

Community services key lines of enquiry (KLOE), prompts and potential sources of evidence

Introduction

We have developed the key lines of enquiry (KLOEs), prompts and sources of evidence sections to help you answer the five key questions: is the service safe, effective, caring, responsive and well-led? The prompts and the sources of evidence are not an exhaustive list but are there to help you think about what you may wish to cover during the inspection process for an individual service. The prompts are questions; some are open and others closed. All of the prompts you use will need to have sufficient evidence underpinning them in order to be able to answer the KLOE itself and ultimately the key question they sit beneath.

The prompts should not be used as a checklist, and as you plan your inspection you may find that you do not need to cover all the prompts in each of the KLOEs. For example, you may identify evidence that confirms a particular prompt or prompts are already met. You may also find that some prompts do not apply to the type of service you are inspecting, or that there is no indication that you need to cover a particular prompt to help you answer a KLOE. You can also develop your own prompts to help you answer the questions. However, in order to have sufficient evidence to reach a robust judgement, you must consider the amount and depth of evidence you will need to answer the KLOE, and the overall key question.

Developing a picture of the service, and its history, is an important part of your planning. It will help you focus on what you need to look at in more detail when you visit the service. This picture will also help you when you make judgements, using the characteristics of ratings, about the consistency of the practice you have seen in the service and their approach to ongoing improvement.

You will need to be proportionate in how you assess the evidence for key lines of enquiry for smaller services or particular types of service, as they may not have the supporting infrastructure or complexity of systems that you may find in a larger service.

When you are inspecting Shared Lives schemes, you will need to familiarise yourself with, and refer to, our guidance on the [intranet](#). This gives detailed information on how these schemes are set up and run. The terminology used is often specific to Shared Lives and we will have a different approach to the staff/workers who run the scheme, who are paid employees, and the actual Shared Lives carers, who the person lives with and who are self-employed. We will take a proportionate approach to the inspection of Shared Lives schemes. Not all prompts and sources of evidence will be relevant and you need to consider which ones you need to include as you plan your inspection.

Using the ‘potential sources of evidence’ column

The sources of evidence column in the tables below will support you with your planning, gathering evidence at the site visit and organising it as you prepare your report. There are some key principles that you must consider for each of the five key questions:

- The history of the service gives us a picture of how well they are managing over time. It applies to all of the five key questions but is particularly relevant when you are considering some individual KLOEs – for example Safe 1, 2 and 3, Effective 1, Responsive 1 and 2, Well-led 1 and 2.
- Where applicable, speak with the previous inspector for the service. They can provide you with information that you may not be able to find in the records we hold.
- The inspector information pack provides a range of data, and the provider’s own assessment of their practice, in relation to the five key questions. As part of your planning you must review this document as it will help you answer KLOEs and provide you with areas that you want to focus on during the site visit. You must also look at information held in enquiries on CRM (our contact management system) as the detail of each notification, enquiry and complaints information or ‘Tell us your experience’ form will not have been drawn into the inspector information pack. You should also review the statement of purpose.
- Health and social care professionals, complainants, relatives and other key people will have information about services registered with us. You need to think about who to contact for this information before your site visit. Their information will help you develop a picture of the service and inform your planning.
- Observation is a key part of our methodology and will provide you with evidence that you can cross-reference with care records and contribute to your discussions with staff.
- Talking to people, and those that matter to them, before, during and after the site visit is one way to make sure that we gather information about people’s experience of a service. It must be the main focus of the inspection.
- The sources of evidence column will also give you ideas about what to talk to people about, what to observe and the records you might want to review.
- The planning tool is your audit trail of how you have considered the evidence available to you. It is important to make sure that you include how you have considered the above points.
- Throughout the inspection process we are looking for characteristics of good practice. Where we find good practice we should consider whether there is additional evidence that could indicate that the characteristics of outstanding are met.

Safe

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

In **community 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.

S1 How are people protected from bullying, harassment, avoidable harm and abuse that may breach their human rights?

Prompts

- How are people protected from abuse and avoidable harm, including breaches of their dignity and respect, which can result in psychological harm?
- How are people protected from discrimination, which might amount to discriminatory abuse or cause psychological harm? This includes discrimination on the grounds of age, disability, gender, gender identity, race, religion, belief or sexual orientation.
- Are people kept safe by staff who can recognise signs of potential abuse and know what to do when safeguarding concerns are raised?
- How are people supported to understand what keeping safe means, and how are they encouraged to raise any concerns they may have about this?

Potential sources of evidence

Planning: In CRM, review the details of statutory notifications for safeguarding, incidents and concerns/complaints.

Gathering feedback: From Healthwatch, specialist nursing staff, social workers or the local safeguarding team.

Talking to people: Ask if they feel safe and if they feel they are discriminated against. Explore whether they know what keeping safe means and whether they are encouraged to raise concerns.

Observation: During home visits, if possible and appropriate, observe how staff interact with people, including using non-verbal feedback. Consider overt discrimination and people's dignity, identity etc. and how this may be compromised. How do staff support people whose behaviour challenges, for example, people living with dementia? This could be staff not taking a person centre approach to people's individual behaviour pattern to them demonstrating and putting into practice positive actions when dealing with difficult situations that could potentially cause harm or compromise people's safety.

