

The following areas of care *may* highlight that care is neglectful and could be harmful to residents

LEADERSHIP & MANAGEMENT	STAFF BEHAVIOUR & ATTITUDES	BEHAVIOURS & INTERACTIONS OF RESIDENTS
<ul style="list-style-type: none"> • The manager doesn't provide appropriate leadership or direct staff to do their job properly • The manager is often unavailable • There are insufficient staff to meet the needs of residents • There are high levels of staff turnover • There is a high reliance on agency staff • The service accepts residents whose needs they cannot meet • The manager does not inform commissioners when they are unable to meet the needs of specific residents • Policies and procedures are not readily available, accessible or do not appear to be being followed • Problems are not proactively recognised or responded to by the management of the service • Safeguarding alerts in relation to the service are unusually high/ low • Complaints in relation to the service are unusually high/low • Internal incident reporting (e.g. hospital admissions, pressure areas, instances of choking) is unusually high/ low • External incident reporting/communication not completed appropriately – e.g. CQC, Police, Commissioners 	<ul style="list-style-type: none"> • Staff appear to lack knowledge of the individual needs of the people they are supporting (e.g. specific behaviours, individual interests or communication needs) • Members of staff use judgemental language about the people they support • Members of staff are controlling and there is little or no choice available • Communication across the staff team is poor, either written or verbal • Risks arising from abusive behaviour between residents is not recognise, adequately addressed or managed • Staff fail to treat service users with dignity or respect • There is a lack of documentation to demonstrate that Best Interests decisions are being made and adequately documented • Staff are not working to the principles of The Mental Capacity Act 	<ul style="list-style-type: none"> • Residents' behaviours change without rationale or explanation about how this has been achieved • Residents' skills change – for example they become less independent, self-care or continence management deteriorates. • Residents appear distressed in the presence of certain members of staff or other residents • Residents behave differently in different environments (e.g. Day Centre) • Residents who appear distressed are either ignored or experience unacceptable delays in having their emotional support needs met • Residents who require it are not supported to eat their meals / drinks • Residents may appear hungry or thirsty and show signs of dehydration • Residents express a desire to move to a new placement
ISOLATION & LACK OF OPENNESS	SERVICE DESIGN, DELIVERY & MAKE UP	ENVIRONMENT & BASICS OF CARE
<ul style="list-style-type: none"> • There is little input from outsiders/professionals • Individuals have little contact with family or people who are not staff • Appointments are repeatedly cancelled • Members of staff do not maintain links between individuals and people outside the service • There is little contact with outside professional mainstream services • Appropriate referrals are not made (e.g. Speech & Language Therapy; GP; Dietician; CPN) • Management and/or staff demonstrate hostile or negative attitudes to visitors, questions or criticisms • It is difficult to meet residents privately • It is difficult to see the resident's bedroom • Family contact is supervised • The service is defensive and does not respond effectively to complaints • People who complaint experience reprisal or are unwilling to complain because they fear reprisal for their loved one 	<ul style="list-style-type: none"> • Residents' needs are not being met as agreed and identified in care plans • Care plans are of poor quality and do not represent an accurate record of the care needs of the individual • Care plans and risk assessments are not reviewed / updated to reflect increased needs or changed risks • Agreed staffing levels are not being provided • Staff do not carry out actions recommended by professionals • The service is 'unsuitable' but no better option is available • The resident group appears to be incompatible • The diversity of support needs of the group is very great. This may lead to physical assaults on residents which should be reported to appropriate agencies and families • Safeguarding policies and procedures are not present or applied • Limited or no evidence of The Mental Capacity Act being applied 	<ul style="list-style-type: none"> • Residents' rooms are not personalised • There is a lack of care of personal possessions • Personal possessions are lost or stolen • Support for residents to maintain personal hygiene is poor • Residents appear unkempt • There are insufficient bathroom facilities to meet the personal care needs of residents • Essential records are not kept effectively • The environment is dirty/smelly or of a poor quality with potential hazards (e.g. trip hazards) • There are few activities or things to do • Residents' dignity and privacy is not being promoted or supported • Residents are dressed in the wrong clothes • Resident independence and skills are not promoted. • Medication is not properly provided or recorded