GO Guide

Good and Outstanding care

Workbook Edition

Single Assessment Framework

Foreword

A Care Quality Commission (CQC) assessment can be daunting for managers and their teams, but this process helps providers to maintain high standards of care.

The CQC's Single Assessment Framework will require all regulated providers across health and social care to gather more evidence to show inspectors how your service is meeting the Key questions and new Quality Statements. Look at CQC monitoring and assessment as your chance to showcase the high standards of care that the team provide, and the rest of the evidence will follow.

As the owner of a service that achieved two Outstanding ratings, we created a culture where we identified and celebrated every time something positive happened. Gathering evidence should be seen as a daily celebration of the care, innovation and learning that takes place at your service.

Those managing adult social care services should not only recognise good and best practice, but also encourage others to identify where this is happening across the service. When someone recognises exceptional practice, ask them to complete a feedback form on the CQC website. It's important that we start to celebrate and shout about what you do.

A good manager is imperative to the assessment process, not just on the day of the assessment but throughout the journey you will take together in identifying what makes a service Good or Outstanding.

A positive assessment can be achieved through good leadership skills and the involvement of the people you support, your teams, relatives, friends, and other stakeholders within the local community. Having an open culture with the people you support; their friends and relatives will also help to identify areas for improvement by allowing positive feedback to flow across the service.

In preparing your service for assessment, it is important that you build confidence across your staff team and others as the CQC draws a lot of evidence that informs ratings from interviews. Use these discussions to identify what evidence can be shared as part of ongoing monitoring or during the assessment.

The CQC will understand that things do not always go to plan, so it is fine to share examples of where accidents and incidents happened as long as you can demonstrate how you learnt from this. In addition to sharing your best examples, tell them about what didn't go well, what caused this, and what can be done to avoid it happening again.

Adult social care continues to be a challenging but rewarding career, however it is imperative to ensure frontline managers practice self-care and look after themselves. This has to be a priority to enable you to have the strength to support not only the people in your care, but the teams you manage.

One of the most important things that good and outstanding services demonstrate are happy teams. Happy staff enable a positive working environment which leads to high standards of care.

The Outstanding Society (OS) is available to all adult social care providers, irrelevant of their rating as a place to share and celebrate best practice and help others to improve. It is free to access and focuses on the positivity within the sector by learning from each other.

The Directors of the OS along with our contributors are delighted to have been able to contribute to this essential guide and help managers and their teams with their improvement journey to provide the best possible care for people using their service.

Zoe Fry OBE
Executive Director, The Outstanding Society

Welcome

Positive outcomes for the people who draw on services are always central to the delivery of good or outstanding care. With their Single Assessment Framework, the Care Quality Commission (CQC) is looking at how all health and social care is working together to meet the needs of the people in our communities.

Meeting the standards of care expected from services, means that regulated providers will need to support people to achieve their personal goals and live the lives they want to. It's about keeping people safe and supporting them to live meaningful and fulfilling lives, ably supported by your expertise in meeting their care needs.

Good and best practice across adult social care is ever evolving. Increasingly we are seeing the CQC monitoring and assessment digging deeper into the experiences of the people who draw on services.

From new ways of keeping people safe to strengthening your person-centred care, the CQC looks at how your service continually improves. What was rated Good some years ago may no longer meet CQC expectations as best practice approaches are always moving on.

A successful assessment is really only possible if your service is well-led and has an open and transparent culture. We know managers and leaders are central to meeting CQC standards. This is why the CQC look to services run by capable, compassionate and inclusive leaders, and Skills for Care shapes much of our support around frontline managers.

Despite the challenges our sector continues to face, there has been a seismic shift in many providers actively connecting with their local community and developing robust partnership working together to achieve shared goals to benefit the people who draw on services. There are far fewer services working in silos and not engaging with one another, and our sector is definitely all the better for it.

Your staff teams are central to having the capacity to meet people's needs. This requires safe and effective recruitment, dedicated ongoing training, and support. Emerging from the pandemic and the sacrifices many made to protect people, supporting staff wellbeing is an increasingly important issue.

The CQC have also introduced an increased focus around workforce equality, diversity and inclusion that all services will need to evidence, alongside how you are ensuring the service is environmentally sustainable, how you empower people to speak up, and ensure there is equity in access to care. This guide will support you in learning more about what the CQC is looking for and how to demonstrate this.

Good and outstanding care is also only possible if we have capable and confident staff teams, supported by managers and leaders with the right skills and providers with the right culture, vision and values.

I hope you find this updated guide a useful practical tool in helping you to be best prepared to meet or exceed CQC expectations and demonstrate the difference you all make in people's lives.

Oonagh Smyth
CEO Skills for Care

About the Good and Outstanding care guide (GO Guide): Workbook edition

This publication is for frontline managers, quality and compliance leads, and others from adult social care providers who are involved in helping you prepare for CQC assessment.

Our guide is informed from regular engagement with frontline care managers and reviews of good and best practice emerging from the sector. This includes comprehensive reviews of CQC reports, network discussions with frontline managers, and our ongoing engagement with The Outstanding Society.

The GO Guide highlights what good and outstanding care looks like and consider how you can successfully evidence this to the CQC.

It includes practical checklists covering what inspectors look for, helping you to review your progress and plan any improvements.

Ensuring you're service ready for the CQC is a shared responsibility. The guide includes practical ways to engage the people who use, work for, or engage with your service to help you to prepare.

This guide is a companion piece to Skills for Care's GO Online: Inspection toolkit, an interactive online resource shaped around CQC monitoring and assessment helping you keep up-to-date on the latest practical examples and resources.

Important

The GO Guide: Single Assessment Framework print edition is a commercial product available to purchase from Skills for Care.

If you require additional copies, please visit: www.skillsforcare.org.uk/bookshop

GO Guide – Exclusive online resources

The checklists and action plans enabling you to record progress and document your discussions helping you to prepare for CQC monitoring and assessment are are exclusively available to download and use by those owning the print edition.

Visit **www.skillsforcare.org.uk/goguide**

How to use this GO Guide: Single Assessment Framework

Whether you are new to CQC monitoring and assessment or wanting to refresh your knowledge, this GO Guide and the complementary GO Online resource can be used together to help.

1

Check how prepared you are for CQC inspection

Look at the Being prepared for CQC inspection checklist. Have a think about where your service is and involve others in helping you to consider what is needed.

Where to find: GO Guide

2

Watch the introductory films

Visit GO Online to watch our short films summarising each area of CQC inspection. Consider how these films could help raise wider understanding of inspection amongst your staff team.

Where to find: GO Online: Inspection toolkit

3

Understand what the CQC inspectors will look for

Use GO Online: Inspection toolkit to understand what CQC inspectors may expect to be evidenced.

Where to find: GO Online: Inspection toolkit

4

Compare using the recommendations checklist

Use the Recommendations checklists to identify your strengths and areas for improvement.

Where to find: GO Guide

5

Review your own data and evidence

Look at what data and evidence you have gathered from across your quality checks and other processes. Look to see if there are any gaps in the evidence you could show the CQC to demonstrate you are meeting their standards.

Where to find: Your existing data and evidence

6

Strengthen your evidence

Use the GO Guide Discussion points to involve others in cross-checking where you are and how you could strengthen evidence further.

Where to find: GO Guide

7

Plan and action any improvements

Where improvements are identified, involve people, staff, and experts in helping you plan what is needed. Use the GO Guide Action Plan templates to document this.

Where to find: GO Guide

8

Get ready to promote what you do

Build confidence across your staff team, the people you support and others by regularly reflecting on the high quality of care.

Use the GO Guide to record where your latest evidence is and be ready to share.

Where to find: GO Guide

Contents

This section includes a checklist to meet each area of CQC inspection focus, how to involve others in ensuring the evidence and other practicalities to strengthen the care you provide.

Safe

Effective

Caring

Responsive

Well-led

Introduction

The CQC expects every regulated service to continually improve, and so the introduction of the Single Assessment Framework is reflective of their own evolution.

The Single Assessment Framework represents the biggest changes for CQC regulated providers in the past decade. It introduces new areas of assessment focus alongside wider changes to the CQC regulatory approach, including registration and enforcement activity.

The Single Assessment Framework applies to all regulated health and social care providers, local authorities, and integrated care systems. This enables the CQC to better understand the quality of care being delivered not just at your service, but across the whole system.

The CQC is changing the terminology they use from inspection to assessment. This is a small but important shift to reflect the more flexible and responsive approach being adopted by the CQC.

For this guide, we will still use the word inspection a lot because we know it is terminology that all providers understand and we feel it will remain important to keep focused on being able to evidence what you do to the CQC.

People's experience

In recent years, the strategic direction of the CQC has been to be a much more flexible organisation, responding to the feedback they are hearing about a service from people, families, staff and the wider public.

In driving forward change, the CQC remains committed to ensuring what matters to people is at the heart of quality care. People's experience is central to the monitoring and assessment process, including how they are supported as they move between services.

The evidence provided by people about your service will greatly inform related CQC activity, from discussion points in monitoring activity through to potentially triggering an assessment.

Every assessment will involve interviews and a review of feedback and evidence with the people you support. Inspectors will want to learn about the person-centred care that is provided on a daily basis, understanding how people are fully supported to achieve outcomes important to them.

The need to assess will be risk-informed

The pandemic sped up the CQC ambitions about changing how they regulated services, moving away from periodic timeframes between inspections and replacing it with risk assessing the need to inspect.

Whilst providers welcome some of these changes, the change to the frequency of inspection has not always been warmly received by all. This is because it has led to longer periods between inspections for many providers, something that has impacted services wanting to demonstrate their care has improved.

Despite this, by introducing more regular monitoring of services, the CQC aims to present a current view of the quality of care being delivered. The CQC believes their new regulatory approach will enable them to re-rate services more frequently as there will be an ongoing review of evidence.

A shift away from undertaking as many full inspections may also provide more opportunities for services to be re-rated.

Monitoring and assessment focus

The Single Assessment Framework retains – and has often simplified - a lot of what the CQC previously inspected, so much of the evidence that you have gathered in recent years will still be relevant.

However, in their consultations with providers and the wider public when shaping the Single Assessment Framework, the CQC identified new areas of inspection focus related to what people regard as important.

It is important that all regulated providers can demonstrate you meet these new areas of inspection. Whilst some areas of new inspection focus may represent what you already do, it is important to check this is the case long before the inspector visit.

As part of the changes, the CQC has replaced their earlier Key lines of enquiry process with Quality Statements. These statements represent the quality of care that every service must be able to demonstrate to achieve a Good rating.

There are 34 Quality Statements that the CQC will potentially look at as part of their monitoring and inspection. This guide shares recommendations related to all. These checklists should help you to quickly identify if you have gaps in your evidence and how to address these.

Gathering evidence

There are so many services that only communicate with the CQC when there is something bad, notification, safeguarding etc. Think about how the CQC perceive you and manage this perception. The CQC is looking for things that are going well.

What the CQC are looking for is the evidence that what you do is having an impact on the quality of life for the person. So, explain what the change is, why was it needed, how we did it, and the impact.

Sanjay Dhrona,
Managing Director, The Close Care Home
Non-Executive Director, The Outstanding Society

The CQC has simplified their approach to gathering evidence as part of their monitoring and inspection process. Their primary aim when gathering evidence is to understand:

- the quality of care being delivered
- the performance against each Quality Statement.

Gathering evidence is an ongoing process for the CQC, which combines reviewing what existing information and feedback they have about your service, as well as gathering what is as part of the formal inspection.

Increasingly the CQC will draw on evidence that they can gather off-site or via phone calls or virtual interviews, but they still plan to undertake formal visits to care services when these are identified as the best ways to gather additional evidence.

There are six evidence categories that the CQC will use:
1. People's experience of health and care services
2. Feedback from staff and leaders
3. Feedback from partners
4. Observation
5. Processes
6. Outcomes

Please note that the CQC may lightly adapt what evidence they seek across different service types, recognising that not all evidence will be applicable to some regulated activity or system-level approaches.

Interviews and feedback

Interviews with people, family, friends, and advocates will be central to the initial gathering of evidence, as will responses from representative groups and survey responses.

These interviews may be completed in-person or via phone or virtual meetings where more convenient. The CQC will be respectful to people's communication needs as part of this process, utilising specialist aids or experts to support them.

Inspectors will also draw on feedback they have received about your service via their national helpline and other sources, such as voluntary groups and CQC's own feedback forms, other health and social care providers, and the local authority.

Staff and managers will be interviewed on a one-to-one basis too, but inspectors will gather wider evidence by attending focus group sessions, reviewing survey results, or looking at what has been raised directly with CQC, including via whistleblowing.

The CQC will aim to interview and review feedback from others who engage with your service too, including commissioners, multi-agency bodies, healthcare professionals and so on.

Observations

Observations will be carried out on the premises by CQC inspectors and Specialist Professional Advisors.

Within adult social care inspection visits, the CQC will largely limit their own observations to residential environments. Such observation visits will likely look at the quality of care being provided, as well as the wider environment and equipment.

For community based services, the CQC may often draw on observational evidence from others, such as Healthwatch. However, it is prudent to be prepared that they may visit your offices too.

Processes

These are likely to be the documented evidence you can provide to the CQC to back-up what they have heard or observed. This could be your organisation's policies and procedures or related care plans, clinical records, certificates, and wider written evidence.

Inspectors may additionally draw on wider evidence here, including notifications and what has been submitted via the provider portal and as part of monitoring activity.

The CQC website may be a useful source of information to help you understand the different types of evidence relevant to each Quality Statement.

Outcomes

Finally, the CQC will be gathering evidence on how the care provided has affected people's physical, functional, or psychological status. Again, what the CQC will be looking for may vary across service types but may include emergency admissions and re-admission rates to hospital, infection control rates, vaccination, prescribing data and so on.

Ratings

The CQC is retaining their four ratings which decides whether each provider has evidenced they are Outstanding, Good, Requires improvement, or Inadequate in relation to each of the five Key Questions.

Since the pandemic, the number of adult social care services achieving a Good or Outstanding rating has fallen, with percentages up to summer 2023 as follows:

4%	**79%**	**16%**	**1%**
Outstanding	**Good**	**Requires improvement**	**Inadequate**

How are ratings decided?

The overall rating for the service will be decided by the CQC after they have rated each Key Question.

If the CQC choose to undertake a full inspection, each Key Question will be given its own rating. For providers who have already been fully inspected, the CQC may choose to undertake a more limited inspection and focus on one or more Key Question.

If the service demonstrates that each of the Quality Statements is met, then the likelihood is that each Key Question will be awarded a Good rating, leading to the service being awarded Good overall.

Achieving two or more Key Questions rated as Outstanding should be enough to secure an Outstanding overall rating, as long as other Key Questions have been rated Good.

To fall below the CQC standards, a service would usually need to have two or more Key Questions rated either Requires improvement or Inadequate.

How are Quality Statements scored?

The specific wording of each Quality Statement represents what the CQC expect a Good service should deliver. Depending on the quality of evidence available, the CQC will score each Quality Statement one of the following:

- 4 = Evidence shows an exceptional standard
- 3 = Evidence shows a good standard
- 2 = Evidence shows some shortfalls
- 1 = Evidence shows significant shortfalls

At the end of inspection process, these scores are added up and will decide the overall rating of the Key Questions that have been looked at.

Given how the CQC scores Quality Statements, some services might be providing exceptional evidence on some and significant shortfalls on others. How much of each will dictate the outcome of the Key Question.

The CQC will publish these scores helping services to better understand where they are excelling or the areas of inspection where improvements are needed.

For those falling below CQC standards, knowing which Quality Statements are underperforming will help services to target their action plans and associated activity here.

For those striving to deliver outstanding care, knowing where you are already excelling compared to those Quality Statements considered Good can equally help target your resources.

Preparing for CQC inspection

For our first inspection we didn't really know what to expect, but I think we were just confident that we'd done everything that we needed to do, and we'd also gone a little bit above and beyond.

We reviewed good practice and what was needed to be done and we got an Outstanding rating. We will continue to strive to do that and work as best we can and listen to the clients and the staff to improve the service."

Katie Brennan
Registered Branch Manager
Carefound Home Care

Preparation is key to ensure your service is in the best position to demonstrate that you are meeting CQC expectations.

The CQC use their monitoring and inspection approach to ensure that services are meeting their Fundamental Standards and complying with all the regulations that are expected. Where these are met as part of a formal CQC inspection, the service will be rated either Good or Outstanding. However, where they are not evidenced then the CQC may rate as Requires improvement or Inadequate.

Since the COVID-19 pandemic, the CQC replaced their periodic cycle of inspection with their new monitoring and inspection approach. This is informed by the data and information the CQC has about a service, including what has been provided by the organisation themselves and wider feedback received by the regulator.

By reviewing the information that they have about a service, the CQC will determine the need to gather more evidence via a monitoring call or inspection visit.

When they decide to inspect, the CQC may choose to undertake a comprehensive inspection looking at everything they regulate or a more targeted look at some specific areas of care. As with their previous approach, the CQC may on occasion provide limited advance notice of their inspection visit, but may choose to arrive unannounced.

Despite the seismic events of recent years, the reason the CQC monitor and inspect remains the same; they want to assure themselves the care you provide is Safe, Effective, Caring, Responsive, and Well-led.

Being prepared for CQC inspection is a joint effort requiring owners, managers, and staff team to work together to identify and gather the evidence needed to convince inspectors of the quality of care that is being provided. It is also essential to involve the people you support, their family and friends and other professionals you engage with in helping you to prepare. Their views about the service will be an important part of any CQC inspection.

This guide and our associated resources available via our GO Online: Inspection toolkit resource will help you to consider what you will need to evidence.

Preparing for CQC inspection

Find out how other services prepare and access online learning and facilitate further support.

www.skillsforcare.org.uk/prepare ↗
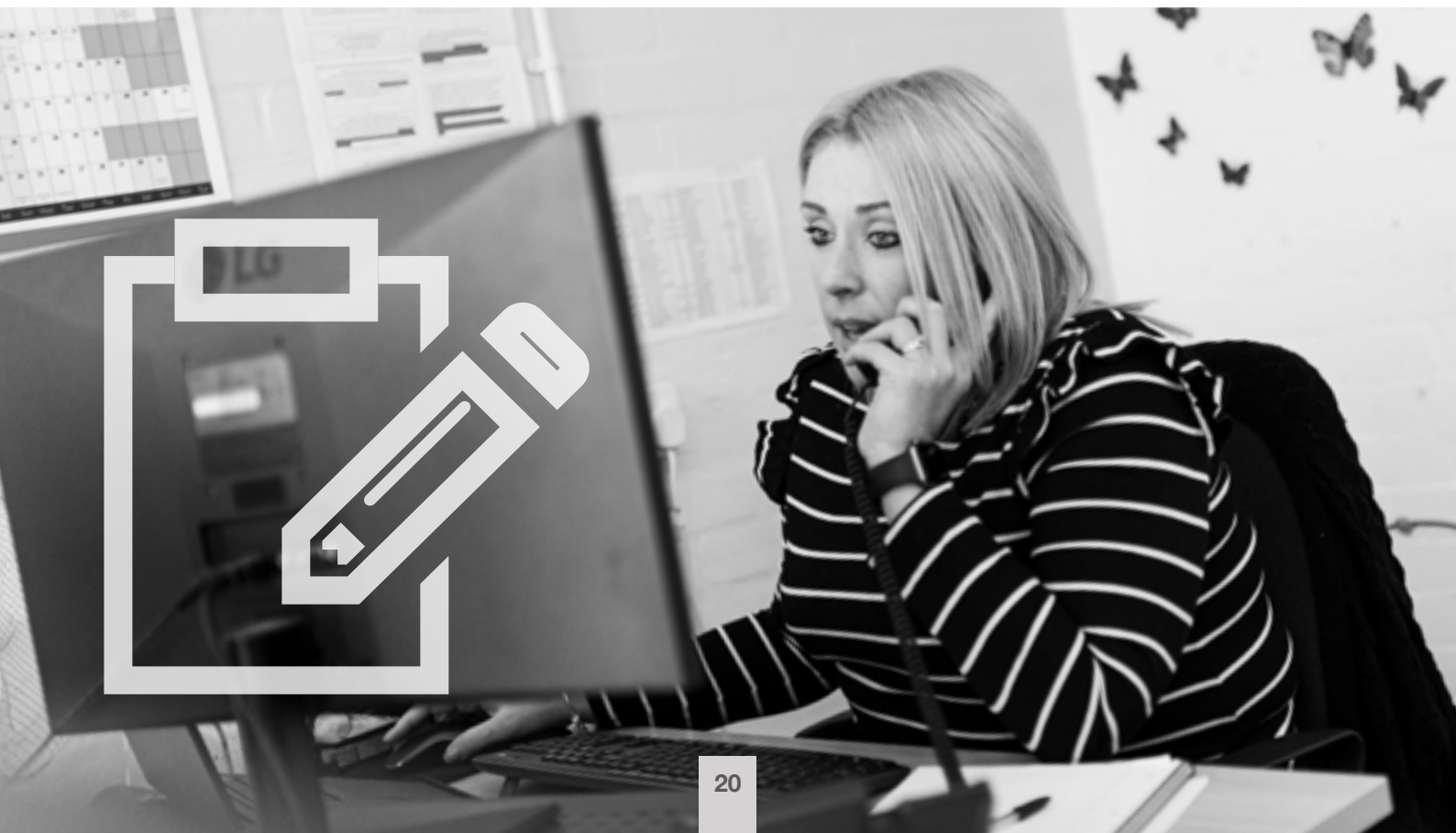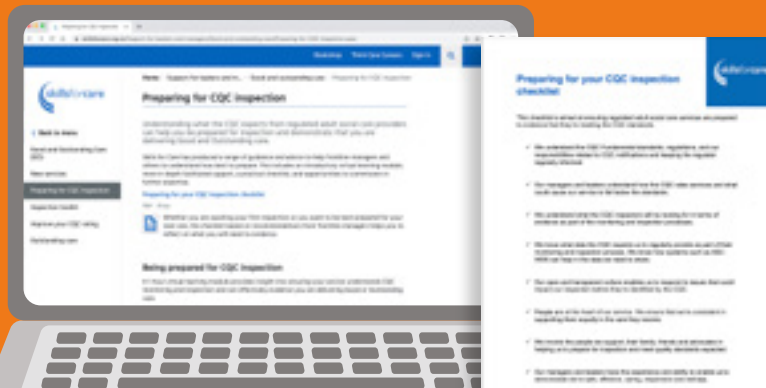
Involving others in helping you to prepare for inspection

Preparing for inspection is a joint responsibility that can benefit from a wide range of involvement across your service, from the people you support (including family and friends) to your staff team and others, including external professionals.

Involving a range of different people and roles is really important in helping to identify evidence of good or outstanding care being delivered by your service. It should also avoid any unwelcome surprises when the CQC interview them as part of the inspection.

People, family, friends, and their advocates

Opportunities to involve them

- Representative group meetings (clients / family / friends / advocates)
- Regular review meetings with client clients / family / friends / advocates
- Ad-hoc capturing of feedback via delivery of care
- Discussions in response to compliments, concerns, and complaints
- Spot checks, audit processes and / or mock inspections
- Phone or online surveys

What to ask?

- How does this service support you to achieve your personal goals and ambitions?
- How does the service keep you safe and as healthy as possible?
- What is the best thing about this service in terms of its managers and staff team?
- How do you feel the service has responded to any concerns and complaints you have raised?
- What do you feel the service could improve upon and why?
- How do you think managers and staff could improve the care you receive?

It's time to demystify the inspection process and role of the regulator. We need to see them as people to shine to rather be confused by.

Sanjay Dhrona,
The Close Care Home
Non-Executive Director, The Outstanding Society

Your team

Opportunities to involve them

- Team meetings
- One-to-ones / supervisions / appraisals
- Spot checks, audit processes and / or mock inspections
- Capturing ad-hoc feedback in the workplace
- Review of staff suggestions, compliments, concerns, and complaints
- Employee surveys

What to ask?

- What are you most proud of about this service and why?
- Give some examples on how you meet people's care needs.
- How does the training and support you receive enable you to deliver good quality care?
- Tell us about your role and responsibilities.
- What do you feel the service could improve upon and why?
- How do you think managers and staff could improve the support you receive?

Managers and leaders

Opportunities to involve them

- Senior management / Governance meetings
- Manager one-to-ones, Supervisions and Appraisals
- Quality assurance processes, audits, and mock inspections
- Peer reviews

What to ask?

- How do we as managers and leaders ensure we know what and how the CQC inspects?
- What processes have we put in place to know that we are delivering good or outstanding care?
- How do we involve others in helping prepare for CQC inspection?
- How do we gather and review the evidence needed to demonstrate we meet what the CQC expects?
- How do we ensure examples of good practice is shared with our teams and the people we support?
- How are we supported by the organisation to be successful in their roles?
- What are we most proud of the service achieving and why?
- How do we ensure the service is continually improving?
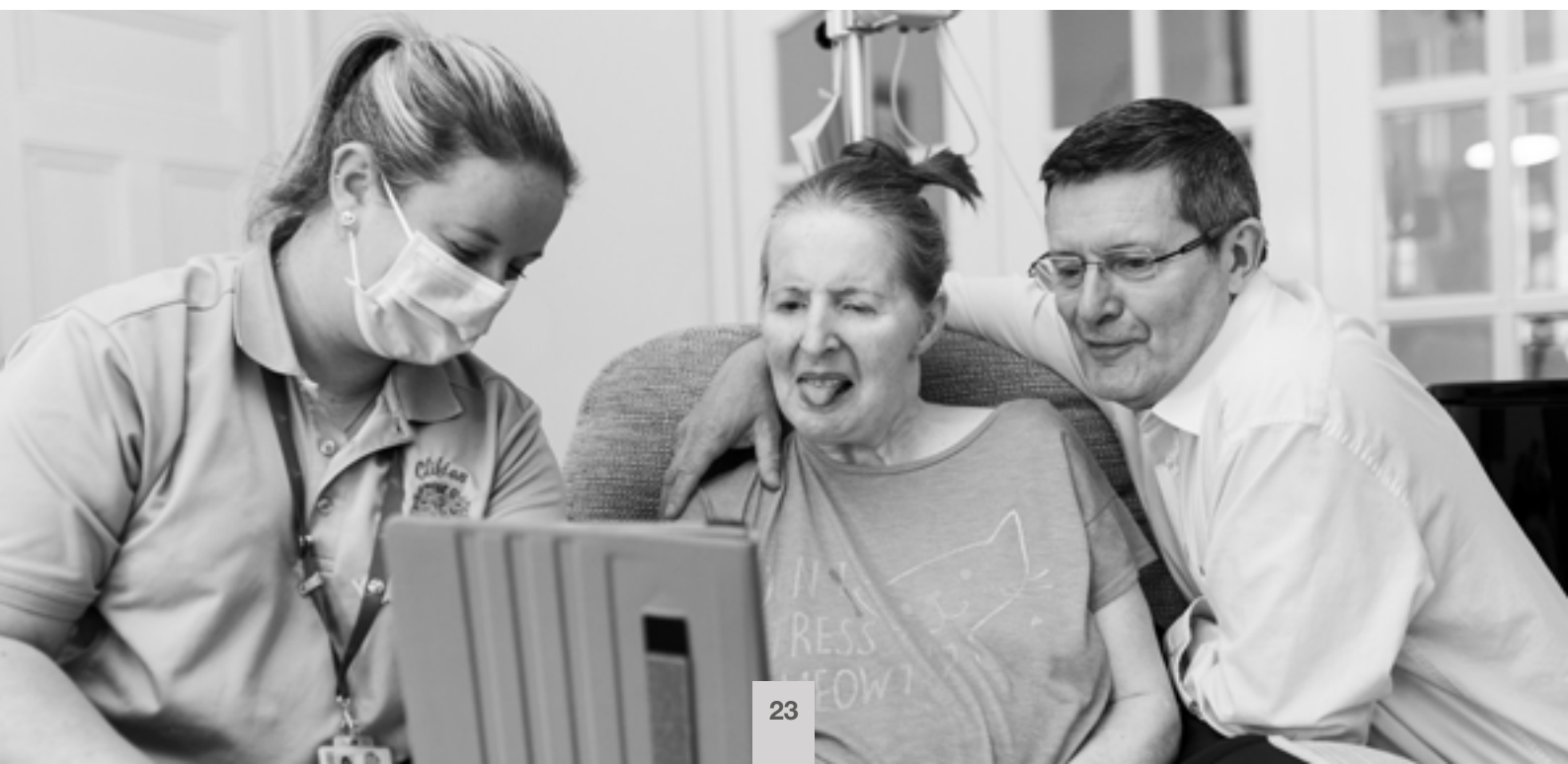
External professionals and peers

Opportunities to involve them

- Meetings
- Peer reviews
- Quality assurance, audit, and mock inspections
- Surveys and evaluations

What to ask?

- How do you feel this service compares to others that you engage with and why?
- What is your opinion in regard to the quality of care people receive at this service? Please explain your answer.
- How would you describe how the service is run?
- What is your view on the staff and their ability to do their job?
- Give examples of what you feel the service does particularly well?
- What do you feel the service could do better at and why?

Preparing for your CQC inspection checklist

This checklist is aimed at ensuring a regulated adult social care service is prepared and ready for CQC inspection.

For all examples below, ensure you have robust evidence to share with the CQC inspector.

