

# Annex A2: Key lines of enquiry, prompts and ratings characteristics – adult social care services

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## **Ratings characteristics:**

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<b>Key to type of change</b>	
	No change, or minor change for clarity or to align between sectors
Moved	Prompt moved within or between key lines of enquiry or key questions
Changed	Substantive change to wording
New	New key line of enquiry or prompt, including those that are new for some, but not all, sectors

**Notes:**

**All key lines of enquiry and prompts are mandatory for both community and residential adult social care services, where relevant.**

**Where we refer to ‘people’, we include adults, young adults and children, where applicable.**

## Safe

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

\*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

Code	Key line of enquiry / prompt
S1	How are people, including children and families, protected from bullying, harassment, avoidable harm and abuse that may breach their human rights?
S1.1 New	Are the systems, policies, processes and practices that are essential to keep people safe identified, implemented and communicated to staff?
S1.2	How are people protected from abuse and avoidable harm, including breaches of their dignity and respect, which can result in psychological harm?

Code	Key line of enquiry / prompt
S1.3	How are people protected from discrimination, which might amount to discriminatory abuse or cause psychological harm? This includes discrimination on any protected characteristics under the Equality Act. Do staff recognise signs that people may be subject to domestic abuse and how is this responded to?
S1.4	Do staff keep people safe by being able to recognise, report and record signs of potential abuse and knowing what to do when concerns about abuse or neglect are raised, regardless of where it happens?
S1.5 Changed	How are people supported to understand what keeping safe means, and how are they encouraged and empowered to raise any concerns they may have about this? If people are subject to safeguarding enquiries or an investigation are they offered an advocate?
S1.6 New	Are people's individual care records, accurate, complete, legible, up to date and securely stored to keep people safe?
S.2	<b>How are risks to individuals and the service managed and monitored so that people are protected and their freedom is supported and respected?</b>
S2.1 Changed	What arrangements are there to manage risks appropriately, including financial risk, and to make sure that people are involved in decisions about any risks they may take? This includes risks posed by lone working arrangements.
S2.2	Are risk management policies and procedures followed to minimise restrictions on people's freedom, choice and control, in particular for people who lack mental capacity?
S2.3	Are formal and informal methods used to share information with appropriate parties on risks to people's care, treatment and support?
S2.4	Are there thorough, questioning and objective investigations into whistleblowing or staff concerns, safeguarding, and accidents or incidents? Are action plans developed, and are they monitored to make sure they are delivered?
S2.5 Changed	What arrangements are there for continually recording and reviewing safeguarding concerns, safety performance, accidents and incidents to make sure that themes are identified and any necessary action is taken? Is the learning communicated to all staff and people using the service to prevent future incidents of avoidable harm?

Code	Key line of enquiry / prompt
S2.6 New	How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?
S2.7 Changed	How is equipment managed to keep people safe? How are the premises and safety of the communal and personal spaces (such as bedrooms) and living environment checked and managed to keep people safe?
S2.8 Moved from effective to safe	How do staff seek to prevent and manage challenging behaviour if it happens? How are individuals supported?
S2.9 Moved from effective to safe	What arrangements are there to make sure that decisions about the use of restraint are made appropriately and recorded? Have the appropriate processes been followed?
<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>
S3.1	What arrangements are there, including within the rotas, for making sure that staff have the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs?
S3.2 Changed	How does the service promote safety within its recruitment practices, staff support arrangements and disciplinary procedures?
S3.3 New	Do staff receive effective training for safety issues in systems, processes and practices?
<b>S4</b>	<b>How are medicines managed safely?</b>
S4.1	Where the service is responsible, is current and relevant professional guidance followed about the management and review of medicines?

Code	Key line of enquiry / prompt
S4.2	Where the service is responsible, do people receive their medicines as prescribed (including controlled drugs)?
S4.3	Where the service is responsible, are medicines stored, given to people and disposed of safely, in line with current and relevant regulations and guidance?
S4.4	Are there clear procedures for giving medicines, in line with the Mental Capacity Act 2005?
S4.5	How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?
<b>S4.6 New</b>	<b>Do staff assess the risks based on the level of support a person needs to take their medicines safely, including self-administration and covert administration?</b>
S4.7	How are people supported to take their own medicines safely, particularly where they cannot communicate?
S4.8	What guidance is given to staff about non-prescribed or unlicensed medicines that people may choose to use, particularly where they cannot communicate?
<b>S5</b>	<b>How well are people protected by the prevention and control of infection?</b>
S5.1	Where the service is responsible, what are the arrangements for making sure that the premises are kept clean and hygienic so that people are protected from infections that could affect both staff and people using services?
S5.2	Do staff understand their roles and responsibilities in relation to infection control and hygiene?
S5.3	Are policies and procedures maintained and followed in line with current relevant national guidance?

Code	Key line of enquiry / prompt
S5.4 New	Where it is part of its role, how does the service make sure that it alerts the right external agencies to concerns that affect people's health and wellbeing?
S5.5 New	Have all relevant staff completed food hygiene training and are correct procedures in place and followed in the kitchen?

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## 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**

<b>Code</b>	<b>Key line of enquiry / prompt</b>
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?
E1.1 New	Are people’s physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, such as the NICE Quality Standards, to achieve effective outcomes?
E1.2	Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge?

Code	Key line of enquiry / prompt
E1.3	Do staff and volunteers have effective and regular mentorship, support, induction, supervision, appraisal and training?
<b>E1.4</b> New	Are staff supported to keep professional standards updated in line with best practice?
<b>E2</b> Moved within effective	<b>How are people supported to eat and drink enough to maintain a balanced diet?</b>
E2.1 Moved within effective	How are people involved in decisions about what they eat and drink and how are their cultural and religious preferences met?
E2.2 Moved within effective	Where the service is responsible, how are people supported to have a balanced diet that promotes healthy eating and the correct nutrition?
E2.3 Moved within effective	Are meals appropriately spaced and flexible to meet people's needs, and do people enjoy mealtimes and not feel rushed?
E2.4 Moved within effective	How are risks to people with complex needs identified in relation to their eating and drinking?
<b>E3</b> Moved within effective	<b>How are people supported to maintain good health, have access to healthcare services and receive ongoing healthcare support?</b>
E3.1 Moved within effective	How are people's day-to-day health and wellbeing needs met?

Code	Key line of enquiry / prompt
E3.2 Moved within effective	How does the service make sure that people can understand the information and explanations about their healthcare and treatment options, including medicines, and their likely outcomes?
E3.3 Moved within effective	How are people involved in regularly monitoring their health?
E3.4 Moved within effective	Can people access care and treatment in a timely way and, where the service is responsible, are referrals made quickly to appropriate health services when people's needs change?
<b>E4</b> <b>Moved within effective</b>	<b>How are people's individual needs met by the adaptation, design and decoration of the service?</b>
E4.1 Moved within effective	How are people involved in decisions about the environment?
E4.2 Moved within effective	How do the premises meet people's diverse care, cultural and support needs?
E4.3 Moved within effective	<p>What arrangements are there to ensure people have access to appropriate space:</p> <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>

Code	Key line of enquiry / prompt
E4.4 Changed	How does the signage, the decoration and other adaptations to the premises help to meet people's needs and promote their independence? How are any changes to the environment managed to avoid causing distress to people who live there?
E4.5 New	How is technology and equipment used to enhance the delivery of effective care and treatment and to support people's independence?
<b>E5 New</b>	<b>How well do staff, teams and services work together to deliver care and treatment?</b>
E5.1 Moved from responsive to effective	How are people assured that they will receive consistent coordinated, person-centred care when they use, or move between, different services?

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## Caring

**By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.**

<b>Code</b>	<b>Key line of enquiry / prompt</b>
<b>C1</b>	<b>How are positive caring relationships developed with people using the service and staff?</b>
C1.1	Are people treated with kindness and compassion in their day-to-day care?
C1.2	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?
<b>C1.3 New</b>	<b>Do staff seek alternative ways to communicate with people where necessary?</b>

Code	Key line of enquiry / prompt
C1.4	Do staff know the people they are caring for and supporting, including their preferences, personal histories and backgrounds?
C1.5	Do staff show concern for people's wellbeing in a caring and meaningful way, and do they respond to their needs quickly enough?
C1.6 Moved within caring	Do staff understand and promote respectful and compassionate behaviour within the staff team?
<b>C2</b>	<b>How does the service make sure that people get support to express their views and be actively involved in their care and treatment?</b>
C2.1 New	Do staff recognise when people need support from their families, friends and other carers to help them understand and be involved in their care and treatment? How do staff help people to get this support?
C2.2 Changed	Do staff make sure they give information to people, their families and other carers about external bodies, community organisations and advocacy services that can provide independent support and advice, answer questions about their care and treatment and, where necessary, advocate for them? How does the service support people to contact and use these services?
C2.3 New	Does the service give staff the time, training and support they need to provide care in a compassionate and personal way? Are rotas, schedules and practical arrangements organised so that staff have time to listen to people, answer their questions, provide information, and involve people in decisions?
<b>C3</b>	<b>How is people's privacy and dignity respected and promoted?</b>
C3.1	Do people have the privacy they need?
C3.2	Are people treated with dignity and respect at all times?
C3.3	How does the service make sure that staff understand how to respect people's privacy, dignity and human rights?

Code	Key line of enquiry / prompt
C3.4	How are people assured that information about them is treated confidentially and respected by staff?
C3.5 New	How does the service schedule staff to reflect people's preferences and care needs, taking into consideration protected characteristics under the Equality Act, such as gender, and how personal care is delivered?
C3.6 Moved within caring	Is practical action taken to relieve people's distress or discomfort?
C3.7	Can people be as independent as they want to be?
C3.8	Are people's relatives and friends able to visit without being unnecessarily restricted?
C3.9 New	How does the service make sure that young adults have choice and flexibility about their privacy and the amount of parental involvement in managing their care and support after moving into adult services?

