

How CQC regulates:

# Adult social care: hospice services

Appendices  
to the provider handbook

March 2015

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## **Update since October 2014 version of these appendices**

- Clarification about the ratings limiter, in relation to provider information returns, for the well-led key question (p. 54).

# Appendix A: Key lines of enquiry (KLOEs), prompts and potential sources of evidence

## Introduction for our inspectors

We have developed the hospice services key lines of enquiry (KLOEs) to reflect the range of diverse services that provide hospice care both where people stay overnight and in the community. Although we refer to these services overall as being under 'adult social care', both in-patient hospices and hospice at home may also provide care for children and you will see this reflected throughout the KLOEs. The type and level of service provided varies throughout the sector and these KLOEs and prompts are written to reflect this.

Our inspections will be tailored to each individual setting and you must use your judgement and knowledge of the service to decide which KLOEs apply. To help identify where a KLOE or prompt may not be applicable we have added the words 'where appropriate', which means it may not be appropriate to a particular service.

The KLOEs, prompts and sources of evidence sections will 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 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 KLOEs 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.

### **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. In the right circumstances, this might include Short Observational Framework for Inspection (SOFI).
- 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.**

Mandatory key lines of enquiry are highlighted in yellow below.

## Safe

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

In **hospice 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?
- Where required, how does the service make sure that the staff are child centred and understand the

#### Potential sources of evidence

**Planning:** In CRM, review the details of statutory notifications for safeguarding, incidents and concerns/complaints. For children's hospices, we should contact the local Child Death Overview Panel to access any reports they have submitted to the Local Safeguarding Children Board about unexpected deaths. We should also find out if there have been any Serious Case Reviews concerning children or young people using a children's hospice.

**Gathering feedback:** From specialist nursing staff, clinicians, social workers, Healthwatch or the local safeguarding team and, where appropriate, local safeguarding children board, or other local children's networks.

**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. Talk to families and carers, who also may have a view on safety.

**Observation:** Where possible, we should look to see how staff interact with people, including using non-verbal feedback. Consider overt

<p>different legal frameworks for the safeguarding and protection of children?</p> <ul style="list-style-type: none"> <li>• How does the service identify emerging safeguarding problems for individual children and families who would benefit from early help?</li> </ul>	<p>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-centred approach to people’s individual behaviour patterns to them demonstrating and putting into practice positive actions when dealing with difficult situations that could potentially cause harm or compromise people’s safety.</p> <p><b>Talking to staff:</b> Ask how they keep people safe and avoid discrimination. Find out whether they have had training on equality and diversity, and if they understand 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 both adult and children’s safeguarding and discrimination.</p> <p><b>Reviewing records:</b> To support your evidence, you can look at people’s risk assessments and individual care records, including safeguarding records, assessment of behaviour, accident and incident reports, staff handover records, quality assurance audits for safety and, where appropriate, any board level, regional or national risk management reports and action plans and any death notifications submitted to the Child Death Overview Panel. If you need to corroborate your evidence further, you could review a range of policies and procedures.</p>
<p><b>S2      How are risks to individuals and the service managed so that people are protected and their freedom is supported and respected?</b></p>	
<p><b>Prompts</b></p>	<p><b>Potential sources of evidence</b></p>
<ul style="list-style-type: none"> <li>• What arrangements are there for managing risk appropriately, and to make sure that people are involved in decisions about any risks they may take?</li> <li>• Are risk management policies and procedures followed to minimise restrictions on people’s freedom, choice and control?</li> </ul>	<p><b>Planning:</b> In CRM, review the details of deprivation of liberty safeguard notifications, accidents and incidents, statutory notifications and, if appropriate, any concerns or complaints.</p> <p><b>Gathering feedback:</b> Families, district nurses working with the service, specialist learning disability teams, community psychiatric nurses, social workers and falls prevention teams may be able to provide evidence.</p>

- 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 at regional and national level anticipated?
- Are investigations into whistleblowing or staff concerns, safeguarding, and accidents or incidents thorough, questioning and 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?
- How are the premises/environment and equipment managed to keep people safe?

Where you find concerns, you may wish to speak to an external expert, such as the local fire or health and safety officer. For children's hospices, we should speak to local authority children's services, NHS children's community nursing teams (CCNs), community paediatricians and local special schools.

**Talking to people:** Ask people if they 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, as appropriate, the premises, security, safety of possessions and equipment in relation to safety. Relatives and friends may also provide evidence.

**Observation:** Where possible, while talking with people and during the time you spend in any communal areas, you may be able to observe evidence on how well risks are managed. Look around for hazard prevention and security, taking into account people's specialist needs. Is all the equipment suitable for its purpose and, where appropriate, would it meet the needs of children? Also observe the way staff work with people, for example, when moving them with the aid of a hoist, and where appropriate, how risks are communicated in staff handovers.

**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 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 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.

	<p>Where appropriate, you can discuss any investigations following whistleblowing or when staff have raised concerns. Also, discuss how the service learns from accidents etc., and how they monitor these on an ongoing basis and use the data to inform practice.</p> <p><b>Reviewing records:</b> 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. Staff handover records, quality assurance audits, clinical governance group or multi-disciplinary team meeting minutes and, where appropriate, any regional or national risk management reports, records of visits by the provider and any action plans may also be of value. Review environmental risk assessments, fire safety records and maintenance certificates for the premises and equipment. If you need to corroborate your evidence further, you could review a range of policies and procedures.</p>
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<b>S3</b>	<b>How does the service make sure that there are sufficient numbers of suitable staff to keep people safe and meet their needs?</b>
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Prompts	Potential sources of evidence
<ul style="list-style-type: none"> <li>• How are staffing levels regularly assessed and monitored to make sure they are flexible and sufficient to meet people’s individual needs and to keep them safe? Where appropriate, do they take into consideration the layout of the building?</li> <li>• What arrangements are there for making sure that staffing levels have the right mix of skills, competencies, qualifications, experience and knowledge to meet people’s individual needs?</li> <li>• Where appropriate, what arrangements are there for making sure that there are enough staff to cover the</li> </ul>	<p><b>Planning:</b> In CRM, review the details of enquiries, including compliments, concerns and complaints and, if available, share your experience forms.</p> <p><b>Gathering feedback:</b> From any visiting nursing staff, doctors, social workers, the local safeguarding team, commissioners, Healthwatch, complementary therapists or people and their relatives or friends who have already commented.</p> <p><b>Talking to people:</b> Ask how staffing levels affect their day-to-day lives – i.e., their safety and care management in both a positive or negative way. This may also include talking to their relatives and/or friends, advocates and any visiting professionals on the day.</p> <p><b>Observation:</b> Spend time to see if people’s needs are met and they are</p>

<p>geographical area of the service at the time they are needed?</p> <ul style="list-style-type: none"> <li>• How does the service make sure safe recruitment practices are followed?</li> <li>• Does the service follow clear staff disciplinary procedures when it identifies that staff are responsible for unsafe practice?</li> </ul>	<p>safe. Look to see if call bells or other requests for support are answered promptly. Where appropriate, observe staff handovers to see how staff are deployed and the shifts are covered to meet people’s needs.</p> <p><b>Talking to staff:</b> 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 and how are staff used across the service to meet the different needs of the people they care for and support. How are agencies used and how many instances have there been where planned stays have had to be cancelled because of a lack of staff, or a lack of staff with appropriate expertise, available to support the stay? What recruitment processes were followed?</p> <p><b>Reviewing records:</b> To support the evidence, if you have concerns that there may be a breach of regulations, you may also wish to look at people’s risk assessments/individual care files, staffing level assessment systems, staff handover records, staff rotas over time, agency records, and minutes of meetings. Internal quality assurance feedback, quality assurance records on patterns/timings of accidents and incidents and, where available, any call bell timing records may be of value. Staff files for recruitment and staff disciplinary procedures and policies may also need to be reviewed.</p>
<p><b>S4   How are people’s medicines managed so that they receive them safely?</b></p>	
<p><b>Prompts</b></p>	<p><b>Potential sources of evidence</b></p>
<ul style="list-style-type: none"> <li>• Does the service follow current and relevant professional guidance about the management and review of medicines?</li> <li>• Do people receive their medicines as prescribed (including controlled drugs)?</li> <li>• Are medicines stored, given to people and disposed</li> </ul>	<p><b>Planning:</b> In CRM, review the details of statutory notifications of incidents and concerns or complaints. Share your experience forms may also provide evidence.</p> <p><b>Gathering feedback:</b> From the accountable officer for medicines for the service, supplying/visiting pharmacists or our own pharmacy inspectors, if they have visited the service in the last year.</p>

of safely, in line with current and relevant regulations and guidance?