Talking to staff: Ask how they keep people safe and avoid discrimination. Find out whether they have had training on equality and diversity, and if they understood it and know how to put it into practice. Do they understand and use policies and procedures or professional guidance? Talking to staff can also help to provide evidence about safeguarding and discrimination.

Reviewing records: To support your evidence, you can look at people's risk assessments and individual care records, including safeguarding records, accident and incident reports, staff handover records, quality assurance audits for safety and, where appropriate, any regional or national risk management reports and action plans. If you need to corroborate your evidence further, you could review a range of policies and procedures.

Shared Lives: You will need to consider whether people are safe in their Shared Lives arrangement and when they are supported to access the community independently.

S2 How are risks to individuals and the service managed so that people are protected and their freedom is supported and respected?

Prompts	Potential sources of evidence
<ul style="list-style-type: none"> • What arrangements are there for managing risk appropriately, and to make sure that people are involved in decisions about any risks they may take? • Are risk management policies and procedures followed to minimise restrictions on people's freedom, choice and control? • Are formal and informal methods used to share information on risks to people's care, treatment and support? • Are there plans for responding to any emergencies or untoward events, and are these understood by all staff? • How are risks at service level identified and managed? And, where appropriate, how are risks to the structure of a service regional and national level anticipated? • Are investigations into whistleblowing or staff concerns, safeguarding, and accidents or incidents thorough, questioning and 	<p>Planning: In CRM, review the details of accidents and incidents, statutory notifications and, if appropriate, any concerns or complaints.</p> <p>Gathering feedback: District nurses, specialist learning disability teams, community psychiatric nurses, social workers and falls prevention teams may be able to provide evidence.</p> <p>Talking to people: People feel that the risks associated with their care and support are managed positively and appropriately and they can make choices and feel in control. We should also explore whether they feel their freedom is unnecessarily restricted and whether they have the freedom to make mistakes, based on informed choice. This may also include talking to their relatives, friends or advocates. Ask people their views about their security, safety of possessions and any equipment in relation to safety. Relatives and friends may also provide evidence.</p> <p>Observation: Through spending time with people in their own homes, you may be able to observe evidence during your discussions with people</p>

objective? Are action plans developed, and are they monitored to make sure they are delivered?

- What arrangements are there for continually reviewing safeguarding concerns, accidents, incidents and pressure ulcers, to make sure that themes are identified and any necessary action taken?
- Where the service is responsible, how is equipment managed to keep people safe?
- What arrangements are there to assess and managed risks associated with the environment?

on how well risks are managed. Look around for hazard prevention and security, taking into account the specialist needs of the person living there. Is all the equipment suitable for its purpose? Also, where possible, observe the way staff work with people, for example, when moving them with the aid of a hoist.

Talking to staff: Ask staff about their understanding of risk management, how they identify hazards and deal with emergencies, including how they support people to stay safe in their own homes, while minimising restrictions on their freedom. What do they understand about people being able to make decisions in some areas of their lives but not others, and what is their approach to assuming people have the ability to retain control of their lives. Also, ask staff how they communicate and manage risks to enable people to be involved safely in the local community and whether they have had training in the use of equipment and risk assessment systems.

Where appropriate, you can discuss any investigations following whistleblowing or when staff have raised concerns. Also discuss how the service learns from accidents and incidents etc. and how they monitor these on an ongoing basis and use the data to inform practice.

Reviewing records: To support your evidence you may also wish to look at people's risk assessments/individual care files, accident and incident reports, including ongoing monitoring and records of investigations into safeguarding or accidents and incidents. Quality assurance audits, environmental risk assessments and where appropriate any regional or national risk management reports and action plans may also be of value. If you wish to corroborate your evidence further, you could review any maintenance certificates for equipment the service is responsible for and a range of policies and procedures.

S3 How does the service make sure that there are sufficient numbers of suitable staff to keep people safe and meet their needs?

Prompts	Potential sources of evidence
<ul style="list-style-type: none"> • How are staffing levels assessed and monitored to make sure they are flexible and sufficient to meet people’s individual needs and to keep them safe? • What arrangements are there for making sure that staff have the right mix of skills, competencies, qualifications, experience and knowledge, to meet people’s individual needs? • How does the service make sure safe recruitment practices are followed? • Does the service follow clear staff disciplinary procedures when it identifies that staff are responsible for unsafe practice? • How does the service make sure that there are enough staff working in the right place, at the right time? 	<p>Planning: In CRM, review the details of enquiries, including compliments, concerns and complaints, and if available, share your experience forms.</p> <p>Gathering feedback: From any visiting nursing staff, doctors, social workers, the local safeguarding team, commissioners, Healthwatch or people and their relatives or friends who have already commented.</p> <p>Talking to people: Ask how staffing affects their day-to-day lives – for example, their safety and care management in both a positive or negative way, including late and missed calls. This may also include talking to their relatives and/or friends, advocates and any visiting professionals on the day of the home visit.</p> <p>Talking to staff: Talk to a range of staff to hear their views on the staffing at the service, including how shifts are covered, particularly at weekends and night time. How are staffing levels maintained or increased at busy times, covering sickness, different areas of the service and the different needs of the people they care and support? How are agencies used? What recruitment processes were followed?</p> <p>Reviewing records: To support the evidence, if you have concerns that there may be breach of regulations, you may also wish to look at people’s risk assessments/individual care files, staffing level assessment systems, staff rotas over time, agency records, minutes of meetings, internal quality assurance feedback, quality assurance records on patterns/timings of late and missed calls. Staff files for recruitment and staff disciplinary procedures and should you need to corroborate evidence, policies and procedures.</p> <p>Shared Lives: You will need to consider whether people are safe in their Shared Lives arrangement and when they are supported to access the community independently.</p>

