**CQC New Framework Summary**

**Mental Health Services**

CONTENTS

[**Introduction 2**](#_Toc150418171)

[**Differences from the Current Model 3**](#_Toc150418172)

[**Quality Statements 4**](#_Toc150418173)

[**The Importance of People’s Experience 4**](#_Toc150418174)

[**I Statements 6**](#_Toc150418175)

[**Evidence Categories 7**](#_Toc150418176)

[**Quality Statements, Evidence Category and KLOE Mapping Table 11**](#_Toc150418177)

[**SAFE 11**](#_Toc150418178)

[**EFFECTIVE 21**](#_Toc150418179)

[**CARING 27**](#_Toc150418180)

[**RESPONSIVE 32**](#_Toc150418181)

[**WELL-LED 39**](#_Toc150418182)

# 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 Mental Health Services category is applicable to:

* Acute wards for adults of working age and psychiatric intensive care units
* Child and adolescent mental health wards
* Community mental health services for people with a learning disability or autism
* Community-based mental health services for adults of working age
* Community-based mental health services for older people
* Community-based substance misuse services
* Forensic inpatient or secure wards
* Gender identity services
* High secure hospitals
* Hospital inpatient-based substance misuse services
* Liaison psychiatry services
* Long stay or rehabilitation mental health wards for working age adults
* Mental health crisis services and health-based places of safety
* Perinatal services
* Personality disorder services
* Residential substance misuse services
* Services for people with acquired brain injury
* Specialist community mental health services for children and young people
* Specialist eating disorder services
* Substance misuse services
* Wards for older people with mental health problems
* Wards for people with learning disabilities or autism

# 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:

|  |  |  |
| --- | --- | --- |
| **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.
 |

|  |  |  |
| --- | --- | --- |
| **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 observation 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.Where there are NHS commissioned contracts in place the CQC may use information from Commissioner’s quality visits. |
| **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 outcomes measures in 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.

*Not all independent sector providers will collect data/information in the above examples. In which case the CQC will look at how the service assures itself on patient outcomes.* |