- Are there 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 or non-prescribed medicines that people may choose to use?

**Talking to people:** Ask people and those that matter to them, 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.

**Observation:** Do people receive their medicines safely and at the time they should? Are they able to take them easily, and are they supported? We should look proportionately at 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.

**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, nurse prescribing 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.

We should also speak to staff about how they take account of the different needs of young adults, children and infants in their prescribing and dispensing. This can include age, weight and development. How do they keep their information and guidance up to date to ensure safe management of medicines for children?

**Reviewing records:** To support the evidence you may also wish to look at people's risk assessments/care plans, medication records/reviews, best interest decisions and staff competency records. Quality audits of medicines and checks, both internal and external, action plans and minutes of clinical governance meetings can also be of value. 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/unlicensed remedies.

S5   How well are people protected by the prevention and control of infection?	
Prompts	Potential sources of evidence
<ul style="list-style-type: none"> <li>• Where the service is responsible, what arrangements are there for keeping the service clean and hygienic and to ensure that people are protected from acquired infections?</li> <li>• Do staff understand their roles and responsibilities in relation to infection control and hygiene?</li> <li>• Does the service maintain and follow policies and procedures in line with current relevant national guidance?</li> <li>• 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?</li> </ul>	<p><b>Planning:</b> In CRM, review the details of statutory notifications of incidents and compliments, concerns or complaints can also provide evidence.</p> <p><b>Gathering feedback:</b> Community infection control nurses may provide evidence of good practice/management during outbreaks and appropriate contact from the service.</p> <p><b>Talking to people:</b> As appropriate, ask people if they feel that the hospice is clean and hygienic. Also ask relatives and friends who may have views. If people are being supported in the community, we should talk to them to see whether they feel staff support them, as they would wish, with hygiene and cleanliness, give them any information they need and wear protective clothing.</p> <p><b>Observation:</b> Where appropriate, look around the service to check cleanliness, odour control and hygiene, as well as systems for protecting people and supporting staff. Also, where possible, observe staff practice and look at the personal protective equipment people have available to them.</p> <p><b>Talking to staff:</b> 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><b>Reviewing records:</b> To support the evidence, if you have concerns that there is a breach in 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, procedures and cleaning schedules.</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 **hospice 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"> <li>• Are people supported to have their assessed needs, preferences and choices met by staff with the necessary skills and knowledge?</li> <li>• Do staff have effective support, induction, supervision, appraisal and training, including on any specialist equipment they may have to use?</li> <li>• Are people receiving care in the community effectively matched with staff to make sure they are compatible?</li> <li>• 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?</li> <li>• Do staff have the skills to communicate effectively so that they can carry out their roles and responsibilities?</li> </ul>	<p><b>Planning:</b> If available, review the details of any share your experience forms, compliments and concerns or complaints.</p> <p><b>Gathering feedback:</b> From visiting healthcare professionals, including nurses, doctors and dieticians, commissioners, training consortiums and organisations such as Healthwatch.</p> <p><b>Talking to people:</b> 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, as they are able. We should ask people being supported in the community whether they feel they are well matched with their nursing or care staff.</p> <p><b>Observation:</b> May show that staff have the skills to meet people’s individual needs or highlight areas for improvement/staff development. Observe staff handovers to see the level of knowledge staff have and how effectively they communicate.</p> <p><b>Talking to staff:</b> 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. Ask about their approach to end of life care, their</p>

<ul style="list-style-type: none"> <li>• How does the service make sure their staff are supported when they are caring for people, and their families, with long-term, life-limiting conditions or at the end of their lives?</li> <li>• Are there up-to-date plans to develop staff knowledge and skills?</li> <li>• Are volunteers trained and supported for the role they undertake?</li> </ul>	<p>understanding of people’s individual needs at this time and any training they have attended and how they put this into practice. Discuss any links they have with other providers or organisations to learn about and implement current best practice through training.</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 children or those living with dementia, Parkinson’s disease or diabetes. Also speak to volunteers where appropriate.</p> <p><b>Reviewing records:</b> To support your evidence, you may wish to review staff training and development plans, induction and training records/certificates and staff files.</p>
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**E2 Is consent to care and treatment always sought in line with legislation and guidance?**

Prompts	Potential sources of evidence
<ul style="list-style-type: none"> <li>• 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?</li> <li>• How and when is a person’s mental capacity to consent to care or treatment assessed and, where appropriate, recorded?</li> <li>• When people lack the mental capacity to make decisions, do staff make best interest decisions in line with legislation?</li> <li>• How do staff deal with behaviour that challenges others?</li> <li>• What arrangements are there to make sure that decisions about the use of restraint are made appropriately and recorded?</li> </ul>	<p><b>Planning:</b> In CRM, review the details of statutory notifications for safeguarding, deprivation of liberty and incidents of restraint and concerns or complaints.</p> <p><b>Gathering feedback:</b> From Independent Mental Capacity Advocate advisors, specialist nursing staff or the local safeguarding team.</p> <p><b>Talking to people:</b> Ask people how and when 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 on how challenging behaviour is managed and the use of restraint.</p> <p><b>Observation:</b> Where possible, see how people are supported to make decisions (e.g., through picture cards or easy read information). Spend time observing how staff interact with people, and take account of their mental capacity and, dependent on their age, 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</p>

<ul style="list-style-type: none"> <li>• Is the use of restraint of people who lack mental capacity clearly monitored? Is this in line with legislation, and is action taken to minimise its use?</li> <li>• Do staff understand the difference between lawful and unlawful restraint practices, including how to get authorisation for a deprivation of liberty?</li> <li>• How does the service monitor and improve the way staff seek people’s consent to their care and treatment, including specific requirements relating to consent for children, to make sure it is acting within legislation?</li> <li>• How does the service make sure that any ‘do not actively resuscitate’ orders follow current guidance?</li> </ul>	<p>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.</p> <p><b>Talking to staff:</b> 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, 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 appropriate use of restraint, remember that it does not only relate to people with a learning disability. Check, where appropriate, that staff understand the different legal framework for consent for children, and how this is taken into account to involve children and their families in decisions about their care and support.</p> <p><b>Reviewing records:</b> To support your evidence, you can look at people’s risk assessments and individual care records, including safeguarding records, assessments of behaviour, any advanced care plans or directives, the management of ‘Do not attempt resuscitation’ orders, accident and incident reports, staff handover records, care management audits and, where appropriate, any regional or national reports and action plans. If you need to corroborate your evidence further, you could review a range of policies and procedures.</p>
<p><b>E3 How are people supported to eat and drink enough and maintain a balanced diet?</b></p>	
<p><b>Prompts</b></p>	<p><b>Potential sources of evidence</b></p>
<ul style="list-style-type: none"> <li>• How are people, at the end of their life, supported to have enough to eat and drink, as long as they are able and wish to do so? If they lack capacity to make decisions about this, are clinical decisions taken in their best interests,</li> </ul>	<p><b>Planning:</b> In CRM, review the details of any share your experience forms, compliments and concerns or complaints.</p> <p><b>Gathering feedback:</b> From community dietitians, nursing staff, GPs, commissioners and organisations such as Healthwatch.</p>

according to their wishes, if known, and with the involvement of their family and multi-disciplinary team?

- 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 their eating and drinking?
- How are people's nutritional needs, including those relating to culture and religion identified, monitored and managed?
- Where the service is responsible, are meals appropriately spaced and flexible to meet people's needs?
- 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?
- What arrangements are in place for meeting the nutritional needs of children and babies?

**Talking to people:** Ask people and/or their relatives and friends for their views and experiences of the food and, where appropriate, mealtimes. This should include whether the staff support them effectively, and whether their needs and preferences are met throughout the day and night. Ask about the quality of the food and drink provided and whether mealtimes are an enjoyable and sociable experience.

**Observation:** Where appropriate, you should spend time with people during mealtimes to see if they get enough to eat and drink and are offered choice. Look at the arrangements for people's specialist diets or for involving them in the preparation of their own food and drink. Outside of mealtimes, are people offered regular drinks and snacks? Are people, including children, whose nutritional needs are met artificially, able to socialise at mealtimes if they want to.