Step 1: Knowing what is expected

	Yes	No	N/A	Action
We understand the CQC fundamental standards, regulations, and guidance and how they relate to our service.				
We understand our responsibilities around submitting notifications to the CQC.				
Our managers and leaders understand how the CQC rate services and what could cause our service to fall below the standards.				
We understand what the CQC inspectors will be looking for in terms of evidence as part of the monitoring and inspection processes.				
Our managers and leaders have the experience and ability to enable us to demonstrate we are Safe, Effective, Caring, Responsive and Well-led.				
We know what data the CQC expects us to regularly provide as part of their monitoring and inspection process.				
We understand how systems such as the Adult Social Care Workforce Data Set can help us to share the data the CQC needs.				
Our owners provide the necessary support, investment and people resources needed to enable us to deliver care aligned to the CQC standards.				

Step 2: Involving the people you support

	Yes	No	N/A	Action
✓ People are at the heart of our service. We ensure that we are consistent in supporting them equally in the care they receive.				
✓ We involve the people we support, their family, friends, and advocates in helping us to prepare for inspection and meet quality standards expected.				
✓ We ensure that the people we support, families, friends, and our own staff understand that the CQC may interview them as part of the inspection.				
✓ Where we have received complaints or feedback, we can clearly evidence how we took required actions and effectively communicated this.				
✓ We keep the people we support, families and friends regularly updated about the service, via one-to-ones, group or other forms of engagement (e.g. newsletters etc.)				
✓ Our open and transparent culture enables us to respond to issues that could impact our inspection before they are identified by the CQC.				

Step 3: Involving your staff teams

	Yes	No	N/A	Action
Our training and development ensure all our staff are capable and confident to deliver the standards of care expected by the CQC. We regularly assess staff competence and provide additional training where needed.				
Our recruitment and performance management processes ensure our staff teams are consistently committed to delivering high levels of care.				
We discuss CQC monitoring and inspection in our team meetings and one-to-one discussions with staff, ensuring they are familiar with the process and how they may be involved.				
Our staff teams help to identity examples of the difference we are making to people lives, enabling us to provide evidence to the CQC.				
We regularly review the evidence we plan to present to the CQC and ensure that the strongest examples of the quality of care we provide can be shared during monitoring and inspection.				
Our managers, leaders and wider staff team know how to access further evidence if we need to share this with the CQC during or following the inspection. We ensure we promptly respond to the inspector's requests.				
We have ensured that all documents are regularly reviewed and updated, removing inconsistencies between our policy, procedures, and practice.				
Our staff teams know what good looks like, and we are prepared to showcase how our care meets or exceeds CQC standards.				

Step 4: Ensuring you are ready

	Yes	No	N/A	Action
Our quality assurance policy and procedures enable us to know how we are performing and where improvements are needed.				
We use mock inspections to help us to build confidence in our staff team and help us to identify any gaps in our evidence.				
We draw on external expertise and our partnerships to know what the latest best practice looks like.				
Our engagement with external professionals and other services lets us know what others would say about us if asked by the CQC.				
We understand how our organisation is viewed by our local community.				
Where areas for improvement have previously been identified, we can evidence how these were successfully addressed and implemented.				
We can demonstrate how our service continually improves, showcasing recent examples.				
We keep informed of latest good practice via CQC newsletters, as well as updates from Skills for Care, NICE The Outstanding Society and SCIE.				
We use the GO Online: Inspection toolkit to learn about the latest good and best practice and associated resources that can help you meet CQC monitoring and inspection expectations.				
We will be open and honest in all engagement we have with the CQC.				
We are confident that we are ready for inspection.				

Download from **www.skillsforcare.org.uk/GOguideSAF**

Outstanding care

> **We were delighted when Shared Lives Lancashire was rated Outstanding with CQC. I think there's various reasons why. Frontline workers like myself who were going to Shared Lives houses every day feel fully supported. It's hugely person-centred and I think the management from the top down is excellent.**
>
> Laurie Cook
> Shared Lives Support Officer
> Lancashire County Council

The CQC have set the bar high when it comes to this rating. Since the CQC introduced their ratings, less than 5% of adult social care services have achieved this accolade. Inspectors are evidently looking for exceptional levels of care being provided by the very best services in the country.

Outstanding rated services are often innovative and exceptional. These are services that will go the extra-mile and deliver care over and above what is expected on a daily basis. They have inclusive and open cultures, led by highly experienced managers and leaders, supported by robust governance arrangements.

The language that the CQC use gives a strong indication of what they will be looking for from an Outstanding rated services including:

- Highly **tailored** care and support
- **Strong** and **distinctive** approaches to keeping people safe
- Ensuring people have **maximum choice and control** over their lives
- **Creative**, **imaginative**, and **pioneering approaches** to delivering **best practice**
- Staff who are **fully empowered**, **exceptionally well-trained**, and **rapidly respond** to people's needs
- **Strongly collaborative** services who work in partnership, supporting other services to deliver the **highest standards**
- **Comprehensive systems** and processes to deliver continuous improvement
- These services **embrace** different cultures

Since the CQC introduced the Outstanding rating in 2014, hundreds of adult social care services across the country have achieved this accolade. However, thousands more have targeted achieving this rating but fallen short.

Whilst there will be services that narrowly miss out on being rated Outstanding, in most cases there would need to be significant improvements to progress from Good to Outstanding.

If your service is rated Good, this is something to be immensely proud of. You are meeting the national standards and delivering high standards of care to the people you support. Whether you are motivated by the Outstanding rating or simply because you want to deliver outstanding care, each year thousands of regulated services strive for this higher recognition.

The route to this rating is often by having a clear understanding of what outstanding care looks like and implementing the improvement needed to step up into delivering the best care possible. A criticism sometimes levelled at the CQC is that for services rated Good, the inspection report does not provide a clear indication of what would need to be implemented to achieve Outstanding.

Whether you are part of a new service achieving an Outstanding rating on your first inspection or you reach each following multiple CQC inspections, it will be a result of excellence and expertise being demonstrated across your service. This does not mean that Outstanding rated services do not make mistakes, but they often excel at learning from these and mitigating such issues reoccurring.

Through our Good and outstanding care range of resources and our ongoing work with The Outstanding Society, Skills for Care has helped to provide insight into what Outstanding rated care looks like. This guide includes a checklist and discussion points to help involve others in considering what might be needed and an Action Plan template to help take forward the improvements you identify.

Outstanding care

Be inspired by providers delivering the highest standards of care. Learn more about what outstanding care looks like and access online learning and facilitated further support.

www.skillsforcare.org.uk/outstanding ↗
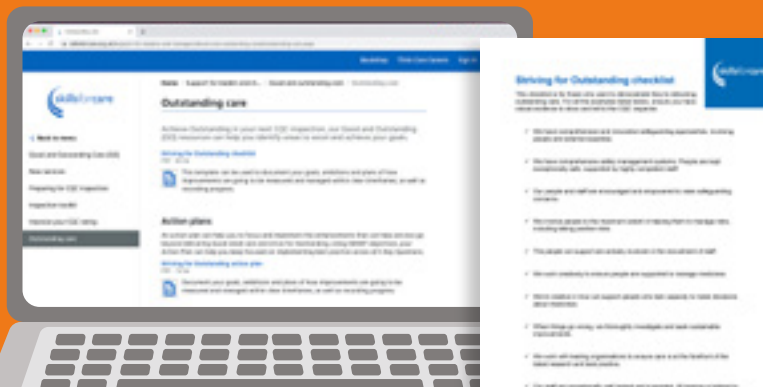
Involving others to help you to be outstanding

If you are striving to deliver outstanding care, finding opportunities to involve others in identifying and testing new ways of working is important. From introducing innovative new initiatives to refining successful approaches further, these can help progress your service from good to outstanding.

Consider the following opportunities to involve others in enabling you to deliver outstanding care and retain this rating.

People, family, friends, and their advocates

Opportunities to involve them

- Representative group meetings (clients / family / friends / advocates)
- Regular one-to-one review meetings with client clients / family / friends / advocates
- Ad-hoc capturing of feedback via delivery of care
- Discussions in response to compliments, concerns, and complaints
- Spot checks, audit processes and / or mock inspections
- Phone or online surveys

What to ask?

- What is your view on the quality of care at this service and how could it be better?
- Tell us about the reasons why you feel the care is so exceptional at this service?
- What do you feel the reasons are that care is / isn't outstanding?
- What do you feel would tip the care you receive from good to outstanding?
- Is there anything you think the management of this service could improve upon?
- Is there anything you think the staff of this service could improve upon?

At The Close Care Home we think outstanding practise is about the impact that we make to the quality of life for the residents and the circle of care. Seemingly small and considered interventions and practise can have a huge impact and really transform a service from Good to Outstanding.

Sanjay Dhrona
Managing Director, The Close Care Home
Non-Executive Director, The Outstanding Society

Your team

Opportunities to involve them

- Team meetings
- One-to-ones / Supervisions / Appraisals
- Spot checks, audit processes and / or mock inspections
- Capturing ad-hoc feedback in the workplace
- Review of staff suggestions, compliments, concerns, and complaints
- Employee surveys

What to ask?

- Give some examples of where you give outstanding care.
- Give some examples of where other team members give outstanding care.
- Tell us more about the difference delivering outstanding care makes to the people you support.
- Would you describe all care provided as outstanding? If yes / no, please explain why.
- How do you think the training and support you receive could be improved?
- How could this service be improved further?

Managers and leaders

Opportunities to involve them

- Senior management / Governance meetings
- Manager one-to-ones, Supervisions and Appraisals
- Quality assurance processes, audits, and mock inspections
- Peer reviews

What to ask?

- How do we know what outstanding care looks like?
- How do we ensure that the care we provide is outstanding as opposed to very good?
- What quality assurance and improvement processes do we have in place to ensure we are delivering outstanding care?
- How do we ensure our care is at the forefront of the latest innovations, research, and best practice? What examples do we have to evidence this?
- What examples of awards and external recognition can we share with CQC inspectors?
- What examples do we have of supporting other providers to deliver the best care possible?
- What examples do we have of supporting the wider community?

External professionals and peers

Opportunities to involve them

- One-to-one meetings
- Peer reviews
- Quality assurance, audit, and mock inspections
- Surveys and evaluations

What to ask?

- Please explain why you think this service delivers outstanding care or not.
- How does this service compare with other outstanding services you have worked with?
- Tell us about the things that impress you most about this service.
- How does this service draw on your expertise to help them to deliver outstanding care?
- Can you tell us of any examples of how you know this service is supporting the wider community?
- What could this service do to further strengthen the quality of care they provide?

Outstanding care checklist

This checklist is aimed at ensuring a regulated adult social care service is prepared and ready to demonstrate they're delivering outstanding care.

For all the examples listed below, ensure you have robust evidence to show and tell to the CQC inspector.

	Yes	No	N/A	Action
We have comprehensive and innovative safeguarding approaches, involving people and external expertise.				
We have comprehensive safety management systems. People are kept exceptionally safe, supported by highly competent staff.				
Our people and staff are encouraged and empowered to raise concerns about safeguarding.				
We involve people to the maximum extent in helping them to manage risks, including taking positive risks.				
The people we support are actively involved in the recruitment of staff.				
We work creatively to ensure people are supported to manage medicines.				
We're creative in how we support people who lack capacity to make decisions about medicines.				
When things go wrong, we thoroughly investigate and seek sustainable improvements.				
We work with leading organisations to ensure care is at the forefront of the latest research and best practice.				
Our staff are exceptionally well trained and supported. All training is tailored to individual needs and further development opportunities are provided.				

✓	The people we support actively contribute to how we train and develop our staff.	
✓	We use creative ways to promote high-quality food and drink options, ensuring people receive a balanced diet and maximum choice.	
✓	We receive praise from all external healthcare professionals and other experts we engage with.	
✓	We ensure that when people move between services, this is expertly managed.	
✓	Our service works collaboratively with other organisations to consistently deliver joined-up care.	
✓	Where people have complex or continued health needs, our staff always seek to improve their care, treatment and support.	
✓	We use innovative ways to help people discuss and decide about their living environment.	
✓	We seek new technology to make sure that people live with as few restrictions as possible.	
✓	Our staff are highly skilled in seeking consent and we constantly look to how we improve this further.	
✓	Best-interest decisions are always made in accordance with legislation and people's wishes.	
✓	Where restrictions are needed, we keep them under constant review and only use when absolutely necessary.	
✓	Our staff are highly motivated and exceptionally compassionate.	
✓	We use creative ways to get to know the people we support. Our staff are given time to build relationships.	
✓	We have innovative ways to involve people and voice their opinions to improve the quality of care.	

✓	We dedicate time to helping people access sources of information and assistance, including the use of advocates.		
✓	Our staff are exceptionally skilled at communicating effectively with the people we support. Information is provided in multiple formats to meet people's needs.		
✓	We seek best practice and challenge discrimination at all times, including people's protected characteristics.		
✓	People's privacy and dignity is expertly managed and embedded into everything we do.		
✓	Person-centred care is exceptional. Our staff use innovative ways to involve people and their families and friends in their care plans.		
✓	We embrace cultural differences, promote independence and autonomy.		
✓	Our staff have an excellent understanding of people's social and cultural diversity. We support people to live a full and meaningful life.		
✓	People play a key role in helping us comprehensively investigate and respond to complaints.		
✓	We're particularly skilled at supporting people at the end of their life, including advance care planning.		
✓	We work closely with external healthcare professionals to ensure our end of life care is exceptional.		
✓	We have an open and transparent culture. People are at the heart of our service and play a key role in developing our vision, values and strategy.		
✓	Our staff are highly satisfied and are proud of the care we provide.		

✓	Our managers and leaders are highly capable and fully supported to deliver a well-led service.
✓	Governance at our service is well-embedded and highly accountable. We have exceptional systems and processes in place.
✓	We welcome constructive challenge from people to further strengthen our service and deliver the best care possible.
✓	We look to external accreditation schemes to recognise our high-quality care and support.
✓	We have a key role in our local community, including actively creating new links.
✓	People are central to our robust and regular quality assurance, helping drive continual improvement.
✓	We have an excellent track record of being an inspiration to other care services.
✓	We strive for excellence via consultation, research and reflective practice.

Download from **www.skillsforcare.org.uk/GOguideSAF** ↗

Improving your CQC rating

Every service has the right to become a centre of outstanding provision. In autumn 2020, we took on one of our toughest projects. Poorly trained staff supported residents who were living lives devoid of purpose or joy.

A year later, refocused leadership and a comprehensive staff training programme meant a dramatic change. By spring 2023, the service had achieved an Outstanding rating.

Every service is capable of delivering fabulous care and every resident must be given a reason to get up each day.

Ruth French
Director, Stow Healthcare
Non-Executive Director, The Outstanding Society

Whilst the majority of regulated adult social care services meet or exceed CQC expectations when inspected, not all achieve this.

There are a wide range of issues that may cause a service to fall below the CQC standards. These can vary between major failings across the service to some limited issues that cannot be overlooked by the regulator.

In their inspections, the CQC will try to be as proportionate as possible and will not rate a service as Requires improvement or Inadequate unless they feel there is just reason in doing so. Some of the more common reasons why services fall below the CQC standard include:

- People have **limited**, **little** or **no involvement** in planning their care
- There is **not enough time** to deliver the care and support that is needed
- Processes and procedures are **not fully embedded** or followed by staff
- There are **not enough staff** to meet people's needs. Staff may have **limited training**, or it is not aligned with the latest good practice
- There is **insufficient learning** from mistakes, concerns are **not prioritised** or **not acted-upon**
- People's consent is not always obtained, restrictive practices are **not proportionate**
- People's health is **not effectively monitored**, or issues acted-upon
- There are **poor workplace cultures**, people are **not protected**
- Systems and processes are weak and **ineffective** in identifying improvements
- There may be little or **no partnership working**

Whether you feel the CQC inspection has caught you on a bad day or confirmed some fundamental issues across the service, the first priority after falling below CQC standards is to plan how to improve. This will help to restore faith in the quality of care and reduce the reputational impact that failing to meet CQC standards could have.

The severity of the issues that the inspectors have identified may determine how quickly the CQC plan to re-inspect but providers should start to address improvements at the earliest opportunity.

The biggest obstacle for some services is acceptance when issues have been identified. Some may appeal to the CQC against the rating but only a very small percentage of those are re-rated as a result. For the majority, the next step following the inspection will be to investigate the root causes of the issues that caused the service to fall below the CQC standards and create an Action Plan to address these.

Skills for Care has produced a separate Guide to improvement and related resources to help services to recover from falling below CQC standards and work towards achieving a Good rating.

Before referring to that resource, please use the Improving your CQC rating checklist and take a look at the suggested discussion points on how to involve others in helping you to improve.

Improving your CQC rating

Discover how to recover after falling below CQC standards. Learn how to implement improvements.

www.skillsforcare.org.uk/improve
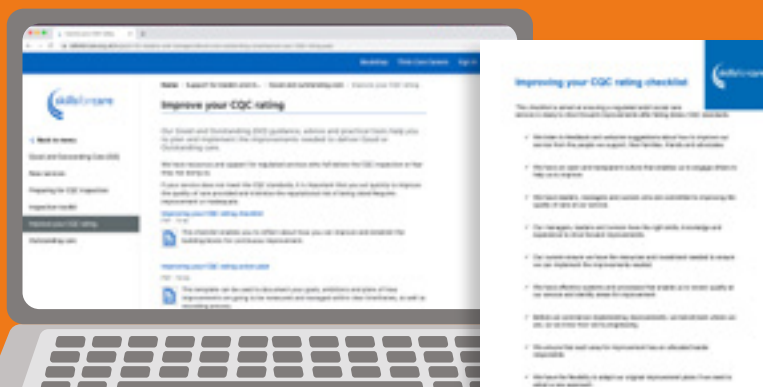
Involving others in helping you to improve

If your service falls below CQC standards, many of the practical solutions to help you to improve will be achieved by involving the people, staff, and external contacts that you engage with.

Being open and transparent about areas for improvement and encouraging others to help you to identify, test and implement ways to strengthen these areas of care is important for any improvement journey. Consider the following opportunities to involve others to help you to improve.

People, family, friends, and their advocates

Opportunities to involve them

- Representative group meetings (clients / family / friends / advocates)
- Regular one-to-one review meetings with client clients / family / friends / advocates
- Ad-hoc capturing of feedback via delivery of care
- Discussions in response to compliments, concerns, and complaints
- Spot checks, audit processes and / or mock inspections
- Phone or online surveys

What to ask?

- What do you think the service needs to do to improve?
- How open and transparent has the service been in regard to areas for improvement?
- How does the service involve you and other people they support in helping it to improve?
- Do you think the service could involve you more in making improvements? If so, how?
- Do you feel the managers and staff are committed to making the improvements needed? Please explain why you think that.

Your team

Opportunities to involve them

- Team meetings
- One-to-ones / Supervisions / Appraisals
- Spot checks, audit processes and / or mock inspections
- Capturing ad-hoc feedback in the workplace
- Review of staff suggestions, compliments, concerns, and complaints
- Employee surveys

What to ask?

- How receptive is the organisation to making improvements? Please explain your answer.
- How does the service involve you in helping it to improve?
- How does the service ensure that everybody working for the service is committed to making improvements?
- Do you feel that the service will be able to sustain the improvements? Please explain your answer.
- Are there any new issues or root causes the service should also focus on?

Managers and leaders

Opportunities to involve them

- Senior management / Governance meetings
- Manager one-to-ones, Supervisions and Appraisals
- Quality assurance processes, audits, and mock inspections
- Peer reviews

What to ask?

- Do we know what good looks like in the areas we need to improve?
- Do we have an Action Plan that will enable us to make the improvements needed?
- How will our quality assurance and improvement processes ensure that standards do not slip elsewhere in our service?
- Are all our managers and leaders committed to enabling us to make the improvements?
- If there is any resistance to improvements, how is this managed?
- How are we connected to other providers and experts who can help us to improve?
- Are there other improvements we need to address that the CQC did not identify?

External professionals and peers

Opportunities to involve them

- One-to-one meetings
- Peer reviews
- Quality assurance, audit, and mock inspections
- Surveys and evaluations

What to ask?

- What do you think might be the reasons for the service falling below CQC expectations in these areas of care?
- How do you feel the service compares with others you are connected with? Why do you think this is the case?
- How do you feel that the service can draw on your expertise to help them to improve?
- Do you feel that there might be other improvements that the service needs to look at? If so, what, and how?

Improving your CQC rating checklist

This checklist supports regulated adult social care services to recover from falling below CQC standards.

For all examples below, ensure you have robust evidence to share with the CQC inspector.

	Yes	No	N/A	Action
We listen to feedback and welcome suggestions about how to improve our service from the people we support, their families, friends and advocates.				
We have an open and transparent culture that enables us to engage others to help us to improve.				
We have leaders, managers and owners who are committed to improving the quality of care at our service.				
Our managers, leaders and owners have the right skills, knowledge and experience to drive forward improvements.				
Our owners ensure we have the resources and investment needed to ensure we can implement the improvements needed.				
We have effective systems and processes that enable us to review quality at our service and identify areas for improvement.				
Before we commence implementing improvements, we benchmark where we are, so we know how we're progressing.				
We ensure that each area for improvement has an allocated leader responsible.				
We have the flexibility to adapt our original improvement plans if we need to adopt a new approach.				

✓	We have a clear action plan or action plans helping us to keep track of our progress towards improvement.
✓	Our staff teams have the right skills, values, and capabilities to help us address areas for improvement and support new ways of working.
✓	Where needed, our staff teams will be able to access new learning and development needed to help us to improve.
✓	We have the right structure, policies, and procedures in place to enable us to improve.
✓	We have the right connections with other professionals, providers, partnerships and the wider community to help us to improve.
✓	We have a good and effective relationship with our local CQC inspection team and (where relevant) the local authority quality teams.
✓	We keep ourselves updated on the latest legislation, evidence-based research and good practice related to the care we deliver.
✓	We ensure our internal audit processes are sufficient to check compliance at all times (e.g., spot-checks at night).
✓	We have effective performance management processes in place to ensure we can meet the quality standards expected.
✓	We have evidence to show how our improvements are ensuring people receive better care and support.
✓	We can back up examples of improvements with clear, documented evidence.
✓	We communicate the improvements we've made to the people we support, our staff teams and stakeholders.

✓	We're committed to sharing our learning from improvements with the wider sector to help others improve.			
✓	We're committed to the continual improvement of our service by benchmarking ourselves with best practice care providers.			

Download from **www.skillsforcare.org.uk/GOguideSAF** ↗

Key questions

The CQC wants to be assured that each regulated service meets the Fundamental Standards.

They do this by asking:

- Is the service Safe?
- Is it Effective?
- Is it Caring?
- Is it Responsive?
- Is it Well-led?

When undertaking their monitoring and inspection, the CQC may choose to look at all five Key Questions or simply choose to focus on one or more.

A focused and targeted inspection may be as a result of concerns that have been raised about a specific area of care, or they are revisiting a service that previously fell below the CQC standards on one or more Key Questions.

Depending on the amount of evidence gathered as part of a full or more targeted inspection, the CQC may re-rate the service.

In the development of this guide, Skills for Care reviewed hundreds of inspection reports to identify common and recurring evidence that contributes to a service meeting the CQC standards.

Over recent years, CQC inspection reports include a range of examples and evidence that the inspectors use to explain why a specific rating was given.

As the inspection of each Key Question will look at a multitude of different areas of care, a combination of good or best practice can contribute to a higher rating. Importantly CQC inspectors use professional judgement, supported by objective measures and evidence to assess services against the five Key Questions.

Being able to demonstrate what is being achieved and justify the approach that has been taken can positively impact the CQC rating that's awarded. The CQC will be looking for consistency of approach, ensuring that good or outstanding care is received by all the people you support.

The CQC inspection goes beyond just interviewing managers and leaders. It involves discussions with the wider staff team, people who need care and support and their families, as well as others who engage with the service.

The quotes from these interviews have often been used by inspectors as evidence in the reports. The CQC would naturally not just accept a quote at face value but seek corroboration and probe to find examples to support such statements.

The remainder of this guide takes a closer look at each Key Question, including the various Quality Statements that the CQC inspectors may choose to look at. We provide an overview of each Key Question and a more detailed breakdown into each Quality Statement related topic.

Each sub-section includes the following to help you prepare for inspection:

Recommendation checklist

- These recommendations are largely based on examples from inspection reports highlighting what services rated Good or Outstanding are doing to satisfy CQC inspectors.

- Where the CQC has published limited insight into what good looks like (e.g., some of the newest areas of the Single Assessment Framework), the recommendations are based on general good practice.

- Whilst following these recommendations does not guarantee a Good or Outstanding rating, they will help you to consider how you would demonstrate similar or consider any areas for improvement.

- The CQC may choose to interview or ask for evidence of each area of inspection so knowing how you compare and what can show or tell an inspector is important.

Preparing for inspection: Discussion points

- Having conversations with the people you support, their family, friends, and advocates can help you to understand their satisfaction levels or concerns they have about each area of care.

- Your managers, leaders and wider staff team will also have ideas about what is working well, what could be improved, and whether standards are being met.

- Each sub-section provides a summary of what to discuss with various audiences and a list of suggested questions to ask them.

Develop expertise across your service

- There are various ways to develop expertise in your service on each area of CQC inspection focus.

- This may include learning and development aimed at different levels of your team, including managers and leaders, as well as connecting with external expertise.

- Each sub-section includes practical recommendations that may help you to strengthen expertise and work together to deliver good and best practice.

Evidencing you meet this area of inspection

- It can be helpful that each area of CQC inspection has an appointed lead person, as well as other internal experts.

- With CQC inspections often happening at little or no notice, it is important that you can quickly locate documented evidence to show inspectors.

- Each sub-section includes a section where you can list the lead persons, key personnel, where the evidence can be found, and associated quality assurance results.

It's very critical that we understand what the regulator's focus is and how we as providers can support that in our everyday practice.

We should all start to focus a bit more on sharing good practice and being honest about the challenges we have gone through, feeling comfortable to share those and learn from other's experience."

Ruth French
Director, Stow Healthcare
Non-Executive Director, The Outstanding Society

Safe

Introduction

Everybody wants to feel safe. Good and outstanding care means taking the time to understand what 'feeling safe' means to the people you support and providing a service that meets these needs.

This section highlights how you can meet CQC expectations and set yourself apart by involving the people you support, your staff teams and others in preparing the evidence needed.

With the introduction of the CQC's Single Assessment Framework, the Safe focus remains largely the same as the previous inspection model. However, the CQC will now look more closely at issues such as protecting the service from closed cultures, how the service manages near misses, and increased focus on infection, prevention, and control measures.

Changes from the earlier inspection model sees some of the staff learning and development focus previously looked at in Effective moving across into Safe. The CQC also look more closely at safe environments, as well as safe systems, pathways and transitions.

Setting services apart

As of summer 2023, the majority of services were meeting CQC standards but only a very small number were achieving Outstanding in this area of inspection. Here are some of the things that set these different rated services apart.

1%

Outstanding services adopt innovative approaches to safeguarding, support positive risk taking, use innovative ways to involve people in decisions, ensure staff are exceptionally well trained, promote transparent and open cultures, actively seeks to continually improve and adopts best practice. Creative approaches are used for medicine management and the service excels at infection, prevention and control. Learning and development is tailored to individual needs.

81%

Good services keep people consistently safe; systems and processes are effective, the service is proactive in helping people manage risk, staff understand and promote appropriate safeguarding measures, medicines and infection, prevention and control are safely managed. Staff are trained and supported to carry out their roles. The service reviews and implements improvement to safety issues and ensures staff are effectively trained.

17%

Requires improvement might result from inconsistencies in how the service keeps people safe, as well as sub-standard training or failure to recruit enough capable and confident staff. Sometimes these services may not always prioritise safeguarding, involve people sufficiently in risk assessments, follow good practice regarding medicines and infection, prevention and control. On occasions, these services do not learn from mistakes and mitigate from them reoccurring.

1%

Inadequate services may have some areas of safe practice but significant failings elsewhere in keeping people safe. There might be poor safeguarding or processes enabling people to raise concerns, training may fall well below expected standards, staffing levels put people at risk etc. Medication errors are often a common cause of services being rated Inadequate.

Key recommendations

Safeguarding

- Train staff, check understanding.
- Involve people and empower them to raise concerns.
- Connect with safeguarding teams.
- Report, investigate and review incidents in an open and transparent way.

Page 53-59

Involving people to manage risk

- Involve people in assessing and reviewing risk.
- Encourage positive risk taking.
- Train staff, check understanding.
- Reflect legislation, human rights, equality, and inclusion.
- Contingency Plan.

Page 60-67

Safe and effective staffing

- Ensure you have enough capable and confident staff at all times to cover people's needs.
- Use values-based recruitment to attract the right people.
- Ensure induction and training enables staff to deliver safe care.
- Continually develop staff, including qualifications and specialist courses.

Page 68-78

Medicines optimisation

- Train staff, check understanding and practical competence.
- Use NICE and Royal Pharmaceutical Society Guidance.
- Support people to manage their own medicines where possible
- Regularly spot check/audit.

Page 79-86

Infection, prevention and control

- Follow national good practice.
- Train staff, check understanding and practical competence.
- Involve people in understanding the risks and how to minimise these.

Page 87-94

Safe systems, pathways and transitions

- Discuss care pathways and keep people updated through these processes.
- Ensure safe continuity of care as people move between services.
- Keep data secure.

Page 95-101

Safe environments

- Ensure the environment reflects people's needs and protects their dignity.
- Conduct safety checks on premises and equipment.
- Promote and use adaptive and assistive equipment.

Page 102-109

Learning culture

- Review all accidents, incidents, and events.
- Ensure learning from events informs future practice, helping to minimise reoccurrence.
- Clearly communicate changes.

Page 110-115

Safeguarding

People need to feel safe and safeguarding people is central to good quality care. It's important that regulated providers understand what feeling safe means to the people you support.