# 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
* Processes
 | * Duty of candour records
* Evidence of learning and improvement
* Incident, near misses and events records
* Whistleblowing concerns
* Notifications to CQC
 | * **S2.7:** How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?
* **S5.1:** What is the safety performance over time?
* **S5.2:** How does safety performance compare with other similar services?
* **S5.3:** How well is safety monitored using information from a range of sources (including performance against safety goals where appropriate)?
* **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 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? Do staff participate in and 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?
* **R4.5:** To what extent are concerns and complaints used as an opportunity to learn and drive continuous improvement?
* **W6.7:** Are there robust arrangements (including appropriate internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?
* **W8.3:** How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements?
 |
| **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 transfer of care
* Related incident records
* CQC notifications
* Complaints (where applicable)
 | * **S2.4:** How do arrangements for handovers and shift changes ensure that people are safe? (Not ambulances, GP services, GP out of hours, NHS 111)
* **S3.3:** When people move between teams, services and organisations (which may include at referral, discharge, transfer and transition), is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols?
* **E4.4:** Are all relevant teams, services and organisations informed when people are discharged from a service? Where relevant, is discharge undertaken at an appropriate time of day and only done when any necessary ongoing care is in place? (Not GP Practices, GP out of hours or NHS 111)
* **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 support people to make and review choices about sharing their information?
 |
| **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
* Observation
* Processes
* Outcomes (services for people with a learning disability)
 | * Mental Capacity Act records and training
* People’s care records or clinical records
* Safeguarding policy, records and training
* Equality, Diversity and Human Rights policies and training
* Whistleblowing concerns
 | * **S1.1:** How are safety and 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.
* **S1.6:** Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies?
* **S1.7:** Do staff identify adults and children at risk of, or suffering, significant harm? How do they work in partnership with other agencies to ensure they are helped, supported and protected?
 |
| **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
* Outcomes (services for people with a learning disability)
 | * Arrangements to:
	+ respond to emergencies
	+ identify people in need of urgent medical treatment
* People’s care records or clinical records
 | * **S2.5:** Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively?
* **S2.6:** How do staff identify and respond appropriately to changing risks to people, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? Are staff able to seek support from senior staff in these situations?
* **S2.7:** How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?
* **E1.7:** Are people told when they need to seek further help and advised what to do if their condition deteriorates?
* **E6.6:** 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? (Not NHS 111).
 |
| **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)
* [Observation](https://www.cqc.org.uk/node/9223)
* [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
* Cleanliness – cleaning schedules
* Premises maintenance schedules, including furnishing replacement records
 | * **S1.9:** Do the design, maintenance and use of facilities and premises keep people safe?
* **S1.10:** Do the maintenance and use of equipment keep people safe?
* **S1.11:** Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste) (Not NHS 111)
* **S3.1:** Are people’s individual care records, including clinical data, written and managed in a way that keeps people safe?
* **S3.2:** Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This may include test and imaging results, care and risk assessments, care plans and case notes.)
* **S3.4:** How well do the systems that manage information about people who use services support staff, carers and partner agencies to deliver safe care and treatment? (This includes coordination between different electronic and paper-based systems and appropriate access for staff to records.)
* **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 support people to make and review choices about sharing their information?
* **R1.3:** Are the facilities and premises appropriate for the services that are delivered?
* **R3.5:** Are appointment systems easy to use and do they support people to access appointments? (Not NHS 111)
* **R3.8:** How is technology used to support timely access to care and treatment? Is the technology (including telephone systems and online/digital services) easy to use? (Not ambulances)
 |
| **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)
* Observation
* [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
 | * **S1.4:** How is safety promoted in recruitment practice, arrangements to support staff, disciplinary procedures, and ongoing checks? (For example, Disclosure and Barring Service checks.)
* **S1.5:** Do staff receive effective training in safety systems, processes and practices?
* **S2.1:** How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours?
* **S2.2:** How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?
* **S2.3:** Do arrangements for using bank, agency and locum staff keep people safe at all times?
* **E3.1:** Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge?
* **E3.2:** How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs that covers the scope of their work, and is there protected time for this training?
* **E3.3:** Are staff encouraged and given opportunities to develop?
* **E3.4:** What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.)
* **E3.5:** How is poor or variable staff performance identified and managed? How are staff supported to improve?
* **E3.6:** Are volunteers recruited where required, and are they trained and supported for the role they undertake?
* **W3.6:** Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations?
* **W3.9:** Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?
 |
| **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)
* [Observation](https://www.cqc.org.uk/node/9223)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * Action on any National Patient Safety and Central Alerting system (CAS) alerts relating to IPC
* IPC policy
* Staff training
* Infection rates
* Notifications to CQC and other relevant agencies
* Audit findings and action plans
* Cleaning schedules
* Waste disposal contracts
 | * **S1.8:** How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection? (Not NHS 11)
* **S1.11:** Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.)
 |
| **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
* STOMP and STAMP records
 | * **S4.1:** How are medicines and medicines-related stationery managed (that is, ordered, transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.)
* **S4.2:** Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence?
* **S4.3:** Do people receive specific advice about their medicines in line with current national guidance or evidence?
* **S4.4:** How does the service make sure that people receive their medicines as intended, and is this recorded appropriately?
* **S4.5:** Are people's medicines reconciled in line with current national guidance when transferring between locations or changing levels of care?
* **S4.6:** Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence?
* **S4.7:** Are people’s medicines regularly reviewed including the use of ‘when required’ medicines?
* **S4.8:** How does the service make sure that people’s behaviour is not controlled by excessive or inappropriate use of medicines?
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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 Statements** | **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 on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions?
* **E1.4:** Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice?
* **E1.5:** How are people's nutrition and hydration needs (including those related to culture and religion) identified, monitored and met? Where relevant, what access is there to dietary and nutritional specialists to assist in this? (Not GP practices, GP out of hours, NHS 111)
* **E1.6:** How is a person’s pain assessed and managed, particularly for people who have difficulty communicating? (Not specialist MH services, specialist substance misuse services)
* **E6.3:** How and when is possible lack of mental capacity to make a particular decision assessed and recorded?
* **R1.4:** 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
 | * **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?
 |
| **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)
* [Observation](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
 | * **E4.1:** Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment?
* **E4.2:** How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved?
* **E4.3:** How are people assured that they will receive consistent, coordinated, person-centred care and support when they use, or move between different services?
* **E5.4:** Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people’s care or treatment discussed and followed up between staff, people and their carers where necessary?
* **C1.1:** Do staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and do they take these into account in the way they deliver services? Is this information recorded and shared with other services or providers?
* **R2.3:** How are people supported during referral, transfer between services and discharge?
* **R2.5:** Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions?
 |
| **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)
* [Processes](https://www.cqc.org.uk/node/9224)
* Outcomes (Community based mental health services)
 | * People’s care records or clinical records
 | * **E1.3:** How is technology and equipment used to enhance the delivery of effective care and treatment and to support people’s independence?
* **E5.1:** Are people identified who may need extra support? This includes:
	+ people in the last 12 months of their lives
	+ people at risk of developing a long-term condition
	+ carers
* **E5.2:** How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary?
* **E5.3:** Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence?
* **E5.4:** Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people’s care or treatment discussed and followed up between staff, people and their carers where necessary?
* **E5.5:** How are national priorities to improve the population’s health supported? (For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer). (Not ambulances).
 |
| **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
 | * **E2.1:** Is information about the outcomes of people's care and treatment (both physical and

