**CQC New Framework Summary**

**Homecare and Shared Lives Services**

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# Introduction

This document is designed to summarise and centralise the information freely available on the CQC’s website informing on the new Single Assessment Framework. There are some additional elements that we have provided to aid in your understanding of this, such as suggested evidence and a KLOE mapping exercise.

The key evidence categories have been listed by sector groups. The CQC will prioritise collecting evidence in these categories as a part of their assessment. However, please be aware that the lists are a guide and not a checklist. Upon new registration or at the first assessment under the new approach, evidence will be collected in all the key evidence categories for a particular Quality Statement. Other categories may be looked at if evidence suggests this is needed.

The Homecare and Shared Lives category is applicable to:

* Homecare agencies
* Shared Lives Schemes

# Differences from the Current Model

The CQC have confirmed that there will be some differences in how they assess the quality of a provider’s services:

* **Gathering evidence:** The CQC will make much more use of information, including people’s experiences of services. They will gather evidence to support their judgements in a variety of ways and at different times – not just through inspections. This means inspections will support this activity, rather than being the primary way evidence is collected.
* **Frequency of assessments:** the CQC will no longer use the rating of a service as the main driver when deciding when they next need to assess. Instead, evidence collected, or information received at any time could trigger an assessment.
* **Assessing quality:** The CQC will make judgements about quality more regularly, instead of only after an inspection as they do currently. They will use evidence from a variety of sources and look at any number of quality statements to do this. Th CQC assessments will be more structured and transparent, using evidence categories and giving a score for what they find. The way the CQC will make their decisions about ratings will be clearer and easier to understand.

**Up-to-date, transparent assessments of quality**

By using the new assessment framework as part of their regulatory approach, the CQC have confirmed they will have the flexibility to:

* Update the ratings for key questions and overall ratings when things change, based on more frequent assessment of evidence.
* Collect and review evidence in some categories more often than others. For example, they may collect evidence of people’s experiences more often than evidence about processes.
* Be selective in which quality statements we look at – this could be one, several or all.

# Quality Statements

The Five Key Questions (Safe, Effective, Caring, Responsive and Well Led) remain the same. However, the Key Lines of Enquiry/Prompts that informed these questions are being replaced with Quality Statements.

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as ‘we statements’, they show what is needed to deliver high-quality, person-centred care.

The quality statements show how services and providers need to work together to plan and deliver high quality care. They directly relate to the regulations listed. Within the Quality Statements, Evidence Category and KLOE Mapping Table later in this document the regulations the CQC would also consider in their judgements are shown under the quality statements.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

* people with protected equality characteristics
* those most likely to have a poorer experience of care or experience inequalities.

# The Importance of People’s Experience

The CQC’s new assessment framework focuses more on what matters to people. The CQC are encouraging people who use services, and organisations who represent them or act on their behalf, to share their experiences at any time.

The CQC define people’s experiences as:

*A person’s needs, expectations, lived experience and satisfaction with their care, support and treatment. This includes access to and transfers between services.*

More information on how the CQC will use people's experience in their regulation can be found here ['Using people's experience in our regulation'](https://www.cqc.org.uk/about-us/how-we-will-regulate/using-peoples-experience-our-regulation):

* People using services, their families, friends and advocates are the best sources of evidence about lived experiences of care. This includes their perspective of how good their care is.
* The CQC value people’s experiences as highly as other sources of evidence and will weight them equally with other evidence categories.
* The CQC consider the context and impact of people’s experiences in their analysis.
* If the CQC receive feedback that people have poor experiences of care, they will always identify it as a concern. The CQC will review further and gather more evidence. This is even if other evidence sources have not indicated any issues.
* The CQC will increase their scrutiny of, and support for, how providers and systems encourage, enable and act on feedback. This includes feedback from people who face communication barriers. The CQC will look at how they work together to improve services.

People’s experiences are a diverse and complex source of evidence. The CQC will analyse a range of sources, such as data on demographics, inequalities and frequency of use for care services.

The CQC assessment framework aims to:

* set out clearly what people should expect a good service to look like
* place people’s experiences of care at the heart of CQC judgements
* makes sure that gathering and responding to feedback is central to the CQC expectations of providers and systems.

# I Statements

Care Quality Commission (September 2023):

*We consistently listen to people to inform our decision-making, and we take appropriate action based on their experiences of care.*

*"We have set a clear definition of quality and safety based on what people say matters to them, and this is used consistently by people who use services, and at all levels of health and social care."*

*This is one of our* [*strategic measures*](https://www.cqc.org.uk/about-us/our-strategy-plans/our-strategic-measures)*.*

**Developing the quality statements**

To develop the quality statements, the CQC used aspects of the [Making It Real framework](https://www.thinklocalactpersonal.org.uk/makingitreal/).

This was co-produced by Think Local Act Personal (TLAP). They worked with a range of partners and people with lived experience of using health and care services. The Making it Real framework:

* supports personalised care for people who use services
* supports people working in health, care and housing
* contains a jargon-free set of personalised principles that focus on what matters to people.

The CQC have linked ‘I statements’ from Making it Real to each of their quality statements. They will use them to:

* help people understand what a good experience of care looks and feels like
* support them in gathering and assessing evidence under the people’s experience evidence category.

**How the CQC will use I statements in regulation**

I statements are part of the new assessment framework. They reflect what people have said matters to them.

They have a key role in the People’s experience evidence category to help the CQC gather, listen to and act on people's experiences. Their experience of care will inform decision-making and lead the CQC to take appropriate action. This applies to all of the CQC’s work.

The CQC will develop tools and techniques that use the I statements to help gather evidence for assessments. For example, in focus groups, interviews and case tracking.

# Evidence Categories

The CQC have grouped the different types of evidence they will look at into 6 categories. Each category sets out the types of evidence the CQC will use to understand:

* the quality of care being delivered.
* the performance against each quality statement.

The aim of this is to make the CQC’s judgements more transparent and consistent.