The CQC will want to know there is safeguarding expertise in your organisation, which might mean higher levels of training for your managers or champions, as well as looking at how you connect with local experts, such as safeguarding teams. Your safeguarding policies and procedures will need to reflect the latest legislation and guidance. Keep them regularly reviewed and effectively communicated.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Safeguarding requirements (including children/young people)
- Mental Capacity
- Deprivation of Liberty Safeguards (DoLS) or Liberty Protection Safeguards
- Non-discriminatory practice
- Protection of people's human rights
- Rights of people with a mental health disorder
- Whistleblowing
- Closed cultures.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/ Safe-Safeguarding

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we support people to feel safe.				
We involve people who need care and support in discussions about their safety. We understand what makes people feel safe and document this in care plans.				
We use ongoing assessment to monitor how a person who needs care and support might be at risk of harm and how this could be avoided or minimised.				
We ensure staff are trained to proactively recognise and report bullying, harassment, abuse and challenge discrimination. Our managers regularly check staff understanding.				
We use non-discriminatory practice at all times in the protection of individual's age, colour, culture, disability, ethnicity, gender, medical condition, nationality, appearance, race, religion, sexual identity, sexual orientation, or social class.				
We ensure our day-to-day practice complies with the Mental Capacity Act and Liberty Protection Safeguards.				
Our managers and staff teams are empowered and supported to whistle blow, knowing their concerns will be thoroughly investigated.				
We ensure safeguarding notifications are sent to CQC as required.				
We ensure our safeguarding policies and procedures are aligned to the latest good or best practice, including local requirements.				

	Yes	No	N/A	Action
We ensure our frontline managers and team members as appropriate are in regular contact with their local safeguarding team.				
We do not hesitate to seek advice to discuss safeguarding thresholds with external agencies.				
We clearly document evidence of safeguarding incidents, including how they were dealt with, which agencies were involved (where relevant), what follow up action was undertaken, and how learning was shared.				
Our organisation regularly reviews safeguarding incidents to identify trends.				
We ensure staff and people who need care and support know how to 'blow the whistle' on poor practice (both internally and to external agencies) without recrimination.				
Our staff are confident that any concerns they raise would be listened to, taken seriously and be responded to with the appropriate actions.				
We have a safeguarding champion (or champions), whose role is to be a specialist in this area, researching best practice and providing staff with advice and support.				
We regularly include safeguarding discussions in staff supervisions and team meetings.				

Prepare for your inspection: Safeguarding

The following can be used for discussions with the people you support, in management, team meetings, one-to-ones and self-reflection.

Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- Consider how you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- At the very beginning, what more could we have done to make you feel safe when joining our service?
- Do you feel that your care is important to those managing the service?
- Do you feel respected by everyone that supports you?
- How are you involved in decisions to protect you from neglect or abuse?
- How are you supported to raise any issues about care?
- What do you feel we could do to make you feel safer?

One-to-ones / Team meetings

- How do we support people to be protected from neglect or abuse?
- How do we report safeguarding concerns?
- Are you being supported to whistle blow on concerns within the service? If applicable, what action was taken as a result?
- When does an issue become a concern that is required to be whistle blown?
- What safeguarding training do we receive and how does this help us to be capable and confident?
- How do our safeguarding policies and procedures help us to protect the people?
- How do we identify ways to improve our safeguarding of people?

Managers and leaders

- How do we support our staff to be capable and confident about safeguarding?

- How do we as managers ensure our own understanding of safeguarding exceeds the basics and is kept regularly refreshed?

- How do we know we are delivering good or best practice when it comes to safeguarding the people we support?

- How do you refer to and use external support and expertise?

- What evidence do we have to show how we investigated and responded to safeguarding concerns?

- How are actions following safeguarding concerns communicated?

Our local authority adult safeguarding teams are sent our incident log on a monthly basis, and this clearly outlines details of the incident, action taken, lessons learnt and how it's cascaded to the team.

The local authority will continue to support, if necessary, by visiting the setting and discussing how things could be done differently and providing examples of how other settings have dealt with similar situations.

Simply Care (UK) Ltd

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Use induction standards for those new to care. Use specialist safeguarding training for more experienced staff to deepen understanding.	Refresh training annually.	Undertake manager level training for safeguarding, supported by internal champions.	Use regular observations, team meetings and one-two-ones to discuss knowledge, issues, concerns, and ideas.	Safeguarding teams.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Involving people to manage risk

Protecting people from harm should be a priority for adult social care services. Practical and proactive approaches can help services quickly assess risks and regularly review and adjust them.

The CQC will expect you to support people to help them to understand and manage risks everyday. The CQC inspectors will want to know how you keep people safe whilst not restricting their lives. This may include supporting people to take positive risks that enable them to live freely and achieve personal goals. There will be the expectation that your service always seeks out the least restrictive ways to achieve this.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Behaviour that challenges/communicating though behaviour
- Restrictive practice
- Dynamic risk assessment.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/ Safe-Involving-people-to-manage-risk

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we support people to understand and manage any risks.				
Our person-centred risk assessments support our people to have as much freedom, choice, and control as possible.				
We involve the people we support in deciding their own risk assessments and include them in subsequent reviews/revisions.				
We encourage people to take positive risks to maximise their control over their care and treatment.				
We ensure our risk assessments reflect current equality and human rights legislation, as well as clearly documenting the person's capacity at the time of the assessment.				
Where needed, we'll involve external experts and professionals to help us manage a person's risk (e.g., the service shares their risk assessment with the person's GP for their view).				
We update risk assessments to reflect any temporary changes, with any extra support needed clearly documented. We also ensure that any changes are effectively communicated to staff in a timely manner.				
We ensure our staff are effectively trained and competent to undertake risk assessments of the people we support.				
We ensure our staff understand the risks affecting each person, including what actions they need to take to minimise the risk of harm.				

	Yes	No	N/A	Action
We ensure our staff are trained to be able to undertake dynamic risk assessments to effectively manage real-time risks.				
We check that the risk assessment includes references or links to all relevant associated documents. We cross-check that there's consistency between the information in the risk assessment and associated documents.				
We regularly review risks at staff and management meetings. This includes supervisions and, where appropriate, in handovers etc.				
If risks are identified via quality checks and other methods, we ensure these are mitigated. Similarly, if external audits such as CQC inspections identify failings, we action improvements at the earliest opportunity.				
We ensure our risk assessments include a practical level of information to ensure it's a usable document that captures everything that's needed. Data protection protocols are followed.				
We provide accessible information to people who need care and support about how to keep themselves safe and are empowered to report concerns.				
If restrictions are needed to protect people and staff, we ensure these are time-limited and kept under constant review.				
We do everything we can to try to identify and understand the root cause of the issues that may result in behaviours that challenge, engaging with specialists to understand how best to safely respond to this.				
	Yes	No	N/A	Action

	Yes	No	N/A	Action
We ensure any restrictive intervention must be legally and ethically justified, is absolutely necessary to prevent serious harm, and be the least restrictive option.				
Where relevant to our service, the people we support in contact with mental health services who've been violent or aggressive are supported to identify triggers and early warning signs for these behaviours. This is in accordance with NICE guidelines.				
Our training is in line with the Restraint Reduction Network training standards and effectively delivered by experts, with the competency of those delivering care being appropriately assessed.				
Where relevant to our service, the people we support with behaviour that challenges have a documented review every time a restrictive intervention is used. This is in accordance with NICE Quality Standards.				

Our nursing home had a resident who wanted to self-medicate however the team were concerned there was a risk associated with this due to their level of understanding of the medication they were taking. We contacted the pharmacist who visited the resident, discussed their medication with them and we all then completed a risk assessment to empower the resident to make this choice

Zoe Fry OBE
Executive Director, The Outstanding Society

Prepare for your inspection:
Involving people to manage risks

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- Consider how you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- How do we involve you in the risk assessment and review process? How can your involvement be improved?
- How would you like to be able to report any concerns with us about risks?
- Is the information available to you about risks accessible?

One-to-ones / Team meetings

- How up-to-date is our training to undertake risk assessments of the people we support?
- Who is responsible for ensuring that our risk assessments reflect current equality and human rights legislation?
- How do we ensure changes to risk assessments are communicated to the entire team? How could this process be improved?
- What actions could we take to minimise the risk of harm to the people we support?
- What are the risks common to the people we support?
- What are the best ways for us to mitigate risks?
- How do we ensure that any risks identified are personal to each individual?
- Where relevant to our service, describe why it is important that we justify any restrictive intervention.

Managers and leaders

- What ways can we streamline the information we record and keep on risks within our service?

- What best practice from other services is available in undertaking risk assessments and reviews?

- What systems or templates can we utilise to improve how we record risk and ensure it is kept up-to-date in multiple places?

- Who do we need to be speaking to outside of our service to enable us to safely manage risks?

- How do we legally and ethically justify any restrictive intervention and ensure that it is absolutely necessary to prevent serious harm, and be the least restrictive option?

Get people engaged in risk assessment as much as possible from the very beginning and involve external specialist teams to provide advice or actively help. This will help to identify different risks and have better discussions on how to address these.

To make sure our risk assessment processes are fit for purpose we check them with any guidance that comes out and with information that we get from other professionals. We also provide risk assessment training and adapt this to the specific needs of the people they support.

Janet Duffy
Quality Lead
Castle Supported Living

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Provide risk management training to all staff (Level 2).	Refresh training every three years.	Develop manager level expertise (Level 3 or above) via courses or engagement with specialists.	Use regular observations, team meetings and one-to-ones to discuss knowledge, issues, concerns, and ideas. Provide shadowing opportunities.	Skills for Care endorsed learning providers. Local services via networks.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Safe and effective staffing

Safe recruitment practices and staffing levels are fundamental parts of delivering good and outstanding care.

Safe and effective staffing is reliant on having enough capable and confident staff to respond to the needs of the people you support. The CQC inspection focus looks at staffing levels, recruitment practice and how you induct and develop your staff to deliver safe care. It is essential that your service has the right skills mix to meet the care needs of the people you support.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Safe recruitment (including DBS)
- Staffing levels
- Skills mix
- Skills and qualifications/revalidation
- Staff induction, development, competency and training

- Staff support, supervision, and disciplinary action/performance management
- Vaccination
- Volunteers and unpaid carers
- Roles and responsibilities
- Identify learning needs.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/ Safe-and-effective-staffing

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

Whilst the CQC will not prescribe what you need to do to achieve this Quality Statement, our recommendations below have been developed from a combination of inspection reports and general good practice related to this subject.

We hope they help you reflect on what you might need to evidence to meet CQC expectations.

Workforce planning and recruitment

	Yes	No	N/A	Action
We can evidence that we provide safe staffing levels at all times.				
We ensure our staffing levels are based on the needs of people who need care and support, as set out in their care plans.				
We use staff matching tools to ensure new workers can appropriately meet the needs of the people they'll be caring for.				
We use workforce planning tools to ensure they have the right skills mix and numbers of staff to deliver the care and support needed. We schedule and communicate rotas at the earliest opportunity.				
We've developed effective contingency plans to ensure we can maintain safe staffing levels, even if impacted by other factors (sickness, winter demands etc.).				
We avoid an over-reliance on the use of temporary workers. Where recruitment agencies are used, we ensure their safety related checks are as robust as our own service.				
We use values-based recruitment processes to recruit people with the right behaviours and attitudes to meet the standards of care we need.				

	Yes	No	N/A	Action
We apply a robust approach to vetting new members of staff, reducing the risk of an unsuitable person being employed (e.g., we follow up personal and professional references, look into their training records, focus on gaps in employment history and check how they'd respond to certain scenarios).				
We involve more than one person in the selection process when recruiting more staff. Where practical, we involve people and families we support in the recruitment process (e.g., giving them the chance to contribute to the job description, choose interview questions, be part of the interview panel and be consulted before new workers are selected, etc).				
When we interview for a senior member of the team, we will seek an external representative to be on the interview panel.				
We obtain Disclosure and Barring Service (DBS) and other identity checks (including rights to work in the UK) prior to the new staff member start date. Where possible, we ensure a minimum of two references are followed up and all checks are thorough and well documented.				
If we employ nurses, we check to confirm qualified nursing staff are correctly registered with the Nursing and Midwifery Council (NMC) and are also held on file. Where appropriate to the role, we check that revalidation has been completed.				
We ensure staff records contain all the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.				

	Yes	No	N/A	Action
Where relevant to our service, we plan there are enough staff to always visit people as scheduled.				
We ensure good and timely communications are shared with the people we support, and family should we have a short-term issue leading to any delay in provision.				
We ensure our staff have or are supported to achieve the core skills essential to enable them to support people, other staff, and those they engage with. This includes being able to clearly communicate with individuals, as well as digital, writing and number skills.				
We use probation periods of at least three months so we can assure ourselves that new staff are right for the organisation and can deliver the quality of care needed.				
We'll only continue to employ staff if their values and performance meets the needs of the people we support.				
We ensure staff safety is as important as the safety we put in place to protect the people we support.				
Where relevant to our service, we ensure travel time has been effectively considered and that it doesn't impact on the amount of time spent providing the care needed.				
Where relevant to our service, we notify people who need care and support in advance if there's a change of care worker or that the visit time has changed. We aim to keep such changes to a minimum.				
Where relevant to our service, we ensure there are enough staff to always visit people on time.				

	Yes	No	N/A	Action

Recommendation checklist

Training, supervision, and support

	Yes	No	N/A	Action
We can evidence the training, support and supervisions undertaken by our managers and staff.				
Our training ensures our staff are capable and confident to deliver safe care. We ensure staff are capable and confident on all safety related training including fire safety, health and safety, assisting and moving, basic life support, etc.				
Our induction programme provides an effective introduction to our service. We ensure all staff understand our policies and procedures as part of their induction.				
Our induction programme and associated training has been developed and/or delivered using input from the people we support.				
We ensure new staff are supported by assigning a mentor, buddy or similar role. This provides our new starters with a trusted colleague to turn to during their induction period (and potentially beyond).				
We ensure staff are shadowed and supervised up until they're both confident and assessed as competent to work alone.				
We regularly check the competence of our new and existing staff. We challenge poor practice and arrange additional training and support where required.				

	Yes	No	N/A	Action
We performance manage situations where further training and support does not result in better care. Where this is necessary, we keep clear records of the process and any disciplinary actions.				
We ensure that our training – whether internally developed and delivered or commissioned in – is of a high quality.				
We ensure our training is flexible to meet different learning styles.				
We ensure our staff training is regularly reviewed and refreshed in line with legislation and national good practice recommendations.				
We ensure our refresher training is a meaningful activity and not a tick-box exercise.				
We support our staff to set their own goals as part of the appraisal process.				
We ensure all staff involved in the preparation or distribution of food and drink receive training and refresh this in line with good practice.				
We support our staff to develop themselves beyond induction, providing opportunities for additional training that deepens knowledge and competence.				
We actively encourage our staff to expand and develop in areas that they are interested in.				
Where qualifications are needed for a specific role, we will support staff to achieve these.				

	Yes	No	N/A	**Action**
We actively support succession planning that provides opportunities for internal talent to develop into more senior roles and potentially future managers.				
We keep detailed records of staff training and know what courses, qualifications, and other learning has been undertaken.				
All staff receive regular supervisions which provide an opportunity to discuss their support needs and learning.				
We ensure our staff support is not just limited to formal meetings and that each staff member can contact us for assistance when they need to.				
We review the reasons why staff leave and invest time and resource in identifying areas for improvement.				

Prepare for your inspection:
Safe and effective staffing

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- Consider how you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- How can we involve you in the recruitment of our staff?
- What are the values that are important to you that we should look to identify in new staff?
- What is your opinion about the number of staff we have available?
- Is there anything more we can do to ensure the staff that you are matched with are appropriate for your needs?
- Where would you like to see us focus our training of staff?
- How would you like to be involved with the training of our staff?
- How can we incorporate your values into staff training?
- What would good staffing levels look like to you?

One-to-ones / Team meetings

- How would you describe your role to a prospective new recruit?
- What are the values that are important to you and us as a service?
- What was the most beneficial training to you when you started in care/at this service?
- What would you say are the most important aspects of a mentoring and buddying scheme for new starters?
- What training would have been helpful when you started in care/at this service?
- Do you feel confident you have had sufficient training to undertake your role?
- How can we improve refresher training so that it is a meaningful activity for you?
- How do you feel about how you are matched with the people you support?
- What is your view about the staffing levels here and how they enable you to provide good care?
- Describe what you like about the supervision process and is there anything more than can be done to improve these?
- Do you feel that you are able to set your own goals as part of the appraisal process?

Managers and leaders

- How can we best invest in initiatives and support to retain our staff team?
- What are the best sources of information / networks available to us to find out about staff training?
- How do we know the learning and development we provide enables our managers and staff to provide safe care?
- What systems and processes do we have in place to track learning and development within our service?
- How can we best ensure that new staff are vetted and safe to work at our service?
- Is our understanding of Disclosure and Barring Service (DBS) processes up-to-date?
- How do we demonstrate our staff records are compliant with Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014?
- What new or innovative approaches are available to help with our recruitment and retention?
- What workforce planning tools can help us with our staffing?
- How do we know the systems and processes we have in place help to ensure safe staffing levels at all times?
- What contingencies do we have in place to mitigate against staff shortages?
- How do we know the supervision and support we provide meets staff needs?

It takes a special kind of person to work in this field and it's the best job in the world for anyone who enjoys being part of a team and making a difference to people's lives. We use value-based recruitment processes to ensure that candidates hold values compatible with ours and that they're choosing the profession for the right reason.

Onboarding is important to make new staff feel welcome, valued, and informed. Every staff member is provided with a named supervisor who leads them through the induction process and in addition to this, our recruitment co-ordinator phones them bi-weekly to check how everything is going.

Karen Pogson
Registered Manager
Active Social Care

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Where staff support recruitment process or plan rotas, ensure they are effectively trained.	Refresh training as required on recruitment, interview, and ability to manage rotas.	Develop HR level skills. Build workforce planning skills.	Discuss practical ways to recruit and retain staff in regular team meetings and one-to-ones.	Skills for Care, JobCentre Plus, local recruitment initiatives.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Medicines optimisation

Medicines remains one of the more common areas of unsafe practice amongst services rated Inadequate or Requiring improvement. Where Good and Outstanding rated practice exists, effective processes, training and support are key.

Whatever role your service has in regard to people's medicines, it's important that your processes and procedures are robust. CQC inspectors will want to assure themselves that your service is safely managing the ordering, transporting, storage, and disposal of medicines. Involve the people you support in how their medicines are managed. Try to encourage independence. Correct procedures will need to be followed, including when supporting people with limited capacity.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Roles and responsibilities
- PRN
- Self-medication
- Over the counter medicines
- Natural remedies (non-pharmaceutical)
- Consent/decisions/covert administration (including MCA)

- Controlled drugs
- Safe and appropriate disposal
- Quality monitoring and assurance
- Medicines incidents
- Moving between services
- Cultural/dietary requirements.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Safe-Medicines-optimisation

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we support people to manage their medicines.				
We ensure our medicines related policies and procedures are aligned with the latest good or best practice.				
We ensure our medication policies are co-produced with our teams, GP's, and our pharmacist along with any other relevant healthcare professionals.				
We ensure our homely remedies policy is co-produced with relevant professionals and advice is sought if there is a new medication someone using the service would like to commence.				
We activity support people to manage their own medicines and retain independence, including working closely with other agencies and advocates where needed.				
We involve the people we support (and/or their families) in regular medicine reviews and risk assessments. We consider any associated cultural or dietary requirements when planning these.				
We keep detailed and current information regarding people's medicines and how people prefer these to be administered recorded in their care plans.				
We ensure our staff team are clear about their roles and responsibilities related to supporting people to manage medicines.				
We ensure staff have access to detailed information about each type of medicine a person has been prescribed, as well as any possible side effects.				

	Yes	No	N/A	Action
We ensure our staff effectively communicate with the people they support when administrating medication, including clearly advising about the possible side effects and explaining what each medicine is for.				
Where relevant to our service, the people we support who've been assessed as lacking capacity are only administered medicine covertly if a management plan is agreed after a best interest meeting. This is in accordance with NICE Quality Standards.				
We ensure our staff understand the risk of using non-prescribed or unlicensed medicines.				
We ensure our staff understand the opportunities and risks associated with natural remedies and over the counter medicines.				
We ensure that medication and administration records (MAR) are fully completed and contain the required entry information and signatures.				
We ensure medicines are well managed and in line with current NICE and Royal Pharmaceutical Society (RPS) guidelines. This includes the controlled medicines.				
We ensure medicines are stored in a secure area at the correct temperature, as well as ensuring the safe disposal of medicines.				
We record evidence of medications storage including temperatures in line with heatwave or cold weather planning.				

	Yes	No	N/A	Action
We ensure our staff receive medication training and what is covered is clearly documented so we know what medication tasks different staff can perform.				
We ensure our staff understand the arrangements in place for ordering and disposing of medicines.				
We proactively involve healthcare professionals whenever we believe that medication changes may be required. This may involve a multidisciplinary team on occasions.				
We assess medication administration competency before new staff work out of sight of more experienced colleagues. We ensure refresher training and assessment is undertaken periodically.				
We undertake regular medicine management spot checks and audits to monitor safe practices and stock. Where appropriate, we involve a pharmacist in our annual audits for medication.				
We effectively manage a person's medication when they are moving between services.				
We use technology to help strengthen record keeping, providing opportunities to instantly update and reduce risks from bad handwriting etc.				
We fully investigate any medicine errors and ensure our service learns from such mistakes to mitigate them reoccurring.				
We create a culture of learning from medication errors and undertake a review and analysis for incidents or near misses.				
	Yes	No	N/A	

Prepare for your inspection:
Medicines optimisation

The following can be used for discussions with the people you support, in management/ team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- Identify how you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- How can we better involve you in medicines reviews and risk assessments?
- How would you like us to enable you to be involved with the management of medicines?
- What decisions would you like to be able to take about medicines?
- How can our staff better communicate with you about medicines?

One-to-ones / Team meetings

- What medicines do we use at our service and what are their side effects?
- Where is information about medicines recorded?
- How often does information about medicines need to be updated?
- What gaps in your training are there that prevent you from safely administering medicines?
- Describe how you communicate effectively about medicines with the people we support?
- How have you documented your training in medicines?
- How and where do we store medicines at our service?
- What systems and processes do we have in place to help us learn from medication errors?

Managers and leaders

- How in line are we with medicines guidance set out by the National Institute for Health and Care Excellence (NICE) and Royal Pharmaceutical Society (RPS)?

- What sources of information are available to our service to help us with medicines?

- How do we know that our medication training and assessment is effective and enables our staff team to administrate medicines safely?

- What technology is available for our staff to be able to have prompt access to the latest information about medicines?

- What software can or do we use to strengthen medicines record keeping?

- How often do we need to undertake spot checks to ensure that staff understand the medicines we use and that records are being kept up-to-date?

- What other professionals need to be involved to help us with medicines at our service?

- What are the communication channels between our service and pharmacy about medication shortages etc.?

As a service we recognise administrating medication is often a point where things can go wrong. We make sure all our carers feel very empowered to help people with their medication, and we do that by monitoring closely where they store medication, and how they administer medication, how they fill in record sheets for medication.

Most importantly, we recognise the importance of training, and we invite all our carers onto mandatory training where we update them on the latest things and how we can help them to feel well supported in all aspects of medication management.

Laurie Cook
Shared Lives Support Officer
Lancashire County Council

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Use induction standards for those new to care.

Use specialist safeguarding training (Level 2 or above) for experienced staff to deepen understanding. | Refresh training annually, including workplace assessment of competence. | Look to build expertise across your managers or staff team (Level 3 or above courses and qualifications).

Use nursing staff or champions. | Use regular observations, team meetings and one-to-ones to discuss knowledge, issues, concerns, and ideas. | Healthcare specialists, including District Nurses and GPs, Pharmacists. |

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Infection, prevention and control

Infection, prevention and control responsibilities will vary across different types of service. The CQC inspection will be shaped around your service and associated responsibilities to comply with your own policies and procedures, as well as national guidance.

The CQC will look at how you protect people, and how effective the service is in responding to outbreaks. Where people use or live at your premises, these will need to be kept clean and free from infection. In community-based care, staff play an important role in infection, prevention and control of people's own home environments. Regular cleaning must be to a consistently high standard, and you must also maintain clear records, including evidence of audits, spot checks and other methods to maintain a safe environment.

What will the CQC expect you to be able to evidence?

Quality Statement

We assess and manage the risk of infection, detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.

What sub-topics might the CQC look at when inspecting this?

- Cleanliness and hygiene (environment)
- Handwashing
- PPE
- Testing
- Vaccination
- Outbreak management
- Food hygiene
- Nosocomial infections
- Community infections.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Safe-IPC

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how our infection, prevention and control measures are aligned with the latest good or best practice. We review latest research and contribute to it where possible.				
We've identified people who are clinically vulnerable from infections and implemented additional processes and procedures to keep them as safe as possible.				
We involve the people we support (and/or their family/advocates) in identifying and managing risks associated with cleanliness, infection control and hygiene.				
We proactively promote cleanliness, including ensuring where people live is safe and hygienic.				
We've assessed the impact on residents and the people we support of how PPE may cause fear and anxiety for the people we support, particularly those who have limited mental capacity, and have mitigated these concerns.				
The people we support know how to raise any concerns or complaints around infection, prevention and control if they think it's unsafe or not effective, without fear or discrimination.				
We ensure all our staff are effectively trained on infection control and we keep clear training records as evidence.				
Our training covers the basics such as handwashing, through to safe use of PPE and more specialist precautions such as outbreak management, food hygiene, nosocomial and community infections.				

	Yes	No	N/A	Action
Where possible, we provide infection, prevention and control training to the people we support, not just our staff team.				
We have open and transparent meetings about interventions e.g., vaccines – if someone is finding it difficult to comprehend, we will ask external trusted professionals to speak to the team/residents / relatives e.g., GP / Pharmacist.				
Where relevant to our service, our staff team are trained and know how to immediately instigate full infection control measures to care for people with symptoms to avoid viruses spreading to other people and staff.				
Where relevant to our service, we have infection, prevention and control measures that ensure visitors are protected from harm to themselves and others.				
Where relevant to our service, we have excellent communication methods with visitors and relatives to inform them of any outbreaks / changes in visiting.				
We provide protective clothing and associated aids to staff and the people we support (e.g., alcohol gels and hand washes, shoe covers, gloves, aprons, and face masks).				
All the equipment we use to support the monitoring of the people we support meets infection, prevention and control measures and decontamination standards (e.g., guidance/code of practice.).				
We have a clear cleaning schedule and ensure it's accessible and regularly updated.				

	Yes	No	N/A	Action
We undertake regular deep cleaning and ensure effective records are kept which help to inform when further intensive cleaning may be required.				
We encourage opportunities to keep our staff and the people we support safe using of vaccinations and testing where possible.				
We have created a culture which encourages people and staff to raise concerns about cleanliness, infection control and hygiene.				
We use infection, prevention and control experts and/or internal champions to help protect from the risk of cross infections.				
We have a good understanding of when and how to access local infection, prevention and control resources (e.g., the local health protection team or infection control nurse) when they need advice and support.				
We have clear procedures in place to notify others about COVID-19 outbreaks and other infectious diseases impacting our service.				
We develop and maintain clear policies and procedures for staff to follow that align with infection prevention and control good practice, including regular spot checks and audits.				
Where relevant to our service, we ensure that there's prominent signage and instructions at our service to explain what people should do to ensure safety.				

	Yes	No	N/A	Action
We have a strategy for continuous improvement in infection, prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems. This is in accordance with NICE Quality Standards.				
We ensure managers and staff know how to escalate issues and alert appropriate agencies to help control infection and protect others using the service or in the community.				

Prepare for your inspection:
Infection, prevention and control

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- Identify how you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- What is important to you in the training we give our staff in infection, prevention and control?
- How would you like to be involved with identifying and managing risks associated with cleanliness, infection control and hygiene?
- Would you like to be an infection control champion or 'critical friend' for our service?
- How do you feel we could better promote people to protect themselves, including vaccination?
- Is there anything you think we can improve upon to protect further on this matter?

One-to-ones / Team meetings
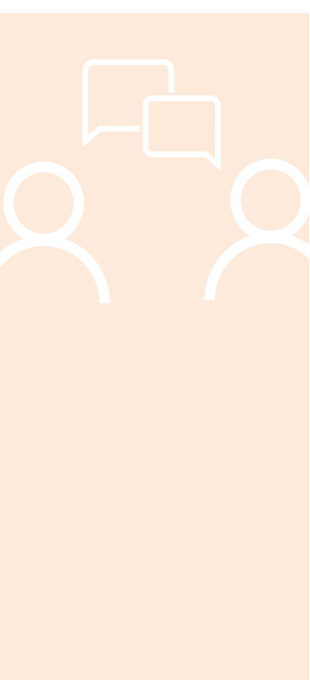
- How could we improve our processes that align with infection, prevention and control good practice?
- What protective clothing and associated aids to do you need to perform your role effectively and in line with infection, prevention and control good practice?
- Are there times when you don't feel that you have adequate protective clothing and aids and how can this be improved?
- Do you feel we provide useful information and advice so you can make an informed decision on how best to protect yourself?
- How often do we need to undertake deep cleaning, where does this need to take place and how does it need to be recorded?
- Why is it important to proactively promote cleanliness and how do we do this?
- How do we escalate issues and alert appropriate agencies to help control infection and protect others using the service or in the community?
- Please describe our cleaning schedule and how we ensure it's accessible and regularly updated.