S4 How are people's medicines managed so that they receive them safely?	
Prompts	Potential sources of evidence
<ul style="list-style-type: none"> • Where the service is responsible, do they follow current and relevant professional guidance about the management and review of medicines? • Where the service is responsible, do people receive their medicines as prescribed (including controlled drugs)? • Where the service is responsible, are medicines stored, given to people and disposed of safely, in line with current and relevant regulations and guidance? • Are there are clear procedures for giving medicines, in line with the Mental Capacity Act 2005? • How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines? • How are people supported to take their own medicines safely? • What guidance is given to staff about unlicensed medicines that people may choose to use? 	<p>Planning: In CRM, review the details of statutory notifications of incidents, concerns and complaints. Share your experience forms may also provide evidence.</p> <p>Gathering feedback: Community nursing staff may be able to provide evidence on how well services manage medicines.</p> <p>Talking to people: Where the service supports them, ask people if they are satisfied that their medicines are managed correctly. Do they get them on time, understand what they are for and have access to pain relieving medicines when needed? Where possible, talk to people about taking their own medicines.</p> <p>Observation: During home visits, where possible, check to see people receive their medicines safely and at the time they should. Are they able to take them easily, and are they supported appropriately? Where the service is responsible, also look proportionately whether medicines are stored, administered and disposed of safely and, if there are concerns of a breach of regulations, you may wish to explore this further.</p> <p>Talking to staff: Ask staff what they understand about the safe storage, administration and management of medicines, and their side effects. Discuss their training/competencies and the use of their own policies and procedures. Discuss individuals' needs with regard to medicines, self-medication, risk and how they address people's complex needs.</p> <p>Reviewing records: To support the evidence you may also wish to look at people's risk assessments/care plans, medication reviews/records, best interest decisions and staff competency records. Quality audits of medication and checks both internal and external, and action plans can also be of value.</p> <p>If you need to corroborate your evidence further, you could review a range of policies and procedures, including administration of specialist medicines, covert medicines and homely remedies.</p>

Shared Lives: Inspectors should take a proportionate approach, as normal household arrangements would be in place. The scheme should have a policy in place and may provide Shared Lives carers with recording sheets. For more information, please see the guidance on the intranet under Shared Lives Plus.

S5 | How well are people protected by the prevention and control of infection?

Prompts	Potential sources of evidence
<ul style="list-style-type: none"> • What arrangements are there for making sure that people are protected from acquired infections because, where the service is responsible, the premises are kept clean and hygienic? • Do staff understand their roles and responsibilities in relation to infection control and hygiene? • Does the service maintain and follow policies and procedures in line with current relevant national guidance? • Where it is part of their role, how does the service make sure they alert the right external agencies to concerns that affect people's health and wellbeing? 	<p>Planning: In CRM, review the details of statutory notifications of incidents and any concerns and complaints.</p> <p>Gathering feedback: Community infection control nurses may provide evidence of good practice and appropriate contact from the service.</p> <p>Talking to people: Where appropriate, ask people if staff support them properly and as they wish with hygiene and cleanliness, and find out whether staff use the right protective clothing. Also ask relatives and friends who may have views.</p> <p>Talking to staff: What do they understand about their role in relation to the prevention and control of infection and the use of associated policies and procedures. Discuss communication between staff on infection risks.</p> <p>Reviewing records: To support the evidence, if you have concerns that there is a breach of the regulations, you may also wish to look at people's risk assessments/care plans and any quality assurance audits/action plans in place. To corroborate your evidence you may wish to review policies and procedures.</p> <p>Shared Lives: Inspectors should take a proportionate approach because Shared Lives carers provide personal care, where needed, on a one-to-one basis. For further information, please see the guidance on the intranet.</p>

EFFECTIVE

By **effective**, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

In **community 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.

E1 How do people receive effective care, which is based on best practice, from staff who have the knowledge and skills they need to carry out their roles and responsibilities?

Prompts	Potential sources of evidence
<ul style="list-style-type: none"> • Are people supported to have their assessed needs, preferences and choices met by staff with the right skills and knowledge? • How does the service make sure that people are well matched with staff, to make sure they are compatible? • Do staff have effective support, induction, supervision, appraisal and training? • Does the service have links with organisations that provide sector-specific guidance and training linked to best practice in leadership and the delivery of care? • Do staff have the skills to communicate effectively so that they can carry out their roles and responsibilities? • Are there up-to-date plans to develop staff knowledge and skills? • Are volunteers trained and supported for the role they undertake? 	<p>Planning: If available, review the details of any share your experience forms, compliments and complaints. Review the statement of purpose to see if specialist training for staff is needed.</p> <p>Gathering feedback: From visiting healthcare professionals, including nurses, doctors and dieticians, commissioning bodies, training consortiums and organisations such as Healthwatch.</p> <p>Talking to people: Ask people and/or their relatives about their experiences and views on whether staff are sufficiently skilled and experienced to care and support them to have a good quality of life. Also discuss whether people feel that they are well matched with the staff that care for them.</p> <p>Observation: Where possible on home visits, look for practice that indicates staff have the skills to meet people's individual needs, or any areas for improvement/staff development.</p> <p>Talking to staff: Discuss their induction, support and training and whether they feel this enabled them to care and support people effectively when they started work and on an ongoing basis. Discuss any links they have with other providers or organisations to learn about and implement current best practice.</p> <p>Explore with staff how they are supported to receive additional training to meet the specific needs of people they care for, such as those living with</p>

dementia, Parkinson's disease or diabetes. Also speak to volunteers where appropriate.

