



Appendices to provider handbook Consultation

Residential adult social care services

April 2014

Appendix A: Key lines of enquiry (KLOEs)

Mandatory key lines of enquiry are highlighted in yellow.

Safe

By **safe**, we mean that people are protected from abuse and avoidable harm.

In adult social care, this means that people are supported to make choices and take risks and are protected from physical, psychological and emotional harm; abuse, discrimination and neglect.

	Key line of enquiry	Prompts
S1	How are people protected from bullying, harassment, avoidable harm, abuse and breaches of their human rights?	<ul style="list-style-type: none"> • People feel safe because their human rights and dignity are respected. • People are protected from discrimination. • People are safe because staff know what to do when safeguarding concerns are raised and they follow policies and procedures. • People understand what keeping safe means and are encouraged and supported to raise any concerns they may have about this • When people display behaviour which challenges others; staff deal with it safely and respect people's dignity and protect their rights. • The service understands the requirements of the Mental Capacity Act 2005, its main Codes of Practice and Deprivation of Liberty Safeguards, and puts them into practice to protect people. • People are only restrained as a last resort. Appropriate decisions are made about when and how restraint is used. Risk assessments for restraint and restrictive practice are regularly

		reviewed.
S2	How are risks to individuals and the service managed so that people are protected and their freedom is supported and respected?	<ul style="list-style-type: none"> • People feel that risks are managed appropriately and they are involved in making decisions about any risks they may take. • When people are at risk, staff follow risk management policies and procedures to protect them. • People are supported to take informed risks with minimal necessary restrictions. • People are safe because staff use both formal and informal methods to share information on risks associated with their care, treatment and support • People can be confident that there are plans to respond to any emergencies and that these are understood by all staff. • Risks at location, and where appropriate, regional and national level are anticipated, identified and managed.
S3	How does the service ensure that there are sufficient numbers of suitable staff to meet people's needs and keep them safe?	<ul style="list-style-type: none"> • People are safe because staffing levels are assessed and monitored to ensure they are sufficient to meet their identified needs. • People are safe because the service considers skill mix, competencies, knowledge, qualifications and experience when arranging staffing that will meet their individual needs at all times. • The service follows safe recruitment practices. • The service follows clear staff disciplinary procedures when it identifies unsafe practice
S4	How well does the service learn from mistakes, incidents and complaints?	<ul style="list-style-type: none"> • Concerns and complaints are used as an opportunity for learning or improvement. • People are safe because the service has a system to manage accidents and incidents and learn from them so they are less likely to happen again. • Investigations, into safeguarding, complaints/concerns and accidents/incidents are thorough, open, questioning and objective. People, those close to them, and staff are included in the

		<p>investigation and the outcome.</p> <ul style="list-style-type: none"> • Where required, action plans are developed and monitored to ensure they are delivered. • Safeguarding concerns, accidents and incidents are continually reviewed at location, and where appropriate, regional and national level. • There is a good track record on safety over time. Concerns have been responded to and acted upon quickly.
S5	How are the premises and equipment managed so people are safe?	<ul style="list-style-type: none"> • People and their belongings are safe because the service assesses and manages the risks associated with the environment. • People are safe because the service safely installs, maintains, tests and services equipment (including medical devices). Equipment is suitable for its purpose. • People are safe because the service complies with: <ul style="list-style-type: none"> • relevant legal requirements for the premises • manufacturer's instructions for equipment.
S6	How are people's medicines managed so that they receive them safely?	<ul style="list-style-type: none"> • People receive their medicines as prescribed. • The service follows current and relevant professional guidance about the management and review of medicines. • Prescribed medicines (including Controlled Drugs) are stored, administered and disposed of safely in line with current and relevant regulations and guidance. • There are clear procedures for giving medicines in accordance with the Mental Capacity Act 2005. • People can administer their own medicines safely. • People's behaviour is not controlled by excessive use of medicines.
S7	How well are people protected by the monitoring of prevention and	<ul style="list-style-type: none"> • People are protected from healthcare associated infections because the home is kept clean and hygienic.

	control of infection?	<ul style="list-style-type: none">• Staff demonstrate that they understand their roles and responsibilities in relation to infection control.• The service maintains and follows policies, procedures and guidance in line with relevant national guidance.
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Effective

By **effective**, we mean that peoples care, treatment and support achieved good outcomes, promotes a good quality of life and is based on the nest available evidence.

In adult social care, this means that people are supported to live their lives in the way that they choose and experience the best possible health and quality of life outcomes.