Managers and leaders

- How do we inform and update our staff teams and the people we support about effective ways to protect themselves?

- What experts are available to our organisation to help us with infection control?

- What techniques can we employ to create a culture which encourages people and staff to raise concerns about cleanliness, infection control and hygiene?

- How do we escalate issues and alert appropriate agencies to help control infection and protect others using the service or in the community?

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Use Care Certificate and IPC courses (induction level / Level 2).	Refresh training annually, including workplace assessment of competence.	Look to build supervisory level or manager expertise with IPC courses (Level 3 or above).	Use regular observations, team meetings and one-to-ones to discuss ways of working.	Healthcare experts and IPC specialists from other services.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Safe systems, pathways and transitions

Safe care is reliant on organisations working well together to support people moving between services and ensuring there is a continuity of care when this happens. The CQC inspection will look at the systems, processes, and relationships you have in place to ensure this is as seamless and safe as possible.

This requires close and effective relationships with other services and a willingness to manage the best interests of the people you support when moving between different parts of the health and social care system. Your service will need to have robust systems and processes and well documented plans for when people move between services. It is important that staff share information securely, including staff handovers and all communications with other health and social care professionals.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Continuity of safe care
- Safety during transitions
- Staff handovers

- Sharing information securely about people's care, treatment and support.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Safe-systems-pathways-and-transitions

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we have safely managed people's transition between care services.				
We ensure we can meet the needs of people being discharged/transferred to our service before this happens.				
We involve the people we support in discussions around their care pathways and transitions, including how to keep them safe throughout these processes.				
We risk assess and develop appropriate mitigations to ensure people are kept safe as they move between services (e.g., hospital passports, assessment, use of partnership working such as trusted assessor etc.).				
We ensure emergency admissions out of our service to a hospital have all the relevant information and support to ensure a rapid, accurate assessment through to discharge.				
We ensure that people's safety is a key issue in our engagement with our partnership working with other health and care services and professionals.				
Our effective and open relationships with other services and professionals ensure that there is a safe continuity of care when people move between services (e.g., evidence of our involvement in multi-disciplinary team meetings etc.).				
We identify gaps in communication in these processes and implement new strategies.				

	Yes	No	N/A	Action
We work with partners to ensure effective monitoring of care continues as people move between services, enabling any changes and deterioration to be identified and acted upon.				
Our systems and processes enable us to share information securely and comply with UK GDPR relating to people's care, treatment, and support.				
We work closely with partners and professionals to ensure that their own systems and processes ensure information is protected.				
We ensure partners and professionals communicate with us via secure email systems (e.g., we use NHS.net and comply with the Data Security Protection Toolkit to share information back and forth with a hospital discharge team).				
We ensure handovers between both our own staff team members and other services and professionals we engage with do not omit important information.				
We have clear records related to correspondence and referrals to other professionals and services, including associated transfer and transition documentation.				
We learn from experience if an admission has not gone well e.g., we are unable to meet someone's needs following admission – what could we have done differently to avoid this happening again.				
Where we feel that there has been an unsafe discharge/transfer, we escalate these matters to safeguarding teams and appropriate bodies.				

	Yes	No	N/A	Action
We involve relevant staff and external healthcare experts in reviews of incidents and significant events (e.g., admission to hospital) to learn from what contributed to the event and how these can be mitigated.				
Our policies and processes are aligned with our key partners supporting people's care journey. This helps us to share learning and drive improvement between our services.				

Prepare for your inspection:
Safe systems, pathways and transitions

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- Identify how you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- Where you have moved between different services, what have you valued the most about how we have helped?
- When moving between services, what do you feel are the most important things for us to get right?
- Do you feel that we provide you with enough information and updates about these matters?
- Is there anything you think we could do better in regard to communicating with you/your family and friends in these matters?
- How do you think we can further improve our working with other health and care services to provide you with a better experience?

One-to-ones / Team meetings

- Describe when you feel we have been really successful in supporting a person from one service to another.
- What do we feel works well in our handover processes or in the information we receive from others?
- What support do you need from our service in order to ensure that people's pathways and transitions between services is safe and effective?
- How do you feel we safely manage information between services, and is there anything further we could do to strengthen this?
- What do you think works well in building relationships with other health and social care services?
- If you could improve how we work with other services, what do you think we should focus on the most?

Managers and leaders

- How do we know our systems and processes are effective in safely and securely enabling people to transition between services?

- What are our biggest areas of success – including the personal stories we can tell – and how can we learn from these?

- Is there anything we can do to further strengthen handovers and continuity of care in these processes?

- Describe how you know your service is effectively connected with other health and social care services.

- How do we ensure our service is at the forefront of good practice in regard to safe systems, pathways and transitions?

Develop expertise across your service

Induct staff	Refresh learning	Develop managers	Support staff	Key connections
Customise your induction to cover related policies and procedures. Provide overview of local procedures and key contacts.	Regularly refresh staff knowledge, inform them of changes and share examples of good practice between services.	Ensure managers have the time to engage with other local services and maintain effective connections.	Discuss transitions and working with other services in supervision / team meetings. Help your team establish close links with those in other services.	Local community services, including social care, hospitals and wider healthcare.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Safe environments

The environment which people live in should be both appropriate to their needs and protect them from harm. In order to meet this area of CQC inspection, your service will need to be effective in how you detect and control risks.

The inspection focus applies to both residential care environments, as well as protecting people as much as possible in their own homes. It also extends to the safety of equipment, technology, and other aids too.

What will the CQC expect you to be able to evidence?

Quality Statement

We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

What sub-topics might the CQC look at when inspecting this?

- Premises use and layout
- Reporting incidents
- Referring risks (provider not responsible for premises)
- COSHH
- Fire Safety

- Gas and electrical safety
- Legionella
- Equipment safety
- Staff safety (e.g., lone working, risks in people's own homes)
- Environmental risks (flooding, adverse weather).

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/ Safe-environments

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

Whilst the CQC will not prescribe what you need to do to achieve this Quality Statement, our recommendations below have been developed from a combination of inspection reports and general good practice related to this subject.

We hope they help you reflect on what you might need to evidence to meet CQC expectations.

	Yes	No	N/A	Action
We make it everyone's business to ensure a safe environment but encourage 'live' reporting of issues including team members, the people we support, family friends, other professionals etc.				
We can evidence that people live in safe environments and are protected from harm (e.g. maintenance plan etc.).				
We conduct regular fire safety practices by trained and competent staff at all residential and/or office environments.				
We check the safety of all fire equipment and effectively train staff to identify and respond to associated risks.				
We ensure our emergency plans provide sufficient information to protect people (e.g., fire safety, gas leaks, or equipment breaking down).				
We act swiftly to repair any equipment that requires maintenance or has broken down with temporary measures in place.				
We use an effective safety management system for risks and hazards, as well as quality assurance processes to identify and improve safety.				
Where relevant to our service, we conduct regular checks of kitchen equipment and utensils to ensure they're safe to use (e.g. taking fridge temperature checks).				

	Yes	No	N/A	Action
Where relevant to our service, we undertake environmental risk assessments of people's own homes and advise about safety considerations, referrals to the fire service, pest control etc.				
Our facilities, equipment and technology are well-maintained, including regular cleaning, safety checks and replacements. We ensure maintenance certificates are effectively filed for future reference.				
Wherever and whenever needed, we will use external specialists to check the safely of our environment and equipment. We ensure our medication policies are co-produced with our teams, GP's, and our pharmacist along with any other relevant healthcare professionals.				
Where we have reviewed and actioned any issues related to our environment and/or equipment, these are documented in our improvement plan.				
We feedback environmental incidents to team members, people we support and families.				
We discuss planned work for our own care setting with everyone concerned to ensure safe planning and implementation of any work.				
Our contingency plans include focus and mitigations related to environmental issues including flooding, bad weather, heatwave, and impact of loss of premises.				
We are proactive in signing up for heatwave and cold weather planning alerts.				
Our contingency plans align closely with wider infection prevention and control measures and wider outbreak management.				

	Yes	No	N/A	Action

	Yes	No	N/A	Action
Where environment or equipment risks are outside of our direct control, we ensure that these are escalated to those responsible.				
We ensure our environment and premises are designed in a way that minimises risks to people, visitors, and staff (e.g. safe storage of wheelchairs, handrails, bed rails, etc.).				
We have safety systems in place which protect but do not restrict people.				
We're proactive in sourcing and promoting assistive living technologies and/ or adaptive equipment to help people maintain or develop their independence. Safety is a key part of our procurement process.				
We risk assess and ensure that our staff are fully supported to be as safe as possible when working alone (e.g. in parts of the residential home, whilst working in the community, or home working).				
We discuss any incidents / near misses at regular meetings across the service.				
Where any serious issues occur, we will report as appropriate to RIDDOR, CQC and commissioners as relevant. Investigations and follow-up actions will be responded to promptly and transparently.				
Where relevant to our service, we ensure our environment protects people from psychological harm, responding to sensory needs and other issues that might impact a person's ability to feel safe.				
All equipment is stored securely.				

Prepare for your inspection:
Safe environments

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- Identify how you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- How does the service support you to keep your home environment safe?
- What training and support do you feel staff need to receive to help keep your environment safe?
- How do you feel the equipment that the services use benefits you and helps to keep you safe?
- Is there anything more we could do to help you live in a safer environment?

Residential services only:
- How can we improve the design of our environment so that it is designed with your care needs and conditions at its heart?
- Residential locations: How would you like to be involved in designing or improving the layout of your rooms, communal areas, and wider layout?
- Residential locations: Do you feel your room has been allocated based on personal preference and your needs, and if not, would you like to discuss how we can rectify this?

One-to-ones / Team meetings

- How do you think your training enables you to safely identify risks to people in their home environment?
- Describe where you feel you have really helped people to be safer in their own homes.
- What equipment used to support people makes the biggest difference to their lives and why is this?
- Is there anything more you feel the service can do to protect people at home without restricting their independence?
- Where working alone or out of sight of other colleagues, do you feel the service ensures you are safe, and what more could be done?

Residential services only:

- How is our environment designed in a way that minimises risks to people, visitors, and staff, and how can this be improved?

- Why is it important that we provide access to a safe outside space, where risk assessments permit?

Managers and leaders

- What can we evidence to the CQC and others that demonstrates how we maintain a safe environment at all times?

- Describe how we know our managers and staff teams are suitably trained and experienced to assess environmental risks and identify issues with equipment.

- What auditing tools or services are available to help us ensure our environment and equipment is well maintained?

- Where can we find the best assistive living technologies and/or adaptive equipment to help people maintain or develop their independence?

- How do we know that our environment and equipment continue to evolve with the latest good practice and innovations?

Residential services only:

- What security systems are available to help us protect people within our service, whilst ensuring they are not restricted?

- How do we involve others, including the people we support, staff teams and external experts in shaping the design and layout of the environment?

- What can we demonstrate as practical examples of how we have improved our residential environment to better support people recently?

Sometimes it is simple fixes that ensure people living in our care feel safe. At the residents meeting someone living in our care told me they keep hitting their arm on the towel rail in their bathroom but its ok as they use a towel to wrap round and cover it. We immediately reviewed the rail, purchased a rounded rail and relocated the rail to the desired location for the resident. Such a simple step however made the resident feel safe and open to raise any further concerns about what impacts their life at the home.

Zoe Fry OBE
Executive Director,
The Outstanding Society

Develop expertise across your service

Induct staff	Refresh learning	Develop managers	Support staff	Key connections
Ensure training provided for all safety and equipment checks relevant to role.\n\nEmpower staff to identify and assess associated risks.	Ensure refresher training for equipment aligns with the advice from manufacturers.	Provide opportunities for managers and leaders to review other environments and latest equipment, learning from best practice and innovations.	Involve staff in the checking and testing of equipment, identifying areas for improvement, and researching other options available.	Supplier of equipment and assistive technologies, and other care services.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Learning culture

Even with the most robust risk assessments and best staff, accidents and incidents do occur in adult social care services. The CQC expects all regulated services to have a proactive and positive culture committed to identifying, investigating, and learning from each safety incident.

Each accident and incident is an opportunity to learn from mistakes and further strengthen your service. Your staff should be capable and confident in their roles to raise concerns and report incidents, including near misses. Managers and leaders should set the standard, taking ownership of any accidents and incidents, but still empowering your staff team to implement any changes that might be needed.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Investigating safety incidents
- Whistleblowing/staff concerns
- Near misses
- Reporting requirements

- Duty of Candour
- Organisational learning from safety events
- Safety alerts and recalls
- Improving trajectory.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/ Safe-Learning-culture

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we listen and respond to safety concerns.				
We have clear records of all accidents and incidents at our service.				
We focus on identifying the root cause of accidents and incidents and plan to avoid or minimise reoccurrence.				
Where people are at risk, we make immediate adjustments and improvements to ensure our people remain as safe as possible.				
We ensure our managers and leaders are alerted to all accidents and incidents.				
Our managers and leaders take responsibility for ensuring accidents and incidents are fully and effectively investigated.				
We review all accidents and incidents and document the outcome and any action.				
We regularly and consistently monitor safety alerts and recalls, responding promptly to such notifications.				
We ensure our accident and incident reports are fit-for-purpose and train staff to effectively use them.				
We use systems and technology to provide our managers and staff with instant access to the latest accident and incident records, helping us to review current issues.				

	Yes	No	N/A	Action
We minimise the use of paper records where possible, avoiding increased risks from bad handwriting, omissions, and disorderly files.				
We empower staff to whistle blow and raise concerns about poor practice.				
Through our Duty of Candour, we are open and honest with the people we support about when things go wrong.				
We ensure that we update people, their families, staff and – where appropriate – others that engage with our service on the status of investigations and outcomes.				
We effectively communicate and document any changes to practice resulting from incidents and accidents, and the date these changes should be applied from.				
We ensure we learn from each and every accident, incident, near miss and event to continually improve safety at our service.				
Our lesson learned logs are regularly reviewed to identify trends and enable us to ensure associated improvements are embedded.				
We empower and encourage people to raise concerns to minimise future accidents and incidents.				

Prepare for your inspection:
Learning culture

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- Identify how you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- How would you like to be involved with how we review accidents and incidents?
- Are we quick enough to ensure adjustments and improvements are made to ensure people remain as safe as possible?
- How and when would you like to be informed about the status of investigations and outcomes?
- How would you like us to improve on how we communicate and document any changes to practice as a result of incidents and accidents?
- Would you like to be a point of contact for our staff to raise concerns about poor practice in accidents and incidents?

One-to-ones / Team meetings
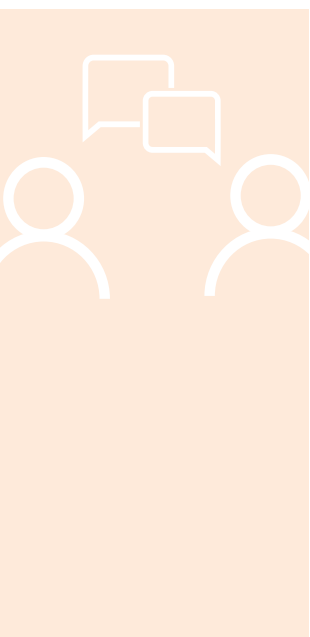
- When and how do we review accidents and incidents?
- Are our accident and incident reports fit-for-purpose, and if not, how can they be improved?
- Do you feel you have had sufficient training in how to use our accident and incident reports effectively?
- How and when would you like to be informed about the status of investigations and outcomes?
- How and when do we communicate and document any changes to practice as a result of incidents and accidents?
- Why is it important for us to use technology to record incidents and accidents?
- Do you feel empowered to raise concerns about poor practice?
- What do you feel this service could improve upon in relation to learning when things go wrong?

Managers and leaders

- What systems and technology are available to provide staff with instant access to the latest accident and incident records?
- Are we regularly meeting to discuss reports of accidents and incidents and that they are effectively investigated?
- What technology is available to help us minimise the use of paper records?
- What good practice is available to help us empower staff to raise concerns about poor practice in accidents and incidents?
- How do we know that the systems and processes that we use to learn from mistakes compare with other similar services?

Melrose Care has at its core, wanting to get things right for our residents every time. We regularly get feedback with this in mind. However, we do recognise though that sometimes things do go wrong. This brings us an opportunity. We use these occasions to learn and grow and develop new and better ways of doing things for the benefit of the residents, families, or staff. We hold quality assurance meetings where issues are discussed in an open and transparent way in order to find better ways of working. We keep the residents, families and staff fully informed.

Liz Seymour
Registered Manager
Melrose Care

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Whilst formal training may not be required, ensure staff understand your policies and procedures.	Communicate improvements and increasingly involve staff in reviews to help improve the service after accidents and events.	Build manager expertise via Skills for Care Learning from events module, reflective practice, and discussions with peers and specialists.	Use regular observations, team meetings and one-to-ones to discuss knowledge, issues, concerns, and ideas.	Local services via networks, healthcare and other specialists.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Effective

Introduction

Effective care means supporting people to achieve good outcomes and have the best quality of life possible. This is achieved by delivering care aligned to the latest evidence-based practice, ensuring your teams support people to remain as healthy as possible, and that seamless care is delivered having sought people's consent.

The CQC Single Assessment Framework introduced more focus on responsibilities around assessing needs, as well as monitoring and improving outcomes. Staff training has moved across into Safe inspection focus, whilst food and nutrition will be considered alongside wider good practice and focus on keeping people healthy.

This section highlights how you can meet CQC expectations and set yourself apart by involving the people you support, your staff teams and others in preparing the evidence needed.

Setting services apart

As of summer 2023, the percentage of adult social care services either meeting, exceeding, or falling below CQC standards for this Key Question is listed below.

Here are some of the things that set these different rated services apart.

1%

Outstanding services use evidence, analysis, and external expertise to make improvements. They induct, develop, and proactively support a highly skilled, motivated, and confident workforce. There is exceptional collaborative working with other services and good health outcomes are always championed. The service is designed around people's needs and staff actively work to reduce restrictions and maximise choice.

89%

Good services ensure care is delivered in line with legislation and evidence-based guidance. Staff are trained and supported to carry out their roles. There are good systems and processes relating to moving between services and supporting people's health. People are involved in decisions about their care and associated consent.

9%

Requires improvement services may deliver care that is not consistent or does not reflect latest evidence-based guidance. Care and support is not always properly planned or health needs acted upon. Consent is not always sought.

1%

Inadequate services may deliver care based on ill-informed decisions unrelated to good practice. There is poor monitoring of care needs, connections with other services and consent falls well below expectations.

Key recommendations

Delivering evidence-based care and treatment

- Ensure managers and leaders understand the latest legislation, standards, and evidence-based research.

- Deliver care in line with the latest legislation, standards, and evidence-based research.

Page 119-124

Assessing needs

- Involve people in assessing needs and subsequent reviews.

- Ensure those responsible for assessing needs are effectively trained.

- Ensure you keep clear records and consistency across documentation.

Page 125-130

Supporting people to live healthier lives

- Enable and empower people to maintain good health.

- Train staff, assess ability to promote healthy lifestyles and support.

- Support people to access medical support and treatment.

Page 131-136

Monitoring and improving outcomes

- Provide the levels of care that enable people to achieve the best quality of life.

- Adapt care around the changing needs of the individual.

- Make referrals where needed and support people to access wider help.

Page 137-142

How staff, teams and services work together

- Create and maintain effective relationships across health and support organisations.

- Be proactive in risk assessing potential healthcare needs of those using the service.

- Clearly document engagement with other services.

Page 143-149

Consent to care and treatment

- Ensure consent is an integral part of the care.

- Empower staff to know where people are deprived of their liberty and can act on this.

- Ensure you have a robust MCA policy and procedure; ensuring your employees understand and implement the key principles.

Page 150-156

Delivering evidence-based care and treatment

Evidence-based care and treatment is reliant on an effective assessment of people's needs and ensuring that their care reflects the latest legislation, standards, and evidence-based research.

When assessing people's needs, what you offer to support them must reflect the latest good practice and evidence-based research. Some changes can be introduced at short notice, such as the frequently updated guidance issued during the pandemic, so you must have the capacity to review and revise processes quickly on occasion. It is important that you ensure the care you deliver reflects the latest guidance from professional bodies such as the National Institute for Health and Care Excellence.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Best practice guidance and standards
- Statutory and regulatory requirements
- Nutrition and hydration
- Monitoring consistency of practice.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Effective-Delivering-evidence-based-care-and-treatment

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we keep informed of the latest good practice related to the care and support we deliver.				
We provide care in line with the latest legislation, standards, and evidence-based research, revising policies and procedures when needed.				
We assess people's nutritional needs and ensure that they have a management care plan that aims to meet their complete nutritional requirements. This is in accordance with NICE Quality Standards.				
We follow NICE guidance and ensure that their Quality Standards are embedded into how we deliver care across our service.				
We ensure that our policies are regularly reviewed and closely aligned with latest legislation, NICE guidelines and other good practice. All staff are informed when we update our policies.				
We ensure our managers and leaders understand the latest legislation, best practice standards and evidence-based research related to the care they provide.				
We ensure our induction, training and development of staff is informed by the latest legislation, standards and evidence-based research.				
We ensure that there is consistency across our care and support in relation to the delivery of good and best practice.				

	Yes	No	N/A	Action
We regularly review and make key changes to practice because of new legislation, standards and evidence-based research.				
We ensure any changes to practice as a result of new legislation, standards and evidence-based research are effectively communicated.				
We ensure our service has effective systems in place to avoid discrimination when making care decisions.				
Our managers and leaders seek our innovative practice. We look for partnership and learning opportunities to enable our service to operate the highest levels of care and deliver the latest best practice.				
We keep the people we support regularly informed about the latest good and best practice, enabling them to be involved in decisions about changes to their care.				

Prepare for your inspection: Delivering evidence-based care and treatment

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- Would you like to discuss any legislation, standards and evidence-based research that impact how we deliver care?
- How can we best communicate to you changes about practice as a result of new legislation, standards and evidence-based research?
- How and when would you like to be involved with making care decisions?
- How can we improve our systems to ensure that we avoid discrimination when making care decisions?

One-to-ones / Team meetings
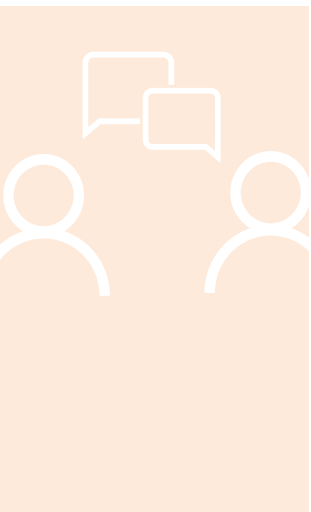
- Discuss one piece of legislation, standards, or evidence-based research, that helps us to provide the highest levels of care.
- When and how do we revise policies and procedures in-line with new legislation, standards, or evidence-based research?
- Name and describe the most important piece of legislation, standards, or evidence-based research that informs how we deliver care.
- Describe three different ways that we can communicate changes about practice as a result of new legislation, standards and evidence-based research.
- Who needs to know about changes to practice as a result of new legislation, standards and evidence-based research that impact the way we deliver care?

Managers and leaders

- What partnership and learning opportunities are available to help us operate the highest levels of care and deliver the latest best practice?

- Is there any new legislation, standards best practice, and evidence-based research that you would like to discuss / share?

- What training is available to support our staff to complement changes introduced due to legislation, standards and evidence-based research?

- What systems can we implement to ensure that our service is effective in avoiding discrimination when making care decisions?

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Incorporate best practice and standards into your policy and procedures. Align with training.	Refresher training not required but find ways to keep staff updated through discussions and communications.	Protect time for managers to review latest legislation and seek good practice (via newsletters and publications).	Use regular observations, team meetings and one-to-ones to discuss knowledge, issues, concerns, and ideas.	Government legislation, NICE Quality Standards, Social Care Institute of Excellence (SCIE, specialist charities etc.)

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Assessing needs

The CQC inspection focus will look at how you assess and review the needs of the people you support. From the initial assessment to how you monitor and adapt support, the CQC will be looking for evidence about how you maximise the effectiveness of the care you provide.

Assessing needs is an ongoing process, and it is important to have robust systems in place to review and adapt people's changing needs. From assessing the needs of your latest client, to reviewing the needs of the person you have supported the longest, your processes must be effective and adaptable.

What will the CQC expect you to be able to evidence?

Quality Statement

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

What sub-topics might the CQC look at when inspecting this?

- Needs assessments
- Person-centred approach
- Accessibility and communication, including Accessible Information Standards
- Care assessments
- Care planning.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/ Effective-Assessing-needs

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We always take a strengths-based approach to assessing needs that focuses on what people we support can do, not just what they can't. Where people cannot do some things, we include this in our support plans too.				
We can evidence how we involve people in assessing their own health and care needs. Where needed, we provide accessible information that enables them to make an informed choice.				
Our care assessment process is holistic and looks at the whole person, including their emotional wellbeing, physical, spiritual needs etc. We use a range of assessment tools to support this process.				
We ensure our managers and staff team are effectively trained and competent to undertake care assessment and review, a process that always involves the person we support.				
Where any specialist support is needed to assess and review health and care needs (e.g., Trusted Assessor), we ensure this is promptly arranged and ongoing where required.				
We ensure all initial assessments are undertaken prior to an individual receiving care from our service or – where this is not practical - as soon as is possible after commencing the care package.				
Our managers and staff are effective in how they tailor communications (e.g., Accessible Information Standards) and check understanding about people's care needs.				

	Yes	No	N/A	Action
We regularly monitor and review people's care needs, involving them in these processes and discussing associated changes that may be needed.				
Our effective record management ensures that there is consistency across associated documentation, such as needs assessments, care plans, risk assessments etc.				
We can provide documentation covering our decision-making process and how we involved people in these processes. Where appropriate, our evidence includes decisions around mental capacity and safeguards.				
We regularly review the effectiveness of our needs assessments and monitoring and review processes as part of spot checks and quality assurance processes.				
Where we identify areas for improvement, we will update and test new approaches and involve external expertise if required.				

Prepare for your inspection:
Assessing needs

The following can be used for discussions with the people you support in management / team meetings / one-to-ones / self-reflection.

Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- How involved did you feel in the initial assessment process?
- What do you think we do well in regard to originally assessing your needs?
- How do you think we could have improved this initial assessment and associated communications?
- What did you like most about how we identified your needs and built this into the care we provide?
- If you could change one thing about this process, what would that be?

One-to-ones / Team meetings

- What do you feel we get right when assessing people's needs?
- Where do you feel we could strengthen our processes for assessing people's needs?
- Do you feel that we provide the right levels of support and training to effectively assess the needs of the people we support?
- What do you think about the levels of information provided about people's needs to enable you to provide the appropriate care?

Managers and leaders

- What systems and processes enable us to review the needs of the people we support, identifying both trends and individual needs?

- How do we know that the way we assess needs aligns with the latest good and best practice?

- How do we engage with external specialists to help us respond to more specialist needs?

- What spot checks, audits and other quality assurance processes are in place to ensure we are effective at assessing needs?

Develop expertise across your service

Induct staff	Refresh learning	Develop managers	Support staff	Key Connections
Where a part of their role, provide training and shadowing opportunities to learn how to assess need. Conduct workplace assessment of competence of performing these duties.	Regularly review competence and provide refresher training where needed. Ensure changes to processes and systems are well communicated and adopted.	Build expertise amongst your managers in assessing needs and acting as a referral point for the wider staff team.	Provide regular opportunities for staff to raise questions and concerns, in supervisions, team meetings and ad-hoc requests.	Learn from other local services about how they assess needs, as well as leading charities for conditions that you may be less familiar with.

The days of domiciliary care simply being a home-help role have long gone. In order to provide truly person-centred care for clients living at home, it is crucial to involve them in every aspect of their care. Ensuring all physical and emotional health, spiritual, cultural and religious needs are met is essential to wellbeing.

Caroline Cosh
Managing Director, Clifton Homecare
Non-Executive Director, The Outstanding Society

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Supporting people to live healthier lives

Keeping people healthy and supporting them to make informed choices is part of delivering effective care. The CQC will want to know how your service supports people to manage their health and wellbeing, including living as healthy a life as possible.

Inspectors will want to know what your service is doing to monitor the health and wellbeing of the people you support, and enable them to access any assistance that is needed. There will be an expectation that people are involved, where possible, in the monitoring of their own health and wellbeing. The CQC will also want to know how your service provides information about the healthcare options available, including tailoring these communications to reflect the needs of the individual.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Identification and prevention
- Health Action Plans
- Access to healthcare – GP, dentists etc
- Access to community

- Health promotion
- Health and wellbeing deterioration
- Vaccination.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Effective-Supporting-people-to-live-healthier-lives

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we successfully support people to manage their own health and wellbeing.				
We enable and empower the people we support to maintain good health and wellbeing. Where capacity permits, they take an active role in monitoring their own health and help prevent or minimise deterioration.				
We provide accessible and timely information to people, their families, and advocates to help them make choices about their future health and wellbeing.				
Where needed, we empower staff to act as advocates for people when engaging with healthcare professionals, support organisations and other agencies.				
We train and develop our staff to ensure their own understanding of health and wellbeing is in line with the latest best practice.				
We are proactive in promoting new health options to the people we support, ensuring they understand the options available. For example, the latest vaccination opportunities.				
Where we support people's food and nutritional needs, we ensure we provide nutritious foods in line with cultural and dietary requirement, and preferences.				
To support people to maintain good physical and mental wellbeing, we ensure they have regular access to meaningful activities and wider community engagement.				