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## Responsive

**By responsive, we mean that services meet people’s needs.**

<b>Code</b>	<b>Key line of enquiry / prompt</b>
R1	How do people receive personalised care that is responsive to their needs?
R1.1 Changed	How do people, or those acting on their behalf, contribute to planning their care and how are their strengths and levels of independence, and quality of life taken into account?
R1.2 Changed	How does the service make sure that a person’s care plan fully reflects their physical, mental, emotional and social needs, including on the grounds of protected characteristics under the Equality Act? These should include their personal history, individual preferences, interests and aspirations, and should be understood by staff so people have as much choice and control as possible.

Code	Key line of enquiry / prompt
R1.3	Where the service is responsible, how are people supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them, and to have access to education and work opportunities?
R1.4	Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them and avoid social isolation?
<b>R1.5</b> New	Does the service identify and meet the information and communication needs of people with a disability or sensory loss and does it record, highlight and share this information with others?
<b>R1.6</b> New	How is technology used to support people to receive care and support quickly? Is the technology (including telephone systems and call systems) easy to use?
<b>R2</b> Changed	<b>How are people's concerns and complaints listened and responded to and used to improve the quality of care?</b>
R2.1	How are people's concerns and complaints encouraged, explored and responded to in good time?
R2.2	Do people know how to share their experiences or raise a concern or complaint, and do they feel comfortable doing so in their own preferred way?
R2.3	Are concerns and complaints used as an opportunity to learn and drive continuous improvement?
<b>R3</b> Moved from caring to responsive	<b>How are people supported at the end of their life to have a comfortable, dignified and pain-free death?</b>
R3.1 Moved from caring to responsive	Are people's preferences, choices and wishes for their end of life care and where they wish to die, including in relation to their protected equality characteristics, spiritual and cultural needs, clearly recorded, communicated, kept under review and acted on?

Code	Key line of enquiry / prompt
R3.2 Moved from caring to responsive	How are people, and their family, friends and other carers, involved in planning, managing and making decisions about their end of life care?
R3.3 New	How are people reassured that their pain and other symptoms will be assessed and managed effectively as they approach the end of their life, including having access to support from specialist palliative care professionals, particularly if they are unable to speak or communicate?
R3.4 New	How does the service make sure that it quickly identifies people in the last days of life whose condition may be unpredictable and change rapidly and, where required, that people have rapid access to support, equipment and medicines?
R3.5 New	How does the service support people's families, other people using the service and staff when someone dies?
R3.6 Moved from caring to responsive	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?
<b>R4</b> <b>Moved from effective to responsive</b>	<b>Is people's consent to care and treatment always sought in line with legislation and guidance?</b>
R4.1 Moved from effective to responsive	Do staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004?

Code	Key line of enquiry / prompt
R4.2 New	How are people supported to make their own decisions?
R4.3 Moved from effective to responsive	How and when is possible lack of mental capacity to make a particular decision assessed and recorded?
R4.4 Moved from effective to responsive	How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance?
R4.5 Moved from effective to responsive	When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation?
R4.6 Moved from effective to responsive	Is any restraint of people who lack mental capacity monitored for necessity and proportionality in line with legislation, and is action taken to minimise its use?
R4.7 New	Do staff recognise when people aged 16 and over, who lack mental capacity, are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?

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## 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.**

<b>Code</b>	<b>Key line of enquiry/ prompt</b>
<b>W1 Changed</b>	<b>Is there a clear vision and credible strategy in place, to deliver high-quality care and promote a positive culture that is person-centred, open, inclusive and empowering that achieves good outcomes for people?</b>
W1.1	Are managers aware of, and keep under review, the day-to-day culture in the service, including the attitudes, values and behaviour of staff?
W1.2	Is there an emphasis on support, fairness, transparency and an open culture?

Code	Key line of enquiry/ prompt
W1.3 Moved within well-led	How do managers make sure that staff are supported, have their rights and wellbeing protected and are motivated, caring and open?
W1.4 Changed	Does the service show honesty and transparency from all levels of staff and management following an incident? How is this shared with people using the service and their families in line with the duty of candour, and how does the service support them?
W1.5 New	Do leaders have the skills, knowledge, experience and integrity they need to lead effectively - both when they are appointed and on an ongoing basis?
W1.6	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? How do leaders make sure these are effectively embedded into practice? Do all staff understand and promote them?
W1.7 Moved within well-led	Is the leadership visible at all levels and does it inspire staff to provide a quality service?
W1.8 Moved within well-led	Do managers and staff have a shared understanding of the key challenges, achievements, concerns and risks?
<b>W2 Changed</b>	<b>Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?</b>
W2.1 Moved within well-led	Do staff receive feedback from managers in a constructive and motivating way, which enables them to know what action they need to take?
W2.2	Where required, is there a registered manager in post?

Code	Key line of enquiry/ prompt
W2.3 Changed	Does the registered manager understand their responsibilities, and are they supported by the board/trustees, the provider and other managers to deliver what is required?
W2.4	Are CQC registration requirements, including any conditions, submission of notifications, requirement notices and any other legal obligations, met? Do they understand recommendations made by CQC, keep up to date with all changes and communicate this effectively to staff?
W2.5	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?
W2.6	Are there clear and transparent processes for staff to account for their decisions, actions, behaviours and performance?
W2.7 Moved within well-led	How does the service make sure that its approach to quality is integral and all staff are aware of potential risks that may compromise quality?
W2.8 Moved within well-led	How does the service assure itself that it has robust arrangements to ensure the security, availability, sharing and integrity of confidential data, and records and data management systems?
<b>W3 New</b>	<b>How are the people who use the service, the public and staff engaged and involved?</b>
W3.1 Moved within well-led	How are people and staff actively involved in developing the service? Are they encouraged to be involved in considering and proposing new ways of working, including ways of putting values into practice?
W3.2 Moved within well-led	Are there strong links with the local community? How has the service strengthened relationships beyond the key organisations?

Code	Key line of enquiry/ prompt
W3.3 Moved within well-led	How are staff supported to question practice and how are people who raise concerns, including whistleblowers, supported and protected?
W3.4 Moved within well-led	How does the service enable and encourage open communication with people who use the service, their family, friends, other carers and staff?
W3.5 Moved within well-led	Are there accessible, tailored and inclusive ways of communicating with people, staff and other key stakeholders?
W3.6 New	How are people's views and experiences gathered and acted on to shape and improve the services and culture?
<b>W4</b> New	<b>How does the service continuously improve and ensure sustainability?</b>
W4.1 Moved within well-led	Are resources and support available to develop staff and teams, and drive improvement?
W4.2 Moved within well-led	Are quality assurance and clinical governance systems effective, and are they used to drive continuous improvement?
W4.3 Moved within well-led	How is success and innovation recognised, encouraged and implemented?

Code	Key line of enquiry/ prompt
W4.4 Moved within well-led	How is information from investigations and compliments learned from and used to drive quality?
W4.5 Moved within well-led	How does the service measure and review the delivery of care, treatment and support against current guidance?
W4.6 New	Are information technology systems used effectively to monitor and improve the quality of care?
<b>W5</b> Moved within well-led	<b>How does the service work in partnership with other agencies?</b>
W5.1 Moved within well-led	How does the service work in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care?
W5.2 New	Does the service share appropriate information and assessments with other relevant agencies for the benefit of people who use the service?

## Ratings characteristics for adult social care services

<b>Safe</b>			
<p><b>By safe, we mean people are protected from abuse* and avoidable harm.</b></p> <p>*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.</p>			
<b>Outstanding</b>	<b>Good</b>	<b>Requires improvement</b>	<b>Inadequate</b>
<p>People are protected by a strong, empowering and distinctive approach to safety and a focus on openness, transparency and learning when things go wrong.</p>	<p>People are protected from avoidable harm and abuse. Legal requirements are met.</p> <p>The service will always keep people and their belongings safe and secure.</p>	<p>The service has an inconsistent approach that, at times puts people's safety, health or wellbeing at risk. There is an increased risk that people are harmed or there is limited assurance about safety. Regulations may or may not be met.</p>	<p>A service may have some areas of safe practice, but in general people are not safe. Some regulations are not met.</p>
<p><b>S1 How are people, including children and families protected from bullying, harassment, avoidable harm and abuse that may breach their human rights?</b></p>			
<b>Outstanding</b>	<b>Good</b>	<b>Requires improvement</b>	<b>Inadequate</b>
<p>People are involved in developing a comprehensive and innovative approach to safeguarding, which enables positive risk taking to maximise their control over</p>	<p>People are consistently safe and protected from bullying, harassment, avoidable harm, neglect and abuse.</p> <p>The service has effective safeguarding systems, policies and procedures and manages safeguarding concerns promptly.</p>	<p>Safeguarding is not always given sufficient priority and people are not always safe and protected from abuse and neglect.</p>	<p>People have experienced, or are at significant or immediate risk of, bullying, harassment, avoidable harm, neglect or abuse.</p>