The evidence categories are summarised in the table below *[please be aware that these are taken verbatim from the CQC’s explanation and we have left elements that are more specific to healthcare in, but put them in italics]*:

**Evidence Category Explanation Summary**

|  |  |  |
| --- | --- | --- |
| **Category** | **Explanation** | **Potential Evidence Sources** |
| **People's experience of health and care services** | This is all types of evidence from people who have experience relating to a specific health or care service, or a pathway across services. It also includes evidence from families, carers and advocates for people who use services.The CQC define people’s experiences as:*“a person’s needs, expectations, lived experience and satisfaction with their care, support and treatment. This includes access to and transfers between services”.*Find out about [the importance of people’s experience](https://www.cqc.org.uk/assessment/importance-peoples-experience) in CQC assessments. | Evidence from people’s experience of care includes:* Phone calls, emails and the [Give Feedback on Care](https://www.cqc.org.uk/give-feedback-on-care) forms received by CQC.
* Interviews with people and local organisations who represent them or act on their behalf.
* Survey results.
* Feedback from the public and people who use services obtained by:
	+ community and voluntary groups
	+ health and care providers
	+ local authorities
* Groups representing:
	+ people who are more likely to have a poorer experience of care and poorer outcomes
	+ people with protected equality characteristics
	+ unpaid carers.
 |
| **Feedback from staff and leaders** | This is evidence from people who work in a service, local authority or integrated care system, and groups of staff involved in providing care to people.It also includes evidence from those in leadership positions. | * Results from staff surveys and feedback from staff to their employer.
* Individual interviews or focus groups with staff.
* Interviews with leaders.
* Feedback from people working in a service sent through the CQC’s Give feedback on care service.
* Whistleblowing.
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| **Feedback from partners** | This is evidence from people representing organisations that interact with the service or organisation that is being assessed. | The CQC may gather evidence through interviews and engagement events. Organisations include for example:* commissioners
* other local providers
* professional regulators
* accreditation bodies
* royal colleges
* multi-agency bodies.
 |
| **Observation** | Observing care and the care environment will remain an important way to assess quality. | Most observations will be carried out on the premises by CQC inspectors and Specialist Professional Advisors (SPAs).*External bodies may also carry out observations of care and provide evidence, for example, Local Healthwatch. Where the evidence from organisations such as Healthwatch is specifically about observation of the care environment, we will include it in this category, and not in the people’s experiences category.*The CQC will not use the observation category for local authority assessments. It does not apply to a local authority context. All observation is carried out on site. |
| **Processes** | Processes are any series of steps, arrangements or activities that are carried out to enable a provider or organisation to deliver its objectives. | CQC assessments focus on how effective policies and procedures are. To do this, the CQC will look at information and data sources that measure the outcomes from processes. For example, they may consider processes to:* measure and respond to information from audits
* look at learning from incidents or notifications
* review people's care and clinical records.

Processes may also include:* Recruitment and selection processes are adhered to, such as DBS, reference and professional registration.
* Training and compliance monitoring records.
 |
| **Outcomes** | Outcomes are focused on the impact of care processes on individuals. They cover how care has affected people’s physical, functional or psychological status. | The CQC consider outcome measures in the context of the service and the specifics of the measure.Some examples of outcome measures are:* mortality rates
* emergency admissions and re-admission rates to hospital
* infection control rates
* *vaccination and prescribing data.*

*The CQC source the information from:** *patient level data sets*
* *national clinical audits*
* *initiatives such as the patient-reported outcome measures (PROMs) programme.*
 |

# Quality Statements, Evidence Category and KLOE Mapping Table

***Please note:*** *The CQC has used the KLOEs to inform their development of the Quality Statements. They have not directly repeated what is in the KLOE but have taken elements that best fit the purpose of each statement. For this reason, not all the KLOEs directly and clearly map into the new Quality Statements and there is no direct mapping published by the CQC, as yet.*

*We have undertaken a mapping process based upon our interpretation of which KLOEs have likely influenced the formation of the Quality Statement. This has been done using the sub-questions/prompts within a particular KLOE, some of which may be from different Key Questions and may also be duplicated across several Quality Statements. We have done this purely to aide understanding of the intention of the Quality Statement, it is not intended as a checklist, and it is with the caveat that there are multiple different interpretations of both the KLOE and Quality Statement that could result in a different mapping outcome. In addition, as indicated within the original KLOE prompts, not every prompt is appropriate to all sectors, but we have included them within the mapping anyway.*

|  |
| --- |
| SAFE*Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation.**Where people raise concerns about safety and ideas to improve, the primary response is to learn and improve continuously. There is strong awareness of the areas with the greatest safety risks. Solutions to risks are developed collaboratively. Services are planned and organised with people and communities in a way that improves their safety across their care journeys. People are supported to make choices that balance risks of harm with positive choices about their lives. Leaders ensure there are enough skilled people to deliver safe care that promotes choice, control and individual wellbeing.* |
| **Quality Statement** | **I Statements** | **Evidence Category** | **Evidence Examples** | **Suggested Mapped KLOE/Prompt** |
| **Learning culture**We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.**Regulated Activities Regulations 2014*** **Regulation 12:** Safe care and treatment
* **Regulation 16:** Receiving and acting on complaints
* **Regulation 17:** Good governance
* **Regulation 20:** Duty of candour
 | * I feel safe and am supported to understand and manage any risks.
* I can get information and advice about my health, care and support and how I can be.
 | * People’s experience of health and care services
* Feedback from staff and leaders
* Feedback from partners
* Processes
 | * Duty of candour records
* Evidence of learning and improvement
* Incident, near misses and events records
* Whistleblowing concerns
* Notifications to CQC
 | * **S2.5** Are there thorough, questioning and objective investigations into whistleblowing or staff concerns, safeguarding, and accidents or incidents? Are action plans developed, and are they monitored to make sure they are delivered?
* **S6.1** Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate?
* **S6.2** What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations?
* **S6.3** How are lessons learned and themes identified, and is action taken as a result of reviews and investigations when things go wrong?
* **S6.4** How well is the learning from lessons shared to make sure that action is taken to improve safety across relevant parts of the service? Do staff learn from reviews and investigations by other services and organisations?
* **S6.5** How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?
* **R2.5** To what extent are concerns and complaints used as an opportunity to learn and drive continuous improvement?
* **W1.4** Does the service show honesty and transparency from all levels of staff and leadership following an incident? How is this shared with people using the service and their families in line with the duty of candour, and how does the service support them?
* **W2.8** How does the service assure itself that it has robust arrangements (including appropriate internal and external validation) to ensure the security, availability, sharing and integrity of confidential data, and records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?
* **W4.4** How is information from incidents, investigations and compliments learned from and used to drive quality?
 |
| **Safe systems, pathways and transitions**We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.**Regulated Activities Regulations 2014*** **Regulation 12:** Safe care and treatment
* **Regulation 17:** Good governance