	Key line of enquiry	Prompts
E1	How are people’s needs, preferences and choices for care, treatment and support met?	<ul style="list-style-type: none"> • People can express their views about their health and quality of life outcomes and these are taken into account in the assessment of their needs and the planning of the service. • People are supported to be involved in the assessment of their needs and have choice about who provides their personal care. • People’s individual needs, choices and preferences are reflected in their care plans • People have the support and equipment they need to enable them to be as independent as possible. • People have the equipment they need to meet their end of life care needs. • People who are able to give valid consent receive the care, treatment and support they agree to. • A person’s capacity is considered under the Mental Capacity Act 2005. When a person lacks capacity to take particular decisions, those decisions are always made in their best interests.
E2	How do people know they receive effective care from staff who have the knowledge and skills necessary to carry out their roles and responsibilities?	<ul style="list-style-type: none"> • People’s assessed needs, preferences and choices are met at all times by staff that have the necessary skills and knowledge. • Staff have effective support, induction, supervision, appraisal and training. • Management have an ongoing workforce development plan which encourages staff to develop and promote good practice. • Volunteers are trained and supported in the role they undertake.

	Key line of enquiry	Prompts
E3	How are people supported to maintain good health, have access to healthcare services and receive ongoing healthcare support?	<ul style="list-style-type: none"> • People feel comfortable discussing their health needs with staff. • People are provided with understandable information about the medicines they take and the health care and treatment options available to them. • People's health is regularly monitored to identify any changes that may require additional support or intervention. • Referrals are quickly made to health services when people's needs change. • People's routine health needs and preferences are met.
E4	How are people's individual needs met and their privacy and dignity enhanced by the adaptation, design and decoration of the home?	<ul style="list-style-type: none"> • People are involved in decisions about the environment they live in. • The environment enables staff to meet people's diverse care, cultural and support needs. • people have access to appropriate space: <ul style="list-style-type: none"> – to see and look after their visitors – for activities – to spend time together or – to be alone. • Signage and other environmental adaptations are used effectively to meet people's assessed needs, uphold their privacy and dignity and promote their independence.
E5	How are people protected from the risks associated with nutrition and hydration?	<ul style="list-style-type: none"> • People are involved in decisions about their nutrition and hydration needs. • People, especially those with complex needs, are effectively assessed to identify the risks associated with nutrition and hydration. • People's identified needs are monitored and managed. • People have access to dietary and nutritional specialists as their assessed needs indicate.

Caring

By *caring*, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

In adult social care, this means that people, their families and carers experience care that is empowering and provided by staff who treat people with dignity, respect and compassion.

	Key line of enquiry	Prompts
C1	How are positive caring relationships developed with people using the service?	<ul style="list-style-type: none"> • People feel they are treated with kindness, compassion and dignity in their day to day care. • People's needs in respect of age, disability, gender, race, religion or belief, sexual orientation and gender reassignment are understood and met. • Staff know the people they are caring for and supporting, including their preferences and personal histories. • Staff show concern for people's wellbeing. • People feel that staff take time to communicate with them in a meaningful way
C2	How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support?	<ul style="list-style-type: none"> • People are involved as partners in their own care; staff support and involve them in planning and making decisions about their care, treatment and support • People are given the information they need at the time they need it. • People, and those that matter to them, are encouraged to make their views known about their care, treatment and support. • People are given the time they need to make decisions. • Staff actively seek, listen to and act on people's views and decisions. • People are aware of, and have access to, advocacy services that are able to speak up on their behalf.
C3	How is people's privacy and dignity respected	<ul style="list-style-type: none"> • People are assured that information about them is treated confidentially. • People have the privacy they need.

	Key line of enquiry	Prompts
	and promoted?	<ul style="list-style-type: none"> • People are treated with dignity and respect at all times. • People can be as independent as they want to be. • Staff understand and promote respectful and compassionate behaviour. • There are policies and procedures in place to ensure staff understand how to respect people's privacy, dignity and human rights in the care setting.
C4	How are people listened to and do they feel that they matter?	<ul style="list-style-type: none"> • People, and those that matter to them, are encouraged to make their views known about their care, treatment and support and these are respected. • People's relatives and friends are able to visit without undue restriction. • Staff respond in a caring way to people's needs at the time they need it.
C5	How are people supported at the end of their life to have a private, comfortable, dignified and pain free death?	<ul style="list-style-type: none"> • Peoples expressed preferences and choices for their end of life care are clearly recorded and acted on. • As people's needs change, staff know how to manage their care appropriately in line with their choices and wishes. • People have access to the specialist palliative care services they need and they, and people that matter to them, are involved in planning, decision making and management of their care. • People have the equipment they need to meet their end of life needs. • People know how to make advance decisions to refuse treatment or appoint someone with lasting powers of attorney, and are supported if they wish to do so. • People have privacy, dignity, comfort and a dignified death • People, their families, friends and staff have the emotional support they need

Responsive

By *responsive*, we mean that services are organised so that they meet people's needs.

In adult social care this means that people get the care they need, are listened to and have their rights and diverse circumstances respected.