Where possible, observation of staff handovers can show how they work together to meet the needs of people who are having difficulty eating and drinking.

**Talking to staff:** Ask them about their understanding of the care and support people need to make sure they have enough to eat and drink. Discuss specialist diets and people at risk, including those living with dementia. If appropriate, speak to the chef, look at the arrangements for specialist diets, and discuss how they meet people's preferences, including cultural preferences.

**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, menus, feedback surveys on food and mealtimes, minutes of meetings, risk assessments and weight management records.

**E4 How are people supported to maintain their health, have access to healthcare services and receive ongoing healthcare support?**

Prompts	Potential sources of evidence
<ul style="list-style-type: none"> <li>• How are people’s day-to-day health needs met?</li> <li>• Do people have their pain and physical symptoms actively managed according to best current practice? And are they made aware of any treatments or services that may help them to cope better?</li> <li>• How are people reassured that their pain and other symptoms will be managed effectively as they approach the end of their lives?</li> <li>• How is support from specialist palliative care professionals accessed for children, young people and adults?</li> <li>• 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?</li> <li>• How are people involved in regularly monitoring their health? Have any changes that may require additional support or intervention been discussed with them?</li> <li>• Where the service is responsible, how is specialist advice and support, including medicines and equipment for their care, symptom and pain control, made available to people at all times of the day and night?</li> </ul>	<p><b>Planning:</b> In CRM, review the details of any share your experience forms, compliments, and concerns or complaints.</p> <p><b>Gathering feedback:</b> From community/specialist nursing, including tissue viability nurses, and healthcare staff, consultants/GPs, commissioners and organisations such as Healthwatch.</p> <p><b>Talking to people:</b> Ask people and their relatives for their views and experiences about the care they receive to maintain their optimum health. This should include who the clinicians and nurses are who are supporting them and whether they know how to contact them, and if they get to see them quickly when required. Also ask people about health-related referrals, information provided by the service regarding their health and the availability of suitable equipment.</p> <p><b>Observation:</b> Where possible, this may include staff arranging a referral to a healthcare professional or staff discussing a person’s health needs at a handover.</p> <p><b>Talking to staff:</b> What do they understand about the care and support people 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 staff make sure key information about people’s care or health is passed on from one shift or staff member to another and to other professionals. Discuss resources and the supply of any specialist equipment and the arrangements for reviewing people’s, sometimes rapidly, changing care needs.</p>

<ul style="list-style-type: none"> <li>• How does the service make sure that people know who their lead clinician and nurse are and how to contact them?</li> <li>• Are referrals made quickly to relevant health services when people's needs change?</li> </ul>	<p><b>Reviewing records:</b> To support your evidence, review people's individual care records, including health appointments and related staff handover records. Where appropriate, look at tissue viability/wound management plans and any information available to people on matters affecting their health.</p>
<p><b>E5</b>    <b>How are people's individual needs met by the adaptation, design and decoration of the in-patient or day hospice?</b></p>	
<p><b>Prompts</b></p>	<p><b>Potential sources of evidence</b></p>
<ul style="list-style-type: none"> <li>• How are people involved in decisions about the environment in the hospice?</li> <li>• How are people's diverse care, cultural and support needs met by the premises?</li> <li>• What arrangements are there to ensure people have access to appropriate space: <ul style="list-style-type: none"> <li>○ in gardens and other outdoor spaces</li> <li>○ to see and look after their visitors</li> <li>○ for meaningful activities</li> <li>○ to spend time together</li> <li>○ to be alone?</li> </ul> </li> <li>• How do the signs, the decoration and other adaptations to the premises help to meet people's needs and promote their independence?</li> <li>• What facilities are there to meet children's education and social needs?</li> <li>• Is the decoration within the service age appropriate and able to meet the needs of</li> </ul>	<p><b>Planning:</b> In CRM, review the details of any share your experience forms, and compliments and concerns or complaints. Registration information on adaptations or changes to the building in enquires may also be of value.</p> <p><b>Gathering feedback:</b> Ask people and/or their relatives and friends for their views on how the premises meets their needs, affects their day-to-day lives and whether they are involved in making decisions about any proposed changes.</p> <p><b>Observation:</b> When visiting a hospice, look round the building and the grounds and take into account how the design, layout, access and adaptations may affect the quality of people's lives, in both a positive or negative way. Take into account the needs and dependency of the people staying there – in particular, those living with dementia, physical disabilities, sensory impairment and so on. We should also consider how the premises meet the needs of the families and carers of the people using the service both before and after death. Where appropriate consider facilities for children and young adults, including baby feeding. In children's hospices, are there areas where children can study and play?</p> <p><b>Talking to staff:</b> Discuss whether the building and grounds are appropriate for the care, treatment and support provided, and help people have easy access to outdoor spaces. Also, find out about any proposed changes to the premises that may improve people's quality of life.</p>

children and young people who require a stimulating sensory environment?

- Are there facilities for families and carers to stay overnight?
- Does the service have a 'cool room' so that families and carers can spend time with the person who has died during the time between death and the funeral, should they wish to use it?

**Reviewing records:** To support your evidence, you may wish to review minutes of meetings and if there are areas of concern linked with accident and incident records and people's individual care files.

# Caring

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

In **hospice 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	Potential sources of evidence
<ul style="list-style-type: none"> <li>• Are people treated with kindness and compassion in their day-to-day care?</li> <li>• 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?</li> <li>• 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?</li> <li>• Do staff know the people they are caring for and supporting, including their preferences and personal histories?</li> <li>• Do staff show concern for people’s wellbeing in a caring and meaningful way, and do they respond to their needs quickly enough?</li> <li>• How does the service make sure that any withdrawal of treatment is managed openly and</li> </ul>	<p><b>Planning:</b> In CRM, review the details of any share your experience forms and compliments and concerns or complaints.</p> <p><b>Gathering feedback:</b> From relatives and visiting professionals including Healthwatch and commissioners.</p> <p><b>Talking to people:</b> 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 levels or consistency of staff affects this.</p> <p><b>Observation:</b> Spend time to see and hear how people and staff interact with each other, and whether this is meaningful or just task-led. Staff handovers can show how they speak about people and whether this is in a caring way. Look at how well the staff look after people’s general wellbeing and see if there are support groups or one-to-one time people can attend to help with this aspect of life.</p> <p><b>Talking to staff:</b> 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.</p> <p><b>Reviewing records:</b> To support the evidence, you may wish to look at people’s individual care files to see if the approach is caring and person-</p>

<p>sensitively so that people have a comfortable and dignified death?</p> <ul style="list-style-type: none"> <li>• How does the service make sure that people, and those that matter to them, have available, as appropriate, the emotional, spiritual/religious and bereavement support they want, before, during and after death?</li> <li>• Is practical action taken to relieve people's distress or discomfort?</li> </ul>	<p>centred and how staff deal with the things that matter to people, however small.</p>
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**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"> <li>• How are people, and those that matter to them, involved in the planning, decision-making and management of their care?</li> <li>• 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?</li> <li>• How does the service make sure that staff know how to manage, respect and follow people's decisions/directives for their end of life care, as their needs change?</li> <li>• What arrangements are there to make sure that, where they are able to, people are involved in making decisions and planning their own care? This means they feel listened to, respected and that their views are acted upon.</li> </ul>	<p><b>Planning:</b> In CRM, review the details of any share your experience forms and compliments and concerns or complaints.</p> <p><b>Gathering feedback:</b> Such as from advocacy staff who support people at the service, and relatives who may also provide a valuable insight.</p> <p><b>Talking to people:</b> Ask people and 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 their relatives for their views and experience of communication in the service. This should include specialist methods of communication, for example, for children or people with a learning disability, a sensory impairment or dementia.</p> <p><b>Observation:</b> 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 or where a person may wish to go to eat or, whether someone wants to attend a hospital appointment.</p>