Also consider:* **Regulation 9:** Person-centred care
 | * I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.
* When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
 | * People’s experience of health and care services
* Feedback from staff and leaders
* Feedback from partners
* Processes
 | * Multidisciplinary team meeting records
* People’s care records or clinical records
* Records of referral, transfer and transition of care
* Agreements in place for the transfer of care
* Related incident records
* CQC notifications
* Complaints (where applicable)
* Internal audits and action plans
* Hospital passports
* Pre-assessments
 | * **S2.4** Are formal and informal methods used to share information with appropriate parties on risks to people’s care, treatment and support?
* **S4.8** How do staff make sure that accurate, up-to-date information about people’s medicines is available when people move between care settings? How do medicines remain available to people when they do so?
* **W5.1** How does the service work in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care? Does it do so in an open, honest and transparent way?
 |
| **Safeguarding**We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.**Regulated Activities Regulations 2014*** **Regulation 10:** Dignity and respect
* **Regulation 11:** Consent
* **Regulation 12:** Safe care and treatment
* **Regulation 13:** Safeguarding service users from abuse and improper treatment

Also consider:* **Regulation 9:** Person-centred care
* **Regulation 17:** Good governance
* **Regulation 20:** Duty of candour
 | * I feel safe and am supported to understand and manage any risks.
 | * People’s experience of health and care services
* Feedback from staff and leaders
* Processes
 | * Mental Capacity Act records and training
* People’s care records or clinical records
* Safeguarding policy, records and training
* DoLS and Court of Protection (POA) records
* Equality, Diversity and Human Rights policies and training
* Whistleblowing concerns
* Lessons learnt
 | * **S1.1** How are safeguarding systems, processes and practices developed, implemented and communicated to staff?
* **S1.2** How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved?
* **S1.3** How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act.
* **S1.4** How are people supported to understand what keeping safe means, and how are they encouraged and empowered to raise any concerns they may have about this? If people are subject to safeguarding enquiries or an investigation, are they offered an advocate if appropriate or required?
 |
| **Involving people to manage risks**We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.**Regulated Activities Regulations 2014*** **Regulation 9:** Person-centred care
* **Regulation 11:** Need for consent
* **Regulation 12:** Safe care and treatment

Also consider:**Regulation 10:** Dignity and respect | * I feel safe and am supported to understand and manage any risks.
* I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.
* If my treatment, including medication, has to change, I know why and am involved in the decision.
* When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
* I have considerate support delivered by competent people.
* I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
 | * People’s experience of health and care services
* Feedback from staff and leaders
* Processes
 | * Arrangements to:
	+ respond to emergencies
	+ identify people in need of urgent medical treatment
* People’s care records or clinical records
* Risk assessments
* DoLS and POA records
* MCA/BID
* Records of restrictive practice
 | * **S1.4** How are people supported to understand what keeping safe means, and how are they encouraged and empowered to raise any concerns they may have about this? If people are subject to safeguarding enquiries or an investigation, are they offered an advocate if appropriate or required?
* **S2.1** What arrangements are there to manage risks appropriately, and to make sure that people are involved in decisions about any risks they may take?
* **S2.2** How do risk management policies and procedures minimise restrictions on people’s freedom, choice and control, in particular for people who lack mental capacity?
* **S2.7** How do staff seek to understand, prevent and manage behaviour that the service finds challenging? How are individuals supported when their behaviour challenges? How well does this align with best practice?
* **E3.4** How are risks to people with complex needs identified and managed in relation to their eating and drinking?
* **E7.6** How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person-centred support plan?
 |
| **Safe environments**We detect and control potential risks in the care environment and make sure that the equipment, facilities and technology support the delivery of safe care.**Regulated Activities Regulations 2014*** **Regulation 12:** Safe care and treatment
* **Regulation 15:** Premises and equipment

**Regulation 17:** Good governance | * I feel safe and am supported to understand and manage any risks.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Business continuity plans (including in response to extreme weather events)
* Risk assessments (inc. H&S)
* Equipment maintenance and calibration records
* Infection prevention and control audit and action plans
* Environmental risk assessment
 | * **S2.3** Are people's records accurate, complete, legible, up-to-date, securely stored and available to relevant staff so that they support people to stay safe?
* **S2.6** How is equipment, which is owned or used by the provider, managed to support people to stay safe? How are the premises and safety of communal and personal spaces (such as bedrooms) and the living environment checked and managed to support people to stay safe? How does the provider manage risks where they provide support in premises they are not responsible for?
* **E1.3** How is technology and equipment used to enhance the delivery of effective care and support, and to promote people’s independence?
* **E6.1** How are people involved in decisions about the environment?
* **E6.2** How do the premises meet people’s diverse care, cultural and support needs?
* **C3.3** How are people assured that information about them is treated confidentially in a way that complies with the Data Protection Act, and that staff respect their privacy?
* **R1.6** How is technology used to support people to receive timely care and support? Is the technology (including telephone systems, call systems and online/digital services) easy to use?
* **W4.6** Are information technology systems used effectively to monitor and improve the quality of care?
 |
| **Safe and effective staffing**We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development and work together effectively to provide safe care that meets people’s individual needs.**Regulated Activities Regulations 2014*** [**Regulation 12:** Safe care and treatment](https://www.cqc.org.uk/node/1755)
* [**Regulation 18:** Staffing](https://www.cqc.org.uk/guidance-providers/regulations/regulation-18-staffing)
* [**Regulation 19:** Fit and proper persons employed](https://www.cqc.org.uk/guidance-providers/regulations/regulation-19-fit-proper-persons-employed)
 | * I feel safe and am supported to understand and manage any risks.
* I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.
* If my treatment, including medication, has to change, I know why and am involved in the decision.
* I have considerate support delivered by competent people.
* I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Staff records, including appraisal, training, development, supervision and competency records
* Recruitment records
* Staff vacancy and turnover rate
* Staffing and staff skill mix records
* Training in communication with people with a learning disability and autistic people
 | * **S3.1** What arrangements are there, including within the rotas, for making sure that staff have the right mix of skills, competencies, qualifications, experience and knowledge, to meet people’s individual needs?
* **S3.2** How is safety promoted in recruitment practices, arrangements to support staff, training arrangements, disciplinary procedures, and ongoing checks?
* **S3.3** Do staff receive effective training in safety systems, processes and practices?
* **E2.1** Do people have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience?
* **E2.2** Are staff supported to keep their professional practice and knowledge updated in line with best practice?
* **E2.3** Do staff and any volunteers have effective and regular mentorship, support, induction, supervision, appraisal and training?
* **C2.3** Does the service give staff the time, training and support they need to provide care and support in a compassionate and personal way? Are rotas, schedules and practical arrangements organised so that staff have time to listen to people, answer their questions, provide information, and involve people in decisions?
* **C3.4** How does the service take people's preferences and needs and their protected and other characteristics under the Equality Act into account when scheduling staff?
 |
| **Infection prevention and control**We assess and manage the risk of infection, detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.**Regulated Activities Regulations 2014*** **Regulation 12:** Safe care and treatment
* **Regulation 15:** Premises and equipment