Reviewing records: To support your evidence, you may wish to review staff training and development plans, induction and training records/certificates and staff files.

Shared Lives: Inspectors will have to decide what is appropriate for the scheme workers and what is appropriate for the individual Shared Lives carers. You should explore how the person and the Shared Lives carer are matched, and how this is assessed and managed. Carers are monitored through an agreement, rather than supervised and receive an annual review rather than an appraisal. Support carers may be used to additionally support the work of the Shared Lives carer and they may be paid or unpaid; this should also be explored.

E2 Is consent to care and treatment always sought in line with legislation and guidance?

Prompts

- Do staff understand the relevant requirements of the Mental Capacity Act 2005 and, where appropriate other relevant legislation, case-law and guidance in relation to children?
- How and when is a person's mental capacity to consent to care or treatment assessed and, where appropriate, recorded?
- When people lack the mental capacity to make decisions, do staff make best interest decisions in line with legislation?
- How do staff deal with behaviour that challenges others?
- What arrangements are there to make sure that decisions about the use of restraint are made appropriately and recorded?
- Is the use of restraint of people who lack mental capacity clearly

Potential sources of evidence

Planning: In CRM, review the details of statutory notifications for safeguarding, deprivation of liberty and incidents of restraint and concerns/complaints.

Gathering feedback: From Court of Protection, specialist nursing staff or the local safeguarding team.

Talking to people: Ask people how and when the staff seek their consent and involve them in decisions about their mental capacity. Do people understand why decisions have been made and that they should be involved, as far as they are able? For example, find out about any decisions about how any challenging behaviour is managed and the use of restraint.

Observation: If possible, see how people are supported to make decisions (e.g., through picture cards or easy read information). Spend

monitored? Is this in line with legislation and is action taken to minimise its use?

- Do staff understand the difference between lawful and unlawful restraint practices, including how to make application to the Court of Protection for a deprivation of liberty?
- How does the service monitor and improve the way staff seek people's consent to their care and treatment to make sure it is acting within legislation?
- How does the service make sure that any 'do not actively resuscitate' orders follow current guidance?

time observing how staff interact with people, and take account of their mental capacity and their ability to consent. This could cover placing restrictions on people (for example people living with dementia), to staff dealing positively with people when dealing with difficult situations that could potentially cause harm. You may need to explore behaviours or interactions you observe (such as staff supporting people whose behaviour challenges) in order to understand them and make a decision about whether they are appropriate.

Talking to staff: About whether they have had training on the Mental Capacity Act 2005 and associated codes of practice and the safe use of restraint. Ask if they can give examples of putting this into practice and whether they understand what appropriate methods of restraint are and if they use policies and procedures or professional guidance. Explore with staff how they help people make decisions before they lose capacity, for example if they are living with dementia. When discussing the use of restraint, remember that it does not only relate to people with a learning disability.

Reviewing records: To support your evidence, you can look at people's risk assessments and individual care records, including safeguarding records, assessments of behaviour, accident and incident reports and the management of 'Do not attempt resuscitation' orders. Care management audits and, where appropriate, any regional or national reports and action plans may also be of value. If you need to corroborate your evidence further you could review a range of policies and procedures.

E3 How are people supported to eat and drink enough and maintain a balanced diet?	
Prompts	Potential sources of evidence
<ul style="list-style-type: none"> • How are people supported to have enough to eat and drink? • Are meals appropriately spaced and flexible to meet people's needs? • Where the service is responsible, how are people supported to have a balanced diet that promotes healthy eating? • How are people involved in decisions about what they eat and drink? • How does the service identify risks to people with complex needs in relation to their eating and drinking? • How are people's nutritional needs, including those relating to culture and religion, identified, monitored and managed? • What arrangements are there for people to have access to dietary and nutritional specialists to help meet their assessed needs? • Where the service is responsible, is food served at the correct temperature and do people enjoy mealtimes and not feel rushed? 	<p>Planning: In CRM, review the details of any share your experience forms, compliments and concerns or complaints.</p> <p>Gathering feedback: From community dieticians and nursing staff, GPs, commissioning bodies and organisations such as Healthwatch.</p> <p>Talking to people: Where appropriate, ask people and/or their relatives and friends for their views and experiences of the food and mealtimes. This should include whether the staff support them effectively, and whether their needs and preferences are met throughout the day and night.</p> <p>Talking to staff: Ask them about their understanding of the care and support people need in their own homes, to make sure they have enough to eat and drink. Discuss specialist diets and people at risk, including those living with dementia, and how risks are communicated.</p> <p>Reviewing records: To support your evidence, you may wish to review people's individual care records, food and fluid intake charts, nutrition, hydration and swallowing assessments, risk assessments and, where appropriate, weight management records.</p>