<p>their lives.</p> <p>People are involved in decisions about their safety to the maximum possible extent and their wishes are respected. The service does so creatively and works with people and their supporters using imaginative, innovative ways to understand their wishes.</p> <p>Where children use the service, flexible new approaches to practice are developed with them and their families, which prevent abuse and enable possible problems to be detected early, taking account of particular vulnerable groups. Children, external agencies, and families participate in innovative ways of safeguarding. The service looks for and uses new and existing good practice and research findings in child-centred practice to deliver person-centred safe care.</p> <p>The service is particularly creative in the way it involves and works with people to understand their diverse</p>	<p>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.</p> <p>Where the service is used by children, staff take a preventive approach to safeguarding and are aware of relevant risk factors and triggers. They discuss any concerns with managers and colleagues, and the service works with people, their families and external agencies to promote children's safety and prevent abuse. Child protection practice and arrangements are aligned with local safeguarding arrangements. The service's culture, staff induction, training and supervision arrangements successfully promote a child-centred approach to safeguarding.</p> <p>The service's proactive approach ensures that human rights are not breached or violated. Where there needs to be a decision to balance rights, for example a person's right to freedom and the rights of that person or others to be free from harm, decisions are taken in people's best interests.</p> <p>All staff have a comprehensive awareness and understanding of abuse and know what to do to make sure that people in vulnerable situations are protected.</p> <p>People know about the service's</p>	<p>Safeguarding policies and procedures are not fully embedded and staff do not always respond quickly enough to concerns. The service is not always fully engaged with local safeguarding systems.</p> <p>Staff do not always involve or listen to people or act on their concerns about safety.</p> <p>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.</p> <p>People's preferences in relation to equality and diversity may not always be treated with respect.</p> <p>Staff may not always be up to date in safeguarding training and practice. Staff do not always recognise when abuse or neglect may be occurring, and do not always follow required</p>	<p>People do not have their human rights upheld, protected equality characteristics are not recognised or respected, and equality is not promoted.</p> <p>Staff are not up to date with safeguarding training, do not follow service or local procedures when required, or are not familiar with them or with good safeguarding practice guidance. Staff do not recognise or respond appropriately to abuse.</p> <p>People are not supported to raise safeguarding concerns and they can feel actively discouraged or even fearful about doing so.</p>
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<p>circumstances and individual needs. It challenges discrimination and encourages staff, people who use the service and others to do the same.</p> <p>It seeks ways to continually improve, puts changes into practice and sustains them.</p> <p>Staff are exceptionally well-trained in safeguarding people. They are highly skilled at recognising when people are at risk of abuse or feel unsafe, and they are comfortable and proactive when challenging and reporting unsafe practice.</p> <p>Staff develop positive and trusting relationships with people that help to keep them safe; staff have the time they need to do so, or make the time.</p> <p>People who use the service and staff are actively encouraged and empowered to raise their concerns and to challenge risks to people's safety. There are no recriminations when they do so; it is seen as a normal and</p>	<p>safeguarding policy. They know what to do and feel comfortable raising concerns about their own or other people's safety. People who raise concerns receive sympathetic support and appropriate information.</p> <p>There are no recriminations; it is seen as a normal and desirable part of day-to-day practice.</p>	<p>procedures if they do.</p> <p>Some staff are not clear how to raise concerns or are wary of doing so.</p> <p>Where the service is used by children, it is not always child-centred in its approach. It may not have up-to-date safeguarding procedures aligned with local arrangements. Even where it does, staff do not always follow them or have not always been trained in child protection. The service has limited engagement with local child protection systems.</p> <p>People may not know about the service's safeguarding policy and are not always told how to raise concerns. If they do, they do not always get the information and support they need.</p>	
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desirable part of day-to-day practice.			
<b>S2 How are risks to individuals and the service managed and monitored so that people are protected and their freedom is supported and respected?</b>			
<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<p>There is a transparent and open culture that encourages creative thinking in relation to people's safety. The service seeks out current best practice and uses learning from this to drive improvement for all people, including those with particular protected equality characteristics. People are enabled to take positive risks to maximise their control over their care and treatment. They are also actively involved in managing their own risks along with their relatives, friends and other carers.</p> <p>There is a comprehensive 'safety management system', which takes account of current best practice models. This helps the service to sustain outstanding practice and improvements over time.</p>	<p>The service embeds a proactive approach to anticipating and managing risks to people who use services, which is recognised as being the responsibility of all staff. Staff understand the systems and strategies and use them consistently.</p> <p>Staff give people information about risks to their safety. They actively support people when making choices so they have as much control and independence as possible. The least restrictive option is always considered.</p> <p>People are involved in managing risks and risk assessments are person-centred, proportionate and reviewed regularly, and take equality and human rights legislation into account. Restrictions are minimised so that people feel safe but also have the most freedom possible – regardless of disability or other needs.</p> <p>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,</p>	<p>The service does not always involve or listen to people, or act on their concerns about safety.</p> <p>Information about risks and safety is not always comprehensive or up to date. Safety concerns are not consistently identified or addressed quickly enough.</p> <p>There is limited use of systems to record, manage, and report concerns about risks, safety and, incidents. The systems may be hard to use or unreliable.</p> <p>Risk management does not always consider the least restrictive option, and sometimes this limits people's control over their lives and their independence.</p> <p>Risk management systems or practices do not always</p>	<p>There is limited or no action to assess, monitor or improve the safety of the service. There is wilful or routine disregard of standard operating or safety procedures.</p> <p>Where action is taken to address risks, plans are not clear or coordinated. People are not assured that they will be safe and sometimes do not feel safe.</p> <p>People are not involved in the management of risks that may affect their safety.</p> <p>Practice at the service places people at risk of harm or does not protect them from actual harm.</p> <p>Risk management includes unjustifiable restrictions on people, which significantly limits people's control over their lives and their</p>

<p>Staff, people and their relatives, friends and other carers are engaged in reviewing and improving systems. Innovation is encouraged to achieve sustained improvements in safety and continual reductions in harm.</p> <p>Staff show empathy and have an enabling attitude that encourages people to challenge themselves while recognising and respecting their lifestyle choices. The service helps people to have a full and meaningful life by using imaginative or innovative ways to manage risk while keeping people safe. It helps people to make decisions that may have elements of risk by sharing information about risk in imaginative or innovative ways to help inform choice and control.</p> <p>The service actively seeks out new technology and other solutions to make sure that people live with as few restrictions possible.</p>	<p>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 that people are referred for professional assessment at the earliest opportunity. Staff use restraint if they have been trained, but only when it is safe and necessary to do so.</p> <p>The service shares information about risks consistently and reliably, including in handover and other meetings, one-to-one supervision and other formal and informal ways. Staff are aware of risks to people's wellbeing and how to manage them. People like the way that information is shared with them and feel that it reflects their preferences.</p> <p>The service consistently focuses on how it can improve its safety record. There are clear processes in place that were developed with staff. Monitoring and reviewing activity enables staff to understand risks and gives a clear, accurate and current picture of safety. Staff understand how to minimise risks and there is a good track record on safety and risk management.</p> <p>There is an open culture of learning from mistakes, concerns, incidents, accidents and other relevant events. If people using the service are affected by a safety incident, they are asked for their views, or the service</p>	<p>take a holistic view of people's needs. The culture of the service may be risk averse and focused on clinical or physical risks.</p> <p>The service may place unnecessary restrictions on people, which limits their lifestyles and independence, even where people agree to this.</p> <p>Full information about risks to people's safety is not always passed on to staff who need it; arrangements designed to do so are not robust.</p> <p>When things go wrong, reviews and investigations are not always sufficiently thorough or do not include all relevant people. Necessary improvements are not always made.</p> <p>Staff may not always be aware of whistleblowing policies and how to report concerns, and if they do they may not always follow them.</p> <p>Staff do not feel listened to, or receive updates on</p>	<p>independence.</p> <p>There are disproportionate restrictions on people's liberty. People are not properly involved in decisions that lead to restrictions on liberty, and staff do not meet legal requirements about making decisions when people do not, or may not, have the mental capacity to do so for themselves.</p> <p>The service may deprive some people of their liberty without legal authority to do so.</p> <p>There may be limitations or 'blanket rules' that inappropriately restrict people's choice and control, whether or not they have mental capacity.</p> <p>Information about risks to people is not passed on to the staff and others who need it. People are likely to or may have come to harm as a result.</p> <p>Staff are afraid of, or discouraged from, raising concerns and there is a</p>
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<p>Learning is based on a thorough analysis and investigation of things that go wrong. All staff are encouraged to participate and apply learning to improve safety as much as possible to reduce risks of harm to people using the service. This includes participating in any relevant local and national safety programmes.</p> <p>The service proactively engages with people and other organisations to assess and minimise risks to the environment, premises and equipment and anticipates issues. It does so innovatively and mitigates risk creatively to maximise people's autonomy and independence.</p> <p>People are provided with a range of accessible information about how to keep themselves safe and how to report any issues of concern. This information is on prominent display and is easily accessible.</p>	<p>tries to understand their experience if this is possible, and these are used in reviews.</p> <p>Staff understand and are comfortable raising concerns. Where required, investigations are thorough. If action plans are required, they are monitored to make sure they are delivered.</p> <p>Service records and other relevant sources are regularly and systematically reviewed to check for safety-related themes and trends. These are consistently recorded, discussed with staff and others and action is planned and taken to reduce related risks.</p> <p>The service receives, reviews and acts on patient safety alerts.</p> <p>Equipment is regularly serviced and well maintained.</p> <p>The service takes all possible action to assess and reduce the risk of injury caused by the people's living environment. It works with other organisations to do so whenever needed.</p> <p>Staff are clear about their responsibilities regarding premises and equipment. They use equipment correctly to meet statutory requirements and keep people safe.</p> <p>Staff share information about environmental and equipment risks with relevant external professionals and other services involved in people's lives.</p>	<p>action taken.</p> <p>The service does not always look for safety-related themes and trends or does not do so reliably and robustly.</p> <p>Lessons are not always learned or shared with staff.</p> <p>Good safety practice is not always sustained.</p> <p>The service receives patient safety alerts but doesn't always review and act on them.</p> <p>Where the service is responsible, people are at risk of harm because equipment is not maintained and serviced as needed. Safety certification may be out of date.</p> <p>The service's approach to assessing and managing environmental and equipment-related risks is partial or inconsistent.</p> <p>Not all staff know how and when to share information with external organisations, and referrals are not always made when they should be.</p>	<p>culture of blame. When concerns are raised or things go wrong, the approach to reviewing and investigating the causes is insufficient or too slow. There is little evidence of learning from events or action taken to improve safety.</p> <p>Where action is taken to address risks, plans are unclear or uncoordinated.</p> <p>The service does not gather or monitor safety-related information to look for themes and trends. The service does not learn from concerns, accidents, incidents and adverse events.</p> <p>The service has a track record of failing to provide good standards of safety.</p> <p>Where the service is responsible, people have been or probably will be harmed because equipment is avoidably unsafe.</p> <p>The service does not assess or properly manage environmental and</p>
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	<p>The service and staff are clear about their responsibilities when incidents occur.</p> <p>People are provided with a range of accessible information about how to keep themselves safe and how to report any issues of concern.</p>	<p>People may be at risk of harm as a result.</p> <p>People are not always provided with information about how to keep themselves safe or to raise any concerns.</p>	<p>equipment-related risks.</p> <p>External referrals and engagement are not made when they should be. Staff do not know how and when they should refer concerns. People are or may be harmed as a result.</p>
<b>S3 How does the service make sure that there are sufficient numbers of suitable staff to keep people safe and meet their needs?</b>			
<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<p>Whenever possible, people are actively involved in decisions about the staff who will provide their care, for example in relation to recruiting or choosing the staff who will work with them.</p> <p>Staff proactively anticipate and mitigate risks to people's safety and feel their skills are being utilised effectively.</p> <p>The service is recognised as having an exceptional and inclusive approach to promoting the safety of its staff, and is seen as a good place to work by staff and external organisations.</p> <p>Staff and people help to</p>	<p>There are always enough competent staff on duty. Staff 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.</p> <p>Services providing care to people in their own homes make sure there is enough staff cover across the geographical area so people receive a consistent and reliable 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.</p> <p>There are arrangements to deal with situations when carers are not able to work or cannot make visits because of urgent</p>	<p>The service may not always provide enough staff that have the right mix of skills, competence or experience to keep people safe.</p> <p>Staff absence may not be covered with appropriately skilled staff to meet people's needs. People are often not informed about staff changes and who may be visiting or caring for them.</p> <p>The service may sometimes expect staff to give care in a timescale that makes people feel rushed or unsafe.</p>	<p>The service does not ensure that staff have time to give people the care they need or to respond to emergencies or incidents. The service does not regularly review its staffing levels and mix of skills to make sure that it is able to respond to people's changing needs.</p> <p>Staff absences are not covered, or changes are often made at short notice or without notice, and people are unable to check if the member of staff visiting them is genuine.</p>