	Yes	No	N/A	Action
We provide opportunities for our staff to develop their expertise using national qualifications and good/best practice programmes (where applicable for the levels of care needed).				
Where practical, we develop internal champions to help promote healthy options and act as referral and support to the wider staff team.				
We're proactive in engaging with healthcare services (e.g., speech and language therapy, community psychiatric nurses, dieticians, specialist nurses etc.).				
We have documented evidence of how we engage people and others in relation to people's health and care needs. This includes our ongoing monitoring of health and care.				
The people we support can access mental health services, including crisis support, when they need them. This is in accordance with NICE Quality Standards.				
We ensure the people we support receive regular, high-quality oral healthcare and this is documented in their care plan. This is in accordance with NICE Quality Standards.				

	Yes	No	N/A	

Prepare for your inspection:
Supporting people to live healthier lives

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- What can we do to make you feel more enabled and empowered to maintain good health and wellbeing?
- Do you feel that we provide accessible and timely information to you to help the people we support make choices about their health and wellbeing?
- Would you like to become a champion to help promote healthy outcomes?

One-to-ones / Team meetings

- What more can we do to ensure that your understanding of health and wellbeing is in-line with the latest best practice?
- Do you feel equipped and supported to act as advocates for the people we support when engaging with healthcare professionals, support organisations, and other agencies?
- Describe how and when we need to monitor and make referrals to relevant healthcare services when changes to health or wellbeing had been identified.
- Would you like to become an internal champion to help promote healthy outcomes and act as referral and support to the wider staff team?

Managers and leaders

- What technology and best practice is available to help our staff to monitor and make prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified?
- What opportunities are available for our staff to develop their expertise using national qualifications and good/best practice programmes?

We keep people healthy by making sure they attend all their health appointments, and we check that at each carer visit.

We also refer to other specialists if needed to, such as Learning Disability Teams and phychiatrists, to make sure that people are healthy, and have good wellbeing too.

Sarah Dew
Shared Lives Officer
Lancashire County Council

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Use the induction standards for those new to care. Look to offer specialist training and qualifications for more experienced staff.	Refresh Basic Life Support annually. Refresh wider Health and Safety training every three years.	Provide opportunities for managers to deepen their skills and knowledge, beyond what staff know. Look for courses aimed at managers and supervisors.	Encourage staff to draw on expertise of senior staff, including managers and leaders. Discuss less urgent issues in team meetings and one-to-ones.	Hospitals, GPs, District Nurses, Pharmacists, Opticians, Dentists, Nutritionists, etc. External specialists can be used to help deliver training bespoke to your service.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Monitoring and improving outcomes

People's care requires regular monitoring and will often need to be adapted to help them maintain and potentially improve their health wherever possible. The CQC will expect your service to enable people to meet outcomes aligned with both their own and clinical expectations.

The CQC will want to know how your service is routinely monitoring people's care and treatment. Inspectors will look for evidence of how your service is supporting people to achieve quality of life. The CQC will take a proportionate response to assessing what services can realistically achieve with people in declining health, but they will expect the service to provide consistently high levels of support.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Clinical outcomes
- Quality of life outcomes
- Monitoring and comparing outcomes with similar services
- Benchmarking
- Service accreditation schemes.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Effective-Monitoring-and-improving-outcomes

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We work with people to identify the personal outcomes they want to achieve and how this will be done and measured.				
We ensure that people's care enables them to achieve the best quality of life possible, including emotional wellbeing, physical wellbeing, interpersonal relationships, social inclusion, personal development etc.				
We can evidence how we undertake regular health reviews and monitor the changing care needs of each person we support.				
We can evidence how we have adapted care in response to the changing care needs of each person we support (e.g., end of life care, challenging or distressed behaviours etc.).				
We can demonstrate how we are helping people to meet clinical expectations and recommendations in their Health Action Plans.				
We actively involve people in decisions related to the monitoring and changes to the care they receive. This includes where appropriate involving family, friends, and advocates.				
Our managers and staff teams are trained and assessed to ensure that they can effectively monitor people's changing needs.				
Our quality assurance processes enable us to identify both individual changes to people's care needs and emerging trends. This information is used to respond to both individual needs and address areas for improvement.				

	Yes	No	N/A	Action
When available, we use digital record systems to monitor changes to people's care needs and emerging trends.				
Where needed, we'll make referrals to appropriate healthcare specialists and securely provide accurate information to help them to inform further support.				
We support people to access the healthcare support they need including health screenings, opticians, dental appointments, etc.				
We ensure people's weight is regularly monitored and record the results (if appropriate to their care needs). If we identify issues, we'll advise and support the person.				
We advise, support, and try to protect people, including those with complex needs, from the risk of poor nutrition, swallowing problems and other medical conditions.				
Where needed, we'll make referrals with consent to dieticians, diabetes nurses and other healthcare specialists to ensure best practice around food, nutrition and hydration is provided.				
Our close connections with other services enable us to benchmark the care outcomes of the people we support with similar needs of other services.				
We can evidence how our focus on monitoring and improving outcomes has reduced hospital admissions.				

Prepare for your inspection:
Monitoring and improving outcomes

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- What do you like about the way we work with you to identify your needs and monitor how we are meeting these?
- What do you think we could improve upon in terms of monitoring your ongoing care and support?
- What do you think about the speed of how quickly we respond to your changing care needs?
- How do you think we could further strengthen the speed in which we refer you to external experts?

One-to-ones / Team meetings
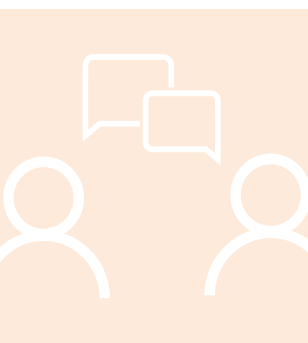
- What is your view on the training and support you receive that help you to successfully monitor a person's care?
- How do you feel the service can improve in how we monitor care and respond to changing needs?
- Do you feel we have the right connections to ensure we can involve internal / external experts when people's conditions change?
- What recent examples would you give of improving outcomes for the people you support?

Managers and leaders

- How do we benchmark the systems and processes we use to monitor care with other services?

- How do we develop internal expertise to enable us to successfully monitor people's care and help improve outcomes?

- How do we engage with the wider community and external experts to ensure we always involve the right support at the appropriate time?

- What examples of best practice do we have to demonstrate to the CQC we are meeting or exceeding their expectations on this?

Develop expertise across your service

Induct staff	Refresh learning	Develop managers	Support staff	Key connections
Whether through formal training or workplace support, look to strength staff understanding about people's emotional wellbeing, physical wellbeing, interpersonal relationships, etc.	Keep staff informed of the latest good practice and approaches to monitor outcomes. Ensure associated policy and procedures are clearly understood.	Enable managers to engage with specialists in the community and other health and care services to understand the latest practical approaches.	Provide regular opportunities to discuss their experiences and ideas. Encourage prompt escalation of concern and provide a timely response.	Look for internal or external specialists in the care you provide. Engage with local health and social care services to learn from one another.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

How staff, teams and services work together

Effective care is often reliant on how different services and experts work together. This is equally true of your own care service so ensuring that teams work effectively together both internally and externally will need to be demonstrated to the CQC.

Ensuring there is effective coordination between services is an essential part of care and support. Whether responding to hospital admissions and discharges, or simply working with another local care service which the people you support use, this is something you need to be able to manage well.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Continuity of care
- Roles and responsibilities
- Information sharing and GDPR
- Transition from children to adult services
- Care leavers

- Volunteers and unpaid carers
- Coordination of care, support and treatment
- Collaborative working
- Emergency care arrangements.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Effective-How-staff-teams-and-services-work-together

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we safely and effectively share information to remove duplication of effort around care needs and assessment.				
We ensure our own internal systems enable staff across different parts of our service to have access to the latest information safely and securely.				
We ensure staff are clear about their roles and responsibilities in relation to information sharing, including during handovers and other interactions with internal and external colleagues.				
We ensure our staff establish direct and meaningful relationships where relevant with healthcare professionals and other services.				
We embed clear and effective systems in our service that enable us to track engagement with healthcare organisations and ensure a timely response.				
We document our engagement with healthcare services and professionals and how this is contributing to the quality of care that's provided by our service.				
Our care plans include details of recent and upcoming health-related appointments (e.g., hospital, GP, dentist, optician) and update them with key information following visits.				
We know the impact that healthcare appointments, treatment and periods in hospital can have on the wellbeing of people. We adapt our support to respond to additional care, comfort and communication that may be needed.				

	Yes	No	N/A	Action
Whether internal or with partner organisations, our handover meetings ensure staff have accurate and up-to-date information about people's needs. Where handover meetings aren't possible, we ensure documentation is available to inform the next care worker.				
We prepare and maintain health passports and work closely with other organisations on people's transition plans.				
When people with social care needs are admitted to hospital, we ensure their existing care plans are shared with the admitting team. This is in accordance with NICE Quality Standards.				
Our systems and processes enable us to share information securely about people's care, treatment, and support.				
We use technology to help strengthen record keeping, providing opportunities to instantly update and reduce risks from bad handwriting etc.				
We ensure individual needs are carefully considered in the planning of transition, referral, and discharge. These processes involve all relevant staff, teams, and services to ensure people's needs are met.				

Prepare for your inspection: How staff, teams and services work together

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- Identify how you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- How would you like to be involved with the assessment of healthcare needs to identify potential risks?
- In what ways would you like healthcare needs described within care plans?
- Please tell us about the impact healthcare appointments, treatment and periods in hospital can have on the wellbeing of you or your loved ones.
- Do you feel that we keep you well informed, even when you or your loved one is spending time with healthcare services?

One-to-ones / Team meetings

- Describe how we are currently ensuring that the people we support have prompt access to the best healthcare support possible, and discuss / consider how this could be improved.
- What connections do you have with the healthcare sector and discuss / consider how can these relationships be improved?
- What connections could you make with relevant healthcare professionals and support organisations that could improve the way we deliver care?
- Describe how we use Care Plans to include details of recent and upcoming health related appointments.
- Why is it important that we document our engagement with healthcare services and professionals?

Managers and leaders

- What healthcare services do we need to engage with and how can we improve these connections?

- Discuss how we are linked into and understand local healthcare systems and how we can effectively navigate them.

- What networks are available for us to join to enable us to work collaboratively with the healthcare sector?

- What resources can we share with the healthcare sector to help us work better together?

- What technology and best practice is available to enable us to embed systems in our service that enable us to track engagement with healthcare organisations and ensure timely response?

- What other services do we link with to maintain health passports and people's transition plans and how are they involved with reviews of incidents and significant events?

Remember that people want to understand what you do and how you do it. Forging relationships is essential to ensure the best outcomes. Do not worry about asking questions; getting to know discharge and frailty teams in local hospitals will ensure optimum discharges to your homes. Ask to join Local Authority team meetings – especially safeguarding and placement teams – it supports joint learning and cross sector best practice.

Samantha Crawley
Chief Operating Officer, Bracebridge Care Group
Non-Executive Director, The Outstanding Society

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
This would not require specific training but discussions amongst team meetings, one-to-ones and meetings with other local services.	Ensure that you regularly reflect on what is going well and what could be improved with the teams and services you connect with.	Ensure your managers and leaders are well connected with other local services your organisation works with.	Obstacles with other services can impact people's care. Regularly discuss issues with staff and escalate concerns with your connections.	Hospitals, GPs, District Nurses, Pharmacists, Opticians, Dentists, Nutritionists, etc.

Working in partnership with professionals such as the Fire Brigade, Housing departments, Occupational Therapists, District Nurses, Specialist community health teams, for example the Falls Team is not only best practice but vital to ensure joined up, safe homecare delivery.

When working in challenging situations, teams such as these, can be a pillar of strength and support in what can otherwise feel lonely times.

Caroline Cosh
Managing Director, Clifton Homecare
Non-Executive Director, The Outstanding Society

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Consent to care and treatment

Person-centred care requires providers to be upfront with the people you support and seek their consent. This will require strong understanding of adhering to people's rights in order to involve them in decisions about their care.

The CQC will want to know how your service is always supporting people to make their own decisions and ensure this complies with latest legislation and guidance. The regular monitoring of people's mental capacity and associated assessments is important, as well as recording this information. Your managers should have a deeper understanding of consent, enabling them to respond to escalated issues from the staff team.

What will the CQC expect you to be able to evidence?

Quality Statement

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

What sub-topics might the CQC look at when inspecting this?

- Consent
- Advocacy and support
- CCTV/surveillance.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Effective-Consent-to-care-and-treatment

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We ensure that the people we support understand their rights.				
Consent is an integral part of the care we provide. We work closely with the people we support (and/or their families) to obtain it.				
We can evidence how we have gained consent in the care we provide to each person we support.				
We ensure our staff routinely ask for people's consent on a day-to-day basis before giving assistance and seek a response. When people decline, our staff are respectful and return to try this task later where practical.				
We ensure our care plans clearly detail capacity to make decisions and how this may fluctuate, as well as what support should be provided to help the person make choices and decisions about their care and support.				
Where needed, we ensure best interest decisions are carried out appropriately with the person, their family/advocates, and a multidisciplinary team (e.g., a group of health care workers who are members of different professions such as psychiatrists, social workers, etc.).				
To support obtaining people's consent, we provide information in the most accessible format possible to help them understand their options.				

	Yes	No	N/A	Action
Our staff support people to make decisions by using various communication methods (e.g., using prompts such as pictures and large print), as well as support from families and advocates where necessary.				
We ensure our managers and leaders are capable and confident of the correct legal process to follow if people's needs change.				
We keep detailed records of mental capacity assessments and best interest decisions. We also document other less formal discussions around capacity, including daily notes and handovers. We keep records with the care plan.				
We regularly audit and review consent and associated good and poor practice, with the aim of strengthening processes.				
We empower our staff to ensure people's liberty is safeguarded. Where deprivation of liberty is needed, our staff seek authorisation and actions are both necessary and proportionate.				
We ensure our staff receive training about the Mental Capacity Act and other safeguards. This is provided at a level appropriate to their role and is regularly refreshed.				
We use a range of innovative ways to ensure people are involved in decisions about their care so that their human and legal rights are sustained.				

	Yes	No	N/A	Action
We invest time in assessing people's changing capacity, which for some may change on a very regular basis.				
Where relevant to our service, we use CCTV/surveillance in line with CQC guidance and people's consent.				
Where relevant to our service, the people we support who are assessed as lacking capacity to make a particular decision at the time that decision needs to be made, have a clear record of the reasons why they lack capacity and the practicable steps taken to support them. This is in accordance with NICE Quality Standards.				
Where relevant to our service, the people we support who lack capacity to make a particular decision at the time that decision needs to be made have their wishes, feelings, values and beliefs accounted for in best interest decisions. This is in accordance with NICE Quality Standards.				
Where relevant to our service, the people we support who are at risk of losing capacity to make decisions, and those with fluctuating capacity, are given the opportunity to discuss advance care planning at each review. This is in accordance with NICE Quality Standards.				

Prepare for your inspection:
Consent to care and treatment

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- How could we support you to understand the key principles of the Mental Capacity Act?
- How can we work more closely with you when obtaining consent for care and treatment?
- What is the most accessible format to help us gain consent and help the people we support understand their options?
- What communication methods can we use to best gain consent?
- How often would you like us to assess for changing capacity?

One-to-ones / Team meetings

- Describe the ways that we request consent on a day-to-day basis before giving assistance.
- What do we do when people decline consent for care and treatment?
- What additional training do you feel you require to understand Mental Capacity Act and Deprivation of Liberties at levels that are appropriate to your role?
- How do we recognise when people needing care and support are being deprived of their liberty and what do we do when we recognise this?
- How do we ensure our care plans clearly detail capacity to make decisions and how this may fluctuate?
- Where do we keep detailed records of mental capacity assessments and best interest decisions?
- What is the 'Court of Protection' and how is it applied?

Managers and leaders

- What training is available to help our staff understand the Mental Capacity Act and Deprivation of Liberties at levels that are appropriate to their role?
- What are the correct legal processes to follow if people's needs change and how do we track when these procedures change?
- What human and legal rights are relevant when gaining consent for care and treatment, and when making best interest decisions?
- Who do we need to involve with making best interest decisions?
- What systems and best practice are available to help us to audit and review consent and associated good and poor practice with the aim of strengthening processes?

Each and every one of us would like to think that we have a degree of choice and control over our lives. To have this suddenly removed or withheld, particularly when considering the most basic of our needs and wishes is quite a terrifying prospect … think about it for a moment or two. This is why it is so important that we do all we possibly can to involve those that we care for in the decisions that are made about their care and treatment.

Russell Lease
Director, Horizon Healthcare Homes

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Use induction standards for those new to care.

Use Mental Capacity Act and Liberty Protection Safeguard training to deepen understanding. | Refresh Mental Capacity Act and Liberty Protection Safeguard training every three years. | Undertake manager level training for Mental Capacity Act and safeguards. | Provide regular opportunities to discuss issues of consent in team meetings and one-to-ones with staff.

Look to involve staff in ways to strengthen consent. | Skills for Care endorsed learning providers. |

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Caring

Introduction

Caring looks at how services develop positive relationships by involving people in their care, providing high and consistent levels of kindness and compassion and treating them with dignity and respect.

The CQC Single Assessment Framework extended the Caring focus into looking at independence, choice and control and treating people as individuals. In the previous inspection model, the CQC looked at these more closely as part of Responsive focus. Caring has also widened to include how you respond to immediate needs and further expectations around wellbeing support provided to your workforce too.

This section highlights how you can meet CQC expectations and set yourself apart by involving the people you support, your staff teams and others in preparing the evidence needed.

Setting services apart

As of summer 2023, the percentage of adult social care services either meeting, exceeding, or falling below CQC standards for this Key Question is listed below. Here are some of the things that set these different rated services apart.

5%

Outstanding services provide levels of care that exceeds expectations. Staff are exceptionally skilled, compassionate, and kind. Staff build open and honest relationships and use creative ways to get to know people's interests and histories. They have outstanding skills in understanding people's diversity, beliefs, and protected characteristics. Activities are highly responsive and reflect best practice.

92%

Good services ensure people are always treated with kindness and are consistently positive about the support they receive from staff. Independence is promoted and person-centred activities help people to meet their goals and maintain hobbies. People are treated as individuals and their changing needs are responded to promptly by effectively

2%

Requires improvement services may deliver inconsistent levels of care, with some staff caring less than others. People's preferences are not always respected. Involving others such as family, friends and advocates may be weak. Privacy and dignity are not always respected and people do not feel they are being listened to.

1%

Inadequate services may lack compassion and not treat people with dignity and respect. People are not cared for in a way that they should expect. Human rights are not understood. Staff lack knowledge of people's preferences. There is often a lack of continuity of care as a result of high staff turnover or significant use of temporary workers. Discomfort and distress are not effectively responded to.

Key recommendations

Kindness, compassion and dignity

- Ensure all staff treat people with kindness and compassion, but are equally competent in the support they provide.
- Check what is appropriate for the person needing care and support.
- Provide time to listen and build relationships.

Page 160-165

Independence, choice and control

- Support and empower people to achieve personal goals.
- Encourage and support hobbies, activities, interests, and maintain personal connections.
- Provide regular and meaningful activities, including those supporting health and wellbeing.

Page 166-172

Treating people as individuals

- Put equality and human rights principles into action to improve the quality of care.
- Document beliefs and associated needs in the care plan.
- Honour and celebrate different beliefs.
- Embed practical policies and procedures to avoid discrimination.

Page 173-179

Responding to people's immediate needs

- Ensure you have enough staff to respond to immediate needs.
- Build a consistent team around each person, so they can identify where needs change.
- Promptly adjust care to respond to people's needs.

Page 180-185

Workforce wellbeing and reablement

- Develop wellbeing support that meets the needs of your staff team.
- Ensure that our staff human rights and wellbeing are protected at all times.
- Ensure that there is no discriminatory practice.

Page 186-191

I'm proud of the way we improve people's lives as soon as they come here. We know that they benefit from having us around. The more they get used to us, they get comfortable, and they come out of their shell, so we know we are doing something good. That's our main priority.

Emily Voce
Activities Coordinator
Eglantine Villa – Bupa UK

Kindness, compassion and dignity

It's important that everybody working for your service provides high levels of kindness and compassion to the people they support, as well as others they engage with within your service and beyond.

The CQC will want to be assured that your service always treats people with kindness, compassion, dignity, and respect. This should be a part of your everyday care and a key consideration when matching people with suitable staff to support them. People's privacy and confidentiality is important to them and the CQC will want to know how you protect this, as well as meeting their emotional needs.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Respect, dignity, and kindness
- Privacy and confidentiality
- Closed cultures

- Positive care, support and treatment
- Emotional wellbeing.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Caring-Kindness-compassion-and-dignity

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We get to know what is important to each person we support to meet their emotional wellbeing needs and what they value about dignity and respect.				
We create an environment where people who need care and support feel that they belong to and are proud about the service.				
We ensure our residential environments and/or offices are well maintained with high standards of décor to provide people a dignified place to live, visit, and work.				
We create an empowering culture where people who need care and support are confident and comfortable around those who care for them.				
We support people to minimise the risk of loneliness and help them to make connections and engage with others, respectful of their own preferences.				
All our staff treat people with kindness, sensitivity, and compassion, recognising their differences and individuality.				
We ensure people know or are given time to get to know the staff who are supporting them. This is to help them build loving relationships.				
We know that simply being a caring person isn't enough to meet people's needs. We ensure our staff are effectively trained and supported to provide high standards of care.				

	Yes	No	N/A	Action
We promote a person-centred culture where all staff are attentive, listen and respond to people (e.g., laughing and joking with them where appropriate and giving reassurance and comfort where needed).				
Where appropriate to the person we support, we build effective relationships with families, friends, and advocates.				
Our kindness, compassion, and dignity extend to our effective working with other services.				
We raise awareness to ensure staff do not discuss people's care and support in public areas and ensure telephone calls or meetings are conducted in private.				
Our systems are robust to hold confidential information, ensuring compliance with the UK General Data Protection Regulations (UK GDPR).				
If relevant to our service, we make sure that young adults have choice and flexibility about their privacy and the amount of parental involvement in managing their care.				
We can evidence that people feel cared for and that they are treated with respect and dignity. This is reflected in both day-to-day support and their care plans.				

Prepare for your inspection:
Kindness, compassion and dignity

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- Identify how you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- What does treating people with kindness, sensitivity and compassion, and recognising differences and individuality mean to you?
- How can we better support people to minimise the risk of loneliness and make connections and engage with others?
- Is it clear to you which of our staff are responsible for which aspects of care and support?
- How can we make you feel more confident and comfortable around people providing care and support?
- How can we better involve you in deciding what's appropriate in terms of your dignity and respect?
- Do you feel assured that information about you is treated confidentially by all staff?

One-to-ones / Team meetings

- In what ways do we demonstrate a person-centred culture where we are attentive and listen and respond to people?
- How can we create time to provide support to help people manage their worries and anxieties?
- In what ways do we promote respectful and compassionate behaviour from colleagues, challenging poor performance and values where these are not demonstrated?
- How is what is appropriate in terms of dignity and respect incorporated into care plans and the day-to-day support we provide?
- Why is it important that we do not discuss people's care and support in public areas and ensure telephone calls or meetings are conducted in private?

Managers and leaders

- In what ways can we ensure that we are accessing the best possible training for our staff to provide high standards of care?
- How do we, as leaders, demonstrate and promote respectful and compassionate behaviour?
- What are the best ways for us to challenge poor performance and values where these are not demonstrated?
- How can we create an empowering culture where people who need care and support are confident and comfortable around those who care for them?
- How often are we required to provide our staff with training / refresher training in dignity, and how do we ensure they know about the latest good practice?
- Who do we need to engage with in the wider community to help raise awareness of the equality and diversity needs of the people we provide care for?

The care home itself is more like a family gathering. All of them work endlessly to make this place what it is, and you can only say "well done" to them. Nothing is too much trouble for anybody. They are always here on hand to help, and I couldn't wish for a better place for my wife to be.

Ken Rogers
Husband of resident
Eglantine Villa, Bupa UK

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Use values-based approaches to recruitment. Ensure induction and training highlights the importance of compassionate care, dignity and respect.	Provide regular opportunities for staff to shadow and learn from caring and compassionate colleagues. Reflect on people's dignity as part of these visits.	Provide opportunities for managers to deepen their skills and knowledge, beyond what staff know. Look for courses aimed at managers and supervisors.	Involve staff in recruiting others, looking for the right values. Provide regular opportunities to discuss good and best practice in team meetings and one-to-ones.	Think Local Act Personal (TLAP). Healthwatch Friends, families, and advocates of the people you support.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Independence, choice and control

People have a right to their independence, choice and control over the care that they receive. The CQC wants to see evidence regarding how you support them on these matters and that you don't restrict peoples' personal preferences.

Your service will need to be able to demonstrate how you support people's independence. You will need to evidence how you support people to make decisions about their living arrangements, their home environment, their care and treatment, and maintaining social connections. The focus will be less about providing one-off activities, and more about the regular ways in which you enable people to retain their independence and meet their social needs.

What will the CQC expect you to be able to evidence?

> ### Quality Statement
>
> We promote people's independence, so they know their rights and have choice and control over their own care, treatment, and wellbeing.

What sub-topics might the CQC look at when inspecting this?

- Visiting rights – access to friends and family
- Supporting relationships and networks
- Access to healthcare
- Access to community

- Specialist/adaptive equipment
- Technology
- Choice and decisions about their living arrangements/homes
- Choice and decisions about care, support, and treatment.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Caring-Independence-choice-and-control

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we involve people in deciding their own independence, choice, and control.				
We can evidence how our care and support enables people to remain independent and connected with people and activities important to them.				
We encourage and support people to achieve their personal goals in relation to their own care, treatment, and wellbeing.				
We involve people in discussions and decisions related to their home and living arrangements.				
Where there are different views about a person's care, we ensure our staff try to help understand different perspectives but respect the person's decision.				
We empower the people we support to maintain existing and identify/undertake a range of hobbies, activities, and interests to benefit their wellbeing.				
We encourage the people we support to maintain their links with family, friends, and external organisations (such as clubs and societies) and other networks.				
We support people to access specialist/adaptive equipment to keep them connected and able to access the community, including wellbeing and healthcare support.				
We find the right balance between allowing people the freedom to socialise whilst still maintaining their safety.				

	Yes	No	N/A	Action
Where appropriate to our service, our staff team understand our people's preferences and backgrounds to tailor meaningful and fulfilling activities.				
We ensure all our staff team understand the importance of stimulating the people we support, and that the activities we provide are an important part of motivating and engaging people.				
We promote a range of activities, including those helping to achieve better health and wellbeing outcomes.				
Where appropriate to our service, we document people's engagement in activities and review these to consider new ways and means to increase involvement.				
Where appropriate to our service, we capture feedback at the end of each activity and review it to inform longer-term improvement.				
Where appropriate to our service, we draw on the talent across both staff and the people we support to offer a range of different activities.				

Create a culture and an environment that allows people to be as sociable or as private as they wish. This is their home and we must promote independence with the sole aim of enhancing lifestyle and wellbeing.

Bernadette Mossman
Healthcare Director
Vida Healthcare

	Yes	No	N/A	Action
Where appropriate to our service, we ensure all staff involved in activity provision are suitably experienced and trained where needed.				
Where relevant to our service, we draw on the experience and expertise of activity specialists and national bodies (e.g., National Activity Providers Association).				
Where relevant to our service, the people we support with dementia can choose from a range of activities to promote wellbeing that are tailored to their preferences. This is in accordance with NICE Quality Standards.				
Where relevant to our service, the people we support with a learning disability and behaviour that challenges take part in personalised daily activities. This is in accordance with NICE Quality Standards.				
Where appropriate to our service, we ensure that visiting rights align closely with good or best practice. We can evidence how we support family, friends, and advocates to visit our service.				

Look at the people you support to understand what communities they want to be a part of. Are people involved in making the decision? Can you bring them along the journey of choosing? Some don't want a nursery onsite, and others would love to try and visit the local allotments. So making sure your people are involved in such decisions can lead to amazing results.

Sanjay Dhrona
Managing Director, The Close Care Home
Non-Executive Director, The Outstanding Society

Prepare for your inspection:
Independence, choice and control

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- Identify how you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- In what ways can we support you to achieve your personal goals?

- How do we support you to maintain your independence and connections?

- Let's discuss the sorts of hobbies, activities, and your interests that can benefit your wellbeing.

- Do you have any talents we can utilise in activity provision at our service?

- What more could we do to help you connect with the people and interests that are important to you?

- Do you feel we provide you with the right technology and equipment to help you maintain your independence?

One-to-ones / Team meetings

- In what ways can we ensure that the people we support maintain links with family, friends and external organisations (such as clubs and societies)?

- How do we maintain the balance between allowing people the freedom to socialise whilst still maintaining their safety?

- Using an example of someone we support, describe how you sought to understand a person's preferences and backgrounds to tailor meaningful and fulfilling activities.

- Why is it important that we respect people's own space and empower them to take responsibility for their own lives?

- What do you feel we could improve upon in helping people connect with the wider community, the people that are important to them, and their areas of interest?

- How do we support people to maintain their independence by arranging the appropriate assistive technology and equipment?

Managers and leaders

- What is best practice in encouraging activities that help to achieve better health and exercise?

- How can we improve or implement systems to document people's engagement in activities?

- What systems or processes can best capture feedback at the end of activities to help us review them to inform longer-term improvement?

- How have others engaged with talent across both staff and the people we support to offer a range of different activities?

- What training is available for staff involved in activity provision or supporting social engagement?

- What activity specialists and national bodies for activity provision should we be drawing on?

- How do we ensure that our service knows about the latest assistive technologies and equipment to help people maintain their independence?