<ul style="list-style-type: none"> <li>• How are people given the information and explanations they need, at the time they need them?</li> <li>• 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?</li> </ul>	<p><b>Talking to staff:</b> To determine whether they understand and put into practice effective ways of supporting people to exercise choice, independence and control, wherever possible.</p> <p><b>Reviewing records:</b> 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>
<b>C3      How is people’s privacy and dignity respected and promoted?</b>	
<b>Prompts</b>	<b>Potential sources of evidence</b>
<ul style="list-style-type: none"> <li>• How are people assured that information about them is treated confidentially and respected by staff?</li> <li>• Do people have the privacy they need?</li> <li>• Are people treated with dignity and respect at all times?</li> <li>• Can people can be as independent as they want to be?</li> <li>• Do staff understand and promote respectful and compassionate behaviour within the staff team?</li> <li>• Are people’s relatives and friends able to visit without being unnecessarily restricted?</li> <li>• How does the service make sure that staff understand how to respect people’s privacy, dignity and human rights?</li> <li>• How does the service make sure that young adults are afforded choice and flexibility about</li> </ul>	<p><b>Planning:</b> In CRM, review the details of any share your experience forms, compliments and concerns or complaints.</p> <p><b>Gathering feedback:</b> From relatives and commissioners.</p> <p><b>Talking to people:</b> 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. Also ask them how they are supported to stay independent.</p> <p><b>Observation:</b> Where appropriate, look around the building and take into account how the design and layout provides people with privacy. See if staff offer people privacy, maintain their dignity and promote independence.</p> <p><b>Talking to staff:</b> Discuss how they support people with their privacy, dignity and confidentiality. Ask for examples of how they promote people’s independence.</p> <p><b>Reviewing records:</b> To support the evidence, if you have concerns, you may wish to review people’s individual care files, minutes of meetings 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.</p>

their privacy and the amount of parental involvement in their care management and support, after moving into adult services?

- 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?

## Responsive

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

In **hospice 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	Potential sources of evidence
<ul style="list-style-type: none"> <li>• 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?</li> <li>• 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?</li> <li>• 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.</li> <li>• How are people supported to develop an advance personalised care plan (if they want one) which details their end of life care wishes?</li> <li>• How does the service make sure that people who have living wills, or advanced directives,</li> </ul>	<p><b>Planning:</b> In CRM, review the details of any share your experience forms and compliments and concerns or complaints.</p> <p><b>Gathering feedback:</b> From visiting professionals, including specialist learning disability teams or social care staff, commissioners, Healthwatch, relatives and friends.</p> <p><b>Talking to people:</b> 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, activities and, where appropriate, education or work. Ask people how they are supported to maintain their lifestyle and live life as actively as possible.</p> <p><b>Observation:</b> Where possible, see how people are provided with person-centred care – whether the daily 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 at the time they need it. Staff handovers can show how work is allocated and how person centred the daily routines are at the service.</p> <p><b>Talking to staff:</b> Find out what they understand about person-centred care and</p>

have these taken into account by staff?

- How does the service make sure that people in the last days of life, whose condition may be unpredictable and change quickly, have this identified quickly and, where required, have rapid access to support, equipment and the administration of medicines?
- How are people supported to follow their interests and take part in social activities and, where appropriate, education and work opportunities?
- How are people encouraged and supported to develop and maintain relationships with people that matter to them and avoid social isolation?
- 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 given the care and support they need, in terms of their age, disability, gender, gender identity, race, religion, belief or sexual orientation?
- How does the service make sure that people have access to support with life's practicalities?
- Where appropriate, how are the specific and diverse needs of young adults met when they use adult hospice services?
- How does the service make sure that people with mental health conditions or physical,

how put this into practice. Discuss daily routines, meaningful activities and, where appropriate, social isolation. Ask what the arrangements are to support people in the community out of hours, for example at weekends using a 'just in case' medication box. Include discussion on support groups and one-to-one time available to people to help them cope with diagnosis and the practical aspects of their day-to-day lives, including benefits and finances after death. Also discuss what arrangements there are to meet people's spiritual, religious or ethical requirements so people can stay in contact with their communities or culture. We should also explore, where appropriate, how children are supported to maintain their social networks. Discuss whether rotas are flexible enough to provide person-centred care. Talk to nursing and care staff and complementary therapists.

**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. Do children and young adults have 'parallel' care plans in place, where it is unclear whether their condition will stabilise, deteriorate or enter the end of life phase?

Where appropriate, include specialist care and support assessments, for example, for people living with dementia or a learning disability and child/family plans. Look at any accreditation schemes that the service takes part in and how these are actively put into practice.

<p>sensory or learning disabilities have reasonable adjustments made, following the requirements of relevant legislation, to make sure they receive the support and equipment they need to stay independent?</p> <ul style="list-style-type: none"> <li>• 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?</li> <li>• How does the service make sure that people have the time they need to receive their care in a person-centred way?</li> </ul>	
<b>R2    How does the service routinely listen and learn from people’s experiences, concerns and complaints?</b>	
<b>Prompts</b>	<b>Potential sources of evidence</b>
<ul style="list-style-type: none"> <li>• How are people’s concerns and complaints encouraged, explored and responded to in good time?</li> <li>• Do people know how to share their experiences or raise a concern or complaint, and do they feel comfortable doing so?</li> <li>• What are the arrangements to encourage relatives and friends to provide feedback?</li> <li>• 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?</li> </ul>	<p><b>Planning:</b> In CRM, review the details of any share your experience forms, and compliments and concerns or complaints.</p> <p><b>Gathering feedback:</b> From people or relatives and friends who have raised concerns, commissioners, and Healthwatch.</p> <p><b>Talking to people:</b> Ask people and/or their relatives and friends for 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 and whether it is easily accessible with, where appropriate, ‘child friendly’ information.</p> <p><b>Talking to staff:</b> 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>

<ul style="list-style-type: none"> <li>• Are concerns and complaints used as an opportunity for learning or improvement?</li> </ul>	<p><b>Reviewing records:</b> To support the evidence, you may wish to review concerns/complaints management systems, records of investigations and the response provided and associated action plans, minutes of meetings or associated quality assurance data, including published data about complaints and any learning or changes made in light of these. Should you need to corroborate your evidence you could review the complaints procedure and its accessibility.</p>
<p><b>R3</b></p>	<p><b>How are people assured they will receive consistent coordinated, person-centred care when they use, or move between, different services?</b></p>
<p><b>Prompts</b></p>	<p><b>Potential sources of evidence</b></p>
<ul style="list-style-type: none"> <li>• How are people’s needs, wishes and choices recognised, respected and shared when they move between services?</li> <li>• 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, including during emergency admissions and rapid discharges to their preferred place of care?</li> </ul>	<p><b>Planning:</b> In CRM, review the details of any share your experience forms, compliments and concerns or complaints.</p> <p><b>Gathering feedback:</b> From relatives, friends, visiting professionals and commissioners.</p> <p><b>Talking to people:</b> Ask people and/or their relatives and friends their views and experiences on how well their care and support is managed 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><b>Talking to staff:</b> To understand how they plan and manage the transition between services, for example hospital admissions, appointments and permanent moves from the service. It may also be of value to sit in on a staff handover.</p> <p><b>Reviewing records:</b> To support your evidence, you may wish to review people’s individual care files, including discharge planning and transfer information/grab sheets, 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 **hospice 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	Potential sources of evidence
<ul style="list-style-type: none"> <li>• How are people and staff actively involved in developing the service?</li> <li>• Is there an emphasis on support, fairness, transparency and an open culture?</li> <li>• Where appropriate, are there strong links with the local community?</li> <li>• How are staff supported and encouraged to question practice and how are people who raise concerns, including whistleblowers, protected?</li> <li>• 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?</li> <li>• Are managers aware of, and keep under review, the day-to-day culture in the service,</li> </ul>	<p><b>Planning:</b> 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.</p> <p><b>Gathering feedback:</b> From relatives, commissioners, Healthwatch, other professionals and staff.</p> <p><b>Talking to people:</b> Ask people and/or their relatives and friends for their views and experiences on the culture and communication at the service. Discuss the atmosphere, involvement, openness, transparency and links with the local community. If they have raised safeguarding concerns or have been involved in an accident within the service, seek their views on how these matters were managed and how involved they were in the investigation.</p> <p><b>Observation:</b> 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. Consider the atmosphere and the level of openness. Spend time with people to observe communication – particularly the different methods staff may use with people.</p> <p><b>Talking to staff:</b> To determine their understanding of the vision and values of the service and how these are developed, discussed and put into practice. You</p>

