**Exempt Providers of Supported Housing:**

**Quality Framework – Self Assessment**

* Before completing this self-assessment, it’s essential that you refer to the accompanying document: **Quality Framework: Criteria and Guidance**.
* Please self-assess the 8 QF criteria categories in the tables below against three levels of quality: Red, Amber, Green (RAG):
* Providers to **give one overall QF self – assessment RAG for each of the 8 QF categories**.
* Therefore, once completed, your QF self-assessment should have a **total of 8 RAG ratings**.

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* Name of Provider:
* Name of service:
* Name and job title of person completing the QF self-assessment:
* Date:

**1.0 Assessment; Needs Assessment; Support Planning; Risk Management and Keyworking**

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| Question | Answer |
| **1.1** Please self assess the extent to which your service meets with the **Assessment; Needs Assessment; Support Planning; Risk Management and Keyworking** QF criteria: **Red**, **Amber**, **Green**; and highlight the RAG letter in respect of each of the criteria above to indicate the rating, ie. **R A G**  **1.2** Where your service does not meet with the above criteria (ie. Amber and Red ratings), please identify a SMART action plan to address any issues  **1.3** Case Study: please provide an anonymised case study below which illustrates how your service meets with an example range of the key criteria detailed in the QF | 1.1  1.2  1.3 |

**2.0 Security, Health and Safety**

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| Question | Answer |
| **2.1** Please self assess the extent to which your service meets with the **Security, Health and Safety** QF criteria: **Red**, **Amber**, **Green**; and highlight the RAG letter in respect of each of the criteria above to indicate the rating, ie. **R A G**  **2.2** Where your service does not meet with the above criteria (ie. Amber and Red ratings), please identify a SMART action plan to address any issues  **2.3** Case Study: please provide an anonymised case study below which illustrates how your service meets with an example range of the key criteria detailed in the QF | 2.1  2.2  2.3 |

**2.4 H&S Compliance Schedule**

The H&S compliance schedule details the key health and safety and related activities that Providers are required to undertake, i.e. in accordance with the relevant legislation, contractual requirements & your own H&S policy requirements.

Providers are required to complete the schedule below – if your service has more than 1 building/scheme, **please complete ONE schedule ONLY**, i.e. for your main/largest scheme.

Providers will need to be able to evidence to Lewisham that these activities have been completed (i.e. for all of your schemes, upon request); also that any follow up work required has been completed or is in hand.

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| **H&S Compliance Schedule** |  |  |  |  |  |
| **Address of building:** | Has this activity been completed in accordance with the relevant legislation, contractual requirements & your own H&S policy requirements *(this includes the activity having been most recently completed within the required timescale)*:  **Y / N** | **If not, a)** When will this be done? | **If not, b)** What steps are to be taken to ensure that these activities are completed as per the requirements? | If any follow up actions / remedial works were required, have these been completed? | If not, when will these be completed by? |
| **Inspection & Testing** |  |  |  |  |  |
| Walkabout Inspection (Communal area) |  |  |  |  |  |
| Periodic Compliance Check |  |  |  |  |  |
| Room Inspections |  |  |  |  |  |
| Fire Drills |  |  |  |  |  |
| Breakpoint Testing |  |  |  |  |  |
| Magnetic Lock Testing |  |  |  |  |  |
| Fire Curtain / Smoke Vent Testing |  |  |  |  |  |
| Fire Extinguisher Inspection |  |  |  |  |  |
| Emergency Light Testing |  |  |  |  |  |
| H&S First Aid Supplies |  |  |  |  |  |
| Communal Fire Doors |  |  |  |  |  |
| Secured Emergency Exit Fire Doors |  |  |  |  |  |
| All Fire Doors |  |  |  |  |  |
| Inspections for building defects / physical defects / structural issues (including external to the main building, e.g. boundary walls / fences.) This may be a landlords, or equivalent, health & safety / building survey or you may have alternative arrangements in place re: this. |  |  |  |  |  |
| **Risk Assessments** |  |  |  |  |  |
| General Risk Assessment |  |  |  |  |  |
| Fire Risk Assessment |  |  |  |  |  |
| Business Continuity Plan |  |  |  |  |  |
| Personal Safety / Lone Working Risk Assessment |  |  |  |  |  |
| COSHH Risk Assessment |  |  |  |  |  |
| Asbestos Survey |  |  |  |  |  |
| Legionnaires Risk Assessment |  |  |  |  |  |
| Event & Activity Risk Assessment |  |  |  |  |  |
| **Servicing** |  |  |  |  |  |
| Fire Alarm Servicing |  |  |  |  |  |
| Emergency Light Service |  |  |  |  |  |
| Extinguisher Servicing |  |  |  |  |  |
| Gas Safety Servicing |  |  |  |  |  |
| Air Conditioning Servicing |  |  |  |  |  |
| Hard Wire Testing |  |  |  |  |  |
| Water Hygiene Testing |  |  |  |  |  |
| PAT Testing |  |  |  |  |  |
| **Annually** provide proof of the following insurances, as detailed in your contract with PIPHC: 1) public liability insurance; 2) employer's liability insurance; 3) professional indemnity insurance |  |  |  |  |  |
| **Annually** provide a copy of the housing management agreement between the support provider and landlord. |  |  |  |  |  |