	Key line of enquiry	Prompts
R1	How do people receive personalised care that is responsive to their needs?	<ul style="list-style-type: none"> • People receive care, treatment and support when they need it. • People are asked about what is important to them. • People receive care and support in accordance with their preferences, interests, aspirations including age, disability, gender, race, religion or belief, sexual orientation and gender reassignment. • People have their individual needs regularly assessed and met. • People have access to activities that are important and relevant to them and are protected from social isolation. • People are enabled to maintain relationships with their friends and relatives. • The service recognises the risks of social isolation and loneliness and has systems in place to minimise this. • People who are disabled receive the reasonable adjustments that equalities legislation says they should receive •
R2	How does the service routinely listen and learn from people's experiences, concerns and complaints to improve the quality of care?	<ul style="list-style-type: none"> • Concerns and complaints are encouraged, explored and responded to in good time. • People know how to share their experiences or raise a concern or complaint and feel comfortable doing so. • People, their relatives and friends are encouraged to provide feedback. • Management reviews and acts on information it receives about the quality of care and can show the difference this has made to how care, treatment and support is delivered.

	Key line of enquiry	Prompts
R3	How are people assured they will receive consistent co-ordinated, person centred care when they use, or move between, different services	<ul style="list-style-type: none"> • People's needs, wishes and choices are respected when they move between services. • People receive the support they need when they move between services and their needs continue to be met. • People's private information is respected by staff, whilst ensuring they acquire and provide the necessary information when people are moving between services. • Transition is properly planned, and supports the individual through the process.

Well-led

By *well-led*, we mean that the leadership, management and governance of the organisation assure the delivery of high quality person centred care, supports learning and innovation and promotes an open and fair culture.

In adult social care, this means that management and leadership encourage and deliver an open, fair, transparent, supporting and challenging culture at all levels.

	Key line of enquiry	Prompts
WL1	How does the service promote a positive culture that is person centred, open, inclusive and empowering?	<ul style="list-style-type: none"> • People are actively involved in developing the service. • There is an emphasis on support, fairness, transparency and an open culture. • Where there are few visitors to the service, arrangements are made to ensure there are strong links with the local community • Staff are supported to question practice. Whistle-blowers, and those who raise concerns, are protected. • Management are aware of the day to day culture within the service and they keep this under review. • There are a clear set of vision and values that includes involvement, compassion, dignity, independence, respect, equality, quality and safety. These are understood by all staff.
WL2	How does the service demonstrate good management and leadership?	<ul style="list-style-type: none"> • Good leadership can be seen at all levels. • Where required, there is a registered manager in post and all other conditions of registration are met. • There is consistency between what leaders and staff say are the key challenges, achievements, concerns and risks. • Resources and support are available to the manager and the team to develop and drive improvement. • Staff are motivated, caring, supported and open. • Investigations into whistleblowing are thorough, questioning and objective.

	Key line of enquiry	Prompts
WL3	How does the service deliver high quality care and identify and implement best practice?	<ul style="list-style-type: none"> • Quality is integral to the services approach and they are aware of potential risks to the quality of the service. • Robust quality assurance and governance systems are in place and used to drive continuous improvement. • Management have appropriate information governance systems. • Management recognises innovation. • Management has links with organisations that act as developers and sources of best practice. This includes sector specific guidance around best practice in leadership. • Management use information from compliments to extend best practice across the service.
WL4	How does the management team work in partnership with other agencies?	<ul style="list-style-type: none"> • The service works in partnership with key organisations, including the local authority and safeguarding teams, to support care provision and service development.
WL5	How does the service enable open and transparent communication?	<ul style="list-style-type: none"> • Management enable and encourage open communication with people, those that matter to them and staff. • There are accessible, tailored and inclusive methods of communicating with people, staff and other key stakeholders. • There is honesty and transparency, from all levels of staff and management, when mistakes occur. • Management give feedback to staff in a constructive and motivating way, outlining the action they need to take.
WL6	How does the service ensure that responsibility and	<ul style="list-style-type: none"> • Staff know and understand what is expected of them. • Clear and transparent processes are in place for staff to account for their decisions, actions, behaviours and performance.

	Key line of enquiry	Prompts
	<p>accountability is understood at all levels?</p>	<ul style="list-style-type: none"> • Where there is a registered manager, they understand their responsibilities and are supported by management to deliver what is required. • Where appropriate to the type of service, the board and management know about, and take responsibility for, things that happen in the service. • CQC registration requirements, including the submission of notifications and any other legal obligations, are met.

Appendix B: Characteristics of each rating level

SAFE	
Rating description	Judgement
<p>Safe Good</p>	<ul style="list-style-type: none"> • Most people's feedback about the safety of the service describes it as good. • People are safe because the service protects them from bullying, harassment, avoidable harm and potential abuse. The service does this consistently so that people feel safe in the residential setting and in the community. Staff understand each individual's behaviour and protect them if they are at risk of harm from other people using the service. • The service respects people's human rights and diversity and is proactive in preventing discrimination. Staff know how to follow the Deprivation of Liberty Safeguards. • When people experience behaviour which may challenge others, staff manage the situation in a positive way and protect people's dignity and rights. They regularly review how they do this and work with people, supporting them to manage their behaviour. They seek to understand and reduce the causes of behaviour which distresses people or puts them at risk of harm. They ensure people are referred for professional assessment at the earliest opportunity. Staff only use restraint if they have been trained to use it and when it is safe, appropriate and proportionate to do so. • There are policies and procedures for managing risk and staff understand and consistently follow them to protect people. Restrictions are minimised so that people feel safe but also have the most freedom possible regardless of disability or other needs. • Staff give people information about risks and actively support them in their choices. Risk assessments are proportionate and person centred. They are regularly reviewed and meet equality and human rights legislation. In particular, staff understand the risks associated with complex needs and manage them in line with each risk