<p>including the attitudes, values and behaviour of staff?</p> <ul style="list-style-type: none"> <li>• How does the service enable and encourage open communication with people who use the service, those that matter to them and staff?</li> <li>• Are there accessible, tailored and inclusive ways of communicating with people, staff and other key stakeholders?</li> <li>• Is there honesty and transparency, from all levels of staff and management, when mistakes occur?</li> <li>• Do staff receive feedback from managers in a constructive and motivating way that tells them the action they need to take?</li> </ul>	<p>should also discuss the culture of the service and find out whether staff know how to whistleblow or raise concerns, and feel able to do so. Include the approach taken to achieve this and explore openness, transparency, and any examples given. Explore how communication works in the service; whether it is open and transparent and whether feedback is constructive and motivating.</p> <p><b>Reviewing records:</b> To support your evidence, you may wish to review the current vision and values of the service, if the service has them recorded, minutes of meetings, social activity calendars and, where appropriate, records of visits by or on behalf of the provider. You may also wish to review people’s individual care files, minutes of meetings, notices around the service, and staff supervision and appraisal records. Should you need to corroborate your evidence, you could review associated policies and procedures.</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"> <li>• Is the leadership visible at all levels and does it inspire staff to provide a quality service?</li> <li>• Where required, is there a registered manager in post?</li> <li>• Does the registered manager understand their responsibilities, and are they supported, where appropriate, by the other managers to deliver what is required?</li> <li>• Are CQC registration requirements, including the submission of notifications and any other legal obligations met?</li> </ul>	<p><b>Planning:</b> 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 enquiries. 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><b>Gathering feedback:</b> From relatives, commissioners, Healthwatch and visiting professionals.</p> <p><b>Talking to people:</b> 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>

- 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?
- 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?

**Talking to staff:** Ask medical/care/nursing staff, ancillary staff, managers and any volunteers, for their views on the management and leadership at the service. This should include key challenges, achievements, concerns and risks and the resources 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.

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.

**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 how these are put into practice.

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.

### W3 How does the service deliver high quality care?

#### Prompts

- 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?

#### 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, Healthwatch and other professionals.

<ul style="list-style-type: none"> <li>• Are quality assurance and (where appropriate) governance and clinical governance systems effective, and are they used to drive continuous improvement?</li> <li>• How does the service measure and review the performance of clinical treatment and care?</li> <li>• How does the service make sure they have robust records and data management systems?</li> <li>• How is innovation recognised, encouraged and implemented in order to drive a high-quality service?</li> <li>• How is information from investigations and compliments used to drive quality across the service?</li> <li>• How does the service measure and review the delivery of care, treatment and support against current guidance?</li> </ul>	<p><b>Talking to people:</b> 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><b>Talking to staff:</b> 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> <p><b>Reviewing records:</b> To support the evidence, you may wish to review quality assurance and/or governance systems/audits, where appropriate, Quality Accounts or annual reports and any associated action plans, minutes of meetings and compliments. Explore any quality based accreditation schemes/national initiatives 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>
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**W4**    **How does the service work in partnership with other agencies?**

Prompts	Potential sources of evidence
<ul style="list-style-type: none"> <li>• 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 when packages include multiple agencies and care providers?</li> </ul>	<p><b>Gathering feedback:</b> From commissioners, Healthwatch, and other health and social professionals.</p> <p><b>Talking to staff:</b> Explore examples of how they work in partnership with other organisations.</p> <p><b>Reviewing records:</b> To support your evidence you may also wish to look at any accreditation schemes that the service takes part in and how these are actively put into practice.</p>

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| <ul style="list-style-type: none"><li>• Support and advice is available to other providers involved in the persons care management with regard to, for example, discharge planning and pain and symptom control.</li></ul> |  |
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# Appendix B: Characteristics of each rating level

## Introduction for our inspectors

We have developed these characteristics to help you make a judgement against each question and then rate them. Once you have done this, you put those ratings into our rating aggregation tool which works out the overall rating for the service.

The starting point is a description of the characteristics of a good service. This is consistent with our approach of looking for good when you inspect services.

The sections describing the characteristic of 'good' for each key question have the most detail. This should help you to inspect for good. The remaining three sections (outstanding, requires improvement and inadequate) build on this description and describe how the characteristics differ from the description of good. If you find that a service is good under a question, for example safe, you should then go on to check whether you have sufficient evidence to show that it is outstanding. If a service is not good, you will need to review your evidence to judge whether it requires improvement or is inadequate.

The characteristics are not a checklist and are not exhaustive. While they link to the prompts in the key lines of enquiry, they are not meant to map across exactly. They are written to give you a picture of a service in respect of the five key questions. You will need to make a professional judgement, based on the history of the service and the evidence you have gathered. A service does not have to meet every area covered in the characteristics to fit in that rating section. You may also find that some of the characteristics may not always be appropriate for different types of services.

You will need to take a proportionate approach when a service sits somewhere between two rating levels. You should consider the size and type of the service, whether you have enough evidence, the outcomes for people and the severity of any breaches of regulations. You may need to speak to your line manager to get a second opinion or carry out a management review.

We need to be as consistent as we possibly can so that our ratings are reliable and provide accurate information. This will also help reduce the numbers of requests for review. As you consider your evidence following an inspection you may develop a sense of what the rating for a particular question could be. However, you must make sure your rating decisions for each of the five key questions are determined by assessing your evidence against the characteristics set out in this document.

## Safe

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

Good



Safe

People's feedback about the safety of the service describes it as consistently good and that they feel safe.

People are safe because the service protects them from bullying, harassment, avoidable harm and potential abuse.

The staff have a comprehensive awareness and understanding of potential abuse which helps to make sure that they can recognise cases of abuse. The service does this consistently so that people feel safe whether they are in the service itself or out in the community. Staff know what they need to do to make sure that people in vulnerable situations who are isolated in the community are protected.

There is a culture of learning from mistakes and an open approach. The service manages incidents, accidents and safeguarding concerns promptly and, where required, investigations are thorough. There is a consistent approach to safeguarding and matters are always dealt with in an open, transparent and objective way.

The service has a proactive approach to respecting people's human rights and diversity and this prevents discrimination that may lead to psychological harm.

When people behave in a way that 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 that distresses people or puts them at risk of harm. They make sure 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 and necessary 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 they 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 so they have as much control and autonomy as they are able. Risk assessments are proportionate and centred around the needs of the person. The service regularly reviews and takes note of equality and human rights legislation. There are strategies to make sure that risks are anticipated, identified and managed.

Providers with national and regional structures make sure they keep an overview of risk and safety to inform their business planning and strategic oversight and to provide corporate direction to the organisation.

Staff manage medicines consistently and safely. Where the service is responsible, medicines are correctly stored, disposed of safely and records are accurate. The correct procedures are followed when unlicensed or non-prescribed medicines are used. People are assured they receive their medicines as prescribed. Where appropriate, the service involves people in the regular review and risk assessment of their medicines and supports them to be as independent as possible.

To protect people with limited capacity to make decisions about their own care or treatment, the service follows correct procedures when medicines need to be given to people without their knowing, or when people require specialist medication. The service assesses the risk when people wish to manage their own medicines. Staff communicate effectively with each other and management, and other services/agencies and carers who may share the responsibility for administering medicines to reduce the risk of errors.

Where the service is responsible it keeps the premises and equipment well maintained. It takes all possible action to reduce the risk of injury caused by the environment people live in, and looks for ways to improve safety. Staff use equipment correctly to meet statutory requirements and to keep people safe. People say they know that the service will always keep them and their belongings safe and secure.

The service manages the control and prevention of infection well. Staff follow policies and procedures that meet current and relevant national guidance and are kept up to date. Staff understand their role and responsibilities for maintaining high standards of cleanliness and hygiene.

There are always enough competent staff on duty who have the right mix of skills to make sure that practice is safe and they can respond to unforeseen events. The service regularly reviews staffing levels and adapts them to people's changing needs. Staff are deployed to cover the requirements of the geographical area to make sure that people receive a reliable and consistent service. The service considers travelling time to make sure people receive the amount of care that has been agreed in their care plan. Short calls are avoided, unless the assessed care can be delivered safely in the time slot without being rushed.

Recruitment systems are robust and make sure that the right staff are recruited to keep people safe. Staff have the support and backup to protect people and themselves from harm. This may mean working in pairs or having someone they can contact for extra assistance when needed. The service makes sure staff are able to contact them and their colleagues and have access to personal safety equipment.

There are arrangements to deal with situations when carers cannot make visits due to urgent unexpected demand. People are informed when staff need to change at short notice so they know who will provide their care and support and their personal security is protected.