<p>develop innovative safety training that is inclusive and comprehensive. The impact of this is evaluated and feeds into continuous improvement. Staff report that they have been provided with excellent training and ongoing support to keep people safe and empower them to take appropriate risks.</p> <p>The service deals with issues of poor performance immediately and ensures staff are supported to improve.</p>	<p>unexpected demand.</p> <p>People are informed when staff need to be changed at short notice so they know who will provide their care and support, and their personal security is protected.</p> <p>Recruitment systems are robust and make sure that the right staff are recruited to keep people safe.</p> <p>Staff have the support and back-up to protect people and themselves from harm. The service makes sure that staff are able to contact them and their colleagues and have access to personal protective equipment.</p> <p>Staff performance relating to unsafe care is recognised and responded to appropriately and quickly. Lessons learned are shared and applied.</p> <p>Appropriate DBS checks and other recruitment checks are undertaken as standard practice.</p> <p>Staff have received up-to-date training in all safety systems.</p>	<p>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.</p> <p>Staff may feel stretched, and may sometimes be focused on completing tasks rather than on person-centred care.</p> <p>Staff recruitment is based on filling vacancies rather than on the skills and values of applicants. Checks are minimal, and signs of unsuitability may not always be given due attention.</p> <p>Turnover of staff may be high and the care and support people receive may be inconsistent and not always safe.</p> <p>Access to support and personal protective equipment for staff is unreliable.</p> <p>Poor staff performance is not always recognised or properly responded to, and</p>	<p>Required recruitment checks on staff are not always made. Unsuitable people may be recruited as a result.</p> <p>Staff do not have access to support and personal protective equipment at all times.</p> <p>Staff performance is not monitored adequately, poor performance or evidence of unsuitability may not be recognised or responded to, and people are likely to be harmed as a result.</p> <p>Staff are not up to date in safety-related training.</p>
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		<p>people are at risk of harm as a result.</p> <p>DBS, fit and proper person requirements and other recruitment checks may not be routinely undertaken.</p> <p>Not all staff are up to date in safety-related training.</p>	
<b>S4 How are medicines managed safely?</b>			
<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<p>Where the service is responsible for medicines, staff work creatively with people to closely involve them in the management and administration of their medicines, including medicines that are not prescribed. They look for new ways to promote independence, and work closely with other agencies and advocates in doing so.</p> <p>The service is particularly creative at supporting people to manage their own prescribed or over-the-counter medicines, or supporting them to take responsibility for some of this. The provider</p>	<p>Where the service is responsible for medicines, staff meet good practice standards described in relevant national guidance, including in relation to non-prescribed medicines.</p> <p>People receive their medicines as prescribed. The service involves them in regular medicines reviews and risk assessments, and supports them to be as independent as possible.</p> <p>Cultural and dietary considerations about medication are recorded and acted on.</p> <p>Staff manage medicines consistently and safely. Medicines are stored correctly, and disposed of safely. Staff keep accurate medicines records.</p> <p>Staff work effectively with each other, their managers, other agencies and carers to share the responsibility for giving</p>	<p>Where the service is responsible for medicines, people do not always receive their medicines as prescribed. The service does not always follow relevant national guidelines around storing medicines, giving them to people, and disposing of them. This also applies to non-prescribed medicines.</p> <p>Staff do not always liaise reliably with other services involved in administering people's medicines.</p>	<p>Where the service is responsible for medicines, people are at risk because staff do not administer medicines safely or people do not receive them as prescribed.</p> <p>The service does not follow relevant national guidelines in relation to non-prescribed medicines that it manages for people.</p> <p>The service does not look for opportunities to promote people's independence in managing medicines. Staff may actively or passively discourage people from looking after their own medicines, when they are</p>

<p>continually assesses this in partnership with the person.</p>	<p>medicines to people.</p> <p>The service follows correct procedures to protect people with limited capacity to make decisions about their own care or treatment, when medicines need to be given without their knowing, or when people require specialist medication.</p> <p>The service recognises when people are or may be able to manage their own prescribed or over-the-counter medicines. It creates safe, monitored ways for them to do so, working with others when necessary and appropriate.</p>		<p>capable of doing so.</p>
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### **S5 How well are people protected by the prevention and control of infection?**

<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<p>The service involves people in identifying and managing risks relating to infection and hygiene, and promotes awareness and independence in doing so.</p> <p>Where food preparation is part of the service, staff promote people's independence and autonomy by involving them in understanding and following good food hygiene practice, or uses other creative and proportionate means to do so.</p>	<p>The service manages the control and prevention of infection well. Where the service is responsible, staff are trained and understand their role and responsibilities for maintaining high standards of cleanliness and hygiene at the premises.</p> <p>Staff have access to, and follow, clear policies and procedures on infection control that meet current and relevant national guidance, and are kept up to date. Concerns about wellbeing and risks related to hygiene and infection are promptly shared with the appropriate agencies and managed appropriately and consistently. Where the service has relevant</p>	<p>The service does not always meet current national guidance and standards in relation to infection control.</p> <p>Not all staff have received appropriate training and may not fully understand their responsibilities in relation to hygiene.</p> <p>Staff do not consistently apply good infection control practices.</p>	<p>The service does not follow or meet national guidance in relation to infection control. Staff have not been trained in, or do not understand related responsibilities. Premises that the service is responsible for are not clean and hygienic.</p> <p>People are at risk because there is poor prevention and control of infection.</p>

	<p>responsibilities, food hygiene training and qualifications requirements for staff are all met or in the process of being met.</p> <p>Staff understand the importance of food safety, including hygiene, when preparing or handling food. They follow required standards and practice.</p>	<p>Policies and procedures on infection control may not be up to date or not all staff may know about them.</p> <p>External agencies are not always told about concerns for people’s wellbeing, or about relevant infection or hygiene risks.</p> <p>Where the service has relevant responsibilities, not all staff have undertaken food hygiene training and there are no firm plans to provide this.</p> <p>There may be lapses in good food hygiene practice.</p>	<p>Policies and procedures on infection control are absent, out of date, or inaccessible or unknown to staff.</p> <p>Concerns for people’s wellbeing and risks relating to infection or hygiene are not referred to appropriate agencies.</p> <p>Where the service has relevant responsibilities, not all staff have undertaken food hygiene training and there are no firm plans to provide this.</p> <p>Good food hygiene practice is often not followed and people’s health is at risk as a result.</p>
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## 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.**

Outstanding	Good	Requires improvement	Inadequate
<p><b>Outcomes for people who use services are consistently better than expected when compared with other similar services. People's feedback about the effectiveness of the service describes it as exceptional and distinctive.</b></p>	<p><b>People's outcomes and feedback about the effectiveness of the service describes it as consistently good.</b></p>	<p><b>There is a lack of consistency in the effectiveness of the care, treatment and support that people receive.</b></p>	<p><b>There are widespread and significant shortfalls in the care, support and outcomes people experience. Some regulations are not met.</b></p>