SAFE	
Rating description	Judgement
	<p>assessment.</p> <ul style="list-style-type: none"> • There are strategies to ensure that risks are anticipated, identified and managed. Organisations with national and regional structures have systems that ensure they retain an overview of risk and safety to inform business planning, strategic oversight and provide corporate direction to the organisation. • Staff consistently manage medicines in a safe way. Medicines are correctly stored and disposed of safely and records are accurate. People have confidence they have their medicines as prescribed and intended. Where appropriate, the service involves people in the regular review and risk assessment of their medicines. • To protect people with limited capacity, the correct procedures are followed when medicines need to be administered covertly or when they require a second opinion about medicines for people detained under the Mental Health Act 1983. The service assesses the risk when people wish to manage their own medicines. They involve the person in the assessment and support them to be as independent as possible. • The service keeps the premises, services and equipment well maintained. It takes all possible action to reduce risk of injury related to the environment and looks for ways to improve safety. Staff use equipment correctly to meet statutory requirements and keep people safe. People say they are confident that the service will always keep them and their belongings safe and secure. • The control and prevention of infection is managed well. Staff follow policies and procedures which meet current and relevant national guidance. Staff understand their role and responsibilities for maintaining high standards of cleanliness and hygiene. • There are always sufficient and competent staff on duty with the right skill mix to make sure that practice is safe and they can respond to unforeseen events. The service regularly reviews staffing levels and adjusts them accordingly when people's needs change. • The service focuses on improvement. Staff are consistent in the way they use robust systems to monitor safety and use learning to improve. • There is a culture of learning from mistakes and an open approach. Prompt attention is given to the

SAFE	
Rating description	Judgement
	<p>management of complaints, incidents, accidents and safeguarding concerns, and where required, investigations are thorough. Complaints and safeguarding matters are always dealt with in an open, transparent and objective way.</p> <ul style="list-style-type: none"> • Management anticipate risks to the service and manage them well. Staff understand how to minimise risks and there is a good track record on safety and risk management. If action plans are required, they are monitored to ensure they are delivered.
Safe Outstanding	<ul style="list-style-type: none"> • For a good service to become outstanding there are additional key features. • Most people's feedback about the safety of the service describes it as outstanding. People who use the service and staff tell us they are actively encouraged to raise their concerns and to challenge when they feel people's safety is at risk and tell us there are no recriminations for doing this. • Staff are competent and have the skills and time to develop positive and meaningful relationships with people and recognise the when people are in pain or feel unsafe. Staffing levels are sufficient and flexible to meet people's changing needs. • The service is innovative in the way it involves and works with people, challenges discrimination and respects people's diverse needs. It seeks ways to continually improve. • The service uses creative, imaginative and innovative ways to manage risk to keep people safe and ensure that they have a full and meaningful life There is a transparent and open culture that encourages creative thinking. The service seeks out relevant research to identify new, innovative best practice and uses learning from this to improve safety. • The service sustains outstanding practice and improvements over time.
Safe Requires Improvement	<ul style="list-style-type: none"> • A service which requires improvement may also have areas of strength, but good practice is not sustained. An inconsistent approach means that, at times, it places people's safety, health or well-being at risk. Regulations may or may not be met.

SAFE	
Rating description	Judgement
	<ul style="list-style-type: none"> • People who use the service are usually safe but they may not be confident this can be sustained. This may be because the service does not involve or listen to them or act on their concerns about safety. • The service may have policies and procedures about upholding people's rights and making sure diverse needs are respected and met, but, these may not be fully understood or consistently followed. There may be times where people are not treated with respect for their equality and diversity. • The service may not provide sufficient staff, with the right skills mix, competence or experience to keep people safe. • The service may not consistently follow safe practice around medicines and infection control. • The service may not always keep equipment safe and fit for purpose. • Staff may be reluctant to challenge unsafe practice because their concerns are not always acted on and they may fear recriminations. • The culture of the service may be risk averse which means that it places unnecessary restrictions on people which limit their lifestyles. • When management does identify shortfalls in the safety of the service it does not always act on them effectively. Organisations with national and regional structures may be inconsistent in their approach to retaining a necessary overview of risk and safety. • An inconsistent approach to risk and safety means that the services does not have a track record of managing these well over time.
Safe Inadequate	<ul style="list-style-type: none"> • A service which is inadequate may have some areas of safe practice, but in general people are not safe. Some regulations are not met. • Most people tell us that they do not feel safe or that they have actually been harmed or abused. This involves neglect and acts of omission, physical abuse, psychological abuse, emotional abuse, financial abuse, discrimination or institutional abuse.