Management identifies risks to the service and manages 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 make sure they are delivered. The service consistently focuses on how they can improve their safety record.



For a good service to be rated outstanding there are additional key characteristics that make the service exceptional and distinctive. People's feedback about the safety of the service describes it in these terms.

There is a high level of understanding of the need to make sure people are safe. 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. They tell us there are no recriminations for doing this and it is seen as part of day-to-day practice.

Staff have exceptional skills and the ability to recognise when people feel unsafe. Staff and their mix of skills are used innovatively to give them the time to develop positive and meaningful relationships with people to keep them safe and meet their needs.

The service is creative in the way it involves and works with people, respects their diverse needs, and challenges discrimination. It seeks ways to continually improve and puts changes into practice and sustains them.

Staff show empathy and have an enabling attitude that encourages people to challenge themselves, while recognising and respecting people's lifestyle choices.

There is a transparent and open culture that encourages creative thinking in relation to people's safety. The service seeks out research, including that around the use and management of medicines and current best practice and uses this to drive improvement.

The service uses imaginative and innovative ways to manage risk and keep people safe, while making sure that they have a full and meaningful life. The service actively seeks out new technology and solutions to make sure that people have as few restrictions as possible.

The service sustains outstanding practice and improvements over time.



A service that 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.

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 culture of the service may be risk averse, which means that it places unnecessary restrictions on people that limit their lifestyles.

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.

The service may not always provide enough staff, with the right mix of skills, competence or experience to keep people safe. Staff absence may not be covered with appropriately skilled staff in order to meet people's needs. The service may sometimes expect staff to give care in a timescale that makes people feel rushed or unsafe. People may receive the care they need to be safe but staff may not always have the time to be flexible or respond to changing needs. Turnover may be high and the care and support people receive may be inconsistent and not always safe.

Where the service is responsible, people can usually expect to receive their medicines but the service may not consistently follow safe practice around storing them, giving them to people and disposing of them.

Staff working at the service may not consistently apply infection control practices.

Where the service is responsible, they may not always keep all equipment safe and fit for purpose, with some safety certification being out of date.

When managers identify shortfalls in the safety of the service they do not always act on them effectively.

Organisations with national and regional structures may not consistently keep an overview of risk and safety and do not have a track record of managing risks and safety well over time.

Inadequate



Safe

A service that is inadequate may have some areas of safe practice, but in general people are not safe. Some regulations are not met.

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. 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 incidents. The service does not regularly review its staffing to make sure they are able to respond to people's changing needs.

Staff changes are made, often at short notice or without notice, and people are unable to check if the member of staff visiting them is genuine.

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, which puts people at risk. People may not be involved in the management of risks that may affect their safety. The way staff respond to risk may be disproportionate, resulting in people being deprived of their liberty without the appropriate safeguards being in place.

The service does not always protect people and their belongings. There are shortfalls in security and safety of equipment with items and systems.

Where the service is responsible, they place people at risk because staff do not handle medicines safely or people do not always receive them as prescribed. People may be at risk because of the 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. The service cannot assure people they will be safe and people are sometimes not safe.

The practice in the service places people at risk of harm or does not protect them from actual harm.

## 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.**

Good



Effective

People's feedback about the effectiveness of the service describes it as consistently good.

The service makes sure that the needs of people are met consistently by staff who have the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. Staff have a thorough induction that gives them the skills and confidence to carry out their role and responsibilities effectively so that people have their needs met and experience a good quality of life. The service has a proactive approach to staff members' learning and development needs. These are identified so that they can effectively meet people's needs and preferences.

The service keeps up to date with new research, guidance and developments, has links with organisations that promote and guide best practice and uses this to train staff and help drive improvement. Supervision and appraisal are used to develop and motivate staff and review their practice or behaviours. Volunteers are equally supported and trained for the role and tasks they carry out.

In the community, newly recruited staff do not work alone unsupervised until they and the manager are confident they can do so. The service makes sure that people are introduced to staff who are going to provide their care. They allocate staff effectively, focusing on their skills, experience and compatibility with the person they are supporting.

Staff understand and have a good working knowledge of the Deprivation of Liberty Safeguards, where appropriate, and the key requirements of the Mental Capacity Act 2005. They put these into practice effectively, and ensure that people's human and legal rights are respected.

People are always asked to give their consent to their care, treatment and support. Staff always consider people's capacity to make particular decisions and know what they need to do to make sure decisions are made in people's best interests and involve the right professionals. Where people do not have the capacity to make decisions they are given the information they need in an accessible format, and where appropriate, their friends and family are involved.

People experience positive outcomes regarding their health. Staff know their routine health needs and preferences and consistently keep them under review, even when people are not actively engaged with the service but remain on their caseload. The service engages proactively with other health and social care agencies and acts on their recommendations and guidance in people's best interests. Appropriate referrals are made to other health and social care services. The service takes preventative action at the right time to keep people

in good or the best of health. People feel informed about, and involved in, their healthcare and are empowered to have as much choice and control as possible.

Where appropriate, people's needs and preferences are consistently taken into account when the premises are adapted or decorated. The environment is designed and arranged to promote people's freedom, independence and wellbeing using decoration, signage and other adaptations. The needs of children and young adults are met separately from those of adults. Specialist or adaptive equipment is made available as and when needed.

Staff protect people, especially those with complex needs, from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affect their health. People's needs are regularly monitored and reviewed and relevant professionals and people using the service are actively involved in this. Where food is provided, people say that the food and mealtimes are consistently good and speak positively about the menu and the quality of food provided. They feel actively involved in this aspect of the service and able to give feedback on a regular basis.

Outstanding



Effective

For a good service to be rated outstanding there are additional key characteristics that make the service exceptional and distinctive. People's feedback about the effectiveness of the service describes it in these terms.

The service has innovative and creative ways of training and developing their staff that makes sure they put their learning into practice to deliver outstanding care that meets people's individual needs. The service works in partnership with other organisations to make sure they are training staff to follow best practice and where possible, contribute to the development of best practice.

The service sustains outstanding practice and improvements over time and works towards, and achieves, recognised accreditation schemes. There is a proactive support system in place for staff that develops their knowledge and skills and motivates them to provide a quality service.

Staff confidently make use of the Mental Capacity Act 2005 and use innovative ways to make sure that people are involved in decisions about their care so that their human and legal rights are sustained.

There are champions within the service who actively support staff to make sure people experience good healthcare outcomes leading to an outstanding quality of life. People experience a level of care and support that promotes their wellbeing and means they have a meaningful life.

Links with health, complementary and social care services are excellent. Where people have complex/continued health needs, staff always seek to improve their care, treatment and support by identifying and implementing best practice.

There is a strong emphasis on the importance of eating and drinking well. Where the service is responsible, innovative methods and positive staff relationships are used to encourage those who are reluctant, or have difficulty, to eat and drink and this significantly improves their wellbeing.

There are excellent links with dietetic professionals and staff are aware of people's individual preferences and patterns of eating and drinking. These preferences are sustained over time, as their health allows.

People say that the mealtimes and the quality of food and choice are exceptional, their individual needs are met and staff go out of their way to meet their preferences.

## Requires improvement



## Effective

A service that requires improvement may have some features of a good service, but there may be a lack of consistency in the effectiveness of the care, treatment and support people receive. Regulations may or may not be met.

The service monitors people's health and care needs, but does not consistently act on issues identified. People may not have the best possible outcomes and their health could deteriorate prematurely. Other healthcare professionals may report that the service does not always effectively put into place the care and/or treatment that they have directed.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 may not be fully understood despite staff attending training.

Management know that staff need training and support, but may not keep this up to date or make sure it covers the right areas to meet people's needs. This is demonstrated by shortfalls in the service's practice and support, which may, at times, have affected people's care. The training and development provided may be sufficient in some areas but is not fully understood or consistently demonstrated by staff in their behaviours and practice. There is limited evidence to show that training has been put into practice.

Where the service is responsible, people at risk of poor nutrition and dehydration are not always sufficiently monitored, managed or encouraged. This can result in increased risk to their health and wellbeing. Where food is provided, people say that the quality of the food is variable and there is feedback to show that mealtimes are not always a pleasurable experience, with people not getting the support or choice that they would need or like.



A service that is inadequate may have some effective practice. However, there will be widespread and significant shortfalls in the care, support and outcomes people experience. Some regulations are not met.