**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?**

Outstanding	Good	Requires improvement	Inadequate
<p>People using the service, their families and other carers are supported to take part in the recruitment of staff and volunteers and have an influence on the outcome.</p> <p>Staff training is developed and delivered around individual needs. People, their families</p>	<p>Staff and volunteers have the right competence, knowledge, qualifications, skills and experience they need to carry out their roles. They apply their learning effectively and in line with best practice, and this leads to good outcomes for people's care and support and promotes a good quality of life.</p>	<p>The service understands that staff and volunteers need training and development, but this is not always up to date or in line with best practice. Training and development plans are not designed around learning needs and the care needs of people who use</p>	<p>Staff are not adequately trained and many do not have the skills, knowledge and competence that is required.</p> <p>Staff do not recognise poor practice.</p> <p>Staff and volunteers are not supported or clear about</p>

<p>and other carers are involved in the planning and delivery of this training.</p> <p>Training is tailored to the individual needs and learning styles of staff.</p> <p>The service works in partnership with other organisations and keeps up to date with new research and development to make sure staff are trained to follow best practice. Where possible, the service also contributes to the development of best practice and good leadership with other agencies.</p> <p>There is a proactive support and appraisal system for staff, which recognises that continuing development of skills, competence and knowledge is integral to ensuring high-quality care.</p> <p>Staff have the time and resources to maintain professional registration.</p>	<p>All staff complete a comprehensive induction, and do not work unsupervised until they and their manager are confident they can do so.</p> <p>Supervision and appraisal are used to develop and motivate staff, review their practice or behaviours, and to focus on professional development.</p>	<p>the service.</p> <p>Supervision and support is not consistent and does not meet their needs.</p> <p>The service does not have a consistent approach to supporting staff to maintain their professional skills or knowledge of best practice.</p>	<p>their role.</p> <p>Staff are not supported to maintain their professional skills or encouraged to keep abreast of best practice.</p>
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<b>E2 How are people supported to eat and drink enough to maintain a balanced diet?</b>			
<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<p>There is a strong emphasis on the importance of eating and drinking well. The service provides good quality food with a variety of different options to choose from each day. People are fully involved and help to plan their meals with staff, taking nutritional advice into account. Staff are aware of people's individual preferences and patterns of eating and drinking and there is flexibility when needed or requested.</p> <p>Creative ways have been introduced to encourage food to be as attractive as possible when people are on specific diets, for example soft diets.</p> <p>Innovative methods and positive staff relationships are used to encourage those who are reluctant or have difficulty in eating and drinking.</p> <p>The service embraces different cultural, religious and ethical issues around people's choice of food to make sure</p>	<p>People can exercise genuine choice and have access to sufficient food and drink throughout the day. Meal times are set to suit people's individual needs, are not rushed and are supported by enough members of staff to provide personal support.</p> <p>The dining environment is pleasant and food is well-presented. Staff are aware of safe temperatures for food to be served.</p> <p>The service takes cultural, ethical and religious needs into account when planning meals and drinks, and encourages people to make healthy food choices with a range of health options available.</p> <p>People feel actively involved in this aspect of the service and are enabled to give regular feedback.</p> <p>The service protects people, especially those with complex needs, from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affect their health. Regular monitoring and review is carried out with people using the service and relevant professionals to ensure people's needs continue to be met.</p>	<p>Some people may not always get enough to eat or drink. They are not always encouraged to eat a healthy balanced diet because options are limited, and not all of the food provided is appropriate to meet people's nutritional needs.</p> <p>The service does not always involve people in planning their meals, nor does it act on feedback received from people who use the service.</p> <p>The service does not always understand people's cultural, ethical and religious needs.</p> <p>The dining environment is not always pleasant or food is not always well presented.</p> <p>The service doesn't sufficiently monitor or manage the risks associated with poor hydration and nutrition, or</p>	<p>The service does not ensure that people have enough to eat and drink throughout the day. Drinks and snacks are restricted.</p> <p>Mealtimes are often rushed with insufficient staff with the right skills to support people appropriately. Meals are often served too hot or cold for people to eat and enjoy. There is little attention to the dining environment.</p> <p>The service does not involve people in decisions about what they eat and drink. Specialist dietary needs and those relating to culture, ethics and religion are not catered for.</p> <p>There is no support available for people from dietary and nutritional specialists. Consequently, the service puts people at risk because of poor monitoring and management</p>

<p>their wishes are respected. There is a creative approach to food from different cultures, for example making it available on particular days for festive celebrations.</p> <p>There is positive feedback from dietetic professionals that the service asks for their advice and applies it properly.</p>		<p>ensure access to dietary and nutritional specialists when needed.</p>	<p>of food and fluid intake.</p>
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**E3 How are people supported to maintain good health, have access to healthcare services and receive ongoing healthcare support?**

<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<p>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.</p> <p>The service sustains outstanding practice and improvements over time and works towards, and achieves, recognised accreditation schemes.</p> <p>The service empowers people to make choices about their health and how it should be monitored and managed.</p>	<p>People experience positive outcomes regarding their health and wellbeing. Anything that could affect health and wellbeing is identified and action taken to address this.</p> <p>The service ensures that people receive information about their care and support options, including information about their likely outcomes. Staff are given time to explain information to people who cannot read or understand, and to provide alternative ways to communicate where needed.</p> <p>The service involves people in decisions about their health and encourages people to make choices and in line with best interest decision-making.</p>	<p>The service monitors people's health and care needs, but does not consistently act on issues identified. People may not have the best possible health outcomes and there is a risk that their health could deteriorate.</p> <p>The service gives some people information about their care and support options, but it is not always provided in a consistent or accessible way. Staff may not have enough time to help people to understand</p>	<p>The service does not meet people's day-to-day needs and people do not experience positive outcomes regarding their health.</p> <p>The service does not give people information about their health and treatment options.</p> <p>The service does not involve people in decisions about their own healthcare.</p> <p>The service does not make referrals for appropriate care and treatment at the right time, and</p>

<p>Where people have complex or continued health needs, staff always seek to improve their care, treatment and support by identifying and implementing best practice. Links with health and social care services are excellent.</p>	<p>The service makes appropriate and timely referrals, and acts swiftly on their recommendations.</p> <p>Health passports and transition plans are developed, maintained and used consistently.</p> <p>Staff act as advocates for people in their relationships with other services, when this is required.</p>	<p>their health and treatment options.</p> <p>The service does not always ensure that people have choice and control over their health needs.</p> <p>The service does not always make referrals at the right time to make sure that people's health and wellbeing is maintained or improved. It does not effectively carry out the care and/or treatment as directed by healthcare professionals.</p>	<p>recommendations for care and treatment by other professionals are not always carried out as directed.</p>
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**E4 How are people's individual needs met by the adaptation, design and decoration of the service?**

<b>Outstanding</b>	<b>Good</b>	<b>Requires improvement</b>	<b>Inadequate</b>
<p>The service uses innovative methods to engage people in discussions and decisions about the environment they live in/use. This means people's environment reflects their individual preferences and culture, and supports their needs in the way they choose.</p> <p>The service is designed around people's needs and wishes and uses innovative ways to help people to be as</p>	<p>People are involved in decisions about the premises and environment, regardless of their ability to communicate.</p> <p>Individual preferences, and cultural and support needs are reflected in how premises are adapted or decorated.</p> <p>People have access to outside space that has been assessed for risks, a quiet area to see their visitors, an area suitable for activities and private areas when people wish to be alone. Decorations and adaptations to the premises are laid out in a way that is accessible and helps to</p>	<p>The service involves those people who can easily communicate their wishes in decisions about the environment, but people who can't communicate easily are not involved and they are not asked for their views. When changes are made to the environment, these are often made without consultation.</p>	<p>The service makes decisions about changing or altering the environment without involving the people who use the service, or considering their cultural or support needs.</p> <p>The facilities and premises do not meet people's needs or help maintain their independence. There is limited accessible space for people to use, and the</p>

<p>independent as possible. Where possible or appropriate, people are encouraged to help with decorating/furnishing the home.</p> <p>There are different areas for people to use for their preferred activities, private space to spend time with their families or visitors, or to have time alone. All areas are maintained and decorated to a high standard, in a way that people have asked for and take into account people's cultural needs for how the space is used. Space is maximised and used creatively to promote independence.</p> <p>New equipment and technologies are used to support the delivery of high-quality care and independence. This is personalised so the equipment used is the most suitable for individuals. People are able to do more things independently, or carry out existing tasks more comfortably, easily or quickly.</p>	<p>promote independence.</p> <p>Specialist or adaptive equipment is made available as and when needed to deliver better care. People are helped to make choices about adaptive equipment.</p> <p>The service uses technology and equipment to meet people's care and support needs and to support their independence, in line with their best interests.</p>	<p>People's cultural and support needs are not always taken into account when the premises are adapted or decorated.</p> <p>The physical environment is not decorated or adapted to a consistent standard to meet people needs, or can feel impersonal. Facilities and premises are not designed in an accessible way. There is not always private space available for people to spend time with visitors or spend time alone. Gardens and other outdoor spaces may be inaccessible, and risk assessments are not in place or are out of date.</p> <p>Some specialist and adaptive equipment is provided, but this is not always available. The service does not have an awareness of new technology and equipment innovations in care.</p>	<p>service does not carry out risk assessments where the environment may have an impact on people using the service.</p> <p>The service has not adapted the premises to improve people's quality of life and promote their wellbeing.</p> <p>There is no specialist or adaptive equipment available and this compromises people's safety, dignity and treatment. The service does not see technology as relevant to improving the quality of care.</p>
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<b>E5 How well do staff, teams and services work together to deliver care and treatment?</b>			
<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<p>There is a thorough approach to planning and coordinating people's move to other services, which is done at the earliest possible stage. Arrangements fully reflect individual circumstances and preferences.</p> <p>Staff, teams and services are committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care to people who use services.</p>	<p>The service has clear systems and processes for referring people to external services, which are applied consistently, and have a clear strategy to maintain continuity of care.</p> <p>The service involves people in planning their move between services.</p> <p>Staff work collaboratively across services to understand and meet people's needs.</p>	<p>The service is inconsistent in its approach when people move between services or use more than one service.</p> <p>Care is not always properly planned and coordinated when people move between different services. Systems and processes may be inconsistent, such as how records and information should be shared, or the staff lack skills or training to coordinate care.</p> <p>Some people do not know which service to contact about their care.</p>	<p>Information sharing and communication with other services is consistently poor. Information is not always shared with other services, or is inadequate when it is shared.</p> <p>The service does not take responsibility for ensuring that care is coordinated, leaving it to other agencies to manage.</p> <p>People don't know which service is responsible for their care, or who to contact.</p>