SAFE	
Rating description	Judgement
	<ul style="list-style-type: none"> • People may not have their human rights upheld and may not be treated with respect for their equality and diversity. • The service may not allow staff time to give people the care they need or to respond to emergencies or untoward incidents. The service does not regularly review staffing to ensure they are able to respond to people's changing needs. • If staff have training about how to keep people safe, including how to involve other professionals under safeguarding procedures, they often do not act on this. This means people are at risk. Staff often do not understand what they must do to comply with the Mental Capacity Act 2005 or the Mental Health Act 1983 and sometimes do not act within the law. The service therefore cannot assure people they will be safe and people are sometimes not safe. • The service does not always protect people and their belongings. There are shortfalls in security and safety of equipment. • The service places people at risk because of unsafe handling of medication, so people do not always receive their medicines as prescribed and intended. People may be at risk because of poor prevention and control of infection. • The management of the service takes inadequate or no action to improve the safety of the service for people. Where action is taken to address risks, plans are not clear or coordinated. People may not be involved in the management of risks that may affect their safety. • The practice in the service places people at risk of harm or does not protect them from actual harm. • Complaints and safeguarding matters are not always dealt with in an open, transparent and objective way.

EFFECTIVE	
Rating description	Judgement
<p>Effective Good</p>	<ul style="list-style-type: none"> • A good service helps people to live their lives in the way they choose and to be as independent and active as possible. • The service ensures that the needs of people are assessed by staff that have the skills and competencies required to do so. Care, treatment and support plans reflect people's needs, choices and preferences. People's changing care needs are promptly identified and kept under regular review. • People's needs are met because staff are aware of the content of people's care plans and provide care, treatment and support in line with them. People have choice about who provides their personal care. • Information is provided to people in a form they can easily understand to help them make choices. • People experience positive outcomes in both their health and social care. People's routine health needs and preferences are known and the service engages with health and social care agencies to ensure these can be met. Appropriate referrals are made to other health and social care services as necessary. • Visiting professionals tell us that they have positive relationships with staff and their recommendations and guidance are acted on in people's best interests. • People's needs are taken into account when the premises are adapted or decorated. The environment is designed and arranged to promote confidentiality, privacy and dignity. People's freedom, independence and wellbeing are enhanced through the use of signage and other environmental adaptations. • Specialist or adaptive equipment is made available as and when needed. • Support for staff is provided through effective training, supervision and appraisal. Volunteers are supported and trained for the role and tasks they carry out. • There is evidence that the dependency levels and needs of people are used to determine staffing levels. Staff have the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours to enable them to provide support and meet people's needs effectively. The service has systems in place to ensure that any gaps in these areas are addressed in a timely manner.

EFFECTIVE	
Rating description	Judgement
	<ul style="list-style-type: none"> • Staff tell us that they provide personalised care to meet individual needs and are supported to develop skills required to meet the needs of people who use the service, including those with complex needs. People tell us that the staff understand their needs and treat them with respect and dignity. • People, who lack the capacity to make certain decisions, are supported by staff to understand their needs. Staff respond to them appropriately to make sure their human and legal rights are respected. • Services always ask people to give their consent to the care, treatment and support planned for them. Staff have a good working knowledge of the Mental Capacity Act 2005 and the Mental Health Act 1983, as needed for their particular roles. This includes how to consider people's capacity to take particular decisions and what they need to do to ensure that relevant decisions are taken in people's best interests. Where people do not have the capacity to make decisions, their friends and family are involved where relevant, and given the information they need. The service makes sure that the right professionals are involved in taking decisions to make sure they are in the person's best interests. • People, especially those with complex needs, are protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that impact on their health. There is regular monitoring and review which relevant professionals and people using the service are actively involved in. • Management and staff work well in partnership with other services and agencies.
Effective Outstanding	<ul style="list-style-type: none"> • For a good service to become outstanding there are additional key features. • Most people who feedback about the effectiveness of the care, treatment and support provided say that it is outstanding. • There are champions within the service who actively support staff to ensure people are treated with dignity and respect at all times. Staff demonstrate a high level of understanding and respect of people's individual needs, choices and preferences. People experience a level of care and social support that means they have a meaningful life and promotes their wellbeing. Social care is innovative and meets people's individual needs.