mental where appropriate) routinely collected and monitored?* **E2.2:** Does this information show that the intended outcomes for people are being achieved?
* **E2.3:** How do outcomes for people in this service compare with other similar services and how have they changed over time?
* **E2.4:** Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes?
* **E4.5:** How are high-quality services made available that support care to be delivered seven days a week and how is their effect on improving patient outcomes monitored? (NHS acute & independent hospitals only)
 |
| **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)
* Observation
* [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
 | * **E1.4:** Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice?
* **E6.1:** 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 standards and guidance?
* **E6.2:** How are people supported to make decisions in line with relevant legislation and guidance?
* **E6.3:** How and when is possible lack of mental capacity to make a particular decision assessed and recorded?
* **E6.4:** How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance?
* **E6.5:** When people lack the mental capacity to make a decision, do staff ensure that best-interests decisions are made in accordance with legislation?
* **E6.7:** Do staff recognise when people aged 16 and over and 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?
* **R1.4:** 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 Statement** | **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)
* [Observation](https://www.cqc.org.uk/node/9223)
 |  | * **C1.2:** Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate way?
* **C1.3:** Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them?
* **C1.5:** Do staff understand the impact that a person’s care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially?
* **C2.7:** What emotional support and information is provided to those close to people who use services, including carers, family and dependants?
* **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 and examinations?
 |
| **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)
* Observation
* [Processes](https://www.cqc.org.uk/node/9224)
 | * People's care records or clinical records
 | * **C1.1:** Do staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and do they take these into account in the way they deliver services? Is this information recorded and shared with other services or providers?
* **C2.2:** Do staff seek accessible ways to communicate with people when their protected equality or other characteristics make this necessary?
 |
| **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)
* Observation (services for people with learning disabilities, older people’s services)
* [Processes](https://www.cqc.org.uk/node/9224)
 | * People's care records or clinical records
 | * **C2.1:** Do staff communicate with people so that they understand their care, treatment and condition and any advice given?
* **C2.3:** How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these?
* **C2.4:** Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing?
* **C2.5:** Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered?
* **C2.6:** Are people’s carers, advocates and representatives, including family members and friends, identified, welcomed and treated as important partners in the delivery of their care?
* **R2.6:** Where the service is responsible, how are people encouraged to develop and maintain relationships with people that matter to them, both within the service and the wider community? (Applicable to community health services, specialist MH services, specialist substance misuse services).
* **R2.7:** 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, to have access to education and work opportunities? (Applicable to community health services, specialist MH services, specialist substance misuse 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)
* Observation
* Processes
 |  | * **C1.6:** Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services?
* **C3.2:** Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress?
 |
| **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
 | * **W3.1:** Do staff feel supported, respected and valued?
* **W3.3:** Do staff feel positive and proud to work in the organisation?
* **W3.7:** Is there a strong emphasis on the safety and wellbeing of staff?
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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 Statement** | **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)
* Observation
* [Processes](https://www.cqc.org.uk/node/9224)
 | * People’s care records or clinical records
 | * **C2.5:** Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered?
* **C2.6:** Are people’s carers, advocates and representatives, including family members and friends, identified, welcomed and treated as important partners in the delivery of their care?
* **R1.1:** Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care?
* **R2.9:** How are people who may be approaching the end of their life supported to make informed choices about their care? Are people’s decisions documented and delivered through a personalised care plan and shared with others who may need to be informed? (Applicable to services with 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
 | * **C2.5:** Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered?
* **C2.6:** Are people’s carers, advocates and representatives, including family members and friends, identified, welcomed and treated as important partners in the delivery of their care?
* **E5.3:** Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence?
* **R2.10:** If any treatment is changed or withdrawn, what are the processes to ensure that this is managed openly and sensitively so that people have a comfortable and dignified death? (applicable to services with 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 (where applicable)
	+ identify people’s communication preferences
* Information sharing with people using services and those close to them
* Meeting the Accessible Information Standard
 | * **C1.6:** Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services?
* **C2.2:** Do staff seek accessible ways to communicate with people when their protected equality or other characteristics make this necessary?
* **C2.3:** How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these?
* **C2.7:** What emotional support and information is provided to those close to people who use services, including carers, family and dependants?
 |
| **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)
* Observation
* [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
 | * **R1.2:** Where people’s needs and choices are not being met, is this identified and used to inform how services are improved and developed?
* **R4.1:** 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 are people encouraged to make a complaint, and how confident are they to speak up?
* **R4.2:** How easy is it for people to use the complaints process or raise a concern? Are people treated compassionately and given help and support, by using accessible information or protection measures, if they need to make a complaint?
* **R4.3:** 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?
* **R4.4:** How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?
* **W7.1:** Are people’s views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?
* **W7.2:** Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups?
 |
| **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)
* Outcomes (services for people with a learning disability **only**)
 | * People's care records or clinical records
* Provider led audits of processes
* Records and risk assessments about accessible facilities and premises
 | * **E4.5:** How are high-quality services made available that support care to be delivered seven days a week and how is their effect on improving patient outcomes monitored? (NHS acute & independent hospitals only)
* **R2.1:** How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances?
* **R2.2:** How are services delivered and coordinated to be accessible and responsive to people with complex needs?
* **R2.4:** Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others?
* **R2.8:** How are services delivered and coordinated to ensure that people who may be approaching the end of their life are identified, including those with a protected equality characteristic and people whose circumstances may make them vulnerable, and that this information is shared? (Applicable to services with end of life care).
* **R3.1:** Do people have timely access to initial assessment, test results, diagnosis or treatment?
* **R3.2:** Can people access care and treatment at a time to suit them? (Not ambulances, NHS 111)
* **R3.3:** What action is taken to minimise the length of time people have to wait for care, treatment or advice?
* **R3.4:** Do people with the most urgent needs have their care and treatment prioritised?
* **R3.6:** Are appointments, care and treatment only cancelled or delayed when absolutely necessary? Are delays or cancellations explained to people, and are people supported to access care and treatment again as soon as possible?
* **R3.7:** Do services run on time, and are people kept informed about any disruption?
 |
| **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.**Regulated Activities Regulations 2014*** **Regulation 12:** Safe care and treatment
* **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)
 | * People's care records or clinical records
* Improvement plans and audits
 | * **W7.1:** Are people’s views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?
* **W7.2:** Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups?
 |
| **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
 | * **E5.1:** Are people identified who may need extra support? This includes:
	+ people in the last 12 months of their lives
	+ people at risk of developing a long-term condition
	+ carers
* **R2.8:** How are services delivered and coordinated to ensure that people who may be approaching the end of their life are identified, including those with a protected equality characteristic and people whose circumstances may make them vulnerable, and that this information is shared? (Applicable to services with end of life care).
* **R2.9:** How are people who may be approaching the end of their life supported to make informed choices about their care? Are people’s decisions documented and delivered through a personalised care plan and shared with others who may need to be informed? (Applicable to services with end of life care).
 |