- What processes and resources enable us to identify assistive technologies and equipment to benefit the people we support?

Develop expertise across your service

Induct staff	Refresh learning	Develop managers	Support staff	Connections
Induct new staff on the importance of independence, choice and control.

Train staff on assistive technologies used by the service. Provide activity provision courses where relevant to the role. | Ensure that you regularly reflect on what is going well and what could be improved.

As new assistive technologies and equipment are introduced, provide associated training. | Look for opportunities to deepen knowledge via learning opportunities, local and national connections, and best practice guidance. | Provide regular opportunities to discuss relationships and activities in one-to-ones or in your ad-hoc support.

Consider developing champions and/or activity coordinators. | National Activity Providers Association (NAPA) community / faith groups. |

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Treating people as individuals

The CQC will expect everybody you care for to be treated as an individual, with support shaped around their own preferences. Understanding what is important to an individual is essential, including meeting their personal, cultural, social, and religious needs.

The inspection may focus on people's protected characteristics, including support provided related to age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex, and sexual orientation. Inspectors may also explore what have you done to protect people's human rights.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Advocacy and support
- Protection of people's human rights
- Personal, cultural, social and religious needs.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Caring-Treating-people-as-individuals

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how the care and support we provide meets each person's individual needs.				
We ensure that people are central to care decisions that are appropriate to their personal, cultural, social, and religious needs.				
We are committed to ensuring equality, inclusion, and human rights principles are central to the care we provide.				
Our managers and staff team understand people's protected characteristics and how to provide care that meets these needs.				
We ensure our staff team receive training in equality and diversity and this is regularly refreshed so they know about the latest good practice.				
We use effective and clearly communicated policies and procedures to ensure people aren't discriminated against on the grounds of a wide range of diverse needs.				
We prioritise understanding the preferences of the people we support and their needs in terms of assistance from our staff, their family, friends and/or advocates.				
Where appropriate, we involve families, friends, and advocates in supporting people to make decisions about their care.				
We ensure our managers and leaders create an open, relaxed environment where people, relatives and advocates can talk comfortably together.				

	Yes	No	N/A	Action
We're proactive in sharing information about the wider help, specialist assistance and advocacy available to the people we support, their family and friend's support.				
We recognise and celebrate different religions and cultures, including key dates and events.				
We actively engage with the wider community to help raise awareness of the dignity, equality and diversity needs (e.g., raising awareness of disability issues at an open day event, speaking out about hate crime in the local press).				

Prepare for your inspection:
Treating people as individuals

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

■ Consider how you compare with what the CQC will be expecting

■ Identify how you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

■ Do you feel that you belong to and are proud about how and where you receive your care and support?

■ Do you feel that we provide effective and clear policies and procedures to ensure people aren't discriminated against on the grounds of a wide range of diverse needs?

■ What do you like about how the care we provide meets your cultural beliefs, backgrounds and what is important to you?

■ How do you feel we could improve in shaping the care we provide around your cultural beliefs, backgrounds and what is important to you?

One-to-ones / Team meetings

■ What does diversity and human rights mean to you?

■ Do you feel we provide enough training and support to help you better understand issues such as age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex, and sexual orientation?

■ Do you feel that the training and support we provide helps you to give care that is both culturally sensitive and helps protect people's personal characteristics?

■ How do we ensure we build diversity and human rights into care provision and what gaps in knowledge do you feel you have in these areas?

■ What more do you feel we can do to respect people's religion and personal beliefs?

Managers and leaders

- What systems and processes do we have to help us understand the diverse needs of both the people we support and our own workforce?

- How do we ensure our commitment to equality, inclusion, and human rights principles are central to the care we provide?

- What is the latest best practice in ensuring equality, inclusion, and human rights principles are central to care provision?

- How often are we required to provide our staff with training / refresher training in equality and diversity and how do we ensure they know about the latest good practice?

- Describe a time when we have supported our staff in addressing these issues effectively.

- Who do we need to engage with in the wider community to help raise awareness of the equality and diversity needs of the people we provide care for?

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Equality and diversity training and introducing staff to associated policy and procedures. Time for staff to understand the cultural needs and beliefs of the people they support.	Refresh equality and diversity training every three years. Consider specialist awareness training on culture, beliefs, and protected characteristics of the people you support.	Ensure managers have the skills and lead by example when treating people as individuals. Arrange specialist training where needed and provide time for managers to research good practice approaches.	Provide regular opportunities to discuss issues in safe environments where needed, as well as open-forums as appropriate. Discuss ways of how best to improve how you treat people as individuals and respect their personal choice, views and beliefs.	Connect with other services, community organisations, religious groups, and charities relevant to the needs of the people you support. Keep informed of best practice and draw on their expertise.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Responding to people's immediate needs

Caring services will need to be effectively resourced to ensure that you can respond promptly to people's immediate care needs. This requires a combination of safe staffing levels and team members able to identify and minimise discomfort, concern, or distress.

Responding to people's immediate needs will require staffing levels that provide the flexibility to spend more time with someone when needed. It also requires staff to recognise when additional levels of care are needed by individuals. From monitoring changes to listening to their needs, your care team should have the additional capacity to respond where needed.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Communication
- Anticipating need
- Responding quickly

- Pain relief
- Looking at people and their needs/ wishes as individuals.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/ Caring-Responding-to-peoples- immediate-needs

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we respond to immediate care needs as part of our day-to-day delivery of care.				
We can provide documented evidence of how we have promptly adjusted care to respond to the changing needs of the people we support.				
We have plans in place to manage anticipated declines in health needs (e.g., crisis plans and strategies to manage fluctuating abilities/needs).				
We ensure our staff team are effectively trained and supported to know how to monitor deterioration and use tools to respond to immediate care needs (e.g., RESTORE2, SBARD Communication tool, Advance Care Planning etc).				
We build a consistent team around a person who get to know them well and recognise if something is not quite right.				
We empower our staff to prioritise immediate care needs and wishes at the time they occur.				
In addition to our ongoing monitoring of people's care, our staff team listens to their concerns to identify any further action needed.				
Our staff team are effective communicators who engage people in discussions about their immediate needs and an appropriate response respectful of their wishes.				

	Yes	No	N/A	Action
We use tools and technology (e.g., DisDat, Pain Check etc.) to help staff recognise the signs that a person who is non-verbal is in pain.				
We have clear escalation procedures and available expertise for our staff team to refer to when responding to immediate care needs (e.g., an on-call rota/extra support out-of-hours).				
We provide access to additional resources and support to help respond to people's immediate care needs, such as adaptive equipment, pain relief medication etc.				
We use assistive technology to ensure assistance to meet people's immediate needs can be provided in the least restrictive way.				
When people we support need to decide on a change to their care, we provide sufficient time to allow them to process and make informed choices.				
Our staff are able to dedicate extra time to providing support to help people manage their worries and anxieties.				
We effectively document how we have responded to immediate care needs, ensuring these are reflected in handover notes, care plans and other records.				
Where appropriate and agreed with the person we support, we will also update family, friends, and advocates on changes to their care needs.				
Where appropriate, we respond to people with challenging or distressed behaviour in a safe, prompt, and person-centred way.				

Prepare for your inspection:
Responding to people's immediate needs

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- Tell us what you like about how promptly we respond to your needs and wishes?
- Thinking about the care we provide on a daily basis, do you think there is more we can do to respond more quickly to your needs?
- How do you feel your carers help manage any concerns or discomfort you might be feeling?
- How do you feel we help you respond to pain relief? Is there anything we could do that would improve the support we offer?
- How can we better respond to your changing needs, ensuring new assistive technology, aids and adaptions are accessed in a timely manner?

One-to-ones / Team meetings

- Tell us about times where you have promptly responded to people's pain, discomfort or concerns that have been raised with you or observed.
- What do you feel are the obstacles to responding promptly to people's needs and how could we overcome these?
- What support do you receive from other team members and managers that helps you respond promptly to people's needs?
- Do you feel that we have enough staff and support cover to enable you to provide more care when needed?

Managers and leaders

- What systems and processes do we have in place to help us understand how we promptly respond to immediate needs, and how this does not negatively impact care provision to others?

- How do we ensure that we have enough suitably trained and competent staff to provide more support where needed than originally anticipated?

- How do we benchmark our response times to emerging needs with what other services do in similar circumstances?

- What training and support do we arrange to empower our staff team to enable them to identify and respond to pain, discomfort and increased emotional support needed?

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Ensure staff understand how to observe and listen for indications of additional care support being required. Ensure associated policy and procedures are understood, including how to escalate concerns.	Provide reflective practice opportunities and review good practice. Assess ongoing competence in responding to immediate care needs.	Through a combination of reflective practice and research, help managers to better understand what good looks like.	Ensure staff have enough time to perform care tasks and respond to emerging needs. Regularly celebrate examples of how other staff have responded to people's immediate needs.	Connect with local care services to benchmark how promptly you respond. Identify local and national organisations who can help alleviate concerns or provide additional emotional support.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Workforce wellbeing and enablement

The CQC inspection focus on wellbeing extends to your own staff teams as much as the people you support. Whilst the CQC will look at this as part of Well-led focus, supporting staff wellbeing is also central to being a Caring service.

The CQC will look at how you support the wellbeing of your team as the regulator believes that supporting and empowering your staff is key to enabling them to deliver good quality care themselves. Be prepared to share examples of how your supervision and support, staff development and wellbeing initiatives meet the needs of your own colleagues.

What will the CQC expect you to be able to evidence?

Quality Statement

We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person-centred care.

What sub-topics might the CQC look at when inspecting this?

- Non-discriminatory practice
- Protection of people's human rights
- Staff support
- Whistleblowing
- Unpaid carers and volunteers.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Caring-Workforce-wellbeing-and-enablement

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we promote wellbeing and associated support to our managers and staff.				
We understand the importance that staff wellbeing has on the quality of care they provide and invest accordingly. Where staff are struggling, extra support is provided.				
We have adopted a person-centred approach to supporting our managers and staff team, tailoring this around their needs.				
We manage the service to ensure that there is no discriminatory practice and empower staff to raise concerns on such matters (e.g., whistleblowing).				
We ensure that our staff human rights and wellbeing are protected at all times and act promptly if concerns are raised.				
We ensure that our wellbeing and support is available to all working for our organisation in a paid or voluntary capacity, including carers.				
We support and empower our staff team to have autonomy on decision making and demonstrate leadership as appropriate to their role.				

	Yes	No	N/A	Action
We maintain regular supervisions that provide our staff team members with opportunities to discuss wellbeing and support needs. These encourage inclusivity, active listening, and open conversations.				
Our managers and leaders have created a culture where we reward and recognise our staff for the quality of care they provide.				
We keep all information about manager and staff wellbeing confidential and associated documented is securely stored, including compliance with UK GDPR.				
We provide access to specialist training and expert support to help improve staff health and wellbeing needs.				
We regularly review our wellbeing and support as part of ongoing quality assurance and staff surveys. After identifying what improvements could be made, we act upon areas for improvement.				
We benchmark our wellbeing initiatives and support with other services, ensuring we are aligned with good practice and effective initiatives.				
We ensure our staff have regular breaks and rest areas.				

Prepare for your inspection:
Workforce wellbeing and enablement

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- What do you know about the wellbeing initiatives we offer to our staff?
- Do you feel offering wellbeing and support to our own staff helps them to provide better care to you?
- From your experiences of our care team, do you feel there is more we could do as an organisation to protect their wellbeing?

One-to-ones / Team meetings

- What do you feel are our most successful approaches to wellbeing and support available to you?
- How do you feel that the wellbeing and support we provide you empowers you to deliver better care?
- Tell us where you feel our wellbeing and support to you as a part of our team has been truly person-centred.
- What additional wellbeing and support do you feel we need to consider or could help us to improve the service?
- What is your view on how promptly we respond to your wellbeing needs?
- How do we support one another's wellbeing on a daily basis?

Managers and leaders

- How can we demonstrate to the CQC our various wellbeing and support initiatives and how these meet the needs of our workforce?
- How can we show the CQC how our own workforce is directly involved in shaping the wellbeing and support we offer?
- How do we know how wellbeing and support compares with other local services and aligns with latest good practice?
- What connections do we have that help us to provide timely expertise when supporting workforce wellbeing?
- How do we know our wellbeing and support has a positive impact on the quality of care our team delivers?

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Whilst direct training on this topic may not be required, your wider induction training and support will be essential to ensure staff are confident to do their job. Ensure staff know the wellbeing initiatives and support available to them as part of the induction process.	Provide regular opportunities for staff to maintain competence and confidence in their daily duties. Be flexible in how you arrange additional training and support to staff where needed.	Involve your managers in identifying wellbeing and support needs from discussions with staff. Provide opportunities for managers and senior colleagues to discuss wellbeing support and associated initiatives.	Regularly draw on staff views in team meetings, supervisions, and surveys to inform how your wellbeing support evolves. Provide opportunities for staff to develop and lead new initiatives.	Ensure you are effectively connected to healthcare specialists and others referral points to support staff wellbeing. Connect with other local services to better understand alternate wellbeing and support initiatives that could be adapted into your own service.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Responsive

Introduction

Responsive looks at person-centred care, including care planning and helping people maintain relationships, interests, and personal goals. It also looks at how you share information and communicate, respond to concerns and complaints and support people around end of life care and other significant life events.

The introduction of the CQC Single Assessment Framework has seen some changes in Responsive, bringing in or extending new thematic topics that inspectors will look at. This includes how the service supports people to have equal access to care, something that will often require close working in the wider community.

There is also increased focus on how your service is effectively integrated into the health and social care sector at a local level.

This section highlights how you can meet CQC expectations and set yourself apart by involving the people you support, your staff teams and others in preparing the evidence needed.

Setting services apart

As of summer 2023, the percentage of adult social care services either meeting, exceeding, or falling below CQC standards for this Key Question is listed below. Here are some of the things that set these different rated services apart.

5%

Outstanding services often use innovative ways to involve people and their family, friends, and others in care plans that evolve to reflect their needs. Communication far exceeds minimum standards. Innovative ways are used to involve people, including the use of new technologies and the promotion of advocates. People feel respected and listened to. They are actively involved in comprehensive investigations into concerns and complaints. End of life care and support is exceptional, respecting people's final wishes.

88%

Good services involve people, their families and others in their care, support, and treatment plans. People's preferences are met and regularly reviewed by skilled staff. Reasonable adjustments are made to remove barriers for people and communication meets the Accessible Information Standards. Concerns and complaints are encouraged and responded to effectively. People are supported around their end of life care wishes and achieve a pain-free death. Information is always provided in accessible formats and family, friends or advocates are involved as appropriate.

6%

Requires improvement services may not always involve people in decisions about their care. Reviews are irregular, not person-centred, and protected characteristics may not be considered. Staff sometimes do not have the skills or time to meet people's needs. Communication could be better, with limited information provided in unsuitable formats. Accessible Information Standards are not fully met, and technology is not easy to use. Concerns and complaints are not easy to raise, and views not always responded to. End of life care does not always reflect people's wishes.

1%

Inadequate services may provide little or no opportunity for people to contribute to their care plan. Reviews are infrequent and staff do not understand or respond to people's needs and preferences. Awareness of human rights and diversity is poor. Communications do not meet the Accessible Information Standards and technology does not help people. Concerns and complaints are not acted upon, and the service fails to improve as a result. End of life care wishes are not met.

Key recommendations

Person-centred care

- Involve people in planning and regularly reviewing their care.

- Include information about people's capacity and detail how they should be involved in their care and lifestyle choices.

- Ensure the care plan is detailed, person-centred and clearly describe the care, treatment, and support needs.

- Keep people regularly updated and adjust support as requirements change.

Page 196-203

Care provision, integration and continuity

- Understand local healthcare systems and how to effectively navigate them.

- Collaborate with others in the health and care system make a positive difference to people's lives.

- Evidence your engagement with other health and social care organisations.

Page 204-209

Equity in access

- Be consistent in how you support individuals to have equal access to support.

- Support people to ensure that other services make reasonable adjustments for them.

- Work closely with partners to minimise the impact of cancellations delaying people receiving timely care.

Page 210-215

Equity in experience and outcomes

- Listen to people's concerns about barriers to care and support them to address these.

- Challenge inequalities impacting people's experiences and outcomes.

- Mitigate against inequalities in the day-to-day delivery of care.

Page 216-221

Providing information

- Find the most effective ways to communicate with people.

- Create a culture where technology is identified and selected based on how it will benefit the people who need care and support.

- Introduce technology and ways of working that enable the service to effectively engage with others.

Page 222-227

Listening to and involving others

- Provide multiple ways to raise concerns and provide feedback.

- Create a transparent culture encouraging issues to be raised.

- Investigate and respond to concerns and complaints promptly.

- Where needed, involve external agencies and professionals.

- Be prepared to evidence how the service has acted upon concerns and complaints.

Page 228-234

Planning for the future

- Where relevant, create and maintain advanced end of life care plans and stablish close links with end of life care professionals.

- Where relevant, support people to achieve significant life goals.

Page 235-242

We have worked closely with speech and language therapists to support one resident whose voice is rarely audible. We held a training session where the resident, plus 20 of our staff, her family and friends attended to work with the resident to find out how best to support her care and her visits. Feedback was excellent – the resident was at the heart of the planning, and we all learnt techniques to better support her to express herself.

Sarah Monk
Deputy Manager
Stowlangtoft Hall Nursing Home

Person-centred care

Central to being a responsive service is your ability to deliver person-centred care. It's one of the issues that the CQC is likely to explore the most as part of the monitoring and inspection process.

Person-centred care plans means that staff understand the people they support, including their personal history, interests, and aspirations. This area of inspection looks at how successful your service is in engaging people in planning their care, taking into account their personal goals and ambitions.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Pain relief
- Care planning
- Needs and preferences.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/ Responsive-Person-centred-care

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we provide person-centred care and respond to the needs and preferences of the people we support.				
We work closely with the people we provide care and support to in order to understand what is important to them.				
We provide consistent levels of person-centred care across our service, ensuring everyone is able to live as independently as possible.				
The people we support are central to deciding and reviewing their care plan. We ensure that all care is planned with the people we support (and/or their families) rather than for them.				
We clearly document any changes that have been made in the care plan and ensure these are signed off by the person (and/or their family).				
We provide ample notice for review meetings with the people we support (and/or their families). This enables them time to think about what they would like to discuss.				
We ensure that every care plan is detailed, person-centred and clearly describes the care, treatment, and support needs of the person we support. Where appropriate, we ensure health action plans are produced.				
We ensure risks and associated mitigations are reflected in the care plan. This includes documenting clear procedures for staff to follow to minimise risk.				
hese are signed off by the person (and/or their family).				

	Yes	No	N/A	Action
We ensure our care plans are produced in a way that everyone who needs to use or review them understands them.				
Our care plans include information about people's capacity and detail how they should be involved in their care and lifestyle choices (including making decisions for themselves or where best interest discussions may be needed).				
We keep all care plans regularly updated and these are adjusted to levels of support required as people's needs change.				
Our staff are effectively inducted, trained and supervised so they understand their responsibilities around completing, using, reviewing and updating care plans.				
Where relevant, we can evidence how we have engaged with family, friends and advocates with the authority to act on behalf of an individual.				
We ensure our staff – including volunteers and temporary workers - have enough time to read an individual's care plans and associated documentation (e.g., handover notes) before they commence supporting them.				
Where relevant to our service, the people we support who've had a stroke have a structured health and social care review at six months and one year after the stroke, and then annually. This is in accordance with NICE quality standards.				

	Yes	No	N/A	Action
Where relevant to our service, people who have the symptoms and signs of physical problems are recognised and recorded as part of their care plan. This is in accordance with NICE Quality Standards.				
Where relevant to our service, the people we support who are growing older with a learning disability are involved in developing a plan for the future and reviewing it at least annually. This is in accordance with NICE Quality Standards.				

Prepare for your inspection:
Person-centred care

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- How can we involve you in helping our staff to understand your care plan?
- What are the most important ways for us to ensure that your care is planned with you (and/or your family) and how often would you like it to be reviewed?
- How and when would you like us to involve families, friends, and advocates in supporting people to make decisions about care?
- How can we improve your care plan so that it better reflects your interests, preferences, religion and things that are important to you and enables you to live as independently as possible?
- Where decisions about your care are needed, do we provide sufficient time to allow you to process and make informed choices?
- Tell us how you think we can involve you more in ongoing planning of your care and treatment.

One-to-ones / Team meetings

- What do you think are our strongest examples of person-centred care?
- Describe what training has been undertaken to ensure that we understand our responsibilities around completing, using, reviewing and updating care plans.
- How can we make care plans clearer while keeping them updated regularly?
- Why is it important that any changes to care plans are signed off by the people we support?
- What improvements could we introduce to strengthen how we work in partnership with people to shape the care around their needs?

Managers and leaders

- How do we know our person-centred care approach meets the needs of the people we support?

- What processes do we have in place to know how our person-centred care compares with others in the sector?

- What supervision techniques can I utilise to discuss responsibilities around completing, using, reviewing and updating care plans?

- Where can I find an up-to-date and good quality health action plan template?

- What practical ways of using technology in our care planning process, associated record keeping and risk management are available?

- What external endorsement and recognition for our approaches to person-centred care and enabling people to live as independently as possible are available?

When we go out to assess people it is always the client that is in the front of our minds. We will sit down with them, and we will have a chat.

We will get to know them a little bit and then the information will come out to us and then we will put the care plan together. If they don't need a certain area of care at that moment in time, we can work with them to provide that in the future. It just makes them feel in control of their care.

When the CQC came in to do our inspection, I think they saw how involved we are with the care and how person-centred it is as well. We got good feedback from the clients saying the difference we have made to their lives.

Katie Brennan
Registered Branch Manager
Carefound Homecare

Develop expertise across your service

Develop staff	**Refresh learning**	**Develop managers**	**Support staff**	**Connections**
Use induction standards for those new to care. Use apprenticeships, qualifications, and specialist courses to develop staff further.	Assess knowledge and competence annually. Refresh training every three years.	Undertake manager level (Level 3 or above) and draw on best practice such as NICE Quality Standards.	Use regular observations, team meetings and one-to-ones to discuss knowledge, issues, concerns, and ideas. Consider using champions.	Think Local Act Personal (TLAP). Friends, families, and advocates of the people you support.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Care provision, integration and continuity

Being responsive means being aware of and effectively connected into the wider health and social care sector, including understanding how this works at a system level.

With health and care provision continuing to evolve, the CQC will want to know how your service is engaging with others and these relationships support you to better support people's choices. You will need to explain how you connect with the wider community and manage relationships with changing healthcare systems to best serve the people you support.

What will the CQC expect you to be able to evidence?

Quality Statement

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

What sub-topics might the CQC look at when inspecting this?

- Availability of services
- Eligibility
- Continuity of care, support and treatment.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/ Responsive-Care-provision- integration-and-continuity

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We understand the diverse needs of the individuals we support and how to utilise wider local care provision to support them. This includes those with protected characteristics under the Equality Act and those at most risk of a poorer experience of care.				
Our managers and leaders understand local healthcare systems and how to effectively navigate them.				
We understand our position within the local health and care system. This includes Integrated Care Systems (ICSs), Integrated Care Boards (ICBs) and the part the service plays within them.				
We can evidence our engagement with other health and social care organisations within our community.				
We can demonstrate how we work together across health, social care, housing, community services and more to provide coordinated and quality care.				
Our positive and proactive relationships with across services and the health and social care system enable us to provide joined-up care.				
Our collaborations with others in the health and care system make a positive difference to people's lives.				
We actively help to create support networks around individuals drawing on strengths across the community.				

	Yes	No	N/A	Action
We invest in the upskilling of understanding of health and social care systems across our service to enable a better response to people's needs.				
We ensure our managers and staff teams are connected to networks and communications channels to keep informed of the evolving health and social care system.				
We are committed to supporting the wider health and social care system to continually improve and transform.				
We will support the Care Quality Commission in providing feedback on our experiences of the wider health and social care system.				

Prepare for your inspection:
Care provision, integration and continuity

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- From your experiences, do you feel we are well connected with other health and care services and work effectively with them?
- Can you give examples of where you feel we have worked well with other services to support you to receive better care and treatment?
- What do you think we could improve upon in our connections with other health and care services?
- How do you feel we support you in addressing any challenges that could delay the care you receive from other services?

One-to-ones / Team meetings
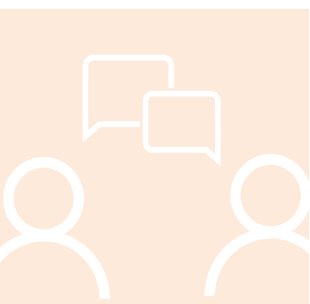
- Do you understand the local health and care system and how to navigate it?
- What do you feel are our strongest examples of working with other health and social care services to ensure effective continuity of care?
- Have there been any examples of where we have not had the right connections with other services that have impacted the people we support?
- How would you describe the support you receive from managers and senior colleagues in helping you address blockages with other services?

Managers and leaders

- How do we support our managers and staff team to understand the latest local care systems and how to connect with them?
- What examples do we have of how we have established new relationships within the health and care system to benefit our people?
- What systems and processes do we have to track continuity of care between services and learn from associated good and poorer experiences?
- How do we know our escalation procedures are effective in raising concerns about people's continuity of care?

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Provide overviews of your key connections as part of induction processes. Help staff understand expectations about supporting continuity of care, including associated policy and procedures.	Keep staff regularly informed of changes within the health and social care system, including your new connections.	Provide time for managers to engage with the evolving health and social care systems. Look for conferences and network events bringing the sectors together.	Listen to experiences with other health and social care services. Look for ways to build on good practice and escalate concerns where continuity of care is being impacted.	Local health and social care providers, including Integrated Care Boards and key local authority contacts. Where beneficial to your service, look to establish national connections.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Equity in access

Being responsive means that your service is able to ensure the people you support can access the care, support, and treatment they need when they need it.

The CQC will want to know how you support people to access other services at the right time and when needed. Be prepared to explain in interviews and back up with documented evidence how this has happened. Inspectors may also want to know how your service supports different people around reasonable adjustments, ensuring premises are accessible and responding to emergency unplanned care needs.

What will the CQC expect you to be able to evidence?

Quality Statement

We make sure that everyone can access the care, support and treatment they need when they need it.

What sub-topics might the CQC look at when inspecting this?

- Accessibility to services/at the right time/ when needed
- Emergency unplanned care access

- Reasonable adjustments
- Accessible premises
- Waiting times/delays/cancellations.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/ Responsive-Equity-in-access

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we ensure equal access to care is available to the different individuals we support. This removes barriers, delays, and protects people's rights.				
We ensure the people we support and fully inform about progress related to their ongoing care and support, including appointment schedules and associated actions.				
Our manager and staff have a good understanding of obstacles to care and how to navigate these. This includes how discrimination and inequality can disadvantage different groups.				
We work closely with our partners and the wider system to minimise the impact of cancellations delaying people receiving timely care.				
We are able to identify and escalate any unnecessary blockages in the system to minimise delays.				
Where appropriate to our service, we can provide evidence of how we have made adjustments to ensure our premises are fully accessible to people's individual needs.				
We support people to ensure that all services that they access make reasonable adjustments, including our own. Where adjustments have been made, we can evidence how these have benefitted the individual(s).				

	Yes	No	N/A	Action
We are suitably resourced and equipped to challenge ineffective parts of the wider health and social care system to enable people to receive more responsive care.				
We collate and review feedback from people's experiences to inform how we might address future barriers for them and others.				
We ensure care and treatment is always accessible, timely and in line with best practice. Where physical, digital or communication barriers exist, we support people to overcome these.				

Prepare for your inspection:
Equity in access

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- Do you feel the managers and care team know how to fast-track care support from other organisations?
- Are there any examples where we have helped you to access care from other services which otherwise may not have been possible?
- What do you feel we could do better at when it comes to supporting you around waiting times and cancellations in your care and treatment?
- How well do we keep you informed about your ongoing care and treatment from other services? Why do you feel this way?

One-to-ones / Team meetings

- Do you feel empowered to support people to access the care they need from another organisation?
- What examples would you share of where we have really helped people to access the care they needed from another service promptly?
- What do you feel we could do better in addressing waiting times and delays impacting the care and treatment of the people we support?
- What support do you receive from managers of this service when reporting blockages impacting people receiving timely care and support from others?

Managers and leaders

- How do we know our managers and staff are supporting people to have equal access to care and treatment?

- What systems and processes do we have in place to track the issues and obstacles delaying people's care and treatment and our associated actions?

- What do we know from our connections with other services of practical ways to escalate concerns and seek prompt resolution?

- What can we evidence to the CQC to demonstrate this is an important issue for us and one where we have been successful?

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Ensure staff understand their responsibilities, key connections, and practical ways to escalate concerns.	Regularly share examples of what good looks like and issues that require escalation.	Connect managers with local networks to understand issues and how to navigate around these.	Regularly discuss successes and challenges, reflecting on what could be done differently.	Local health and social care providers, local authority and community groups.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Equity in experiences and outcomes

The CQC want to know how you protect people from experiencing inequalities related to their care and treatment.