**3.0 Safeguarding Vulnerable Adults and Young People**

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| Question | Answer |
| **3.1** Please self assess the extent to which your service meets with the **Safeguarding Vulnerable Adults and Young People** QF criteria: **Red**, **Amber**, **Green**; and highlight the RAG letter in respect of each of the criteria above to indicate the rating, ie. **R A G**  **3.2** Where your service does not meet with the above criteria (ie. Amber and Red ratings), please identify a SMART action plan to address any issues  **3.3** Case Study: please provide an anonymised case study below which illustrates how your service meets with an example range of the key criteria detailed in the QF | 3.1  3.2  3.3 |

**4.0 Fair Access, Diversity and Inclusion**

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| Question | Answer |
| **4.1** Please self assess the extent to which your service meets with the **Fair Access, Diversity and Inclusion** QF criteria: **Red**, **Amber**, **Green**; and highlight the RAG letter in respect of each of the criteria above to indicate the rating, ie. **R A G**  **4.2** Where your service does not meet with the above criteria (ie. Amber and Red ratings), please identify a SMART action plan to address any issues  **4.3** Case Study: please provide an anonymised case study below which illustrates how your service meets with an example range of the key criteria detailed in the QF | 4.1  4.2  4.3 |

**5.0 Service User Involvement and Empowerment**

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| Question | Answer |
| **5.1** Please self assess the extent to which your service meets with the **Service User Involvement and Empowerment** QF criteria: **Red**, **Amber**, **Green**; and highlight the RAG letter in respect of each of the criteria above to indicate the rating, ie. **R A G**  **5.2** Where your service does not meet with the above criteria (ie. Amber and Red ratings), please identify a SMART action plan to address any issues  **5.3** Case Study: please provide an anonymised case study below which illustrates how your service meets with an example range of the key criteria detailed in the QF | 5.1  5.2  5.3 |

**6.0 Complaints Policy and Procedure**

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| Question | Answer |
| **6.1** Please self assess the extent to which your service meets with **Complaints Policy and Procedure** QF criteria: **Red**, **Amber**, **Green**; and highlight the RAG letter in respect of each of the criteria above to indicate the rating, ie. **R A G**  **6.2** Where your service does not meet with the above criteria (ie. Amber and Red ratings), please identify a SMART action plan to address any issues  **6.3** Case Study: please provide an anonymised case study below which illustrates how your service meets with an example range of the key criteria detailed in the QF | 6.1  6.2  6.3 |

**7.0 Staff**

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| Question | Answer |
| **7.1** Please self assess the extent to which your service meets with the **Staff** QF criteria: **Red**, **Amber**, **Green**; and highlight the RAG letter in respect of each of the criteria above to indicate the rating, ie. **R A G**  **7.2** Where your service does not meet with the above criteria (ie. Amber and Red ratings), please identify a SMART action plan to address any issues  **7.3** Case Study: please provide an anonymised case study below which illustrates how your service meets with an example range of the key criteria detailed in the QF | 7.1  7.2  7.3 |

**8.0 Cross Cutting**

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| Question | Answer |
| **8.1** Please self assess the extent to which your service meets with the **Cross Cutting** QF criteria: **Red,** **Amber**, **Green**; and highlight the RAG letter in respect of each of the criteria above to indicate the rating, ie. **R A G**  **8.2** Where your service does not meet with the above criteria (ie. Amber and Red ratings), please identify a SMART action plan to address any issues  **8.3** Case Study: please provide an anonymised case study below which illustrates how your service meets with an example range of the key criteria detailed in the QF | 8.1  8.2  8.3 |

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