## Caring

**By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.**

Outstanding	Good	Requires improvement	Inadequate
<p>People are truly respected and valued as individuals and are empowered as partners in their care by an exceptional and distinctive service.</p>	<p>People are supported and treated with dignity and respect, and are involved as partners in their care.</p>	<p>There are times when people do not feel well-supported or cared for or their dignity is not maintained. The service is not always caring. Regulations may not be met.</p>	<p>People are not treated with compassion. There are breaches of dignity and significant shortfalls in the caring attitude of staff. Regulations are not met.</p>

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

Outstanding	Good	Requires Improvement	Inadequate
<p>There is a strong, visible person-centred culture. The service ensures that staff in all roles are highly motivated and offer care that is exceptionally compassionate and kind. They care for individuals and each other in a way that exceeds expectations. Staff demonstrate a real empathy for the people they care for.</p>	<p>The service ensures that people are always treated with kindness. This is reflected in the feedback from people who use the service, their families, friends and other carers, both to the service itself and to other people who have contact with the service. People are consistently positive about the caring attitude of the staff.</p> <p>People are treated with dignity, respect and kindness during all interactions with staff. Their relationships with staff are positive.</p>	<p>People who use the service and other stakeholders may have concerns about the way some staff treat people. People are not always treated with dignity, kindness or respect.</p> <p>Staff do not always remember people's preferences, or have enough time to find out</p>	<p>People who use the service, and those that matter to them, and other people who have contact with the service, say that they are not treated with dignity and respect, and that staff can be unkind and lack compassion. This is usually widespread and serious.</p> <p>People are not listened to</p>

<p>The service ensures that staff focus on building and maintaining open and honest relationships with people and their families, friends and other carers. They have creative ways of reflecting people's personal histories and cultural backgrounds and the staff are matched with people's interests and personalities.</p> <p>The service is exceptional at helping people to express their views so that staff and managers at all levels understand their views, preferences, wishes and choices. Staff use a variety of tools to communicate with people according to their needs, this might include using new technologies. Staff find innovative and creative ways to communicate with each person using the service.</p>	<p>People feel supported and say that staff really care about them.</p> <p>The service makes sure that staff have enough time to get to know people who use the service, including having enough time to enable them to understand people's care needs, wishes, choices and any associated risks.</p> <p>The service ensures that staff consistently treat people as individuals and quickly respond to changing needs. People know how to seek help and feel listened to.</p>	<p>what they are. Staff can be more focused on tasks than people and their wellbeing. Support can be inconsistent and not always respectful.</p> <p>Staff do not sit and talk with people for a meaningful length of time. People's families may not be aware that support is available and can feel isolated as a result.</p> <p>Staff don't always explain things clearly or in accessible ways that people can understand. People don't always get the time they need to respond.</p> <p>Staff do not always involve people and as a result they do not feel listened to.</p>	<p>and they are not supported to express their views. Staff do not make sure that people have understood them.</p> <p>Staff do not know about people's personal histories and preferences. This can be caused by lack of staff continuity. Staff do not recognise people's changing needs or take steps to ensure they are met. Discomfort and distress are common but not responded to.</p> <p>Some staff may show kindness and compassion but the service does not recognise, value or encourage this. People's families and others are not supported in a caring way when someone dies.</p>
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**C2 How does the service make sure that people get support to express their views and be actively involved in their care and treatment?**

<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
All staff are particularly sensitive to times when people	Staff understand when people need particular or additional help and support to	Staff do not always recognise when people	Staff do not recognise when people need caring support

<p>need caring and compassionate support. They discuss this with them and help people explore their needs and preferences in relation to personal and family support.</p> <p>They make sure that people get the support they need and want, and are particularly skilled when exploring and trying to resolve any conflicts and tensions involved.</p> <p>All staff encourage people to explore their care and treatment options and support them to explore sources of additional help and advice with particular care and sensitivity.</p> <p>All staff positively welcome the involvement of advocates.</p> <p>Where sources of information, advocacy and support are not readily available, the service works with sector stakeholders to try to fill the gap.</p>	<p>involve their families and others important to them in making decisions about their care. They do so in a way that is sensitive to each person's individual needs and do all they can to encourage support and involvement.</p> <p>If families and others have a different opinion to the person who uses the service, staff try to help all involved to understand their decision and see things from their point of view. They ask for external help when needed.</p> <p>Staff give information to people, their families and friends, about other organisations and sources of general or specific advice, support or advocacy about conditions, care or treatment. They also help people to contact potential sources of support and advice, and provide advocates or other advisors with any information they need (with people's permission).</p> <p>The service makes sure that staff and volunteers have the time, information and support they need to provide care and treatment in a compassionate and person-centred way. This includes through the design of routines, rotas, training, supervision and appraisal arrangements.</p>	<p>need help and support from family, friends or others. Where they do, they may not do so in culturally or personally sensitive ways, or recognise when people's preferences are not being taken on board, or properly respected.</p> <p>The service may not have gathered information about available sources of information, advice and advocacy to help people and their families, or it does not always pass information on when it could help.</p> <p>The service does not always understand the importance of ensuring that staff have the skills and time to recognise when and how to give people compassionate support when they need it. As a result, staff may not recognise when people need personal support. If they do, they do not always have time to give it themselves, or to ensure that someone else does.</p>	<p>from family and friends, or do not get in touch with them if they do.</p> <p>The service and its staff do not know about sources of information, advice and advocacy that are available to people. Where it does know about them it does not pass them on, or engages with advocacy services in a defensive and obstructive way.</p> <p>The service and its managers are task focused. They do not encourage or support staff to provide care in a compassionate and supportive way.</p> <p>People, their families, friends and other carers often feel excluded because they are not listened to or supported.</p>
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<b>C3: How is people's privacy and dignity respected and promoted?</b>			
<b>Outstanding</b>	<b>Good</b>	<b>Requires improvement</b>	<b>Inadequate</b>
<p>Respect for privacy and dignity is at the heart of the service's culture and values. It is embedded in everything that the service and its staff do. People and staff feel respected, listened to, and influential.</p> <p>The service anticipates people's needs and recognises distress and discomfort at the earliest stage. It offers sensitive, respectful support and care.</p> <p>People are involved in creating and reviewing information and privacy policies so they have complete confidence in them.</p> <p>People decide who provides their care, and when.</p> <p>The service has a comprehensive understanding of the needs of young adults when they transition from services for young people. It makes sure that they and their families are closely involved in</p>	<p>People are treated with dignity and respect at all times and without discrimination. The service supports and encourages staff to notice and challenge any failings in how people are treated at the service. Recruitment, training and support for staff is underpinned by the key values of kindness, respect, compassion, dignity in care and empowerment.</p> <p>The service provides sufficient time for staff to develop trusting relationships with people, their families, friends and other carers. Staff notice when people are in discomfort or distress and take swift action to provide care and support. People receive consistent timely care from familiar staff who understand their needs and get along with them. People are kept informed about any changes to their support.</p> <p>People have as much choice and control as possible in their lives. This includes in relation to the staff who provide their personal care and support.</p> <p>People's right to privacy and confidentiality is always respected. Staff are discrete and challenge behaviour and practices that fall short of this. Staff have a clear understanding of the boundaries of confidentiality and work within these. When</p>	<p>Staff do not see people's privacy and dignity as a priority. They do not always understand the need to make sure that people's privacy and dignity is maintained. While this may not be intentional, it results in people not always feeling they are respected or valued.</p> <p>The service does not always make sure that schedules are organised so that people receive care from familiar staff.</p> <p>Distress or discomfort is not always responded to promptly or consistently. People's end of life wishes may not be consistently recorded or acted on. Not all staff understand what good end of life care is.</p> <p>Staff do not always understand or respect people's right to confidentiality. Information is not always managed</p>	<p>People's privacy, dignity and confidentiality are not respected. Not treating people, families and friends with kindness, respect and compassion is widespread.</p> <p>Staff do not understand the importance of privacy, dignity and human rights. Staff routines and preferences take priority over consistent care and people's preferences. Managers have little understanding of the impact of this approach on people's wellbeing and needs.</p> <p>People do not get the support they need to experience a comfortable, dignified or pain-free death.</p> <p>Legal requirements about confidentiality are not met. Information about people is not kept or shared securely.</p> <p>People are not involved in their own care and support in a way that makes them</p>

<p>planning their transfer, and finds creative ways of meeting individual needs.</p> <p>An equality, diversity and human rights approach to supporting people's privacy and dignity is well embedded in the service. Good practice examples show positive outcomes for people in line with this.</p>	<p>people's care and support is provided by a mixture of providers, the service minimises risks to privacy and confidentiality.</p> <p>People are supported to direct their own health and care whenever they can, and are encouraged to maintain and develop their independence, and are supported to realise their ambitions.</p> <p>People's social needs are understood. People are supported to maintain and develop their relationships with those close to them, their social networks and community. People have free access to their family, friends and community. Any restrictions are unavoidable or demonstrably in their best interests.</p> <p>The service involves young people in decisions about their care when they transition from young people's services to adult services. It understands their particular needs at this time. Their preferences are listened to and respected.</p>	<p>securely.</p> <p>People are not always encouraged to manage their own care. Relatives and friends sometimes feel unwelcome when visiting staffed housing, or are unclear about the reasons for, and purpose of, any restrictions.</p> <p>The service does not always record or act on the particular needs of young adults when they are in transition to an adult service. It does not have a thorough understanding of their needs at this time.</p>	<p>feel they matter. People living in staffed housing are isolated and their relatives and friends feel disconnected from them.</p> <p>Visiting restrictions have been put in place and people using services have been asked to leave if they have raised concerns.</p> <p>The service does not understand the particular needs of young adults in transition to adult services. As a result it fails to meet their needs.</p>
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## Responsive

**By responsive, we mean that services meet people's needs.**

Outstanding	Good	Requires Improvement	Inadequate
Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.	People's needs are met through the way services are organised and delivered.	Services do not always meet people's needs.	Services are not planned or delivered in a way that meets people's needs.