The CQC will not only look at your own service but how you protect the people you support when they engage with other services in the community. This will require managers and staff to know about the barriers to care and treatment, and how to mitigate these in the day-to-day delivery of care.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Benchmark of expectations
- Understanding and addressing barriers to care, support and treatment

- Understanding and addressing inequalities in experience and outcomes
- Hard to reach groups/communities.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Responsive-Equity-in-experiences-and-outcomes

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We tailor our support to remove any risk of people receiving poorer care and support due to inequalities.				
We effectively mitigate against inequalities in both the day-to-day delivery of care, as well as our longer-term commitment to addressing the root causes.				
Our managers and staff are effectively trained to be capable and confident in challenging inequalities impacting people's experiences and outcomes.				
We regularly discuss inequalities with the people we support, our staff team and external experts to continually improve how we successfully address such issues.				
We benchmark ourselves with other services to ensure that how we support people to address inequalities aligns with latest good and best practice.				
We work with other partners and the wider community to challenge systematic inequalities experienced by the people we support.				
We clearly document how we have supported people and successfully addressed inequalities to achieve better experiences and outcomes.				
Where appropriate to the care needs of our community, we are proactive in reaching and supporting people from hard-to-reach groups.				

	Yes	No	N/A	Action
We can provide documented evidence detailing how we have identified and addressed issues that could have impacted people's experiences and outcomes.				
We empower people to share their views on barriers to care and treatment, and we can evidence what action we have taken to address these.				

Prepare for your inspection:
Equity in experiences and outcomes

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- What do you think have been barriers to your care and treatment, and how do we help you to overcome these?
- Tell us of any examples where you feel we have helped you to address any inequalities in relation to the care you receive.
- Do you feel that the managers and staff at this service could do anything better to help you tackle inequalities you experience?

One-to-ones / Team meetings

- What examples can you share of when you have helped people to address inequalities in the care and support they receive?
- How are you trained and supported to help people tackle barriers to their care and treatment?
- How do you think this service goes above and beyond expectations to help people address inequalities in care and treatment?
- Do you feel that the service does enough to provide care to hard to reach groups within our community?

Managers and leaders

- How do we identify inequalities and obstacles blocking the people we support from accessing the care and treatment they need?
- What systems and processes do we have in place to act upon inequalities that lead to positive outcomes for the people we support?
- How do we empower our managers and staff team to challenge inequalities?
- Where have we worked effectively with others to raise individual and system-wide issues on inequalities in our community?

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Enable staff to understand the importance of tackling inequalities as part of induction. Share policies and procedures to empower them to respond.	Provide information and updates about how your service is successfully addressing inequalities and challenging obstacles in the community.	Ensure managers have the time to act upon inequalities and work in partnership with others to address these. Consider specialist awareness training.	Utilise team meetings and supervisions to better understand current challenges. Consider champion type roles to challenge inequalities.	Community groups, campaign groups, local and national charities.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Providing information

Timely information, effective communication, and the best use of available technologies to support this are important factors of responsive care.

Whatever information you provide to people, this should be tailored to meet their individual needs and in a way that can be clearly understood. The CQC will be looking at compliance with the Accessible Information Standard and a good understanding and compliance with GDPR across the team will also be needed.

What will the CQC expect you to be able to evidence?

> ### Quality Statement
>
> We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

What sub-topics might the CQC look at when inspecting this?

- Accessible information standard
- Accessibility, transparency and communication
- UK GDPR

- Accessible information relating to people's care
- Consumer rights.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/ Responsive-Providing-information

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we effectively tailor our communications to the individuals we support.				
We help people to choose their care and treatment options based on the latest information and advice.				
We ensure the way we communicate aligns closely with good and best practice, including the Accessible Information Standard.				
We include information about how to effectively communicate with the person in their care plans, revising as and when these needs change.				
Where digital care plans are used, we ensure that the people we support can access the care plans and that it's in an accessible format.				
We use creative ways to make sure each person can express their thoughts in an accessible, tailored, and inclusive means of communication.				
We empower our staff to respond to people's changing needs, ensuring new assistive technology, aids and adaptions are accessed in a timely manner.				
We use a range of communication tools to enable people to express their views.				
We ensure our staff understand technology as this enables them to promote practical options to access information and minimise risks from social isolation.				

	Yes	No	N/A	Action
We use technology to enable the service to effectively engage with others (e.g., video conferencing with healthcare professionals or family/relatives/ friends).				
We are proactive in how we keep up-to-date on latest innovations, systems, and tools to strengthen how we communicate.				
Before we introduce new communication technologies and tools, we ensure all our staff are fully capable and confident to use them.				
We recruit staff with the skills to communicate effectively with the people we support, arranging additional extra training where more specialist communication skills are needed.				
Our staff teams always find the most effective ways to communicate with the people we support, helping to empower, reassure and alleviate any distress they may have.				
We adhere to good and best practice approaches when providing information (e.g., Caldicott Guardians etc.).				
We have practical evidence at hand to demonstrate how we communicate with others (e.g., emails to family members, healthcare professionals etc.).				
We are always respectful and protect people's privacy as part of the ways we communicate, including strict adherence to protecting information they do not wish to be shared.				

	Yes	No	N/A	Action
We ensure that all telephone, emails and other documented communications are securely saved and shared in compliance with UK GDPR and other data protection good and best practice.				
We provide information in a format that follows consumer rights best practice, including when communicating about contracts and charges.				

Prepare for your inspection:
Providing information

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- Do we provide you with enough of a range of communication tools to enable you to express your views?
- Do you feel that the technology we use to communicate with you is based on what will benefit you? If not, how can we improve this for you?

One-to-ones / Team meetings

- How do we include information about how to effectively communicate with the person in their care plans, and how can we improve this?
- Describe a time when you have found an effective way to communicate with the people we support, helping to empower, reassure and alleviate any distress they may have.
- What practical evidence do we have that demonstrates how we communicate with others (e.g., emails to family members, healthcare professionals etc.)?
- Do you feel confident that you can promote practical options to access information and minimise risks from social isolation?
- How are you supported by the service to protect people's personal information?

Managers and leaders

- What innovative and creative ways can we undertake to make sure each person can express their thoughts in an accessible, tailored, and inclusive means of communication?

- How can we ensure we recruit staff with the skills to communicate effectively with the people we support?

- What good examples are there in developing and promoting open communication channels (e.g., newsletter contributions, website, social media)?

- What additional extra training is available to our staff where more specialist communication skills are needed?

- How do we ensure that our systems and processes protect people's personal information?

- What technology is available to enable the service to effectively engage with others?

- Where can I find best practice in accessible information standards?

- Who can support us to understand different communication strategies for those we care for?

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
This would not require specific training but discussions amongst team meetings, one to-ones and conversations with the people you support.	Periodically discuss what information, communication and technology is being used. Look for specialist courses if required.	Protect time for managers to review latest legislation and seek good and innovative practice (via newsletters and publications), as well as connecting with peers and specialist organisations.	Ongoing GDPR training and compliance courses. Discuss use of technology at supervision / team meetings.	Peers from other services, Digital Social Care.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Listening to and involving people

All adult social care services should expect to receive regular feedback, including concerns and complaints raised by the people you support. You should actively seek feedback – whether good or bad – to help confirm what is going well and potential areas for improvement.

Involving people and listening to their needs is an essential part of delivering responsive care. Feedback can help regulated services to know what is going well and respond to areas of concern. Inspectors will look at how you support people to raise concerns and complaints and respond accordingly to these issues.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Involving people
- Feedback and complaints

- Advocacy and support
- Learning from complaints and feedback.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Responsive-Listening-to-and-involving-people

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence the changes we have made to the care we provide as a result of listening to the needs of the individuals we support.				
We provide the people we support with multiple opportunities to give feedback (e.g., via regular meetings, via e-mail and phone conversations, surveys etc.).				
We ensure we act on feedback and complaints received in a professional and prompt manner.				
We ensure people who have difficulty communicating are enabled to give their views through support provided by all staff. We use communication aids as appropriate in this process.				
Our service values listening to people's feedback and reviewing their comments, as part of an open and transparent culture.				
We help build the confidence of the people we support so that they know if complaints and concerns are raised, they'll be effectively dealt with.				
We've developed and shared a formal complaints procedure which everyone has a copy of, including all staff and the people we support, their families and friends.				
We effectively resource those responsible for investigating concerns and complaints.				

	Yes	No	N/A	Action
We conduct comprehensive investigations into complaints and concerns, involving additional independent external professionals to assist where needed.				
Our managers and leaders are actively involved where appropriate with dealing with concerns and complaints.				
We record the outcome of all feedback whether a change is made or not, and we ensure records are easily accessible.				
We have a reliable process of communicating the response to feedback to the person who originally raised the issue.				
We review themes resulting from concerns and complaints so wider learning and improvements can be undertaken.				

Prepare for your inspection:
Listening to and involving people

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- How can we improve the number and types of ways for you to provide feedback about your care?
- How can we improve so that you feel confident that complaints and concerns you raise will be dealt with effectively, including having a reliable process of communicating the responses to feedback?
- Is there anything you think we should be doing to promote a culture where staff are able to raise concerns and complaints?

One-to-ones / Team meetings

- Why is it important that we listen to people's feedback about their care and how do we demonstrate its importance?
- Describe a time when you have acted on feedback and complaints received in a professional and prompt manner.
- Where do we record the outcome of all feedback whether a change is made or not, and we ensure records are easily accessible and that improvements to care are easily identifiable?
- Talk about an improvement that we have made to care and what prompted it to be introduced.

Managers and leaders

- What additional independent external professionals are available to help with complaints and concerns?

- What communication aids can we use to help people provide feedback effectively?

- What is best practice in identifying where someone has difficulty communicating feedback?

- Where can I find a good quality complaints procedure process or template and how can this effectively be shared with all staff and the people we support?

- What are effective levels of resource for those responsible for investigating concerns and complaints?

- How do you get actively involved where appropriate with dealing with concerns and complaints?

Complaints and concerns are a part of life and should be embraced. We should work together with the people who have raised the complaint to try to come to an acceptable resolution to the problem.

Some things might seem minor, but it's a big deal to the person who has raised the complaint. That's why it's so important to take things seriously and make the appropriate adjustments. There are so many problems that can arise from ignoring or not dealing with complaints in the hope that they will go away.

Ben Miller
Registered Manager
Castleford House Nursing Home

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Use the induction standards for those new to care.

Use apprenticeships, qualifications, and specialist courses to develop staff further. | Assess knowledge and competence at least annually.

Provide learning and development opportunities when identified or required and at least every three-years. | Looks for complaint handling courses aimed at managers and supervisors. | Encourage ad-hoc sharing of feedback and regularly discuss comments, concerns, and complaints in team meetings and one-to-ones. Provide shadowing opportunities for investigations. | Local Government and Social Care Ombudsman. Friends and family forums. Peers from other services. Healthwatch. Safeguarding teams. |

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Planning for the future

The focus of the CQC inspection will vary here depending on the type of service you provide. For some services, the CQC inspection focus may primarily focus on end of life care, but for other services it might be around how you manage complex care needs, support younger people's transition into adult care services or assist them into work.

Whatever way you support people to plan for their future, the CQC will expect those individuals to be at the centre of this process. They should also be given the time to consider the options and make informed decisions.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- DNACPR
- End of life care
- Transition from children to adult services
- Care leavers

- Giving people time and space to make decisions
- Complex care needs
- Palliative care.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

**www.skillsforcare.org.uk/
Responsive-Planning-for-the-future**

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GOGUIDESAF**

Recommendation checklist

End of life care

This list of recommendations is specifically for services who may need to support people towards the end of their life.

	Yes	No	N/A	Action
We can evidence how we involve individuals in decisions around their end of life care and ensure our care respects their wishes.				
We support people being cared for and their families to have honest conversations about death and dying in ways that meet their needs.				
We ensure end of life plans consider the person's language, ability to communicate and capacity to ensure it's as accessible to the people we support (and/or their family/ advocates) as possible.				
We ensure that advance care plans, which record people's preferences when they near the end of their lives, are in place, well documented and regularly reviewed. These include adaptable activities suiting someone's changing needs and wishes.				
We ensure our advance care plans consider people's protected equality characteristics.				
Where appropriate, we involve the person's family, friends, power of attorney and advocates to discuss decisions about their end of life care.				
We offer innovative new approaches to end of life care (e.g., piloting different ways of offering support), drawing on best practice and external expertise where needed.				

	Yes	No	N/A	Action
We provide opportunities for people's religious beliefs and associated priorities to be respected and adhered to as part of their end of life care.				
We provide opportunities for people nearing the end of their life to engage in adaptable activities that suit their changing needs and wishes.				
We ensure specialist equipment and medicines are consistently available at short notice.				
As people approach the end of their life, we regularly monitor those who need care and support and assist them with symptom and/ or pain management.				
We make sure our service is appropriately staffed to guarantee people at the end of life receive additional support and accompaniment.				
We expand care during this difficult time to include support needed by family, friends and advocates of those at the end of their lives and following their passing.				
After a person we support has passed, we ensure their body is cared for in a dignified and culturally sensitive way.				
We ensure all staff, including managers and leaders, are trained in appropriate levels of end of life care and resilience.				
We regularly review our end of life care approach as part of staff supervisions and team meetings, and document what went well and plans for any areas of improvement.				

	Yes	No	N/A	Action
We have close links with end of life care professionals to ensure the support reflects good and best practice.				
We work closely with GPs, District Nurses, specialist Macmillan teams etc. to monitor people and have regular multi-disciplinary tram reviews of changing needs.				
Where we have an end of life care programme, we use an expert external organisation to review this.				
Where relevant to our service, the people we support with dementia are given the opportunity to discuss advance care planning at diagnosis. This is in accordance with NICE Quality Standards.				
Where relevant to our service, the people we support who are likely to be approaching the end of their life are identified using a systematic approach. This is in accordance with NICE Quality Standards.				
Where relevant to our service, the people we support who have signs and symptoms that suggest they may be in the last days of life are monitored for further changes to help determine if they're nearing death, stabilising or recovering. This is in accordance with NICE Quality Standards.				
We support and respect people's wishes and decisions related to cardiopulmonary resuscitation, including supporting them to change their mind if they wish.				

Other future planning

This list of recommendations is specifically for services who support people at significant stages of their life, including transitions between child and adult care, supporting people through education, finding work etc.

	Yes	No	N/A	Action
We can evidence how we support people to make important decisions about their life.				
Our staff understand the importance of helping individuals to identify and achieve personal goals.				
We ensure our managers and staff have enough time themselves to research and identify the options available to people.				
We provide the individuals we support with the time and information they need to make important decisions about their life.				
We help the people we support to connect with specialist organisations and individuals who can further assist them to achieve personal goals and ambitions.				
Where appropriate to the people we support, we will support their continued educational development.				
Where relevant to our service and the people we support, we will help these individuals to find employment.				
Where appropriate to our service, we will respond to people's additional needs when transitioning between different health or social care services (e.g., from child to adult care).				
Where appropriate to the people we support, we will support any transition away from the care systems and their long-term independence.				
We have clearly documented records covering an individual journey from initial discussions to significant life events.				

Prepare for your inspection:
Planning for the future

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- How can we better involve you in discussions about significant life events / end of life care?
- How can we support you to achieve what you want around significant life events / end of life care?
- How can we ensure your plans around significant life events / end of life is adaptable to suit your changing needs and wishes?
- Where appropriate to the individual, how would you like us to improve and increase the support available at the end of life for the support needs of family, friends and advocates.
- Where appropriate to the individual, are you happy that we understand people's preferences after they have passed away?

One-to-ones / Team meetings

- What do you think we do especially well in supporting people around significant life events / end of life care?
- Why is it important that our plans around significant life events / end of life account for the person's language, protected characteristics, ability to communicate and capacity, and how do we ensure this?
- Where appropriate to the people you support, describe a time when we could have improved how we monitored a person who needed care and support at the end of their life and how we could have better assisted them with symptom and/or pain management.
- Where appropriate to the people you support, in what ways do we ensure that Advanced Care Plans include adaptable activities suiting someone's changing needs and wishes?

Managers and leaders

- How do we invest time and resource in meeting people's needs around significant life events / end of life care?
- Where do we find good quality, advice, guidance, and templates for producing Advanced Care Plans?
- Which professionals and organisations do we need to engage with?
- Where appropriate to our service, what are appropriate staffing levels to ensure people at the end of life receive additional support and accompaniment?
- Where appropriate to our service, what specialist equipment and medicines do we need to ensure are available to us at short notice to support end of life care?

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Induct staff using End of Life Care for All (e-ELCA) eLearning, as well as covering your own policy and procedures. For other significant life events, help staff understand their role and responsibilities and how best to support people.	Refresh end of life care learning every three-years. Keep staff regularly updated on ways to support people to achieve other significant life goals.	End of life awareness or other specialist training for managers.	Regularly discuss end of life care in team meetings and one-to ones. Provide shadowing opportunities with experts in your or other services. Consider developing champion roles on end of life care / to support people to achieve significant life goals.	For end of life care, peers from other services and local hospices. For other significant life goals, local community, business or college connections.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Well-led

Introduction

Well-led looks at the culture, strategy, values and governance of your service. The CQC will look at your managers and leaders and how they ensure the organisation continues to improve, engaging with others to deliver the best care possible.

The CQC Single Assessment Framework retains much of the original Well-led focus, but with some light changes to strengthen protecting against closed cultures and ensuring those managing and leading care services are compassionate.

New areas of CQC inspection being introduced as part of the Single Assessment Framework are workforce equality, environmental sustainability and how you empower the people you support and staff to speak up.

This section highlights how you can meet CQC expectations and set yourself apart by involving the people you support, your staff teams and others in preparing the evidence needed.

Setting services apart

As of summer 2023, the percentage of adult social care services either meeting, exceeding, or falling below CQC standards for this Key Question is listed below. Here are some of the things that set these different rated services apart.

4%

Outstanding services have exceptional and distinctive leaders and managers. The vision and values are imaginative and developed with the people they support. There is strong accountability across the service, staff are proud of what is achieved, and the culture is open and transparent. High-quality, outstanding care is maintained, and the service strives for continual improvement. There are strong community links, and the service is an excellent role model to other providers they work in partnership with.

73%

Good services are consistently well managed and led, enabling the service to deliver compassionate care. Leaders effectively shape the culture and ensure care meets people's needs. The person-centred culture is open, inclusive, and empowering. Feedback is welcomed and helps the service to continually improve. Roles and responsibilities are understood, and governance arrangements are effective. The service has good links to the community and works in partnership with others.

21%

Requires improvement services are not always well-led, sometimes with inconsistent support and expertise provided by managers and leaders. Requirements are not always understood or met, whilst governance arrangements may be unreliable and ineffective. Risks might not be identified or safely managed. The culture of the service may not be open or transparent, with people's views not central to the care that is delivered. There are often inconsistent approaches to quality improvement and limited partnership working undertaken.

2%

Inadequate services often have serious failings as a result of managers, leaders, and governance arrangements. There are often low levels of staff satisfaction within a culture that is not conducive to delivering good quality care. People's needs are often not met and there is little or no understanding of important factors such as human rights, protected characteristics and so on. Quality assurance is poor and can lead to repeat mistakes. There may be little or no partnership working.

Key recommendations

Shared direction and culture

- Put people who need care and support at the heart of the service. Involve people in creating and reviewing vision and values.

- Ensure managers and leaders are dedicated to delivering better quality of life.

- Support a strong focus on inclusion, equality, diversity and human rights.

Page 247-254

Capable, compassionate and inclusive leaders

- Appoint managers and leaders with the experience and ability to run a successful care service.

- Ensure managers and leaders lead by example and are well known by the people who need care and support.

- Succession plan, developing talent to become your future managers and leaders.

Page 255-262

Governance, management and sustainability

- Ensure managers and leaders understand CQC regulations and associated legal requirements and implications.

- Ensure managers and leaders understand their role and responsibilities.

- Ensure leadership at all levels of the organisation is of the highest standard.

- Ensure there is a clear, documented management structure at all levels.

Page 263-270

Freedom to speak up

- Create a culture where people and staff are empowered to speak up.

- Have the system and processes in place to ensure we can support people to speak up and take appropriate actions.

- Support people to ensure that their voice is heard not just within your service but also the wider community.

Page 271-276

Workforce equality, diversity and inclusion

- Evidence that your service provides an inclusive and fair culture to all.

- Demonstrate that your service values a diverse workforce and has the systems and processes in place to achieve this.

- Benchmark your service with others leading on equality, diversity, and inclusion.

Page 277-282

Environmental sustainability

- Mitigate against the negative impact had on environmental issues.

- Demonstrate initiatives that your service is doing to have a positive effect on the environment.

- Benchmark your service with others delivering effective environmental protections.

Page 283-288

Partnerships and communities

- Demonstrate how your partner working enables you to deliver better care, support and treatment.

- Create a culture where managers, leaders and staff are well known within the local community, sharing their experience and expertise to benefit others.

Page 289-294

Learning, improvement and innovation

- Learn from incidents, feedback, complaints and concerns to drive continuous improvement.

- Ensure findings from audits, inspections and assessments are clearly documented, actioned, identified, and acted upon.

- Use external accreditation teams and experts.

Page 295-301

A services ability to be agile and confident will help it achieve outstanding practice. At The Close, we aren't afraid to adapt and move of the well-trodden path or even U-turn to make sure we are supporting our residents in the best ways possible. Challenging the paradigms in the sector and your service will empower your teams, create a culture of best practice and impact the people you support in all the best possible ways.

Sanjay Dhrona
Managing Director, The Close Care Home
Non-Executive Director, The Outstanding Society

Shared direction and culture

The culture of your service will need to be shaped around the needs of the people you support and the wider community.

Inspectors will want to know what role your managers and leaders play in setting the culture of the service, ensuring it is open and transparent. They'll be expecting that the culture of your service is focused on ensuring the care you provide is based on equity, equality and human rights, diversity, and inclusion. Be prepared to share examples and demonstrate how managers lead by example on these matters.

What will the CQC expect you to be able to evidence?

Quality Statement

We have a shared vision, strategy and culture that is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.

What sub-topics might the CQC look at when inspecting this?

- Strategy and vision
- Values
- Closed cultures
- Team working and collaboration

- Staff treated equitably
- Staff valued and respected
- Addressing social impact.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Well-led-Shared-direction-and-culture

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We have a clear and clearly communicated Statement of Purpose.				
Our senior managers and leaders own our vision and values, keeping these under regular review.				
We can evidence how our shared vision, strategy and culture enables us to understand the challenges and needs of people and respond to these.				
We have a person-centred culture that puts the people we support at the heart of the service. These are backed up with appropriate policies and procedures.				
We are committed to delivering transparency, equity, equality and human rights, diversity, and inclusion.				
We regularly review any restrictions in place to check they are still proportionate and necessary.				
We have a well embedded culture of fairness, and support across our service. This way of working extends to our support to others in the local community.				
Our managers and leaders understand the culture of the service and ensure it meets the needs of the people we support, as well as staff and other stakeholders.				
We ensure that our managers and staff speak to the people we support, their families and colleagues in a respectful manner and never use degrading terminology.				

	Yes	No	N/A	Action
We ensure our shared vision, strategy, and culture are clearly communicated and effectively used in the recruitment, induction, and day-to-day delivery of the service.				
We monitor our performance against the shared vision, strategy, and culture of the service.				
Our managers and leaders support our staff team to fully understand and believe in the shared vision, strategy, and culture.				
Our teams can contribute to decision-making through staff engagement forums or equivalent. This is in accordance with NICE Quality Standards.				
We are committed to ensuring all our staff are treated equitably and are valued and respected across the service.				
We have strong and effective relationships across the entire staff team. We are all proud of the quality of care that the service delivers.				
Our staff teams work collaboratively with one another and all external partners, agencies, and community contacts they engage with.				
We strive to deliver our vision and values built upon good or best practice.				
We give people, their family, and friends a strong voice in the shaping of our vision, strategy, and culture. This is built around what is important to them and our local community.				
We understand the risks of a closed culture and actively work to ensure that this will never be a part of our service.				

	Yes	No	N/A	Action
We mitigate the risk of delivering our strategy by having an action plan that addresses internal and external factors that might impact it being delivered.				

Prepare for your inspection:
Shared direction and culture

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- How can we improve our service to encourage and support a strong focus on inclusion, equality, diversity, and human rights?
- Do you feel confident that problems or concerns are brought to our attention and are always dealt with as a priority and that we commit to resolving such issues promptly?
- How can we best involve you in creating or improving the vision and values of the service?
- Would you like to be involved with ensuring that our services vision and values are incorporated into recruitment, induction, and day-to-day delivery of the service?
- How do we currently ensure that the people we support are at the heart of our policies and procedures?

One-to-ones / Team meetings

- How do we ensure that we put the people we support at the heart of the service through our policies and procedures?
- How can we improve our service to encourage and support a strong focus on inclusion, equality, diversity, and human rights?
- Giving an example, how do you reflect the vision and values of our service in the care that we deliver?
- Based on your own experiences, how do you feel we could have better communicated our culture, ethos, vision and values in recruitment, induction, and day-to-day delivery of the service?

Managers and leaders

- What are the values that are integral to delivering an increased quality of life for the people we support?

- What is the link between receiving and acting upon feedback and the quality of life for the people we support?

- What can we learn from other services that have been effective in instilling a person-centred culture of fairness, support and transparency into a service?

- What is the latest good and best practice in creating a strong vision and values within our service?

- Describe how we help set and demonstrate vision and values for the service which are imaginative and person-centred.

- What are the key indicators that help us to monitor our performance against the vision and values of our service?

- What systems and processes do we have in place to ensure that we avoid become a closed culture?

Building and maintaining an inclusive culture within any organisation is vital to bringing out the best in both staff and those receiving care – and this must be clearly evidenced.

Well-led companies nurture, invest and support new ideas and ways of working with client's, families and staff. Innovation is always welcome as it helps achieve best outcomes.

Maggie Candy
Registered Nurse
Cavendish Professionals Homecare

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
This would not require specific training but discussions amongst team meetings, one to-ones and meetings with other local services.	Refresher training not required but find ways to keep staff updated through discussions and communications.	Well-led (Skills for Care licensed programme) leadership and management courses (Level 5 and above)	Provide regular opportunities to discuss the vision, strategy and culture of your service in one-to-ones or in your ad-hoc support of staff.	Skills for Care endorsed learning providers

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Capable, compassionate and inclusive leaders

The CQC will expect your managers and leaders to have the skills, knowledge, experience and credibility to support and empower others across the service to deliver high standards of care.

Your managers and leaders will not only need the qualifications and experience to successfully run the service, but they should also be committed to ensuring that they continue to develop themselves. Leading by example is important to inspire confidence in the wider staff team, with managers actively involved in the day-to-day running of the service and the direct delivery of care.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Accessible, visible and approachable leadership
- Duty of Candour
- Leadership support and development
- Safe recruitment/Fit and Proper Person Regulation
- Compassionate and capable leaders

- Understanding and meeting priorities
- Understanding and addressing challenges and conflicts
- Promoting staff wellbeing
- Clearly defined roles and accountabilities for leaders
- Succession planning.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Well-led-Capable-compassionate-and-inclusive-leaders

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how our managers and leaders are suitably experienced and qualified to enable our service to deliver high standards of care.				
We have clearly defined roles and accountabilities for our managers and leaders.				
We ensure that our compassionate and capable managers and leaders demonstrate the values of our service.				
Our managers and leaders lead by example and act as role models for the wider staff team.				
Our managers work in a transparent and open way, informing the relevant people and families and external agencies.				
Our managers and leaders are accessible, visible, and approachable to the people we support and our wider staff team.				
Our managers and leaders can effectively identify and prioritise issues and challenges across the service.				
We ensure that the people we support, their families and friends get to know the managers and leaders of the service and have easy access to them.				
Our managers and leaders have the skills and competence to get involved in the direct delivery of care and often work alongside our staff team.				

	Yes	No	N/A	Action
Our managers and leaders are capable of changing policies and procedures, enabling the service to continually evolve and improve.				
We ensure our managers and leaders have the experience and capacity to deliver upon the aims and objectives of the organisation.				
We value management qualifications. Where a manager or leader does not have a suitable qualification, we support them to achieve this.				
We support our managers and leaders to continually develop themselves.				
We will protect our manager and leaders time to enable them to continually develop and help the service to continually improve.				
We recognise the importance of retaining expertise and developing future managers. Succession planning is important to us.				
When recruiting managers from outside of our service, we always look for those with the right values, experience and qualifications that meet our needs.				
We will ensure that there is suitably experienced management cover at our service at all times.				
Our managers and leaders take full responsibility for their role, including accounting for the behaviours and actions of staff. They will challenge poor performance wherever it exists.				

	Yes	No	N/A	Action
Our managers and leaders are capable and confident to provide the support needed to our staff team, offering timely assistance and expertise.				
Our manager and leaders are committed to staff wellbeing and implementing associated policies and procedures to support this.				

Prepare for your inspection: Capable, compassionate and inclusive leaders

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- In what ways would you say the leaders of the service are open, visible, approachable and empower others, and in what ways can this be improved?
- Do you feel that you have been able to get to know the managers and leaders of the service and have easy access to them?
- Why would you say it is important that managers and leaders of the service get involved in the direct delivery of care?
- Tell us what you think we could improve upon to ensure our managers are more capable and compassionate in the support they arrange for you.

One-to-ones / Team meetings

- In what ways would you say the leaders of the service are open, visible, approachable and empower others, and in what ways can this be improved?
- Do you feel confident that the managers and leaders of the service take full responsibility for the behaviours and actions of staff?
- What opportunities would you like to develop your skills and expertise?
- Do you feel that the service provides enough opportunities to develop those wanting to progress into management roles?

Managers and leaders

- Using examples, describe how we lead by example and act as role models for the wider staff team.

- How and why is it important for us to get involved in the direct delivery of care, working alongside our staff team?

- What opportunities are available to us to develop ourselves further?

- Why is continuing professional development important?

- Why is succession planning important and how do we ensure we are promoting and supporting it?

- How do we benchmark our succession planning or management development programmes to ensure that they align with good practice in the sector?