E4 How are people supported to maintain good health, have access to healthcare services and receive ongoing healthcare support?	
Prompts	Potential sources of evidence
<ul style="list-style-type: none"> • How are people's day-to-day health needs met? • How does the service make sure that people have information and explanations that they understand about their healthcare and treatment options and their likely outcomes? • How are people involved in regularly monitoring their health? Have any changes that may require additional support or intervention been discussed with them? • Where the service is responsible, are referrals made quickly to relevant health services when people's needs change? 	<p>Planning: In CRM, review the details of any share your experience forms and compliments and concerns or complaints.</p> <p>Gathering feedback: From community/specialist-nursing, including tissue viability nurses, and healthcare staff, GPs, commissioning bodies and organisations such as Healthwatch.</p> <p>Talking to people: Ask people and/or their relatives their views and experiences about how well staff support them with any healthcare support they need. This should include whether they get to see the nurse, doctor or other healthcare professional quickly, if the service is involved.</p> <p>Talking to staff: What do they understand about the individual care and support people living at home need in relation to their health. Discuss their observations and understanding on how changes in behaviour may indicate changes in people's health and wellbeing. Discuss, where appropriate, how often people get urinary tract infections, how pressure ulcers are prevented and how wounds are managed. Also, find out how any concerns about people's health are communicated to other professionals.</p> <p>Reviewing records: To support your evidence, review people's individual care records, including, health appointments, related staff handover records, and where appropriate, tissue viability/wound management plans, health action plans and look at any information available to people on matters affecting their health.</p>

Caring

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

In **community 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.

C1 How are positive caring relationships developed with people using the service?

Prompts

- Are people treated with kindness and compassion in their day-to-day care?
- Are people's needs in respect of their age, disability, gender, gender identity, race, religion or belief and sexual orientation understood by the staff and met in a caring way?
- How does the service make sure that people feel they matter, and that staff listen to them and talk to them appropriately and in a way they can understand?
- Do staff know the people they are caring for and supporting, including their preferences and personal histories?
- Do staff show concern for people's wellbeing in a caring and meaningful way, and do they respond to their needs quickly enough?
- Is practical action taken to relieve people's distress or discomfort?

Potential sources of evidence

Planning: In CRM, review the details of any share your experience forms and compliments and concerns or complaints.

Gathering feedback: From relatives and any visiting professionals, including Healthwatch and commissioners.

Talking to people: Ask people and their relatives how they feel about the caring approach of staff. This should include whether people's diversity, staff's speed of response, staffing availability or consistency of staff affects this.

Observation: Where possible, spend time to see and hear how people and staff interact with each other and whether this is meaningful or just task-led.

Talking to staff: Discuss how well they know the people they support to see whether they have a caring, person-centred approach, or one that is primarily task-led.

Reviewing records: To support the evidence, you may wish to look at people's individual care files to see if the approach is caring and person-centred and how staff deal with the things that matter to people, however small.

C2 How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support?	
Prompts	Potential sources of evidence
<ul style="list-style-type: none"> • What arrangements are there to make sure that, where they are able to, people are involved in making decisions and planning their own care? Do they feel listened to, respected and have their views are acted upon? • How are people given the information and explanations they need, at the time they need them? • Where appropriate, how are people told about advocacy services that are able to speak up on their behalf and how are they supported to access these services? 	<p>Planning: In CRM, review the details of any share your experience forms, compliments and concerns or complaints.</p> <p>Gathering feedback: Advocacy staff and relatives may provide a valuable insight.</p> <p>Talking to people: Ask people and/or their relatives and friends for their views and experience on how they have been involved and supported in planning and making decisions about their care and treatment. Find out whether they are given explanations when they need them and in a way that they understand. Ask people and/or their relatives for their views and experience of communication from the service. This should include specialist methods of communication, for example, for people with a learning disability, a sensory impairment or dementia.</p> <p>Observation: Where possible, observe how staff and people interact with each other, and listen to the decision-making process to see if people are actively involved and given choice and independence. This can be simple day-to-day decisions, like when a person may wish to go to the toilet, or how, where appropriate, they are involved in day-to-day chores.</p> <p>Talking to staff: To determine whether they understand and put into practice effective ways of supporting people to exercise choice, independence and control, wherever possible.</p> <p>Reviewing records: To support your evidence, you may wish to review people’s individual care files, including records of advocacy visits and quality assurance feedback results. Review the use of communication passports, PECs (Picture exchange communication systems), objects of reference, talking mats, pictures, and electronic communicators.</p> <p>Shared Lives: Care and support is provided in a family setting, by a one-</p>

to-one Shared Lives carer. People should have someone separate from the scheme, who is available to act on their behalf or speak to if needed. This does not have to be a formal advocate, but you should explore how this is achieved.

C3 How is people's privacy and dignity respected and promoted?

Prompts

- How are people assured that information about them is treated confidentially and respected by staff?
- Do people have the privacy they need?
- Are people treated with dignity and respect at all times?
- Can people can be as independent as they want to be?
- Do staff understand and promote respectful and compassionate behaviour within the staff team?
- Are people's relatives and friends able to visit without being unnecessarily restricted?
- How does the service make sure that staff understand how to respect people's privacy, dignity and human rights?
- What arrangements are there for making sure that the body of a person who has died is cared for in a culturally sensitive and dignified way?