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

Outstanding	Good	Requires Improvement	Inadequate
<p>Staff use innovative and individual ways of involving people and their family, friends and other carers in their care and support plans, so that they feel consulted, empowered, listened to and valued. The care and support plans are reviewed and changed as people's needs change.</p> <p>People tell us that staff have outstanding skills, and have</p>	<p>People, their families and/or carers, are involved in developing their care, support and treatment plans. Their needs are identified, including needs on the grounds of age, disability, gender, gender reassignment, race, religion and sexual orientation, and their choices and preferences and how these are met are regularly reviewed.</p> <p>Staff are well-supported to understand and meet these needs through learning and development.</p>	<p>People are not always involved in decisions about their care, treatment and support. Where they are included, it may not always be in a meaningful way. Their care is often task-focused and does not consider people's whole life needs.</p> <p>Care reviews are irregular and not person-centred.</p>	<p>People are not involved in the development of their care plan; their individual needs and circumstances are not taken into account.</p> <p>Care records may be standardised with no evidence of individualised or person-centred care.</p> <p>Staff do not understand or recognise people's needs based on their protected equality characteristics</p>

<p>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.</p> <p>Visiting professionals say that the service is focused on providing person-centred care and achieves exceptional results.</p> <p>The service understands the needs of different people and groups of people, and delivers care in a way that meets these needs and promotes equality.</p> <p>People tell us staff have outstanding skills, and have an excellent understanding of their individual needs based on protected equality characteristics (age, race, gender, disability, gender reassignment, religion or belief, sexual orientation), and values and beliefs that may influence their decisions on</p>	<p>The service strikes 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.</p> <p>Care planning is focused on the person's whole life, including their goals, skills, abilities and how they prefer to manage their health. Where appropriate, Health Action Plans may also be in place.</p> <p>People have a choice about who provides their personal care. They are empowered to make choices and have as much control and independence as possible.</p> <p>The service enables people to carry out person-centred activities and encourages them to maintain hobbies and interests.</p> <p>Staff make sure that people can maintain relationships that matter to them, such as family, community and other social links. This helps to protect them from the risk of social isolation and loneliness as social contact and companionship is encouraged.</p> <p>Staff encourage people to access activities by arranging for them to be facilitated by external agencies.</p> <p>Reasonable adjustments are made and action is taken to remove barriers when people find it hard to use or access</p>	<p>There are shortfalls in how the needs of different people are identified or are taken into account, for example on the grounds of age, disability, gender, gender reassignment, race, religion and sexual orientation.</p> <p>The service does not always support people to follow their interests or encourage them to take part in social activities relevant to their interests, or maintain personal or community relationships.</p> <p>The service has not fully implemented the Accessible Information Standard to identify, record, flag, share and meet the information and communication needs of people with a disability or sensory loss.</p>	<p>(age, race, gender, disability, gender reassignment, religion or belief, sexual orientation) or their values and beliefs, and do not take these into account when planning or providing care, treatment and support.</p> <p>People's care needs are not regularly reviewed. Their care plans are out of date and do not sufficiently guide staff on their current care, treatment and support needs.</p> <p>Training and development regarding human rights and diversity is either not provided or is inadequate.</p> <p>The service does not meet people's individual needs in relation to maintaining interests and hobbies, maintaining relationships or contact with the community.</p> <p>The service has not taken any steps to comply with the Accessible Information Standard to identify, record, flag, share and meet the information and</p>
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<p>how they want to receive care, treatment and support.</p> <p>Staff respond and go the extra mile to address people’s needs in relation to age, disability, gender, gender reassignment, race, religion and sexual orientation.</p> <p>There are opportunities for learning, development and reflective practice on equality and diversity for individual staff and teams, which influence how the service is developed.</p> <p>Arrangements for social activities, and where appropriate education and work, are innovative, meet people’s individual needs, and follow best practice guidance so people can live as full a life as possible.</p> <p>The service takes a key role in the local community and is actively involved in building further links. Contact with other community resources and support networks is encouraged and sustained.</p> <p>The service has gone the extra mile to find out what</p>	<p>services. This includes in relation to communication and access needs.</p> <p>The provider complies with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.</p>		<p>communication needs of people with a disability or sensory loss.</p>
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<p>people have done in the past, evaluate whether they can accommodate activities and tries to make that happen.</p> <p>Reasonable adjustments are made in innovative ways to encourage independence.</p> <p>The service has taken innovative steps to meet people’s information and communication needs over and above complying with the Accessible Information Standard.</p>			
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**R2 How are people’s concerns and complaints listened and responded to and used to improve the quality of care?**

<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<p>People who use the service and others are involved in regular reviews of how the service manages and responds to complaints. The service can demonstrate where improvements have been made as a result of learning from reviews.</p> <p>Investigations are comprehensive and the service uses innovative ways of looking into concerns, including using external</p>	<p>People know how to give feedback about their experiences of care in a range of accessible ways, including how to raise any concerns or issues they may have.</p> <p>People who use the service, their family, friends and other carers feel confident that if they complain, they will be taken seriously, and their complaint or concern will be explored thoroughly and responded to in good time because the service deals with complaints in an open and transparent way, with no repercussions.</p> <p>The service uses the learning from complaints and concerns as an opportunity</p>	<p>People do not find it easy to raise concerns or complaints, or are worried about doing so.</p> <p>When people raise complaints or concerns, the service may not always take their views fully on board, investigate them thoroughly and in a timely way, or change practice to improve.</p> <p>The complaints system may be managed inconsistently and there is little evidence</p>	<p>People are not invited to express their views about their care.</p> <p>Complaints are not dealt with in an open, transparent and objective way. The service’s response to complaints suggests a defensive attitude.</p>

people and professionals to make sure there is an independent and objective approach.	for improvement. Staff can give examples of how they incorporated learning into daily practice.	of the learning applied to practice within the service.	
<b>R3 How are people supported at the end of their life to have a comfortable, dignified and pain free death?</b>			
<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<p>The service is particularly skilled at helping people and their families or carers to explore and record their wishes about care at the end of life, and to plan how they will be met so that they feel consulted, empowered, listened to, and valued.</p> <p>People's needs have been considered as part of the end of life care plan and this has taken account of language, communication, ability to understand and capacity when decisions are made.</p> <p>The service is very responsive in enabling people to engage with their religious beliefs and/or preferences at the end of their life.</p> <p>The service works closely with healthcare professionals and provides outstanding end of</p>	<p>People are supported to make decisions about their preferences for end of life care.</p> <p>Staff make every effort to make sure that people, their families, friends and other carers, are empowered and actively involved in developing their care, support and treatment plans, and appropriate professionals are involved if required.</p> <p>People are supported by staff who understand their diagnosis, are competent, and have the skills to assess their needs. This includes specific needs, such as those for people with dementia who are at the end of their life. They strike a balance when involving family, friends, other carers 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. Views are recorded and shared appropriately.</p> <p>The service ensures that all staff are aware of people's wishes and makes sure the person has dignity, comfort and respect at the end of their life.</p>	<p>The service does not recognise, or has little consideration for, people's individual religious, social and cultural diversity or values and beliefs, and how these may influence wishes and decisions about their end of life care, so these are not recorded or acted on.</p> <p>People's end of life care needs are not re-assessed regularly.</p> <p>Staff are reactive rather than proactive and do not always work closely with healthcare professionals when people are dying so palliative care is not always available.</p> <p>Staff are aware of people's end of life care needs but may not always appreciate</p>	<p>The service does not consistently engage people in planning their end of life care, or record and act on individual wishes.</p> <p>Staff do not involve health care professionals to help people to have a comfortable, dignified and pain-free death.</p> <p>The care and treatment provided by the service is task-centred rather than in response to people's individual end of life needs and preferences.</p> <p>The service does not ensure that people who may be approaching the end of life are supported and their care and treatment managed in a way that meets their health, social or cultural needs,</p>