Also consider:* **Regulation 17:** Good governance
 | * I feel safe and am supported to understand and manage any risks.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * IPC policy
* Staff training
* Infection rates
* Notifications to CQC and other relevant agencies
* Audit findings and action plans
* COVID-19 policy
 | * **S5.1** What are the arrangements for making sure that premises are kept clean and hygienic so that people are protected from infections that could affect both staff and people using services?
* **S5.2** Do staff understand their roles and responsibilities in relation to infection control and hygiene?
* **S5.3** Are policies and procedures maintained and followed in line with current relevant national guidance?
* **S5.4** Where it is part of the service’s role to respond to and help to manage infections, how does the service make sure that it alerts the right external agencies to concerns that affect people’s health and wellbeing?
* **S5.5** Have all relevant staff completed food hygiene training and are correct procedures in place and followed wherever food is prepared and stored?
 |
| **Medicines optimisation**We make sure that medicines and treatments are safe and meet people’s needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.**Regulated Activities Regulations 2014*** **Regulation 9:** Person-centred care
* **Regulation 12:** Safe care and treatment

Also consider:**Regulation 11:** Need for consent | * I feel safe and am supported to understand and manage any risks.
* I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.
* If my treatment, including medication, has to change, I know why and am involved in the decision.
* I have considerate support delivered by competent people.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Observation](https://www.cqc.org.uk/node/9223)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Administering and dispensing medicines
* Medicines and Prescribing audits and action plans
* Medicines reviews
* PRN protocols
* PGDs
* Incidents
* Staff training/competency
* People’s care records or clinical records
* MAR/TMAR charts
* Pharmacy documentation
* Temperature logs
* Controlled drugs
* Observation of:
* Equipment
* Staff practice (incl. care delivery, staff culture & behaviours)
* The care environment
 | * **S4.1** Is the service’s role in relation to medicines clearly defined and described in relevant policies, procedures and training? Is current and relevant professional guidance about the management of medicines followed?
* **S4.2** How does the service make sure that people receive their medicines (both prescribed and nonprescribed) as intended (including controlled drugs and ‘as required’ medicines), and that this is recorded appropriately?
* **S4.3** How are medicines ordered, transported, stored, and disposed of safely and securely in ways that meet current and relevant legislation and guidance?
* **S4.4** Are there clear procedures for giving medicines covertly, in line with the Mental Capacity Act 2005?
* **S4.5** How does the service make sure that people’s behaviour is not controlled by excessive or inappropriate use of medicines?
* **S4.6** How do staff assess the level of support a person needs to take their medicines safely, particularly where there are difficulties in communicating, when medicines are being administered covertly, and when undertaking risk enablement assessments designed to promote self-administration?
* **S4.7** How does the service engage with healthcare professionals in relation to reviews of medicines at appropriate intervals?
* **S4.8** How do staff make sure that accurate, up-to-date information about people’s medicines is available when people move between care settings? How do medicines remain available to people when they do so?
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| EFFECTIVE*People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflects these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work.**Everyone is supported to see what works well and not so well based on indicators of quality. Continuous improvement is always guided by this insight.* |
| **Quality Statement** | **I Statement** | **Evidence Category** | **Evidence Examples** | **Suggested Mapped KLOE/Prompt** |
| **Assessing needs**We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.**Regulated Activities Regulations 2014*** **Regulation 9:** Person-centred care
* **Regulation 12:** Safe care and treatment

Also consider:* **Regulation 10:** Dignity and respect
* **Regulation 11:** Need for consent
* **Regulation 17:** Good governance
 | * I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
* I have care and support that is coordinated, and everyone works well together and with me.
* I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.
* I am empowered to get the care, support and treatment that I need and want.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Assessments and records of meeting needs under the Equality Act 2010
* Assessments and/or best interest decisions under the MCA
* Clinical tools to assess pain and monitor risk
* Access to translation/ interpretation services
* People’s care records or clinical records
 | * **E1.1** Are people’s physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes?
* **E1.2** What processes are in place to ensure there is no discrimination, including in relation to protected characteristics under the Equality Act, when making care and support decisions?
* **E5.1** How are people's day-to-day health and wellbeing needs met?
* **E7.3** How and when is possible lack of mental capacity to make a particular decision assessed and recorded?
* **E7.5** When people lack the mental capacity to make a decision, how do staff ensure that best interests decisions are made in accordance with legislation?
* **R1.2** How does the service make sure that a person’s care plan fully reflects their physical, mental, emotional and social needs, including on the grounds of protected characteristics under the Equality Act? These should include their personal history, individual preferences, interests and aspirations, and should be understood by staff so people have as much choice and control as possible.
* **R1.5** How does the service identify and meet the information and communication needs of people with a disability or sensory loss? How does it record, highlight and share this information with others when required, and gain people’s consent to do so?
 |
| **Delivering evidence-based care and treatment**We plan and deliver people’s care and treatment with them, including what is important and matters to them and in line with legislation and current evidence-based good practice and standards.**Regulated Activities Regulations 2014*** **Regulation 9:** Person-centred care
* **Regulation 10:** Dignity and respect
* **Regulation 12:** Safe care and treatment
* **Regulation 14:** Meeting nutritional and hydration needs
* **Regulation 17:** Good governance

Also consider:* (**Regulation 11:** Need for consent)
 | * I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
* I have care and support that is coordinated, and everyone works well together and with me.
* I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.
* I am empowered to get the care, support and treatment that I need and want.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * People’s care records and clinical records
* Quality improvement activity
* Complaints
* AIS
* EOL care plans
 | * **S2.7** How do staff seek to understand, prevent and manage behaviour that the service finds challenging? How are individuals supported when their behaviour challenges? How well does this align with best practice?
* **E1.1** Are people’s physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes?
* **W4.5** How does the service measure and review the delivery of care, treatment and support against current guidance?
 |
| **How staff, teams and services work together**We work effectively across teams and services to support people, making sure they only need to tell their story once by sharing their assessment of needs when they move between different services.**Regulated Activities Regulations 2014*** **Regulation 9:** Person-centred care
* **Regulation 12:** Safe care and treatment