Potential sources of evidence

Planning: In CRM, review the details of any share your experience forms, compliments and concerns or complaints.

Gathering feedback: From relatives, commissioners and Healthwatch.

Talking to people: Ask people and/or their relatives for their views and experiences on how privacy and dignity is maintained and how their possessions are kept secure when being supported by the service. Also ask them how they are supported to stay independent.

Observation: Observe, where appropriate, to see if staff offer people privacy, maintain their dignity and promote independence.

Talking to staff: Discuss how they support people with their privacy, dignity and confidentiality. Also explore examples of how they promote people's independence.

Reviewing records: To support the evidence, you may wish to review people's individual care files and training records/training content. If you need to corroborate your evidence further you can review a range of associated policies and procedures and check data management.

Shared Lives: You should check whether people are 'included' in the home they live in and are part of the family: do they have reasonable access to the home or just their room/bathroom and does everyone living there have privacy and dignity? It should feel like it is their home.

C4	How people are supported at the end of their life to have a comfortable, dignified and pain free death?	
Prompts	Potential sources of evidence	
<ul style="list-style-type: none"> • How are people’s preferences and choices for their end of life care clearly recorded, communicated, kept under review and acted on? • How are people, and those that matter to them, involved in the planning, decision making and management of their end of life care? • How are people supported to make advance decisions to refuse treatment or appoint someone with lasting powers of attorney, if they wish to do so? • How does the service make sure that people who have living wills, or advanced directives, have these taken into account by staff. • How can people access support from specialist palliative care professionals? • How does the service make sure that staff know how to manage, respect and follow people’s choices and wishes for their end of life care as their needs change? • Do people have the equipment they need to meet their end of life care needs? 	<p>Planning: In CRM, review the details of any share your experience forms and compliments and concerns or concerns or complaints.</p> <p>Gathering feedback: From visiting professional such as GPs, end of life nurse specialists, district nurses, relatives and friends, commissioners and Healthwatch.</p> <p>Talking to people: Ask people and/or their relatives and friends for their views and experience of end of life care. This should include good practice, decision making, choice and control, access to specialist support and where appropriate, equipment and symptom management.</p> <p>Talking to staff: To find out their approach to end of life care, their understanding of people’s individual needs at this time and any training they have attended and how they put this into practice. Where the service is responsible, discuss resources and the supply of any specialist equipment and the arrangements for reviewing and communicating people’s, often rapidly, changing care needs.</p> <p>Reviewing records: To support the evidence, review people’s individual care files, including any advanced care plans or directives and training records/training content. Also, look at any accreditation schemes that the service takes part in and how these are put into practice at the service.</p> <p>Should you need to corroborate your evidence, if you have concerns, you can review a range of associated policies and procedures.</p>	

Responsive

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

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

R1 How do people receive personalised care that is responsive to their needs?

Prompts

- How do people or, where appropriate, those acting on their behalf, contribute to the assessment and planning of their care, as much as they are able to?
- How does the service make sure people's views about their strengths and levels of independence and health and what their quality of life should be, are taken into account?
- How are people supported to have care plans that reflect how they would like to receive their care, treatment and support? These should include their personal history, individual preferences, interests and aspirations, and should make sure they have as much choice and control as possible.
- Where the service is responsible, how are people supported to follow their interests and take part in social activities and, where appropriate, education and work opportunities?
- Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them and avoid social isolation?
- What arrangements are there for people to have their individual needs regularly assessed, recorded and reviewed?
- How are people given the care and support they need, in terms of their age, disability, gender, gender identity, race, religion, belief or sexual orientation?

Potential sources of evidence

Planning: In CRM, review the details of any share your experience forms and compliments and concerns or complaints.

Gathering feedback: From visiting professionals, including specialist learning disability teams or social care, commissioners, Healthwatch, staff, relatives and friends.

Talking to people: Ask people and/or their relatives for their views and experiences of person-centred care including the choice, with regard to gender, of who provides their personal care. This should include how much they are asked for their views, given choice and control, get the right care, treatment and support when they need it, have their diversity and/or disabilities taken into account and have access to information.

Observation: Where possible, on home visits, see how people are provided with person-centred care – whether the routine is person-centred or task-led, whether their diversity is understood and managed to suit people's needs and if they get the individual care, treatment and support they need when they need it.

Talking to staff: Find out what they understand about person-centred care and how this is put into practice. Discuss person-centred routines and social isolation. You should discuss what arrangements there are to meet people's spiritual, religious or ethical requirements. Discuss whether rotas are flexible enough to provide person centred care.

<ul style="list-style-type: none"> • How does the service make sure that people with mental health conditions and physical, sensory or learning disabilities have reasonable adjustments made, following the requirements of relevant legislation, to make sure they receive the support they need to stay independent? • Are people's care plans used to make sure that they receive care that is centred on them as an individual, and is the planned care provided to them when and where they need it? • How does the service make sure that people have the time they need to receive their care in a person-centred way? 	<p>Reviewing records: To support the evidence, review people's individual care files/activity records in detail as this can give evidence across a range of KLOEs. Where appropriate, include specialist care and support assessments; for example, for people living with dementia or a learning disability. Look at any accreditation schemes that the service takes part in and how these are actively put into practice.</p> <p>Shared Lives: You may ask to look at the Shared Lives arrangement/agreement and 'Service User' Plan.</p>
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R2 How does the service routinely listen and learn from people's experiences, concerns and complaints?