EFFECTIVE	
Rating description	Judgement
	<ul style="list-style-type: none"> • Links with health services are excellent. Health and social care professionals report the service is proactive in taking preventative action to enable people to maintain good health. • Staff are supported to develop their understanding of what sustained, outstanding care looks like through regular learning and development opportunities, with robust systems in place to enable training to be put into practice. The service sustains outstanding practice and improvements over time and works towards, and achieves, recognised accreditation schemes. • There is a strong emphasis on the importance of good nutrition and hydration. Innovative methods and positive staff relationships are used to encourage those who are reluctant or have difficulty in eating and drinking. • The service has staff with an enabling attitude towards informed risk taking, confidently making use of the Mental Capacity Act 2005.
<p>Effective Requires Improvement</p>	<ul style="list-style-type: none"> • A service which requires improvement may have some features of a good service, but there may be a lack of consistency in achieving goals in relation to the effectiveness of the care, treatment and support people receive. Areas of good practice are not sustained and not all people receive care, treatment and support that is effective. Regulations may or may not be met. • Care records may identify people's needs, choices and preferences but suggested interventions and support may not lead to the required outcomes for people. People may not have been involved in the development and review of their care plans in a meaningful way. • There may be formal systems in place to ensure that staffing levels are decided based on people's needs and levels of dependency, but staff absence may not always be covered with appropriately skilled staff in order to meet people's needs effectively. • The service monitors people's health and social care needs, but does not consistently act on issues identified. • Management know that staff need training and support, but may not keep this up to date or ensure it covers the right areas.

EFFECTIVE	
Rating description	Judgement
	<ul style="list-style-type: none"> • The training and development provided may be sufficient, but is not fully understood or consistently shown in staff behaviours and care practice. • People at risk of poor nutrition and dehydration are not always monitored or managed resulting in increased risk in relation to their health and wellbeing.
Effective Inadequate	<ul style="list-style-type: none"> • A service which is inadequate may have some features of a good service, however, there will be widespread and significant shortfalls in the care, support and outcomes people experience. Some regulations are not met. • Staff may not understand or recognise people's social and cultural diversity, or the values and beliefs that may influence their decisions and how they want to receive care, treatment and support. Training and development in regards to human rights and diversity is either not provided or is inadequate. • People are not always treated with dignity and respect, and are not given choices in their care, support and treatment. • Care plans may not be in place or may be incomplete and not comprehensive enough to ensure they provide staff with the information required for people to experience effective outcomes. • The physical environment does not enable people to maintain their independence and dignity. Visiting health professionals may tell us that they are asked to see people in communal areas as there is no other private space available. • There is poor monitoring and management of people's nutrition and hydration, putting people who use the service at risk. • Staff are not adequately trained. Volunteers are not supported or clear about their role. • Staff do not recognise or understand the needs of people who lack the capacity to make certain decisions. There are no safeguards in place to ensure that people's human rights are respected with regard to issues of mental capacity. The way staff respond to risk may be disproportionate, resulting in people being deprived of their liberty without the appropriate safeguards being in place.

CARING	
Rating description	Judgement
<p>Caring Good</p>	<ul style="list-style-type: none"> • People who use the service, their relatives, friends, advocates and other people who have contact with the service, are consistently positive about the way staff treat them. • Care is individual and centred on each person. They receive their care and support from staff who know and understand their history, likes, preferences, needs, hopes and goals. Staff know, understand and respond to each person's diverse cultural, gender and spiritual needs and meet their care and support needs promptly. • People, or their family, friends or advocates, are always involved in planning their own care, support and treatment. Staff strike a balance when involving family, friends or advocates in decisions about the care provided, so the views of the person receiving care are respected and acted on. People who use the service know about and have access to advocacy support and the service has links to local advocacy services where available. • People are supported to express their views. They are involved as far as possible in making decisions about their care, treatment and support. Staff use innovative ways to support people to be involved in decision making. • People who use the service are asked about how they are treated. Peoples' individual communication skills, abilities and preferences are known and there are a range of ways used to make sure people are able to say how they feel about the care they receive. Feedback is used to improve the quality of care. • People who use the service have a sense that they matter and belong. They feel involved as partners in their care. • Kindness, respect, compassion, dignity in care and empowerment are the key principles on how the service recruits, trains and supports its staff. • Staff communicate effectively with every person using the service, no matter how complex their needs. They develop trusting relationships, and understand and respect confidentiality. They recognise the importance of the key principles of the service and challenge behaviour and practices which fall short of this. Quick and suitable action is taken if staff do not follow these principles. • When people are nearing the end of their life they receive compassionate and supportive care. They, people

EFFECTIVE	
Rating description	Judgement
	<p>who matter to them and appropriate professionals contribute to their plan of care so that staff know their wishes and ensure the person has dignity, comfort and respect at the end of their life.</p> <ul style="list-style-type: none"> • People are given support when making decisions about their preferences for end of life care. Where necessary, people and staff are supported by palliative care specialists. Necessary services and equipment are provided as and when needed. • The service ensures that facilities and support are available for people, those who are important to them and staff before, during and after death.
Caring Outstanding	<ul style="list-style-type: none"> • For a good service to become outstanding there are additional key features. • The service has a strong, visible person centred culture. Staff and management are fully committed to this approach and find innovative ways to make it a reality for each person using the service. • There is a commitment to working in partnership with people in imaginative ways, which means people feel consulted, empowered, listened to and valued. People are actively involved in the running of the service, including the recruitment of staff and influencing management decisions. • Staff relationships with people who use the service and those who matter to them will be strong, caring and supportive. Staff will be motivated and inspired to offer care that is kind and compassionate and will display determination and creativity to overcome obstacles to achieving this. • The service continually reflects on their practice finding ways to improve the care and support people receive.
Caring Requires Improvement	<ul style="list-style-type: none"> • A service that requires improvement may have some features of a good service but there may be a lack of consistency in how well people are cared for, supported and listened to. Regulations may or may not have been met. • People may say staff treat them with kindness and respect but sometimes they do not explain things clearly or give them time to respond. People feel that staff are task focused and do not have time to sit and talk with them for any meaningful periods of time.