Also consider:* **Regulation 17:** Good governance
 | * I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
* I have care and support that is coordinated, and everyone works well together and with me.
* I am empowered to get the care, support and treatment that I need and want.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Feedback from partners](https://www.cqc.org.uk/node/9222)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Information sharing and transfer of records across or between services
* Multidisciplinary team meeting records
* People’s care records or clinical records
* Complaints
* Surveys
 | * **E4.1** How do staff work together to ensure that people receive consistent, timely, coordinated, person-centred care and support when they are referred to, use, leave, or move between, different services?
* **E5.4** Can people access care, support and treatment in a timely way and, where the service is responsible, are referrals made quickly to appropriate health services when people’s needs change?
* **R1.5** How does the service identify and meet the information and communication needs of people with a disability or sensory loss? How does it record, highlight and share this information with others when required, and gain people’s consent to do so?
* **W5.2** Does the service share appropriate information and assessments with other relevant agencies for the benefit of people who use the service?
 |
| **Supporting people to live healthier lives**We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce their future needs for care and support.**Regulated Activities Regulations 2014*** **Regulation 9:** Person-centred care
* **Regulation 12:** Safe care and treatment

Also consider:* **Regulation 10:** Dignity and respect

**Regulation 11:** Need for consent | * I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
* I have care and support that is coordinated, and everyone works well together and with me.
* I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.
* I am empowered to get the care, support and treatment that I need and want.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* Feedback from partners
* [Processes](https://www.cqc.org.uk/node/9224)
 | * People’s care records or clinical records
* Tools to assess weight and nutrition, e.g., MUST, Waterlow
* AIS
* Referrals
 | * **E3.1** How are people involved in decisions about what they eat and drink and how are their cultural and religious preferences met?
* **E3.2** How are people supported to have a balanced diet that promotes healthy eating and the correct nutrition?
* **E5.1** How are people's day-to-day health and wellbeing needs met?
* **E5.3** How are people involved in regularly monitoring their health?
* **E6.4** How does the signage, the decoration and other adaptations to the premises help to meet people’s needs and promote their independence? How are any changes to the environment managed to avoid causing distress to people who live there?
* **E7.6** How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person-centred support plan?
* **C3.5** Can people be as independent as they want to be?
 |
| **Monitoring and improving outcomes**We routinely monitor people’s care and treatment to continuously improve it and to ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.**Regulated Activities Regulations 2014*** **Regulation 12:** Safe care and treatment
* **Regulation 17:** Good governance

Also consider:* **Regulation 9:** Person-centred care
 | * I have care and support that is coordinated, and everyone works well together and with me.
* I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.
* I am empowered to get the care, support and treatment that I need and want.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * People's care records or clinical records
* Provider-led audits and action plans
 | * **W4.2** How effective are quality assurance, information and clinical governance systems in supporting and evaluating learning from current performance? How are they used to drive continuous improvement and manage future performance?
* **W4.5** How does the service measure and review the delivery of care, treatment and support against current guidance?
 |
| **Consent to care and treatment**We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.**Regulated Activities Regulations 2014*** **Regulation 11:** Need for consent

Also consider:* **Regulation 9:** Person-centred care
* **Regulation 10:** Dignity and respect
 | * I have care and support that is coordinated, and everyone works well together and with me.
* I am empowered to get the care, support and treatment that I need and want.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Best interest meetings, evidence of power of attorney
* Capacity assessments and DNACPR decision records
* Consent policy
* People’s care records and clinical records
* MCA/BID/DoLS
 | * **E7.1** Do staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children’s Acts 1989 and 2004 and other relevant national guidance?
* **E7.2** How are people supported to make their own decisions in line with relevant legislation and guidance?
* **E7.3** How and when is possible lack of mental capacity to make a particular decision assessed and recorded?
* **E7.4** How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance?
* **E7.5** When people lack the mental capacity to make a decision, how do staff ensure that best interests decisions are made in accordance with legislation?
* **E7.7** Do staff recognise when people aged 16 and over, who lack mental capacity, are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?
* **R1.5** How does the service identify and meet the information and communication needs of people with a disability or sensory loss? How does it record, highlight and share this information with others when required, and gain people’s consent to do so?
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| CARING*People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.* |
| **Quality Statement** | **I Statements** | **Evidence Category** | **Evidence Examples** | **Suggested Mapped KLOE/Prompt** |
| **Kindness, compassion and dignity**We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.**Regulated Activities Regulations 2014*** **Regulation 9:** Person-centred care
* **Regulation 10:** Dignity and respect

Also consider:**Regulation 12:** Safe care and treatment | * I am treated with respect and dignity
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Feedback from partners](https://www.cqc.org.uk/node/9222)
 | * Appropriate language and reference used in care records
* Surveys
 | * **C1.1** Are people treated with kindness and compassion in their day-to-day care and support?
* **C1.2** How does the service make sure that people, and those close to them, feel they matter, and that staff listen to them and talk to them appropriately and in a way they can understand?
* **C1.4** Do staff know and respect the people they are caring for and supporting, including their preferences, personal histories, backgrounds and potential?
* **C1.5** Do staff show concern for people’s wellbeing in a caring and meaningful way, and do they respond to their needs quickly enough?
* **C1.6** Do staff understand and promote compassionate, respectful and empathetic behaviour within the staff team?
* **C3.1** How does the service and staff make sure that people’s privacy and dignity needs are understood and always respected, including during physical or intimate care?
* **C3.3** How are people assured that information about them is treated confidentially in a way that complies with the Data Protection Act, and that staff respect their privacy?
* **C3.7** How does the service make sure that young adults have choice and flexibility about their privacy and the amount of parental involvement in managing their care and support after moving into adult services?
* **R3.6** What arrangements are there for making sure that the body of a person who has died is cared for in a culturally sensitive and dignified way?
 |
| **Treating people as individuals**We treat people as individuals and make sure their care, support and treatment meets their needs and preferences, taking account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.**Regulated Activities Regulations 2014*** **Regulation 9:** Person-centred care
* **Regulation 10:** Dignity and respect
* **Regulation 14:** Meeting nutritional and hydration needs

**Regulation 15:** Premises and equipment | * I am treated with respect and dignity
* I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.
* I am supported to manage my health in a way that makes sense to me.
* I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
* I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity and culture.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* Feedback from partners
* [Processes](https://www.cqc.org.uk/node/9224)
 | * People's care records or clinical records
* MCA/BID/DoLS
* Surveys
* Staff training
 | * **C1.2** How does the service make sure that people, and those close to them, feel they matter, and that staff listen to them and talk to them appropriately and in a way they can understand?
* **C1.3** Do staff seek accessible ways to communicate with people when their protected and other characteristics under the Equality Act make this necessary to reduce or remove barriers?
* **C1.4** Do staff know and respect the people they are caring for and supporting, including their preferences, personal histories, backgrounds and potential?
* **R1.1** How do people, or those with authority to act on their behalf, contribute to planning their care and support, and how are their strengths, levels of independence and quality of life taken into account?
* **R1.3** Where the service is responsible, how are people supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them, including in the wider community, and where appropriate, have access to education and work opportunities?
* **R1.4** Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation?
 |
| **Independence, choice and control**We promote people’s independence, so they know their rights and have choice and control over their own care, treatment. and wellbeing.**Regulated Activities Regulations 2014*** **Regulation 9:** Person-centred care
* **Regulation 12:** Safe care and treatment

