

# Homecare and shared lives services: evidence categories

These services include:

- homecare agencies
- extra care housing
- shared lives schemes

To assess services we look at evidence against our quality statements. We have grouped the types into 6 [evidence categories](#).

We're listing these care services together as we'll aim to collect evidence in similar categories.

We know there are differences in how services operate. We'll reflect this when we look at individual sources of evidence in our assessments.

› Information about [evidence categories for sector groups of services](#)

## Safe

# For all quality statements under safe

## Evidence categories

### People's experience

- feedback from people collected by CQC, the provider, local community groups and other stakeholders
- give feedback on care

### Feedback from staff and leaders

- feedback from staff collected by CQC and the provider
- feedback from leaders
- whistleblowing

## Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

## Evidence categories

People's experience and feedback from staff and leaders, also this specific category.

### Processes

- duty of candour records
- evidence of learning and improvement

- incident, near misses and events records

## Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

### Evidence categories

People's experience and feedback from staff and leaders, also these specific categories.

#### Feedback from partners

- commissioners and other system partners
- health and care professionals working in or with the service

#### Processes

- people's care records or clinical records
- records of referral, transfer and transition of care

## Safeguarding

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.

### Evidence categories

People's experience and feedback from staff and leaders, also this specific category.

## Processes

- DoLS and Court of Protection (POA) records
- Mental Capacity Act records and training
- people's care records or clinical records
- safeguarding policy, records and training

# Involving people to manage risks

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

## Evidence categories

People's experience and feedback from staff and leaders, also this specific category.

## Processes

- arrangements to
  - respond to emergencies
  - identify people in need of urgent medical treatment
- DoLS and Court of Protection (POA) records
- people's care records or clinical records
- records of restrictive practice

# Safe environments

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

## Evidence categories

People's experience and feedback from staff and leaders, also this specific category.

### Processes

- business continuity plans (including in response to extreme weather events)
- environmental risk assessment
- equipment maintenance and calibration records
- health and safety risk assessments
- infection prevention and control audit and action plans

## Safe and effective staffing

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development and work together effectively to provide safe care that meets people's individual needs.

## Evidence categories

People's experience and feedback from staff and leaders, also this specific category.

### Processes

- appraisal and supervision records
- recruitment records
- staff vacancy and turnover rate

- staffing and staff skill mix records
- training in communication with people with a learning disability and autistic people
- training, development and competency records

## Infection prevention and control

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

### Evidence categories

People's experience and feedback from staff and leaders, also this specific category.

### Processes

- infection prevention and control policy
- minimising the risk of infection at the services (shared lives only)

## Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

### Evidence categories

People's experience and feedback from staff and leaders, also these specific categories.

### Observation

- equipment
- staff practice (including how they deliver care, staff culture and behaviours)
- the care environment

## Processes

- administering and dispensing medicines
- medicines audits and action plans
- medicines reviews
- PRN protocols
- people's care records or clinical records

# Effective

These are examples of the types of evidence we will look at. They are not full lists and we do not expect you to have everything we include here.

For all quality statements under  
effective

Evidence categories

People's experience

- feedback from people collected by CQC, the provider, local community groups and other stakeholders
- give feedback on care

### Feedback from staff and leaders

- feedback from staff collected by CQC and the provider
- feedback from leaders
- whistleblowing

## Assessing needs

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

### Evidence categories

People's experience and feedback from staff and leaders, also this specific category.

### Processes

- assessments and records of meeting needs under the Equality Act 2010
- assessments and or best interest decisions under the MCA
- clinical tools to assess pain and monitor risk
- people's care records or clinical records

# Delivering evidence-based care and treatment

We plan and deliver people's care and treatment with them, including what is important and matters to them and in line with legislation and current evidence-based good practice and standards.

## Evidence categories

People's experience and feedback from staff and leaders, also this specific category.

### Processes

- people's care records and clinical records
- quality improvement activity

# How staff, teams and services work together

We work effectively across teams and services to support people, making sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

## Evidence categories

People's experience and feedback from staff and leaders, also these specific categories.

### Feedback from partners

- commissioners and other system partners
- health and care professionals working with the service

## Processes

- information sharing and transfer of records across or between services
- multidisciplinary team meeting records
- people's care records or clinical records

# Supporting people to live healthier lives

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce their future needs for care and support.

## Evidence categories

People's experience and feedback from staff and leaders, also these specific categories.

### Feedback from partners

- commissioners and other system partners (shared lives services)
- health and care professionals working with the service (shared lives services)

## Processes

- people's care records or clinical records

# Monitoring and improving outcomes

We routinely monitor people's care and treatment to continuously improve it and to ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.

## Evidence categories

People's experience and feedback from staff and leaders, also this specific category.

## Processes

- people's care records or clinical records
- provider led audits and action plans

# Consent to care and treatment

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

## Evidence categories

People's experience and feedback from staff and leaders, also this specific category.

## Processes

- best interest meetings, evidence of power of attorney
- capacity assessments and DNACPR decision records
- consent policy
- people's care records and clinical records

# Caring

These are examples of the types of evidence we will look at. They are not full lists and we do not expect you to have everything we include here.

# For all quality statements under caring

## Evidence category

### Feedback from staff and leaders

- feedback from staff collected by CQC and the provider
- feedback from leaders
- whistleblowing

## Kindness, compassion and dignity

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

## Evidence categories

Feedback from staff and leaders, also these specific categories.