Being a registered manager is unlike anything else; you have lots of different hats to wear and you're expected to know everything. The truth is I don't know everything, but when I don't know the answer to a question, I make it my mission to find out what it is.

I know that I want to build my confidence and skills in order to offer better support to my team and help them make their own decisions.

Rebecca Heyes
Registered Manager
GS Social Care

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
All providers should ideally be looking to develop emerging talent into future managers. Apprenticeships, qualifications, and specialist courses can build confidence and expertise.	Lead to succeed (Skills for Care licensed programme) is specifically for future managers.	Well-led (Skills for Care licensed programme) leadership and management courses (Level 5 and above), specialist CPD modules as required.	Discuss opportunities and ambitions to progress into higher level roles as part of one-to-ones and appraisals.	Skills for Care endorsed learning providers.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Governance, management, and sustainability

Good governance and management are the bedrock of adult social care services. The CQC will want to assure themselves that your service can demonstrate this, as well as longer-term sustainability.

The CQC will most likely look at your systems and processes, including record management, data and digital security, different roles and responsibilities, and how you manage risk at a system level. Inspectors will also be looking for compliance with the need to submit notifications and data to the CQC and relevant bodies.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Roles, responsibilities and accountability
- Governance
- Records
- Emergency preparedness

- Sustainability (incl. financial and workforce)
- UK GDPR
- Digital/data security
- Submission of notifications to relevant bodies.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/
Well-led-Governance-management-
and-sustainability

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/
GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how our governance and management enables us to consistently deliver high standards of care.				
We can evidence how our governance and management enables us to maintain safe and consistent levels of care and treatment across the service.				
We continually review performance at a senior level and act promptly to respond to emerging issues.				
We ensure that our service is effectively insured and protected from associated risks.				
We continually invest in the management, workforce and digital systems needed to maintain the financial sustainability of our service.				
We ensure everyone at our service understands their role, responsibility, and associated accountability.				
We ensure our managers and staff team are effectively trained to use the systems and processes necessary to govern and manage our service. These systems are robust enough to maintain high standards but flexible enough to enable us to develop further.				
We ensure there's a clear, documented management structure at all levels.				
We can evidence that we have a senior manager who is responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.				

	Yes	No	N/A	Action
We are committed to ensuring our business continuity and contingency planning mitigates against short and longer-term issues that could impact our ability to deliver safe care.				
We ensure that there is a clear, documented plan and structure for all digital systems and a robust contingency plan in place if digital systems go down/fail.				
We ensure that our managers and leaders clearly understand CQC regulations and associated legal requirements and implications. Data and other notifications are submitted as required.				
We ensure our governance and management arrangements enable us to routinely submit and track notifications to CQC and other bodies.				
We ensure our managers and leaders are resourced and supported by the owners of the service to deliver good care and avoid falling below CQC standards.				
We deliver timely and effective communications and feedback across the organisation.				
Where a board and/or directors exist, we ensure they're effective in their role and proactively engage and support us to deliver high standards of care.				
We regularly review performance and manage people effectively to maintain the highest standards of care.				
Where required, we're unafraid to performance manage our managers and leaders if they're not able to meet the high standards of care expected.				

	Yes	No	N/A	Action
We clearly document all decisions related to actions, behaviours, and performance.				
We have robust policies and procedures to ensure effective record management, including the secure retention of documentation where required.				
We maintain all records in strict compliance with the UK General Data Protection Regulations (UK GDPR).				
We annually complete the Data Security Protection toolkit to keep people's information safe and protect the risk of a data breach or cyber-attack (covering both paper and digital records).				
We ensure managers and leaders empower others through effective delegation and opportunities to develop skills and expertise across the staff team.				
Our leaders and managers have effective oversight of information used to monitor and improve the quality of care in line with quality frameworks and recognised standards.				

Prepare for your inspection: Governance, management and sustainability

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- Determine how you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- What are your impressions on how this service is managed and governed?
- From your experience, what do you think the owners and senior managers of the service could do to improve this service?
- Have you got any concerns about the day-to-day running of this service that you feel the managers and leaders should address?
- Would you describe the service as being well-led? Please explain why you feel this way.

One-to-ones / Team meetings

- From your experience, do you feel that the service is well-led? Please explain why you feel this way.
- What do you particularly like about how the service is managed and governed?
- What do you feel the owners could do to ensure you have the right systems, processes, and support to deliver better care?
- How effective do you feel the service is in communicating about changes and issues that impact you?

Managers and leaders

- What systems and processes do we have that enable us to consistently track the quality of care being delivered on a daily basis?
- How do we secure the right levels of investment and expertise to ensure our service delivers high-quality care?
- How do we ensure there is suitable ownership across our owners and senior team to meet the needs of the service?
- How do we know our communications have the intended levels of engagement and impact?
- What do we have in place to ensure our record management and reporting aligns with good or best practice in the sector?

I think we achieved Outstanding for Well-led because we showed that we have really good policy and procedures in place.

We are really lucky here that we have an experienced managed team in care and that then will feed through to the staff team who, if they are feeling supported and valued, it will make the service run that much better for the clients.

Katie Brennan
Registered Branch Manager
Carefound Homecare

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Provide opportunities for staff to understand governance at your service.	Keep staff informed of changes to your governance.	Provide opportunities for managers to deepen their expertise, including specialist courses and mentor opportunities.	Provide regular opportunities to discuss the governance and management structure of your service in one-to-ones.	Care Quality Commission. Mentors.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Freedom to speak up

Well-led will look at the support you put in place to create a culture where people are empowered to speak up. This will apply as much to your staff team as the people you support.

The CQC inspection focus is likely to look for practical examples of how you have supported individuals to raise issues and concerns, both within your service and potentially to other audiences in the wider community. Inspectors may also look at how you respond to issues that have been raised by people speaking up and how you have learned from them.

What will the CQC expect you to be able to evidence?

Quality Statement

We foster a positive culture where people feel that they can speak up and that their voice will be heard.

What sub-topics might the CQC look at when inspecting this?

- Positive and safe speak up culture
- Investigating and learning from incidents/concerns
- Freedom to speak up guardian.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Well-led-Freedom-to-speak-up

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
Our open and transparent culture provides a safe environment and learning culture that is receptive to people speaking up.				
We can evidence how we ensure the people we support and our staff team are empowered to speak up.				
Our managers fully understand their responsibilities around Duty of Candour and adhere to this at all times.				
We can evidence that we actively promote and encourage whistleblowing.				
We audit each of the people we support so we know their ability to speak up and understand the different mechanisms to help empower them where needed.				
We build confidence and provide opportunities to the people we support and staff team to speak up.				
We can evidence how we encourage and empower the people we support to share a view about the service (including challenging practice and performance).				
We ensure our staff are committed to seeking feedback from the people they support, listening to their concerns and ensuring these are escalated appropriately.				

	Yes	No	N/A	Action
Our staff are an important part of our improvement journey, and their thoughts and views help us to strengthen the quality of care we deliver.				
Whether reporting to ourselves or other agencies, we treat these issues with equal importance.				
We invest time in developing and promoting open communication channels (e.g., newsletter contributions, website, social media, surveys etc.).				
We regularly review how we engage with people, looking for the most effective ways for them to contribute to the continued development of the service.				
We can provide documented evidence of how we have supported people and staff to speak up, as well as our associated investigations and response.				
We enable people to connect with guardians, advocates and groups that can help them to amplify their voice and concerns.				

	Yes	No	N/A	Action

Prepare for your inspection:
Freedom to speak up

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- Tell us about of any times we have supported you to speak out about your rights or about issues important to you.
- Can you provide any examples of how we have supported you to ensure your voice is heard on important issues outside of this service?
- Do you feel that we do enough as an organisation to help you to tackle wider issues in society and ensure your voice is heard?
- Do you feel there are any obstacles within our service that stop you from being able to speak out? If so, how do you feel we can overcome these?

One-to-ones / Team meetings

- Tell about how you have supported people at this service to speak up about inequalities impacting their lives.
- How do you feel this organisation empowers you to support others in raising issues at a local or national level?
- What do you think we could do more of to support people to raise concerns about issues important to them?
- What systems and processes do we have in place that help you to speak up about concerns at this service?
- Describe a time when you have noticed and challenged an issue relating to how people are treated by others using or working at our service.

Managers and leaders

- What examples do we have to demonstrate that we support people to speak out on issues important to them at a local or national level?

- How is this service connected with other organisations, including campaign groups and leading charities, to help tackle inequalities that impact the people we support?

- How do we empower our staff team to listen to people's concerns and identify issues that we can help them to speak out about?

- What systems and processes do we have in place to support internal whistleblowing and associated investigations?

- How can we demonstrate to the CQC how staff are empowered to raise concerns and how we have acted on such issues?

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Provide tangible examples of how you help people to speak out to your staff team. Communicate your expectations of staff. Raise awareness of whistleblowing policy and procedures through staff inductions.	Through observations and discussions with staff, understand how they are supporting people to speak out. Check understanding on whistleblowing procedures and refresh learning as appropriate.	Ensure managers lead by example on issues such as freedom to speak up and whistleblowing. Provide additional training if required or time for managers to build their expertise, potentially via connections with other services.	Continue to regularly reflect on opportunities to speak out or support others to do so in team meetings and supervisions. Consider developing freedom to speak up champions, acting as referral and support for the staff team.	Freedom to speak up guardians, local and national campaign groups, other local health and care services.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Workforce equality, diversity and inclusion

Well-led services know the importance of ensuring an inclusive and fair culture applies as much to their own workforce as it does to the people they support.

Inspection focus may take a closer look at what you are doing around non-discriminatory practice and protecting people's human rights. The CQC will also be interested in the systems and processes in place to support staff wellbeing, something they will have also touched upon in the Caring inspection focus.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Non-discriminatory practice
- Protection of people's human rights
- Well-being of workforce
- Gender pay gap
- Workforce diversity.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/
Well-led-Workforce-equality-diversity-and-inclusion

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/
GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
Our managers and leaders are committed to ensuring there is ownership and action taken to ensure we are an equal, diverse, and inclusive organisation that is free from bias..				
We can evidence that we have a fair and inclusive culture that promotes equality of opportunity and anti-discriminatory practice across all protected characteristics.				
We ensure that values related to equality, diversity, and inclusion (EDI) are central to our internal and external recruitment and development opportunities across all levels of our organisation.				
We are committed to ensuring EDI applies to all our workers and involve them in practical ways to strengthen this further (e.g., strategy development, review of values, staff feedback, surveys etc.).				
Our staff team reflects the diversity and diverse needs of the people we support. We value, understand and respect different cultures across our workforce.				
We expect our workforce to be treated with fairness and respect from the people they support, their families and friends. We address issues where this is not the case at the earliest opportunity.				
We can evidence how EDI enables us to provide higher levels of care to the people we support, including testimonials and documented examples.				

	Yes	No	N/A	Action
Our managers and leaders are working towards implementing specific EDI objectives. We can evidence what these are and our progress towards achieving them.				
We have clear roles and responsibilities in relation to supporting EDI. This is an important responsibility for all our workforce, but we additionally have specialist roles (e.g., EDI champion).				
We provide specialist training (e.g., EDI awareness, cultural competency, anti-racism training etc.) to support our managers and staff teams and help strengthen their understanding.				
We regularly discuss and review feedback from our workforce to inform how we can further strengthen EDI at our service. This includes the use of one-to-one discussions, team meetings, and surveys.				
We are actively involved in promoting EDI at a local, regional and/or national level.				
We work in partnership with other organisations to challenge inequalities and promote better EDI in our sector.				
We have documented evidence of our EDI related activity to support the workforce in our policy and procedures, staff development and support.				
We are committed to protecting staff from bullying and harassment, and ensuring how we support the human rights of our workforce complies with the Equality Act 2010.				
Our leaders and managers make reasonable adjustments to support disabled staff to carry out their roles well.				

Prepare for your inspection:
Workforce equality, diversity and inclusion

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- From your experience of the people who support you, do you feel that we are an inclusive and diverse organisation?
- Is there anything you think we could do more to strengthen equality and diversity within our workforce?
- What is important to you about receiving care from a diverse group of carers?
- How do you feel the fact that we are an inclusive and diverse organisation benefits the care that you receive?

One-to-ones / Team meetings

- Do you feel that we are an inclusive and diverse employer that promotes equality across our workforce? Why do you feel this way?
- What do you think we get right in attracting a diverse workforce and supporting these colleagues to progress in our organisation?
- What do you feel we could do to recruit, develop, and support a more diverse workforce here?
- Have you got any personal experiences to share that you feel demonstrates we are an equal, inclusive, and diverse employer?
- What more do you think we could do to strengthen equality, diversity and inclusion at this service?

Managers and leaders

- How can we demonstrate to the CQC and others that equality, diversity, and inclusion is something that is not just important to us, but we do it well?
- What systems and processes do we have in place that helps us benchmark ourselves with what other services ae doing on equality, diversity, and inclusion?
- How do we successfully recruit from under-represented groups and support these colleagues longer-term career progression?
- How do we draw on research and expertise to ensure our workforce equality, diversity and inclusion policy and procedures are fit for purpose?

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
In addition to initial equality and diversity training, look to provide wider awareness training. Ensure staff understand their responsibilities to be part of a diverse and inclusive workforce.	Refresh equality and diversity training at least every three-years. Work with staff to identify wider awareness training or specialist courses needed.	Look for management level equality and diversity courses and more specialised learning. Provide access to expert HR support and connect with other services to understand their approach.	Use team meetings, supervisions, and improvement discussions to identify how to strengthen support further. Look to develop EDI champion roles.	ACAS, CiPD, community groups, campaigning organisations, local health and social care providers.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Environmental sustainability

Well-led now includes focus on how you are mitigating any negative impact your service has on environmental issues.

Inspectors may look at how you raise awareness on environmental issues across the service, including associated training, discussions with people and staff, and other communications to grow knowledge and understanding. Be prepared to demonstrate what you are doing to reduce the impact on your environment and how you are incorporating renewable energy, sustainable transport, and environmentally friendly waste management into your day-to-day working.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Awareness
- Renewable energy
- Sustainable transport
- Waste reduction/management – including recycling

- Premises – including energy saving measures
- Procurement – including comestibles
- Environment – including use of land and impact on air quality.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Well-led-Environmental-sustainability

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
The people we support are protected from the impacts of climate change through adaptation and mitigation plans.				
We can evidence how we identify and mitigate against the negative impact of our service on the local environment (e.g., Net Zero audit etc.).				
We ensure that any environmental sustainability plans we have in place (e.g., Net Zero) are reviewed regularly to track progress.				
We can demonstrate what we are doing to lead by example on environmental matters (e.g., the use of renewable energy, sustainable travel and transport, medicines and environmentally friendly waste management).				
We can evidence how environmental impact is a key consideration as part of our procurement policies and procedures (e.g., checking green credentials).				
We can demonstrate how we encourage responsible ways of working (e.g., the adoption of energy saving at our home or premises, our Climate Commitment Pledge etc.)				
We provide opportunities to the people we support to learn more about environmental issues and how to minimise the negative impact.				
We provide training to our managers and staff team about environmental matters related to our service (e.g., waste reduction, climate change, environmental sustainability)				

	Yes	No	N/A	Action
All staff are trained and aware of how to spot health issues arising from sudden onset environment related issues, such as over-heating or increases in pollution levels.				
We enable and support our workforce to be aware of, and reduce their individual carbon footprint.				
We provide regular opportunities to discuss our environmental impact with the people we support, staff team and others in our community.				
We encourage our staff and team to give feedback and ideas to help us improve environmental sustainability at our service.				
Where we identify areas for improvement, we will secure the investment in resourcing the changes that are needed.				
We work with partners across our local community to help address the wider environmental impact of health and social care.				
We can demonstrate how our environmentally friendly policies and procedures are having a positive impact on the people we support, our staff team, and the wider community.				

	Yes	No	N/A	

Prepare for your inspection:
Environmental sustainability

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- Do you feel that we are an environmentally friendly organisation? What makes you feel that way?
- What do you feel we could do more of to help reduce wastage at this organisation?
- Could you give examples of how our care and support has helped you to be more environmentally friendly and / or reduce associated costs?
- How would you like to learn more about what we do for the environment?

One-to-ones / Team meetings

- What do you like about the ways we work and how this helps to protect the environment?
- What examples can you give to show that environmental sustainability is important to this organisation?
- How do you feel focusing on environmental sustainability benefits the people we support, our workforce, and the wider community?
- Tell us what more you feel this service can do to improve our environmental sustainability.
- Do you feel you have enough understanding on this subject or would you benefit from more training and support?

Managers and leaders

- How can we demonstrate to others that environmental sustainability is something that is important to us, and it is something we do well?

- How can we show that we have been continually improving on our environmental sustainability in recent years?

- What examples can we give to show our focus on environmental sustainability is having a positive impact on the people we support, our workforce, and the wider community?

- How do we benchmark ourselves with others and know what good looks like in being a responsible employer?

- How do we invest in and build the right environmental initiatives for our service?

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Inform staff of your environmental policy and procedures as part of induction. Check understanding and compliance.	Where relevant to the role, consider specialist training.	Provide opportunities for managers and leaders to deepen their understanding. Allow time for research, engagement with others or further training.	Regularly discuss with team practical ways to help the service to be more environmentally friendly. Encourage good practice and new ideas.	Look for local campaign groups, connect with local businesses, including health and social care services.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Partnerships and communities

The most successful approaches to care often also draw upon the engagement, expertise and enthusiasm of the wider community and partnerships working together.

It's important that all regulated care providers are actively connected and involved with their wider community. What this looks like in practice will vary, but you should be prepared to share examples of how you engage with the community, including integrated healthcare systems. Be ready to evidence how you work closely with others and avoid operating in isolation.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- UK GDPR – information sharing
- Roles and responsibilities
- Integration of health and social care.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/Well-led-Partnerships-and-communities

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we work in partnership with other services and professionals across the community.				
We can demonstrate how our partner working enables us to deliver better care, support, treatment, and outcomes for the people we support.				
We value collaboration and partnership working and are committed to continually expanding our work with others in our community.				
We actively engage with the local community, helping them contribute to the shaping of our service.				
We document all feedback, including meetings and meaningful engagements with staff, people, and the wider community.				
We ensure our managers, leaders and staff teams engage with other agencies (including other social care services, local authority etc.) for peer-to-peer support.				
We ensure the people we support play a key role in the local community (and vice-versa).				
We have created a culture where managers, leaders and staff are well known within the local community, sharing their experience and expertise to benefit others.				
We work in partnership with other organisations and use research to improve practice and provide high-quality care.				

	Yes	No	N/A	Action
We proactively seek guidance and involvement from healthcare professionals, local experts, agencies, and advocates.				
We have successfully established mutually beneficial relationships within the local community (including alliances and networks), enabling them to share good practice, expertise and/or resources.				
We involve members of the local community in identifying the skills, knowledge, networks, relationships, and facilities available to health and wellbeing initiatives. This is in accordance with NICE Quality Standards.				
We assess and understand the benefits of community engagement and partnership working, regularly reviewing our impact and seek to continually improve our engagement and support.				
Where relevant to the service, people growing older with a learning disability have a named lead practitioner. This is in accordance with NICE Quality Standards.				
We ensure strict compliance with UK GDPR and data security good practice. This includes when managing data shared between our partners.				
	Yes	No	N/A	

Prepare for your inspection:
Partnerships and communities

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- How do we support you to engage with our local community?
- Do you feel that we have the right connections with other organisations to help you to receive better care?
- What type of organisations or individuals would you like us to be working more closely with at a local or national level?

One-to-ones / Team meetings

- Do you feel that we are well connected with other organisations in the wider community and work effectively with them?
- What examples do you have of where good relationships with other organisations have helped us to deliver better care?
- Describe how we document feedback, including meetings and meaningful engagements with staff, people, and the wider community.
- In what ways do you think we can better engage the people we support and our local community in the shaping of our service?
- Which individuals and organisations do you feel we should establish closer working relationships with?

Managers and leaders

- What technology or innovative best practice can help us to document all feedback, including meetings and meaningful engagements with staff, people, and the wider community?
- How can we engage with other organisations and agencies for peer support?
- What opportunities are there for me to be involved in our local community as a representative of our service?
- Which healthcare professionals, local experts, agencies, and advocates do we need to be engaged with if we are not already?
- How do we know that the time and resource we put into partnership working is helping to strengthen the quality of care we provide?

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
This would not require specific training but providing staff with opportunities to shadow and connect with others, including external partners.	Regularly provide staff with opportunities to engage with others, including meeting and speaking with partner organisations.	Ensure your managers and leaders are well connected with other local services your organisation works with.	Regularly discuss issues with staff and escalate concerns with your connections.	Hospitals, GPs, district nurses, pharmacists, opticians, dentists, nutritionists, charities, other services, etc.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence.

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

Learning, improvement and innovation

Your service will need to be able to demonstrate how you drive forward improvements to strengthen the quality of care.

To achieve this area of Well-led inspection focus, you will need to have an effective approach when it comes to quality assurance and quality improvement informed by the latest evidence and best practice. Quality assurance processes should be effectively embedded in the service. From spot-checks to internal audits or mock inspections, there are multiple ways to check quality and identify areas for improvement.

What will the CQC expect you to be able to evidence?

Quality Statement

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.

What sub-topics might the CQC look at when inspecting this?

- Innovation
- Technology
- Managing risk associated with change
- Consistent learning and improvement.

GO Online: Inspection toolkit

Learn more about how this is inspected via a short film, practical examples and resources:

www.skillsforcare.org.uk/ Well-led-Learning-improvement-and- innovation

Exclusive resources

Access exclusive online checklists and evidence templates:

www.skillsforcare.org.uk/ GOGUIDESAF

Recommendation checklist

	Yes	No	N/A	Action
We can evidence how we identify and implement improvements to the quality of care we deliver.				
We involve the people we support and/or family/friends in our quality assurance processes.				
We follow a regular cycle of planning, action, and review to enable us to meet the needs/positive outcomes for the people we support.				
Our quality assurance processes and findings are open and transparent.				
We use an effective quality assurance system that enables us to monitor the standards of the service and inform organisational learning and improvement.				
Our monitoring and quality improvement systems are easy to manage and quick to demonstrate to others.				
We safely and securely record and use accurate demographic data which we use to identify areas for improvement.				
Where appropriate, we'll use a short observational framework for inspection (SOFI) to observe care to help us understand the experiences of people who are unable to talk with us.				
We involve specialists and advisors in the monitoring and continual improvement of the service (e.g., quality assurance teams, Healthwatch, experts-by-experience).				

	Yes	No	N/A	Action
We regularly undertake unannounced inspections, internal audits, and spot checks to build the confidence of staff and their ability to evidence quality care.				
We ensure the results of our audits, inspections, assessments, and other reviews are clearly documented and actioned. This information feeds directly into our continuous improvement plan.				
When implementing changes to our care and support, we will identify and effectively manage risks.				
We embrace technology and use this in our quality assurance processes. We are able to look at a real-time view of care delivery as it's happening, including dashboard overviews, incisive reporting functionality and performance triggers.				
We embrace digital transformation of the social care sector and lead by example by investing in the systems and staff support needed.				
We ensure our business plan clearly documents work associated with continual improvement of the service.				
We ensure our staff are fully engaged and supportive of the approach to continual improvement.				
We are committed to identifying and testing new approaches to care, support, and treatment.				
We work closely with other services and leading experts to learn more about innovative new approaches that might be relevant to the people we support.				

Prepare for your inspection:
Learning, improvement and innovation

The following can be used for discussions with the people you support, in management / team meetings / one-to-ones / self-reflection. Use the discussion points below to:

- Consider how you compare with what the CQC will be expecting
- How you could gather and evidence how you meet this area of inspection and identify areas for improvement

People, family, friends, and their advocates

- How can we involve you in developing or improving a short observational framework for inspection (SOFI) to observe care to help us understand the experiences of people who are unable to talk with us?
- How and when would you like us to undertake unannounced inspections / audits and spot checks?
- How would you like to be involved in the design or improvement of our quality assurance processes?
- Do you feel our quality assurance is open and transparent and that we have shared the findings from consultations and surveys?

One-to-ones / Team meetings

- Would you say that our monitoring and quality improvement systems are easy to manage and quick to demonstrate to others, and if not, how could they be improved?
- Why is it important that we undertake unannounced inspections / audits and spot checks?
- Why is continual improvement important?

Managers and leaders

- What quality assurance systems are available to enable us to monitor the standards of the service and inform organisational learning and improvement?

- What tools or best practice are available to us to ensure results of our audits, inspections, assessments, and other reviews are clearly documented and actioned?

- What improvements can we make to our cycle of planning, action, and review?

- How do we ensure that our cycle of planning, action, and review enables us to meet the needs / positive outcomes for the people we support?

- What technology can support our quality assurance processes so that we are able to look at a real-time view of care delivery as it's happening, including dashboard overviews, incisive reporting functionality and performance triggers?

- What specialists and advisors should we involve in the monitoring and continual improvement of the service?

- How do we ensure our business plans clearly document work associated with continual improvement of the service?

We started thinking about the journey towards achieving Outstanding across our services, and our desire to become a provider of choice for people and an employer of choice.

We adapted the checklists from Skills for Care's Good and Outstanding care guide to suit our different service areas and to shape our own quality assurance approach. The guides helped us to sense check what we were doing and ensured we were following the right pathway.

Our focus on continuous improvement has enabled us to implement a culture programme, organisational restructure, and reviews of our training, risk assessments and care plans processes.

Jan Fryer
Operational Director
Vivo Care Choices

Develop expertise across your service

Develop staff	Refresh learning	Develop managers	Support staff	Connections
Provide opportunities to involve staff in quality checks and audits. Involve staff in review meetings.	Continue to provide involvement in quality assurance processes. Involve staff in investigations and review meetings.	Look for specialist quality assurance courses and associated systems. Establish quality leads or champions.	Regularly discuss quality in team meetings and one-to-ones, encourage staff to drive forward improvements.	Local authority quality teams and quality assurance specialists.

Evidencing you meet this area of inspection

Lead person

List the person or persons who have lead responsibility in your service for this subject. Include contact details and who to refer to in their absence..

Key personnel

List the staff team members who support the lead person on this subject. This may include champions, senior care workers, quality and compliance leads and other experts.

Policies and procedures

List the policies and procedures related to this subject so this documentation can be easily referred to as part of quality assurance and inspection related activity.

Evidence file location

List where you keep documented evidence related to this area of inspection. This may include findings from quality assurance and follow up actions, examples of high-quality care, feedback from people and staff etc.

Dates of review (audit / mock inspection)

List the dates of your quality assurance activity related to this area of inspection, including dates of future reviews.

GO Guide: Appendix

Keep informed

The way that we keep up-to-date with the latest best practice and what is constantly going on is keeping up-to-date with the CQC and Skills for Care websites.

I'm also registered on a couple of the management magazines and that comes in useful as well. It's also great that our director is really up-to-date on everything that's going on.

Katie Brennan
Registered Branch Manager
Carefound Home Care

Skills for Care

Registered Manager Membership

Ensure the registered manager of the service joins to receive latest insight, resources, and exclusive offers.

www.skillsforcare.org.uk/membership

Local networks for managers

If you are a frontline manager, connect with others and benefit from local connections and peer support.

www.skillsforcare.org.uk/networks

Social care managers Facebook group

If you are a frontline manager, connect with others at a national level to ask questions, share ideas, and resources.

www.skillsforcare.org.uk/FacebookGroup

enews

Keep up-to-date on the latest guidance, advice, funding, and events via our fortnightly e-newsletter.

www.skillsforcare.org.uk

NICE

ebulletin

NICE's social care ebulletin provides information about:

- new social care guidelines and standards
- quick guides, webinars, and other helpful resources
- opportunities to comment on draft guidance
- how guidance can be used in adult and children's social care.

www.nice.org.uk

SCIE

Regular updates

Receive the SCIELine ebulletin to gain access to resources, hear about SCIE events and speaking engagements and keep up-to-date on the latest news.

www.scie.org.uk

CQC

Email newsletters from CQC

The CQC produces a range of newsletters for providers to join.

www.cqc.org.uk

Action plan

This action plan can be adapted to be used whether you are planning improvements to help you achieve a Good rating, recovering from falling below CQC standards or striving for an Outstanding rating.

1. Regulated care provider

Organisation name:	
Service setting:	
Action Plan lead:	
Job title:	
Email address:	
Telephone number:	

2. What areas for improvement have been identified that could impact our CQC rating?

3. What's our improvement goal and why?

4. What does success look like for our service?

6. How will we measure success?

7.Who in the organisation will be involved in the delivery of the action plan?

8. Action plan

Area for improvement - goals	Success criteria - what does success look like?	Action - what needs to be done to achieve the goals?	Timeframe - start date and by when does this need to be completed by?	Review notes - detail progress towards objective

Action plan FAQ

What should an improvement action plan include?

- the improvements you want to make
- the success criteria
- a list of manageable actions to make these improvements
- names of who's responsible for delivery
- details when the change is expected to be implemented by
- information that shows how changes will be monitored and reviewed.

Use SMART objectives when planning improvements

- when detailing the improvement(s) activity, be Specific
- ensure the improvement(s) planned are Measurable
- be sure that the improvement(s) are Achievable
- check that your plans are Realistic
- set a clear Timeframe for your improvements.

Who writes the action plan?

Within regulated care providers, the registered manager is usually responsible for the action plan and recording evidence of progress towards improvements and success. All staff, and ideally the people you support, their families and/or advocates, should be involved in deciding the actions and putting them into practice.

For further information to support your service to improve, visit

www.skillsforcare.org.uk/GOguideSAF ↗

Acknowledgements

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