Also consider:**Regulation 10:** Dignity and respect | * I am treated with respect and dignity
* I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.
* I am supported to manage my health in a way that makes sense to me.
* I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
* I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity and culture.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * People's care records or clinical records
* MCA/BID/DoLS
* EOL care plans
 | * **E7.2** How are people supported to make their own decisions in line with relevant legislation and guidance?
* **C3.5** Can people be as independent as they want to be?
* **C3.6** Are people’s relatives and friends made to feel welcome and able to visit without being unnecessarily restricted?
* **C3.7** How does the service make sure that young adults have choice and flexibility about their privacy and the amount of parental involvement in managing their care and support after moving into adult services?
 |
| **Responding to people's immediate needs**We listen to and understand people’s needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.**Regulated Activities Regulations 2014*** **Regulation 9:** Person-centred care
* [**Regulation 10:** Dignity and respect](https://www.cqc.org.uk/node/1753)
* [**Regulation 11:** Need for consent](https://www.cqc.org.uk/node/1754)
* [**Regulation 12:** Safe care and treatment](https://www.cqc.org.uk/node/1755)

Also consider:* [**Regulation 16:** Receiving and acting on complaints](https://www.cqc.org.uk/node/1759)
 | * I am treated with respect and dignity
* I am supported to manage my health in a way that makes sense to me.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
 | * EOL care plans
* Plans of care and risk assessments
* MAR charts
 | * **E5.4** Can people access care, support and treatment in a timely way and, where the service is responsible, are referrals made quickly to appropriate health services when people’s needs change?
* **C1.5** Do staff show concern for people’s wellbeing in a caring and meaningful way, and do they respond to their needs quickly enough?
* **C3.2** Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress?
* **R3.4** How does the service make sure that it quickly identifies people in the last days of life whose condition may be unpredictable and change rapidly and, where required, that people have rapid access to support, equipment and medicines?
 |
| **Workforce wellbeing and enablement**We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care.**Regulated Activities Regulations 2014*** **Regulation 9:** Person-centred care
* [**Regulation 12:** Safe care and treatment](https://www.cqc.org.uk/node/1755)
* **Regulation 17:** Good governance
* **Regulation 18:** Staffing
 | * I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.
* I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
 | * [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Mechanisms to monitor, improve and promote staff safety and wellbeing
* Staff management policies
* Staff sickness, vacancy and turnover rates
* Staff files
* Social media groups
* Staff appraisals
 | * **W1.1** Are managers aware of, and do they keep under review, the day-to-day culture in the service, including the attitudes, values and behaviour of staff and whether they feel positive and proud to work in the organisation?
* **W1.3** How do managers make sure that staff are supported, respected and valued; have their rights and wellbeing protected; and are motivated, caring and open?
* **W1.10** Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?
* **W2.1** Do staff receive feedback from managers in a constructive and motivating way, which enables them to know what action they need to take?
* **W3.1** How are staff actively involved in developing the service? Are they encouraged to be involved in considering and proposing new ways of working, including ways of putting values into practice?
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| RESPONSIVE*People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics.**People, those who support them, and staff can easily access information, advice and advocacy. This supports them in managing and understanding their care and treatment. There is partnership working to make sure that care and treatment meets the diverse needs of communities. People are encouraged to give feedback, which is acted on and used to deliver improvements.* |
| **Quality Statement** | **I Statements** | **Evidence Category** | **Evidence Examples** | **Suggested Mapped KLOE/Prompt** |
| **Person-centred care**We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.**Regulated Activities Regulations 2014*** **Regulation 9:** Person-centred care

Also consider:* **Regulation 10:** Dignity and respect
* **Regulation 11:** Need for consent
* **Regulation 12:** Safe care and treatment
* **Regulation 14:** Meeting nutritional and hydration needs
 | * I have care and support that is coordinated, and everyone works well together and with me.
* I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
* I am supported to plan ahead for important changes in my life that I can anticipate.
* I know how to access my health and care records and decide which personal information can be shared with other people, including my family, care staff, school or college.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Plans of care
* Activities
* Surveys
* Referrals
 | * **E4.1** How do staff work together to ensure that people receive consistent, timely, coordinated, person-centred care and support when they are referred to, use, leave, or move between different services?
* **E7.6** How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person-centred support plan?
* **C2.1** Do staff recognise when people need and want support from their carers, advocates or representatives to help them understand and be involved in their care, treatment and support? How do staff help people to get this support?
* **R1.2** How does the service make sure that a person’s care plan fully reflects their physical, mental, emotional and social needs, including on the grounds of protected characteristics under the Equality Act? These should include their personal history, individual preferences, interests and aspirations, and should be understood by staff so people have as much choice and control as possible.
* **R3.2** How are people, and their family, friends and other carers, involved in planning, managing and making decisions about their end-of-life care?
 |
| **Care provision, integration and continuity**We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.**Regulated Activities Regulations 2014*** **Regulation 9:** Person-centred care
* **Regulation 12:** Safe care and treatment
* **Regulation 17:** Good governance

Also consider:* **Regulation 10:** Dignity and respect
 | * I have care and support that is coordinated, and everyone works well together and with me.
* I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Feedback from partners](https://www.cqc.org.uk/node/9222)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * People’s care records or clinical records
* Arrangements to ensure continuity of care
* Provider-led audits and action plans
* Business improvement plan
* Care plan reviews
 | * **E3.1** How are people involved in decisions about what they eat and drink and how are their cultural and religious preferences met?
* **E5.3** How are people involved in regularly monitoring their health?
* **C2.1** Do staff recognise when people need and want support from their carers, advocates or representatives to help them understand and be involved in their care, treatment and support? How do staff help people to get this support?
* **R1.1** How do people, or those with authority to act on their behalf, contribute to planning their care and support, and how are their strengths, levels of independence and quality of life taken into account?
* **R3.2** How are people, and their family, friends and other carers, involved in planning, managing and making decisions about their end of life care?
 |
| **Providing information**We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.**Regulated Activities Regulations 2014*** **Regulation 9:** Person-centred care
* **Regulation 17:** Good governance
 | * I can get information and advice that is accurate, up to date and provided in a way that I can understand.
* I am encouraged and enabled to feedback about my care in ways that work for me and I know how it was acted on.
* I know how to access my health and care records and decide which personal information can be shared with other people, including my family, care staff, school or college.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Arrangements to explain fees clearly
* Meeting the Accessible Information Standard
* Staff training
* iPads, tablets
* Signage
* Information sharing with people using services and those close to them
 | * **E5.2** How does the service make sure that people can understand the information and explanations about their healthcare and treatment options, including medicines, and their likely outcomes?
* **C1.3** Do staff seek accessible ways to communicate with people when their protected and other characteristics under the Equality Act make this necessary to reduce or remove barriers?
* **C2.2** Do staff make sure they give information to people, their families and other carers about external bodies, community organisations and advocacy services that can provide independent support and advice, answer questions about their care, treatment and support, and, where necessary, advocate for them? How does the service support people to contact and use these services?
 |
| **Listening to and involving people**We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what’s changed as a result.**Regulated Activities Regulations 2014*** **Regulation 16:** Receiving and acting on complaints
* **Regulation 17:** Good governance