EFFECTIVE	
Rating description	Judgement
	<ul style="list-style-type: none"> • People may be involved in developing their own care, support and treatment plans, but the time allocated for these may not be sufficient to enable them to engage fully with the process. People are not always at the centre of the care they receive because staff sometimes focus on the task, rather than them, as individuals. • People's end of life wishes may not be consistently recorded or acted upon, with staff acting in a reactive rather than proactive way to issues when they arise.
Caring Inadequate:	<ul style="list-style-type: none"> • A service which is inadequate may have some features of a good service but the care people have has widespread and significant shortfalls. Some regulations are not met. • Most people who use the service, their relatives, friends, advocates, and other people who have contact with the service, say they are not treated with respect, and that staff are sometimes unkind or lack compassion. • The service does not listen to or consult people about how they would like to receive their care. They provide care linked to the routine of the service rather than how people would like to receive it. • Any evidence of kind and compassionate care may be due to the skills and efforts of individual members of staff who are not supported by the service. Staff communication with people with complex needs is poor so they are often not understood. • Not treating people (including their friends and family) with kindness, respect and compassion is usually serious and widespread. There is evidence to show that the service does not identify and deal with shortfalls in care practice promptly and to the satisfaction of people, their relatives, and staff. • People using the service are likely to need urgent action to improve their care. People may be at risk of, or subjected to, emotional, physical or psychological abuse.

RESPONSIVE	
Rating description	Judgement
Responsive Good	<ul style="list-style-type: none"> • People receive care, treatment and support that is personalised, putting them at the centre of identifying their needs, choices and preferences. • People are protected from the risks of social isolation and loneliness. The service facilitates and enables the person to undertake person centred activities within the service or in the community and encouraged to maintain hobbies and interests. Staff make sure that people are able to keep relationships that matter to them, such as family, community and other social links. • People's care, treatment and support is set out in a written plan which describes what staff need to do to ensure personalised care is provided. . People's needs are regularly reviewed with the person (or their representative) and care plans are updated to reflect changes in needs, choices and preferences. Staff are aware of changes made to people's care and support needs and are responsive to them. • Staff work in partnership with other health and social care providers to make sure people's needs are met. There are clear systems and processes for referral to external services. When people use or move between different services this is properly planned, people are involved in these decisions and their preferences and choices are respected. There is an awareness of the potential difficulties people face in moving between services and strategies are in place to maintain continuity of care. • There are a range of ways in which people can feedback their experience of the care they receive and raise any issues or concerns they may have. Concerns and complaints are taken seriously, explored and responded to in good time.
Responsive Outstanding	<ul style="list-style-type: none"> • For a good service to become outstanding there are additional key features. • The service is flexible and responsive to people's needs, finding creative ways to enable people to live as full a life as possible. • People tell us staff understand their needs, know how to meet them and are proactive in suggesting additional ideas that the person might not have considered.

RESPONSIVE	
Rating description	Judgement
	<ul style="list-style-type: none"> • Staff understand, recognise and respond to people’s social and cultural diversity, values and beliefs that may influence their decisions on how they want to receive care, treatment and support. • The service is part of the local community and is actively involved in building further links. People who use the service are encouraged and supported to engage with services and events outside of the home. Input from other services and support networks are encouraged.
Responsive Requires Improvement	<ul style="list-style-type: none"> • A service which requires improvement may have some features of a good service but there may be a lack of consistency in how well people are involved in relevant decisions about their care, treatment and support. Regulations may or may not be met. • Staff are aware of people’s needs but may not always respond in good time. For example, there may be delays in making referrals to other health and social care professionals. People and staff tell us that some delays are caused by a lack of staff and/or equipment and resources. • Staff are aware of people’s preferences and choices but they may not understand and recognise the person’s social and cultural diversity or values and beliefs that may influence their decisions and how they want to receive care, treatment and support. For example, people may not have timely access to interpretation services. • When people use or move between services they have to repeat their story because information shared is not always sufficient to ensure the person receives the care they need. Information about people may not always be respected and treated confidentially.
Responsive Inadequate	<ul style="list-style-type: none"> • A service which is inadequate may have some features of a good service, however there will be widespread and significant shortfalls in the outcomes people experience. Some regulations are not met. • Care records may be standardised across the service with no evidence of individualised care. People’s experience of care and treatment is that it is task centred rather than care that responds to individual needs and preferences. Visiting professionals tell us their recommendations for care and treatment are often not adhered to or referrals are not made.