Prompts	Potential sources of evidence
<ul style="list-style-type: none"> • How are people's concerns and complaints encouraged, explored and responded to in good time? • Do people know how to share their experiences or raise a concern or complaint, and do they feel comfortable doing so? • What are the arrangements to encourage relatives and friends to provide feedback? • Are there arrangements to make sure that information and concerns received about the quality of care are investigated thoroughly and recorded? Can the service show the difference this has made to how care, treatment and support is delivered? • Are concerns and complaints used as an opportunity for learning or improvement? 	<p>Planning: In CRM, review the details of any share your experience forms, and compliments and concerns or complaints.</p> <p>Gathering feedback: From people or relatives and friends who have raised concerns, commissioners, and Healthwatch.</p> <p>Talking to people: Ask people and/or their relatives and friends their views and experiences on how any concerns and complaints have been managed. You should explore whether people feel that they were responded to properly and whether anything has changed in light of the matter raised. You should check whether people know how to raise a concern or complaint and whether they feel comfortable doing this.</p> <p>Talking to staff: To determine how they view and manage concerns and complaints. Explore with them how improvements have been made or changes to practice implemented as a result of complaints or concerns.</p> <p>Reviewing records: To support the evidence, you may wish to review concerns/complaints management systems, records of investigations and</p>

the response provided and associated action plans, minutes of meetings or associated quality assurance data. Should you need to corroborate your evidence, you could review the complaints procedure and its accessibility.

R3 | **How are people assured they will receive consistent coordinated, person-centred care when they use, or move between, different services?**

Prompts	Potential sources of evidence
<ul style="list-style-type: none"> • How are people’s needs, wishes and choices recognised, respected and shared when they move between services? • How do people receive consistent, planned, coordinated care and support when they use or move between different services? Does this make sure that their individual preferences and needs continue to be met? • What arrangements are there for making sure that when people move between services, or receive services from more than one provider, they understand who to contact about each aspect of their care? 	<p>Planning: In CRM, review the details of any share your experience forms, compliments and concerns or complaints.</p> <p>Gathering feedback: From relatives, friends, visiting professionals and commissioners.</p> <p>Talking to people: Ask people and/or their relatives and friends their views and experiences on how well their care and support is managed, if the service is responsible, when they access other services, such as attending hospital. This should include choice and control and the consistency of their care. Where appropriate, speak to people who have moved from children’s into adult services.</p> <p>Talking to staff: To understand how they plan and manage the transition between services, for example hospital admissions, appointments and permanent moves from the service.</p> <p>Reviewing records: To support your evidence, you may wish to review people’s individual care files and transfer information, especially for people with a sensory impairment, learning disability or dementia.</p>

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

W1 How does the service promote a positive culture that is person-centred, open, inclusive and empowering?

Prompts

- How are people and staff actively involved in developing the service?
- Is there an emphasis on support, fairness, transparency and an open culture?
- Where appropriate, are there strong links with the local community?
- How are staff supported to question practice and how are people who raise concerns, including whistle-blowers, protected?
- Does the service have, and keep under review, a clear vision and a set of values that includes involvement, compassion, dignity, independence, respect, equality and safety? Are they understood and promoted by all staff?
- Are managers aware of, and keep under review, the day-to-day culture in the service, including the attitudes, values and behaviour of staff?
- How does the service enable and encourage open communication with people who use the service, those that matter to them and staff?
- Are there accessible, tailored and inclusive ways of communicating with people, staff and other key stakeholders?

Potential sources of evidence

Planning: In CRM review the details of any share your experience forms, compliments and concerns or complaints. Reviewing evidence from other KLOEs may provide supporting evidence about the culture of the service.

Gathering feedback: From relatives, commissioners, Healthwatch, other professionals and staff.

Talking to people: Ask people and/or their relatives and friends for their views and experiences on the culture and communication from the service. Discuss involvement, openness and transparency. If they have raised safeguarding concerns or have been involved in an accident relating to care and support from the service, seek their views on how these matters were managed and how involved they were in the investigation.

Observation: Where possible, spend time to see how people are referred to by staff and whether it is appropriate. Observe how staff interact with each other, and also how they speak to and involve people.

Talking to staff: To determine their understanding of the vision and values of the service and how these are developed, discussed and put into practice. You should also discuss the culture of the service and find out whether staff understand how to raise concerns or whistle blow, and feel able to do so. Include the approach taken to achieve this and explore openness, transparency, and any examples given. Explore how

<ul style="list-style-type: none"> • Is there honesty and transparency, from all levels of staff and management, when mistakes occur? • Do staff receive feedback from managers in a constructive and motivating way that that means they know what action they need to take? 	<p>communication works in the service; whether it is open and transparent and whether feedback is constructive and motivating.</p> <p>Reviewing records: To support your evidence, you may wish to review the current vision and values of the service, if the service has them recorded, and minutes of meetings. You may also wish to review people's individual care files and staff supervision records, spot checks and appraisal records. Should you need to corroborate your evidence, you could review associated policies and procedures.</p> <p>Shared Lives: You should explore the working partnership between the shared lives carer and the scheme, and how their knowledge and skills are used to help develop the service.</p>
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W2 How does the service demonstrate good management and leadership?