Also consider:* **Regulation 9:** Person-centred care
* **Regulation 10:** Dignity and respect
 | * I have care and support that is coordinated, and everyone works well together and with me.
* I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
* I am encouraged and enabled to feedback about my care in ways that work for me and I know how it was acted on.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Advocacy and support service records
* Collecting people’s feedback, taking action and sharing learning
* Complaints records and outcomes
* Improvement plans and audits
 | * **R2.1** How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How well are people encouraged to do so, and how confident are they to speak up?
* **R2.2** How easy and accessible is it for people to use the complaints process or raise a concern? To what extent are people treated compassionately and given the help and support they need to make a complaint?
* **R2.3** How effectively are complaints handled, including ensuring openness and transparency, confidentiality, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record?
* **R2.4** How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?
* **W3.4** How does the service enable and encourage accessible open communication with all people who use the service, their family, friends, other carers, staff and other stakeholders, taking account of their protected and other characteristics?
* **W3.5** How are people's views and experiences gathered and acted on to shape and improve the services and culture?
 |
| **Equity in access**We make sure that everyone can access the care, support and treatment they need when they need it.**Regulated Activities Regulations 2014*** **Regulation 12:** Safe care and treatment
* **Regulation 13:** Safeguarding service users from abuse and improper treatment
* **Regulation 17:** Good governance

Also consider:* **Regulation 9:** Person-centred care
* **Regulation 10:** Dignity and respect
 | * I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * People's care records or clinical records
* Provider-led audits of processes
* Records and risk assessments about accessible facilities and premises
 | * **R1.3** Where the service is responsible, how are people supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them, including in the wider community, and where appropriate, have access to education and work opportunities?
* **R2.2** How easy and accessible is it for people to use the complaints process or raise a concern? To what extent are people treated compassionately and given the help and support they need to make a complaint?
* **R3.4** How does the service make sure that it quickly identifies people in the last days of life whose condition may be unpredictable and change rapidly and, where required, that people have rapid access to support, equipment and medicines?
 |
| **Equity in experience and outcomes**We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this. | * I have care and support that is coordinated, and everyone works well together and with me.
* I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
* I am encouraged and enabled to feedback about my care in ways that work for me and I know how it was acted on.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * People's care records or clinical records
* Improvement plans and audits
* Surveys/feedback
 |  |
| **Planning for the future**We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.**Regulated Activities Regulations 2014*** **Regulation 9:** Person-centred care
* **Regulation 10:** Dignity and respect

Also consider:* **Regulation 11:** Need for consent
 | * I can get information and advice that is accurate, up to date and provided in a way that I can understand.
* I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
* I am supported to plan ahead for important changes in my life that I can anticipate.
 | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * DNACPR and ReSPECT decisions
* End of life care planning
* People's care records or clinical records
 | * **R3.1** Are people’s preferences and choices for their end of life care and where they wish to die, including in relation to their protected equality characteristics, spiritual and cultural needs, clearly recorded, communicated, kept under review and acted on?
* **R3.2** How are people, and their family, friends and other carers, involved in planning, managing and making decisions about their end of life care?
* **R3.3** How are people reassured that their pain and other symptoms will be assessed and managed effectively as they approach the end of their life, including having access to support from specialist palliative care professionals, particularly if they are unable to speak or communicate?
* **R3.4** How does the service make sure that it quickly identifies people in the last days of life whose condition may be unpredictable and change rapidly and, where required, that people have rapid access to support, equipment and medicines?
* **R3.5** How does the service support people’s families, other people using the service and staff when someone dies?
* **R3.6** What arrangements are there for making sure that the body of a person who has died is cared for in a culturally sensitive and dignified way?
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| WELL-LED*There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities.**There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care.* |
| **Quality Statement** | **I Statements** | **Evidence Category** | **Evidence Examples** | **Suggested Mapped KLOE/Prompt** |
| **Shared direction and culture**We have a shared vision, strategy and culture that is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding and meeting the needs of people and our communities.**Regulated Activities Regulations 2014*** **Regulation 10:** Dignity and respect
* **Regulation 12:** Safe care and treatment
* **Regulation 17:** Good governance

Also consider:* **Regulation 9:** Person-centred care

**Registration Regulations 2009*** **Regulation 12:** Statement of purpose
 |  | * [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Business plans
* Equality, diversity, and inclusion policy
* Monitoring service objectives
* Vision, aims and strategy
* Care plans
 | * **W1.1** Are managers aware of, and do they keep under review, the day-to-day culture in the service, including the attitudes, values and behaviour of staff and whether they feel positive and proud to work in the organisation?
* **W1.2** How does the service promote and support fairness, transparency and an open culture for staff?
* **W1.6** Does the service have, and keep under review, a clear vision and a set of values that includes a person-centred culture, involvement, compassion, dignity, independence, respect, equality, wellbeing and safety? How do leaders make sure these are effectively embedded into practice? Do all staff understand and promote them?
* **W3.5** How are people's views and experiences gathered and acted on to shape and improve the services and culture?
 |
| **Capable, compassionate and inclusive leaders**We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively and do so with integrity, openness and honesty.**Regulated Activities Regulations 2014*** **Regulation 6:** Requirement where the service provider is a body other than a partnership
* **Regulation 7:** Requirements relating to registered managers
* **Regulation 18:** Staffing
* **Regulation 19:** Fit and proper persons employed

Also consider:* **Regulation 4:** Requirements where the service provider is an individual or a partnership
* **Regulation 5:** Fit and proper persons directors