Staff are not adequately trained and this is demonstrated in their practice and approach to the care, treatment and support people receive. Staff do not know about best practice and do not always recognise poor practice. Induction for new staff to the service is not thorough and people may be cared for by staff who do not have the skills and knowledge to meet their needs effectively. Volunteers are not supported or clear about their role.

Staff do not understand what they must do to comply with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They sometimes do not act within the law.

Where applicable, people are not supported to maintain their independence by the physical environment they live in. Their independence is not supported by the decoration and signage. The service has not adapted the premises to improve people's quality of life and promote their wellbeing.

Where the service is responsible, there is poor monitoring and management of people's eating and drinking which puts people who use the service at risk. People's specialist dietary needs are not catered for properly and people report that the quality of food is poor and choice is limited. Mealtimes are not sufficiently supported by staff with the right skills to make sure that people have enough to eat and drink.

## Caring

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

Good



Caring

People who use the service, those that matter to them and other people who have contact with the service, are consistently positive about the caring attitude of the staff.

People receive care and support from staff who know and understand their history, likes, preferences, needs, hopes and goals. The relationships between staff and people receiving support consistently demonstrate dignity and respect at all times. Staff know, understand and respond to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way.

People are proactively supported to express their views and staff are skilled at giving people the information and explanations they need and the time to make decisions. Where necessary, staff support people to regain their confidence and personal strengths, to help them cope and come to terms with their illness. Staff communicate effectively with every person using the service, no matter how complex their needs.

People who use the service know about and have access to advocacy support and the service has links to local advocacy services where available. When young adults use adult hospice services, they are afforded privacy, choice and flexibility with regard to parental involvement in the way their care is managed.

Staff know people's individual communication skills, abilities and preferences. There are a range of ways used to make sure people are able to say how they feel about the caring approach of the service and whether they have a sense that they matter and belong. Staff know that they need to spend time with people to be caring and have concern for their wellbeing. Staff are given enough time to get to know a person who is new to the service, and read through their care plan and risk assessments. In the community, staff are not expected to 'hit the ground running' and rotas are organised so that people receive care from a small number of staff who understand their needs and get along with them.

Kindness, respect, compassion, dignity in care and empowerment are the key principles on how the service recruits, trains and supports its staff. There are robust systems that make sure that this is happening in practice. Staff develop trusting relationships, and understand and respect confidentiality. In the community the service has strategies to minimise the risk to confidentiality when people's care and support may be provided by a mixture of regulated, non-regulated and informal care. Staff recognise the importance of the values of the service and challenge staff behaviour and practices that fall short of this.

When people are nearing the end of their life they, and people who matter to them, receive compassionate and supportive care before, during and after death.

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. Staff arrange for equipment to be provided, including liaising with other services, as and when needed, when this is part of their role.

Outstanding



Caring

For a good service to be rated outstanding there are additional key characteristics that make the service exceptional and distinctive. People's feedback about the caring approach of the service describes it in these terms.

The service has a strong, visible person-centred culture and is exceptional at helping people to express their views so they understand things from their points of view. Staff and management are fully committed to this approach and find innovative ways to make it a reality for each person using the service. They use creative ways to make sure that people have accessible, tailored and inclusive methods of communication.

People value their relationships with the staff team and feel that they often go 'the extra mile' for them, when providing care and support. As a result they feel really cared for and that they matter. Staff are exceptional in enabling people to remain independent and have an in-depth appreciation of people's individual needs around privacy and dignity. The service also focuses on people's wellbeing and develops innovative ways to support and help them, both psychologically and practically. Family support is also seen as key to people's wellbeing and the needs of people's families are also supported.

Staff will be highly motivated and inspired to offer care that is kind and compassionate and will be determined and creative in overcoming any obstacles to achieving this. Bereavement services are tailored to individual needs and may be provided over a significant period of time after death. The service continually strives to develop the approach of their staff team so this is sustained.

People receive outstanding care from exceptional staff who are compassionate, understanding, enabling and who have distinctive skills in this aspect of care. Staff also care for and support the people that matter to the person who is dying with empathy and understanding.



A service that requires improvement may have some features of a good service but there may be a lack of consistency in the caring approach of staff. Regulations may or may not have been met.

People may say that 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 sit and talk with them for any meaningful period of time or focus on their wellbeing.

Staff do not always understand the need to make sure that people have their privacy and dignity maintained. People may say that while this may not be intentional, this results in them not always feeling that they are respected or valued.

People's end of life wishes may not be consistently recorded or acted upon. Staff are reactive rather than proactive when issues arise, and do not always appreciate the need for good end of life care.



A service that is inadequate has widespread and significant shortfalls in the caring attitude of staff. Some regulations are not met.

People who use the service, and those that matter to them, and other people who have contact with the service, say they are not treated with respect, and that staff are sometimes unkind and lack compassion. This is usually serious and widespread.

There is a lack of continuity of staff, so they are not familiar with the person they are caring for. Any evidence of kind and compassionate care may be due to the skills and efforts of individual members of staff and is not recognised by the service. Staff routines and preferences take priority and they have little understanding of the impact of this approach on the wellbeing and needs of people using the service.

The service does not listen to people or understand how to support them to express their views. Staff communication with people with complex needs is poor so they are often not understood. Also, staff do not have access to or understand the different methods of communication that can be used.

Not treating people, including those that matter to them, with kindness, respect and compassion is usually serious and widespread.

People do not usually experience a comfortable, dignified or pain-free death.

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

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

Good



Responsive

People's feedback about the responsiveness of the service describes it as consistently good.

People receive consistent, personalised care, treatment and support so they are able to live and die where they choose. The service focuses on the needs of people rather than their diagnosis. They are involved in identifying their needs, choices and preferences and how they are met. People's care, treatment and support is set out in a written plan that describes what staff need to do to make sure personalised care is provided.

People, and those that matter to them, are actively involved in developing their care, support and treatment plans, and appropriate professionals are involved if required. People are supported by staff who understand their diagnosis, are competent, and have the skills to assess their needs. This includes the specific needs of people, such as those living with dementia, at the end of their lives. Staff make every effort to make sure people are empowered and included in this process. They strike a balance when involving family, friends or advocates in decisions about the care provided, to make sure that the views of the person receiving the care are known, respected and acted on.

Care, treatment and support plans are seen as fundamental to providing good person-centred care. They are thorough and reflect people's needs, choices and preferences. People's changing care needs are identified promptly, regularly reviewed with the involvement of the person and put into practice. There are robust systems to make sure that changes to care plans are communicated to those that need to know at all times of the day or night.

People have choice about who provides their personal care. They are empowered to make choices and have as much control and independence as possible. Any withdrawal of treatment is managed openly and sensitively with people and their families and this results in people having choice and control.

The service protects people from the risks of social isolation and loneliness and recognises the importance of social contact and companionship. Where the service is responsible it enables people to carry out person-centred supportive activities within the service or in the community and encourages them to maintain hobbies and interests. The service has good links with the local community. Staff are proactive, and make sure that people are able to keep relationships that matter to them, such as family, community and other social links.

The service has clear systems and processes that are applied consistently for referring people to external services. When people use or move between different services this is properly planned using a multi-disciplinary approach. 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, especially children and young adults.

There are a range of ways for people to feed back their experience of the care they receive and raise any issues or concerns they may have. Concerns and complaints are always taken seriously, explored thoroughly and responded to in good time. The service is able to show a difference to the way they deliver care, treatment and support and proactively use complaints and concerns as an opportunity for learning.

Outstanding



Responsive

For a good service to be rated outstanding there are additional key characteristics that make the service exceptional and distinctive. People's feedback about the responsive approach of the service describes it in these terms.

People tell us staff have outstanding skills, and have an excellent understanding of their social and cultural diversity, values and beliefs that may influence their decisions on how they want to receive care, treatment and support. Staff know how to meet these preferences and are innovative in suggesting additional ideas that they themselves might not have considered. This means that people have an enhanced sense of wellbeing.

People's care and support is planned proactively in partnership with them. Staff use innovative and individual ways of involving people so that they feel consulted, empowered, listened to and valued. For people in transition, specific support groups are available and in children's hospices, links are made to antenatal services to support families where unborn babies have life-limiting conditions.

Professionals visiting the service say it is focused on providing person-centred care and it achieves exceptional results. Ongoing improvement is seen as essential. The service strives to be known as outstanding and innovative in providing person-centred care based on best practice.