Prompts	Potential sources of evidence
<ul style="list-style-type: none"> • Is the leadership visible at all levels and does it inspire staff to provide a quality service? • Where required, is there a registered manager in post? • Does the registered manager understand their responsibilities, and are they supported, where appropriate, by the provider to deliver what is required? • Are CQC registration requirements, including the submission of notifications and any other legal obligations, met? • Are all other conditions of registration met? • Do managers and staff have a shared understanding of the key challenges, achievements, concerns and risks? • Are resources and support available to develop the team and drive improvement? 	<p>Planning: In CRM, review the details of any share your experience forms, compliments and concerns or complaints. Check any registration requirements and notifications of accidents/incidents and any associated enquires. Review safeguarding enquiries and any action plans held on CRM and review whether statutory notifications are being submitted in the appropriate way for the type of service you are inspecting.</p> <p>Gathering feedback: From relatives, commissioners, Healthwatch and visiting professionals.</p> <p>Talking to people: Ask people and/or their relatives and friends for their views and experiences about the way the service is managed, whether they think sufficient resources are available to help drive improvement, and how well staff understand and carry out their responsibilities.</p> <p>Talking to staff: Ask care staff and managers for their views on the management and leadership at the service. This should include key challenges, achievements, concerns and risks and the resources</p>

<ul style="list-style-type: none"> • How does the service make sure that staff are supported, have their rights and wellbeing protected and are motivated, caring and open? • How does the service make sure that responsibility and accountability is understood at all levels? • Do staff know and understand what is expected of them? • Are there clear and transparent processes in place for staff to account for their decisions, actions, behaviours and performance? • Where appropriate to the type of organisation, do the board and managers know about, and take responsibility for, things that happen in the service? 	<p>available to drive improvement. Explore their understanding of their individual roles and responsibilities. This should include accountability and the processes in place to manage this. With senior staff, discuss responsibility and accountability within the service and the systems used to manage decision making, behaviours and performance.</p> <p>Where required, if there is no registered manager in post, discuss with the provider what action has been taken to resolve this. Ask staff whether they feel supported in the absence of the registered manager.</p> <p>Reviewing records: To support the evidence, you may wish to review minutes of meetings, statutory notification systems, staff supervision, disciplinary and appraisal records, and where appropriate, board meeting minutes and business plans. Also look at any accreditation schemes that the service takes part in and find out how these are put into practice.</p> <p>To corroborate your evidence, you may wish to look at associated policies and procedures, the vision and values of the service, and if appropriate, the staff handbook and job descriptions.</p>
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W3 How does the service deliver high quality care?
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Prompts	Potential sources of evidence
<ul style="list-style-type: none"> • How does the service make sure that their approach to quality is integral and all staff are aware of potential risks that may compromise quality? • Are quality assurance and (where appropriate) governance and clinical governance systems effective, and are they used to drive continuous improvement? • How does the service make sure they have robust records and data management systems? • How is innovation recognised, encouraged and implemented in order to drive a high quality service? 	<p>Planning: In CRM, review the details of any share your experience forms, compliments and concerns or complaints.</p> <p>Gathering feedback: From relatives, commissioners, Healthwatch and other professionals.</p> <p>Talking to people: Ask people and/or their relatives and friends what involvement they have had in quality assurance feedback and whether or not this was used to improve practice and the overall service provided.</p> <p>Talking to staff: Explore with staff their understanding of how to provide a quality service, and how quality assurance helps drive improvement. You should also discuss how innovation is encouraged, recognised and put into practice.</p>

<ul style="list-style-type: none"> • How is information from investigations and compliments used to drive quality across the service? • How does the service measure and review the delivery of care, treatment and support against current guidance? 	<p>Reviewing records: To support the evidence, you may wish to review quality assurance systems/audits and any associated action plans, minutes of meetings and compliments. Explore any quality based accreditation schemes that the service takes part in and how these are actively put into practice. Should you need to corroborate your evidence, you could review associated policies and procedures and staff reward schemes.</p> <p>Shared Lives: Most schemes will have a panel that recommends the approval of Shared Lives carers. The panels are designed to provide a high-level quality assurance on the recruitment of Shared Lives carers. You may wish to talk to the panel chair or any members of the panel before the inspection and, if necessary, review the records of panel meetings. If the scheme does not have a panel, then ask how the approval process for Shared Lives carers is assured?</p>
W4 How does the service work in partnership with other agencies?	
Prompts	Potential sources of evidence
<ul style="list-style-type: none"> • How does the service work in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups, to support care provision, service development and joined-up care? 	<p>Planning: In CRM review the details of concerns or complaints to see whether they indicate a breakdown in working relationships.</p> <p>Gathering feedback: From commissioners, Healthwatch, training consortiums/organisations and other health and social professionals.</p> <p>Talking to staff: Explore examples of how they work in partnership with other organisations.</p> <p>Reviewing records: To support your evidence, you may also wish to look at any relevant schemes that the service takes part in and how these are actively put into practice.</p> <p>Shared Lives: Check how the service and individual Shared Lives carers link in and engage with other similar schemes or networks.</p>