input with the selection and recruitment of staff? | |  | |  | |  | |  |  | |
|  | Are staff given time to talk about how to give the best care with managers and other staff? | |  | |  | |  | |  |  | |

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| Area of Audit: Use of restrictions and restraint. | | Yes | | No | | N/A | | Score | | Comments/Evidence |
|  | Are there imposed restrictions in place and are they reviewed | |  | |  | |  | |  |  |
|  | For any blanket restrictions such as locked kitchen, service users having limited control over their living space, locked front door in place and are they a proportionate response to risk? | |  | |  | |  | |  |  |
|  | Is access to equipment, such as books, activities, CDs, restricted for service users using the service and are locked away and staff have the key? | |  | |  | |  | |  |  |
|  | Are MCA / BI in place for service users as appropriate and in line with the mental capacity act? | |  | |  | |  | |  |  |
|  | Are there any Deprivation of Liberty orders in place and have appropriate authorities been made aware? | |  | |  | |  | |  |  |
|  | Are any conditions applied to DOL’s documented and addressed? | |  | |  | |  | |  |  |
|  | Are staff able to identify matters that are considered restraint others than those noted above, e.g. lap straps for wheelchairs? | |  | |  | |  | |  |  |
|  | Are any areas of the service in poor repair restricting access for service users? | |  | |  | |  | |  |  |
|  | Are any communal areas used for storage making it unsafe for service users to access as they wish? | |  | |  | |  | |  |  |
|  | Are environmental risk assessments in place and reviewed on a regular basis? | |  | |  | |  | |  |  |