The service is flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. The service uses innovative ways to support people in the community when they are not with them. Where required, there is a rapid response to people's changing care needs and advice on care and support is available round the clock.

Where the service has a responsibility, the arrangements for social activities and, where appropriate, education and work, are innovative and meet people's individual needs. There are specific staff with the skills to understand and meet the needs of people and their families in relation to their emotional support and the practical assistance they need with day-to-day life.

The service takes a key role in 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 that have a positive impact on their quality of life. Input from other services and support networks are encouraged and sustained.

People are actively encouraged to give their views and raise concerns or complaints. The service sees concerns and complaints as part of driving improvement. People's feedback is valued and people feel that the responses to the matters they raise are dealt with in an open, transparent and honest way. Investigations are comprehensive and the service uses innovative ways of looking into concerns raised. This includes using people and professionals who are external to the service to ensure an independent and objective approach.

## Requires improvement



## Responsive

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 involved in relevant decisions about their care, treatment and support. Regulations may or may not be met.

People may be involved in developing their own care, support and treatment plans, but there may not be enough time for 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.

Staff are aware of people's needs but may not always respond in good time. 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, equipment or resources.

People's care needs are not reassessed regularly and this results in their care plan being out of date and not reflecting their current needs. This puts them at risk of inconsistent care and/or not receiving the care and support they need or want. Care is not fully person-centred and often what is written in the care plan, even if people have had input, is not carried out in practice. People may not have been involved in the development and review of their care plans in a meaningful way.

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, or how this may influence their decisions and how they want to receive care, treatment and support.

The service is inconsistent in their approach when people use or move between services. People may have to repeat their story because the information shared is not always sufficient to make sure they receive the care they need.

Although there is a complaints system, it may be managed inconsistently. When people raise complaints or concerns about the care they receive the service may not always take their views on board fully, investigate them thoroughly, tell the person the outcome or change practice to improve.



A service that is inadequate will have widespread and significant shortfalls in the way they respond to people. Some regulations are not met.

Care records may be standardised across the service with no evidence of individualised or person-centred care. People are not involved in the development of their care plan. People's care needs have not been reassessed and their care records are out of date and do not sufficiently guide staff on people's current care, treatment and support needs; this puts people at risk of inappropriate care.

People's experience of care and treatment is that it is task centred rather than in response to their individual needs and preferences. Visiting professionals tell us their recommendations for care and treatment are often not followed or referrals are not made.

Staff may not understand or recognise people's social and cultural diversity, or the values and beliefs that 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.

Complaints are not always dealt with in an open, transparent and objective way. People are not given an opportunity to express their views about the care they receive.

Information shared with other services people use or move to is inadequate. This results in people not having their care and support needs met.

## Well-led

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

Good



Well-led

People, their family and friends are regularly involved with the service in a meaningful way, helping to drive continuous improvement. People's feedback about the way the service is led describes it as consistently good.

The service has a clear vision and set of values that include honesty, involvement, compassion, dignity, independence, respect, equality and safety. These are understood and consistently put into practice.

The service has a positive culture that is person-centred, open, inclusive and empowering. It has a well-developed understanding of equality, diversity and human rights and puts this into practice.

Staff have the confidence to question practice and report concerns about the care offered by colleagues, carers and other professionals. When this happens they are supported and their concerns are thoroughly investigated.

Staff understand their role, appreciate what is expected of them, are happy in their work, are motivated and have confidence in the way the service is managed. Managers are consistent, lead by example and are available to staff for guidance and support. For those working in the community, this should involve face-to-face meetings and enabling staff to get together to share views, information and gain support. Premises that staff can meet in are conveniently located and accessible. They provide them with constructive feedback and clear lines of accountability. Support and resources are available to enable and empower the staff team to develop and to drive improvement.

The service defines quality from the perspective of the people using it and involves them, staff and external stakeholders in a consistent way. Quality assurance arrangements are robust and the need to provide a quality service is fundamental and understood by all staff. Where required, processes are in place to enable managers to account for actions, behaviours and the performance of staff.

The service works in partnership with key organisations to support care provision, service development and joined-up care.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations are understood and met.



For a good service to be rated outstanding there are additional key characteristics that make the service exceptional and distinctive. People's feedback about the way the service is led describes it in these terms.

The service has a track record of being an excellent 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. Managers 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 quality accreditation schemes.

The service finds innovative and creative ways to enable people to be empowered and voice their opinions.

The vision and values are imaginative and person-centred and make sure that people are at the heart of the service. They are developed and reviewed with people and staff and are owned by all and underpin practice. The service recognises the ongoing importance of ensuring these are understood, implemented and communicated to people in meaningful and creative ways.

The service has innovative ways of communicating with staff who work in the community to make sure they are informed of changes and can share views and information.

The service works in partnership with other organisations to make sure they are following current practice and providing a high-quality service. They strive for excellence through consultation, research and reflective practice. They can also show how they sustain their outstanding practice and improvements over time.



A service that requires improvement may have some features of a good service. There may be a lack of consistency in how well the service is managed and led. Regulations may or may not be met.

There will be times when the leadership is reactive rather than proactive. The way the service is managed does not always identify risks, and it may not have strategies to minimise these risks to make sure the service runs smoothly.

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.

The service may not have had a registered manager for more than six months and satisfactory steps have not been taken to recruit one within a reasonable timescale. The

arrangements to cover the absence may not provide consistent leadership and direction for staff.

Quality assurance 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. Information sharing may also 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 as fully involved as they can be or be told the outcome. Staff may be reluctant to challenge unsafe or unacceptable practice because their concerns are not always acted on and they may fear recriminations. While safeguarding matters are usually reported, there may be a reluctance to deal with the matter openly.

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.

Staff may feel isolated in their role. They may not often have the opportunity to get together with colleagues to share best practice or learn in a supportive environment.

People may not benefit from joined-up care because the service has a limited approach to multi-disciplinary team working.

## Inadequate



## Well-led

A service that is inadequate will have widespread and significant shortfalls in the way the service is led. Where regulations apply, they are not met.

Leadership within the service 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 for people is intuitive rather than guided by good practice or management support.

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 make sure they display the right values and behaviours towards people. Staff may refer to people in an inappropriate way.

Management and staff do not understand the principles of good quality assurance; so the service lacks any drive for improvement. People and staff are not given the information they need. There is a lack of communication and involvement from the managers 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. Safeguarding matters are not dealt with in an open, transparent and objective way.

# Appendix C: Ratings principles

## The rating principles

The five key questions have equal 'weighting' and contribute equally to the overall location rating.

Overall location ratings are produced using principles that show what the aggregated, overall rating is for all the possible combinations of five key question ratings. The broad principles are:

1. At least two of the five key questions would normally need to be rated 'outstanding' and three key questions rated as 'good' before an aggregated rating of 'outstanding' can be awarded.
2. There are a number of ratings combinations that will lead to a rating of 'good'. The overall rating will normally be 'good' if there are no key question ratings of 'inadequate' and no more than one key question rating of 'requires improvement'.
3. If two or more of the key questions are rated 'requires improvement', then the overall rating will normally be 'requires improvement'.
4. If two or more of the key questions are rated 'inadequate', then the overall aggregated rating will normally be 'inadequate'.

## Limiters

There are a small number of events and circumstances that are sufficiently serious or significant that they should limit a rating judgement. These circumstances and guidelines are set out in the table below. They show circumstances when the well-led question cannot normally be rated better than 'requires improvement'.

Key question	Events and circumstances that mean the key question rating can never be better than 'requires improvement'
Well-led	The location has a condition of registration that it must have a registered manager but it does not have one, and satisfactory steps have not been taken to recruit one within a reasonable timescale.
	The location has another condition of registration that is not being met without good reason.

	Statutory notifications were not submitted in relation to relevant events at a location without good reason.
	The provider has not returned the PIR or contact information, where requested by CQC, or supplied the information in another format as agreed in advance. Providers should have this information readily available to them through the internal systems they are required to have to monitor and improve the quality of their service.

Inspectors make proportionate judgements as to whether any of these limiters apply. For example, consideration of what is a 'reasonable timescale' in relation to not recruiting a registered manager. Where we decide that the limiter should be applied, the inspector will make a further judgement about the impact on people who use the service considering the severity of the harm caused and whether the relevant question should be rated as 'inadequate'.