### People's experience

- feedback from people collected by CQC, the provider, local community groups and other stakeholders
- give feedback on care

### Feedback from partners

- commissioners and other system partners
- health and care professionals working in or with the service

# Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences, taking account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

## Evidence categories

Feedback from staff and leaders, also these specific categories.

### People's experience

- feedback from people collected by CQC, the provider, local community groups and other stakeholders
- give feedback on care

### Feedback from partners

- commissioners and other system partners (shared lives services)
- health and care professionals working in or with the service (shared lives services)

### Processes

- people's care records or clinical records

# Independence, choice and control

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

## Evidence categories

Feedback from staff and leaders, also this specific category.

## People's experience

- feedback from people collected by CQC, the provider, local community groups and other stakeholders
- give feedback on care

## Processes

- people's care records or clinical records

# Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

## Evidence categories

Feedback from staff and leaders, also this specific category.

## People's experience

- feedback from people collected by CQC, the provider, local community groups and other stakeholders
- give feedback on care

# Workforce wellbeing and enablement

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

## Evidence categories

Feedback from staff and leaders, also this specific category.

## Processes

- mechanisms to monitor, improve and promote staff safety and wellbeing
- staff management policies
- staff sickness, vacancy and turnover rates

# Responsive

These are examples of the types of evidence we will look at. They are not full lists and we do not expect you to have everything we include here.

## For all quality statements under responsive

### Evidence categories

#### People's experience

- feedback from people collected by CQC, the provider, local community groups and other stakeholders
- give feedback on care

#### Feedback from staff and leaders

- feedback from staff collected by CQC and the provider

- feedback from leaders
- whistleblowing

## Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

### Evidence categories

People's experience and feedback from staff and leaders.

## Care provision, integration and continuity

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.

### Evidence categories

People's experience and feedback from staff and leaders, also these specific categories.

#### Feedback from partners

- commissioners and other system partners
- health and care professionals working in or with the service

#### Processes

- people's care records or clinical records

- arrangements to ensure continuity of care

## Providing information

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

### Evidence categories

People's experience and feedback from staff and leaders, also this specific category.

### Processes

- arrangements to:
  - explain fees clearly
  - identify people's communication preferences
- information sharing with people using services and those close to them
- meeting the Accessible Information Standard

## Listening to and involving people

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

### Evidence categories

People's experience and feedback from staff and leaders, also this specific category.

### Processes

- advocacy and support service records
- collecting people's feedback, taking action and sharing learning
- complaints records and outcomes
- improvement plans and audits

## Equity in access

We make sure that everyone can access the care, support and treatment they need when they need it.

### Evidence categories

People's experience and feedback from staff and leaders, also this specific category.

### Processes

- people's care records or clinical records
- provider led audits of processes

## Equity in experience and outcomes

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

### Evidence categories

People's experience and feedback from staff and leaders, also this specific category.

### Processes

- people's care records or clinical records
- improvement plans and audits

## Planning for the future

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.

### Evidence categories

People's experience and feedback from staff and leaders, also this specific category.

#### Processes

- DNACPR and ReSPECT decisions
- end of life care planning
- people's care records or clinical records

## Well-led

These are examples of the types of evidence we will look at. They are not full lists and we do not expect you to have everything we include here.

# For all quality statements under well-led

## Evidence categories

### Feedback from staff and leaders

- feedback from staff collected by CQC and the provider
- feedback from leaders
- whistleblowing

## Shared direction and culture

We have a shared vision, strategy and culture that is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding and meeting the needs of people and our communities.

## Evidence categories

Feedback from staff and leaders, also this specific category.

### Processes

- business plans
- equality, diversity, and inclusion policy
- monitoring service objectives
- vision, aims and strategy

# Capable, compassionate and inclusive leaders

We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively and do so with integrity, openness and honesty.

## Evidence categories

Feedback from staff and leaders, also this specific category.

### Processes

- evidence of compliance with schedule 3 and Fit and Proper Person Requirements
- leadership development and training
- recruitment and induction records

# Freedom to speak up

We create a positive culture where people feel that they can speak up and that their voice will be heard

## Evidence categories

Feedback from staff and leaders, also this specific category.

### Processes

- mechanisms for seeking and responding to staff feedback
- whistleblowing records

# Workforce equality, diversity and inclusion

We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.

## Evidence categories

Feedback from staff and leaders, also this specific category.

### Processes

- equality, diversity and inclusion policies and training
- flexible working arrangements, reasonable adjustments and staff use of assistive technology
- records of any incidents towards staff
- workforce or EDI strategy and associated objectives and action plans

# Governance and assurance

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.

## Evidence categories

Feedback from staff and leaders, also this specific category.

### Processes

- business continuity plans and risk register
- governance arrangements and organisational structure (roles and responsibilities)
- information security, data protection and GDPR arrangements
- quality management, systems and reporting
- workforce planning

## Partnership and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

### Evidence categories

Feedback from staff and leaders, also these specific categories.

#### People's experience

- feedback from people collected by CQC, the provider, local community groups and other stakeholders
- give feedback on care

#### Feedback from partners

- commissioners and other system partners
- health and care professionals working in or with the service

#### Processes

- examples of sharing learning and best practice
- records of collaboration

- Trusted Assessors/Discharge to Assess schemes

## Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

### Evidence categories

Feedback from staff and leaders, also this specific category.

#### Processes

- embedding learning and making improvements
- engagement in innovation initiatives

## Environmental sustainability – sustainable development

We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.

### Evidence categories

Feedback from staff and leaders, also this specific category.

#### Processes

- green and carbon reduction plans and policies

- processes for recycling
- staff training in environmental sustainability

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