RESPONSIVE	
Rating description	Judgement
	<ul style="list-style-type: none">• Complaints are not always dealt with in an open, transparent and objective way.• Information shared with other services people use or move to is inadequate.• The service does not ensure that all people have access to suitable adaptive and assistive equipment.• Information shared with other services people use or move to is inadequate.

WELL-LED	
Rating Description	Judgement
<p>Well-led Good</p>	<ul style="list-style-type: none"> • People, their family and friends are regularly involved with the service in a meaningful way, helping to drive continuous improvement. • The need to assure quality is understood and there are clear clinical governance and quality assurance systems which involve staff and other stakeholders. There is a culture of fairness and openness and an approach which encourages people and staff to question practice. Staff have the confidence to report concerns about the care offered by colleagues, carers and other professionals. When this happens they are supported and their concerns are thoroughly investigated. • Management work alongside organisations that promote and guide best practice, keeping themselves up to date with new research, guidance and developments and making improvements to the service as a result. • Where there is a condition of registration the service has a registered manager in post. Leadership is visible and efficient at all levels and staff have clear lines of accountability for their role and responsibilities. Staff understand and appreciate what is expected of them. Management lead by example, and is available to staff for guidance and support. The service has a positive culture that is person centred, inclusive and empowering. Management have a well-developed understanding of equality, diversity and human rights and put these into practice. • The service has a clear vision and puts values, such as kindness, compassion, dignity, equality and respect into practice. Where required, processes are in place to enable management to account for actions, behaviours and performance of staff. Feedback to staff is constructive and motivating. • Legal obligations, from CQC or other external organisations are followed or completed. • The provider and management support and resource the service to enable and empower the staff team to develop and to drive improvement. Staff report they are motivated and supported by the way the service is managed and led and that they are happy in their job.

WELL-LED	
Rating Description	Judgement
Well-led Outstanding	<ul style="list-style-type: none"> • For a good service to become outstanding there are additional key features. • Management has a track record of being an effective role model, actively seeking and acting on the views of others through creative and innovative methods. They have developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them which they always act upon. • There is a strong emphasis on continually striving to improve and management recognise, promote and regularly implement innovative systems in order to provide a high quality service. The service sustains outstanding practice and improvements over time and works towards, and achieves, recognised accreditation schemes. Management uses innovative ways to gather people's views and find creative ways to enable people to be empowered and voice their opinions. • Management consistently puts clear vision and strong values into practice. They recognise the on-going importance of ensuring these are understood, implemented by staff and communicated to people in meaningful and creative ways. • Management work proactively with other organisations to ensure they are following best practice and where possible, are involved in the development of best practice. They strive for excellence through consultation, research and reflective practice and are able to show how they sustain their outstanding practice and improvements over time.
Well-led Requires Improvement	<ul style="list-style-type: none"> • A service, which requires improvement, may have some features of a good service. There may be a lack of consistency in how well the home is managed and led. Regulations may or may not be met. • There will be times when leadership is reactive rather than proactive. There could be a sense that the way the service is managed does not always anticipate risks and have strategies to minimise them to ensure the smooth running of the service. Staff generally feel supported but not all staff understand their roles and responsibilities. They may feel their views are sought and valued but there are often obstacles to them being acted on. The culture of the service is not always open and transparent.

WELL-LED	
Rating Description	Judgement
	<ul style="list-style-type: none"> • Governance systems are in place but may be inconsistently applied. Management may recognise the value of transparency but in practice, key decisions are made without fully involving people and staff or information sharing may be inconsistent. • People and staff who raise concerns, including whistleblowers, are not always supported. Issues they raise are investigated but they may not always be told the outcome. • Communication may sometimes be unclear. When people are involved it tends to be those with a stronger voice who are listened to. Those whose voices are more difficult to hear are not always empowered to make their views heard.
Well-led Inadequate	<ul style="list-style-type: none"> • An inadequate service may have failings in several areas. Some regulations are not met. • Leadership within the home at provider and manager level may be weak or inconsistent. Support and resources needed to run the service are not always available. • There may not have been a registered manager in post for a substantial period. Roles and responsibilities within the service are not clear and the staff are unsure who they are accountable to and what they are accountable for. • Care and support provided in the service is intuitive rather than guided by good practice or management support with staff not working from an informed knowledge base. Outcomes for people using the service may be poor. • Staff are not adequately supervised and staff turnover may be high. Management have not developed the staff team to ensure they display the right values and behaviours towards people. • Management and staff do not understand the principles of good quality assurance meaning the service lacks any drive for improvement. People and staff are uninformed with a lack of communication and involvement from the management regarding the day to day things that affect their lives and work. People and staff who raise concerns, including whistleblowers, are not supported and issues they raise may not be taken seriously.