**Registration Regulations 2009*** **Regulation 14:** Notice of absence
* **Regulation 15:** Notice of changes
 |  | * [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Evidence of compliance with schedule 3 and Fit and Proper Person Requirements
* Leadership development and training
* Recruitment and induction records
* Registered manager status and changes
* CQC Notifications
* Staff files
 | * **W1.4** Does the service show honesty and transparency from all levels of staff and leadership following an incident? How is this shared with people using the service and their families in line with the duty of candour, and how does the service support them?
* **W1.5** Do leaders have the skills, knowledge, experience and integrity they need to lead effectively – both when they are appointed and on an ongoing basis?
* **W1.7** Is the leadership visible and capable at all levels and does it inspire staff to provide a quality service?
* **W1.8** Do managers and staff have a shared understanding of the key challenges, achievements, concerns and risks?
* **W2.1** Do staff receive feedback from managers in a constructive and motivating way, which enables them to know what action they need to take?
* **W2.2** Where required, is there a registered manager in post?
* **W2.3** Does the registered manager understand their responsibilities, and are they supported by the board/trustees, the provider and other managers to deliver what is required?
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| **Freedom to speak up**We create a positive culture where people feel that they can speak up and that their voice will be heard.**Regulated Activities Regulations 2014*** **Regulation 10:** Dignity and respect
* **Regulation 12:** Safe care and treatment
* **Regulation 13:** Safeguarding service users from abuse and improper treatment
* **Regulation 16:** Receiving and acting on complaints
* **Regulation 17:** Good governance

Also consider:**Regulation 9:** Person-centred care |  | * [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Mechanisms for seeking and responding to staff feedback
* Whistleblowing records
* Surveys
 | * **W.1.10** Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?
* **W3.1** How are staff actively involved in developing the service? Are they encouraged to be involved in considering and proposing new ways of working, including ways of putting values into practice?
* **W3.3** How are staff supported to question practice and how are people who raise concerns, including whistleblowers, supported and protected?
 |
| **Workforce equality, diversity and inclusion**We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.**Regulated Activities Regulations 2014*** **Regulation 17:** Good governance
* **Regulation 18:** Staffing
 |  | * [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Equality, diversity and inclusion policies and training
* Flexible working arrangements, reasonable adjustments and staff use of assistive technology
* Records of any incidents towards staff
* Workforce or EDI strategy and associated objectives/action plans
* Staff files
 | * **W1.9** How does the organisation promote equality and inclusion within its workforce?
 |
| **Governance management and sustainability**We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.**Regulated Activities Regulations 2014*** **Regulation 17:** Good governance

Also consider:* **Regulation 12:** Safe care and treatment

**Registration Regulations 2009*** **Regulation 14:** Notice of absence
* **Regulation 15:** Notice of changes
* **Regulation 16:** Notification of death of service user
* **Regulation 17:** Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983
* **Regulation 18:** Notification of other incidents
* **Regulation 20:** Requirements relating to termination of pregnancies
* **Regulation 22A:** Form of notifications to the Commission
 |  | * [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Business continuity plans and risk register
* Governance arrangements and organisational structure (roles and responsibilities)
* Information security, data protection and GDPR arrangements
* Quality management, systems and reporting
* Workforce planning
* Audits and action plans
 | * **W2.3** Does the registered manager understand their responsibilities, and are they supported by the board/trustees, the provider and other managers to deliver what is required?
* **W2.4** Are all relevant legal requirements understood and met, including CQC registration requirements, safety and public health related obligations, and the submission of notifications and other required information? Do managers understand recommendations made by CQC, keep up-to-date with all relevant changes, and communicate them effectively to staff?
* **W2.5** How does the service make sure that responsibility and accountability is understood at all levels so that governance arrangements are properly supported? Do staff know and understand what is expected of them?
* **W2.6** Are there clear and transparent processes for staff to account for their decisions, actions, behaviours and performance?
* **W2.7** How does the service make sure that its approach to quality is integral and all staff are aware of potential risks that may compromise quality?
* **W2.8** How does the service assure itself that it has robust arrangements (including appropriate internal and external validation) to ensure the security, availability, sharing and integrity of confidential data, and records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?
* **W4.1** Are resources and support available to develop staff and teams, and drive improvement?
* **W4.2** How effective are quality assurance, information and clinical governance systems in supporting and evaluating learning from current performance? How are they used to drive continuous improvement and manage future performance?
* **W4.4** How is information from incidents, investigations and compliments learned from and used to drive quality?
 |
| **Partnership and communities**We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.**Regulated Activities Regulations 2014*** **Regulation 12:** Safe care and treatment
* **Regulation 17:** Good governance

Also consider:* **Regulation 9:** Person-centred care
 |  | * [People's experience of health and care services](https://www.cqc.org.uk/node/9220)
* [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Feedback from partners](https://www.cqc.org.uk/node/9222)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Examples of sharing learning and best practice
* Records of collaboration
* Trusted Assessors/Discharge to Assess schemes
* Referrals
 | * **W3.2** Are there strong links with the local community? How has the service strengthened relationships beyond the key organisations?
* **W3.4** How does the service enable and encourage accessible open communication with all people who use the service, their family, friends, other carers, staff and other stakeholders, taking account of their protected and other characteristics?
* **W5.1** How does the service work in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care? Does it do so in an open, honest and transparent way?
* **W5.2** Does the service share appropriate information and assessments with other relevant agencies for the benefit of people who use the service?
 |
| **Learning, improvement and innovation**We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.**Regulated Activities Regulations 2014*** **Regulation 16:** Receiving and acting on complaints
* **Regulation 17:** Good governance
 |  | * [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Embedding learning and making improvements
* Engagement in innovation initiatives
* Lessons learned
* Action plans
* BCP
 | * **R2.5** To what extent are concerns and complaints used as an opportunity to learn and drive continuous improvement?
* **W2.7** How does the service make sure that its approach to quality is integral and all staff are aware of potential risks that may compromise quality?
* **W3.5** How are people's views and experiences gathered and acted on to shape and improve the services and culture?
* **W4.2** How effective are quality assurance, information and clinical governance systems in supporting and evaluating learning from current performance? How are they used to drive continuous improvement and manage future performance?
* **W4.3** How is success and innovation recognised, encouraged and implemented?
* **W4.6** Are information technology systems used effectively to monitor and improve the quality of care?
 |
| **Environmental sustainability – sustainable development**We understand any negative impact of our activities on the environment, and we strive to make a positive contribution in reducing it and support people to do the same.**Regulated Activities Regulations 2014*** **Regulation 17:** Good governance
 |  | * [Feedback from staff and leaders](https://www.cqc.org.uk/node/9221)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Green and carbon reduction plans and policies
* Processes for recycling
* Staff training in environmental sustainability
 |  |