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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 Statement** | **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
 | * **W2.1:** Is there a clear vision and a set of values, with quality and sustainability as the top priorities?
* **W2.2:** Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care?
* **W2.3:** Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners?
* **W2.4:** Do staff know and understand what the vision, values and strategy are, and their role in achieving them?
* **W2.5:** Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population?
* **W2.6:** Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?
* **W3.2:** Is the culture centred on the needs and experience of people who use services?
* **W3.4:** Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority?
 |
| **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
 | * **W1.1:** Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis?
* **W1.2:** Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them?
* **W1.3:** Are leaders visible and approachable?
* **W1.4:** Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?
 |
| **Freedom to speak up**We foster 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
 | * **C1.4:** Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes?
* **W3.5:** Does the culture encourage openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised?
 |
| **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 and action plans
 | * **W3.8:** Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably?
* **W7.3:** Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected equality characteristic?
 |
| **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
 | * **W4.1:** Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved?
* **W4.2:** Do all levels of governance and management function effectively and interact with each other appropriately?
* **W4.3:** Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?
* **W4.4:** Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?
* **W4.5:** Are there robust arrangements to make sure that hospital managers discharge their specific powers and duties according to the provisions of the Mental Health Act 1983? (Specialist MH services)
* **W5.1:** Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved?
* **W5.2:** Are there processes to manage current and future performance? Are these regularly reviewed and improved?
* **W5.3:** Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken?
* **W5.4:** Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is ‘on their worry list’?
* **W5.5:** Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities?
* **W5.6:** When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care?
* **W6.1:** Is there a holistic understanding of performance, which sufficiently covers and integrates people’s views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance?
* **W6.2:** Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately?
* **W6.3:** Are there clear and robust service performance measures, which are reported and monitored?
* **W6.4:** Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified?
* **W6.5:** Are information technology systems used effectively to monitor and improve the quality of care?
* **W6.6:** Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required?
* **W6.7:** Are there robust arrangements (including appropriate internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?
* **W7.5:** Is there transparency and openness with all stakeholders about performance?
 |
| **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
 | * **W2.3:** Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners?
* **W7.4:** Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs?
 |
| **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)
* Outcomes (Trust level only)
 | * Embedding learning and making improvements
* Engagement in innovation initiatives
 | * **E2.4:** Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes?
* **R4.5:** To what extent are concerns and complaints used as an opportunity to learn and drive continuous improvement?
* **W8.1:** In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes?
* **W8.2:** Are there standardised improvement tools and methods, and do staff have the skills to use them?
* **W8.3:** How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements?
* **W8.4:** Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation?
* **W8.5:** Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?
* **W5.3:** Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken?
 |
| **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
 |  |