<p>life care. People experience a comfortable, dignified and pain-free death.</p> <p>Professionals visiting the service say it is focused on providing person-centred care and it achieves exceptional results. The service strives to be outstanding and innovative in providing person-centred end of life care based on best practice.</p> <p>There is a rapid response to people's changing care needs and advice on care and support for people and carers at the times they need.</p> <p>There are members of staff with the specific skills to understand and meet the needs of people and their families in relation to emotional support and the practical assistance they need at the end of their life. Staff are also supported by the service with empathy and understanding.</p>	<p>The service works with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that is as comfortable as possible.</p> <p>Staff are aware of national good practice guidance and professional guidelines for end of life care and provide care in line with this consistently.</p> <p>Specialist equipment and medicines are consistently available at short notice.</p> <p>The service makes sure that facilities and support are available for people's family, friends and other carers, and for staff, before and after a person dies.</p> <p>People feel that their needs on the grounds of protected equality characteristics have been considered as part of the planning process and provisions have been made.</p> <p>People's religious beliefs and preferences are respected.</p> <p>Family, friends and other carers feel involved, listened to, informed and supported in the last days of a person's care.</p>	<p>the need for good end of life care and respond in good time.</p> <p>Support, equipment and medicines are not always provided in good time.</p> <p>The service doesn't always offer support to people's family, friends and other carers, or staff, before and after a person dies.</p>	<p>wishes and preferences. Training and development about human rights and diversity is either not provided or is inadequate.</p> <p>There is no consideration for diverse needs for end of life. There is a generic approach in place for all people.</p> <p>People's religious beliefs and preferences are not known or are not respected.</p> <p>When someone dies, no support is offered to people's family, friends and other carers, or to staff.</p>
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<b>R4 Is people's consent to care and treatment always sought in line with legislation and guidance?</b>			
<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<p>The service is skilled in how it obtains people's consent for care and treatment, involving them in related decisions and assessing capacity when needed, even where disability or other impairments make this very difficult.</p> <p>The service has a very flexible approach to any restrictions it imposes on people; keeping them under constant review, making them in a time-limited way, and only when absolutely necessary.</p> <p>Practices regarding consent and records are actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment. Engagement with stakeholders, including people who use services and their family, friends and other carers, informs the development of tools and support to aid informed consent.</p>	<p>Staff make sure that people are involved in decisions about their care so that their human and legal rights are upheld.</p> <p>Staff judge whether people have capacity to make particular decisions whenever this is necessary. They involve relevant people and professionals when needed, and record their actions and assessments whenever this is proportionate and appropriate.</p> <p>Managers gather information about consent-related activity in the service and use it to audit and improve how services are delivered, and to monitor appropriate use in line with national guidance.</p> <p>Staff know what they need to do to make sure decisions are taken in people's best interests and involve the right professionals.</p> <p>Where people do not have the capacity to make decisions they are given the information they need in an accessible format of their choice, and where appropriate, their family, friends and other carers, advocates are involved.</p> <p>Staff make sure people are referred for professional assessment at the earliest</p>	<p>The service does not make sure that staff fully understand the requirements about consent and they do not always seek people's consent to care and treatment.</p> <p>The service does not always assess people's mental capacity to make particular decisions, or it may do so in a way that does not meet legal requirements.</p> <p>Managers may gather information about consent and there may be related audit activity, but the information is not used to improve the service, or not used as effectively as it could be.</p> <p>People's family and friends are not always included or involved in such decisions.</p> <p>Where restraint is used it is not always recognised, or less restrictive options are</p>	<p>The service does not ensure that it obtains people's consent to care and treatment, and staff are unclear about the requirements relating to consent. Managers do not check or audit consent activity.</p> <p>The service does not ensure that people's capacity to make decisions is assessed when needed.</p> <p>Consent to care and treatment and best interests decisions have not been obtained in line with legislation and guidance, including the Mental Capacity Act 2005, the Children's Acts 1989 and 2004 or Deprivation of Liberty safeguards. Staff do not understand these requirements.</p> <p>Where restraint is used, it is not recognised, and no attempts are made to find less restrictive options to</p>

<p>The service has nominated champions for mental capacity, restraint and consent. They make sure that staff are fully educated and trained and have a comprehensive understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.</p> <p>Staff are confident about 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 respected. Best interest decisions are always made in accordance with legislation and people's wishes.</p>	<p>opportunity.</p> <p>Staff uphold people's rights to make sure they have maximum choice and control over their lives, and support them in the least restrictive way possible; the policies and systems in the service support this practice.</p> <p>Staff understand and demonstrate a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. They can demonstrate how they put these into practice effectively, and ensure that people's human and legal rights are respected.</p>	<p>not always used where possible.</p> <p>Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 may not be fully understood. People's human and legal rights are not always understood and respected; some staff are unsure about what they should do to make sure that any decisions are made in people's best interests. People do not always receive information in a format they understand.</p>	<p>provide necessary care and support.</p>
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## 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.**

Outstanding	Good	Requires improvement	Inadequate
<p>There are key characteristics that make leadership of the service exceptional and distinctive.</p> <p>The leadership, governance and culture are used to drive and improve high-quality person-centred care.</p>	<p>The service is consistently well-managed and led.</p> <p>The leadership, governance and culture promote the delivery of high-quality, person-centred care.</p>	<p>There is lack of consistency in how well the service is managed and led. Where regulations apply they may or may not be met.</p> <p>The leadership, governance and culture do not always support the delivery of high-quality person-centred care.</p>	<p>There are widespread and significant shortfalls in the way the service is led. Where regulations apply, they are not met.</p> <p>The delivery of high-quality care is not assured by the leadership, governance or culture in place.</p>

**W1 Is there a clear vision and credible strategy in place, to deliver high-quality care and promote a positive culture that is person-centred, open, inclusive and empowering that achieves good outcomes for people?**

Outstanding	Good	Requires Improvement	Inadequate
<p>People say that the way the service is led is exceptional and distinctive. Its vision and values are imaginative and put people at the heart of the service. They were developed</p>	<p>People say the service is consistently well-led. Leaders and managers shape its culture by engaging with staff, people who use services, carers and other stakeholders. It has clear, person-centred vision and values that include honesty,</p>	<p>People say that the service is not always well-led. The service does not have well-developed statements of its vision and values. Where they exist they do not</p>	<p>People say that the service is not well-led. There is no credible statement of vision and values, and staff are not aware of or do not understand them. Leaders</p>

<p>with people and staff in meaningful and creative ways and are monitored and owned by everyone. The service has a strategy and supporting objectives that are stretching and challenging but realistic and achievable. Staff are strongly collaborative.</p>	<p>involvement, compassion, dignity, independence, respect, equality and safety. Managers and leaders monitor practice against the values.</p> <p>The service has a positive culture that is person-centred, open, inclusive and empowering. Leaders, managers and staff have a well-developed understanding of equality, diversity and human rights, and prioritise safe, high-quality, compassionate care.</p> <p>Managers and leaders genuinely welcome feedback, even if it is critical, and can demonstrate what action has been taken in response. People are involved in or consulted about reviews of concerns, accidents, incidents and adverse events and in planning to prevent similar incidents in the future.</p>	<p>include key elements such as compassion, openness, involvement, dignity and equality. There is a poor understanding of equality, diversity and human rights principles in the leadership of the service.</p>	<p>are out of touch with what is happening in the service. There are low levels of staff satisfaction, and high levels of stress and work overload. Leaders and others may be defensive.</p> <p>The leadership of the service does not understand the importance of adopting an equality, diversity and human rights approach and people's needs are frequently overlooked because difference is not understood and acknowledged.</p>
<p>Staff are motivated by and proud of the service. There are consistently high levels of constructive engagement with people and staff from all equality groups. Managers develop their leadership skills and those of others.</p>	<p>Leaders and managers are available, consistent, and lead by example. They model open, cooperative relationships. Staff feel respected, valued and supported. Their voices are heard and acted on.</p> <p>Staff understand the service's vision, values and strategic goals. They have been translated into a credible strategy with well-defined objectives. Leaders have the experience, capacity and capability to ensure that the strategy can be delivered.</p>	<p>Support for staff from managers is inconsistent. Managers may not lead effectively. Managers and staff do not share an understanding of the risks and issues facing the service. Legal requirements are not always understood or met. Cover for absent managers does not ensure consistent leadership. Managers are not always</p>	<p>Leadership can be weak, inconsistent, top-down or overbearing. Any strategy is not underpinned by shared and realistic objectives. Staff do not feel listened to, respected, valued, or supported. There may be evidence of bullying and discrimination. Staff do not feel able to be open when things go wrong.</p>

		<p>clear about their responsibilities.</p> <p>Feedback to staff can be haphazard; they may not be clear about what they need to do to improve. Not all staff understand their roles and responsibilities.</p>	<p>Reporting of incidents, risks, issues and concerns is unreliable or inconsistent, and may be discouraged. People, their families and staff are not told about incidents, or how the service has responded to them.</p>
<p><b>W2 Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?</b></p>			
<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<p>Governance is well embedded into the running of the service. There is a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. Management see this as a key responsibility.</p> <p>Performance management processes are effective, reviewed regularly, and reflect best practice. Managers provide feedback to staff and there is clear evidence that this leads to improvement.</p>	<p>The service has clear and effective governance, management and accountability arrangements. Staff understand their role and responsibilities, are motivated, and have confidence in their leaders and managers. They get constructive feedback about their performance. Managers can account for the actions, behaviours and performance of staff.</p> <p>Management systems identify and manage risks to the quality of the service. They use the information to drive improvement within the service. Staff understand and use them. Legal requirements, including about conditions of registration and managers, are understood and met.</p> <p>Managers understand the importance and responsibility of their role. They are</p>	<p>Governance and performance management is not always reliable and effective. Systems are not regularly reviewed. Risks are not always identified or managed.</p>	<p>Roles, responsibilities and accountability arrangements are not clear. Staff are not given honest feedback about how they are performing, and where improvement is needed. There may have been no registered manager for some time.</p> <p>Openness and transparency are lacking. Systems for identifying, capturing and managing organisational risks and issues are ineffective. Some legal requirements are not</p>

	supported by their leaders.		met and may not be understood.
<b>W3 How are the people who use the service, the public and staff engaged and involved?</b>			
<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<p>Managers develop, discuss, promote and implement innovative ways of involving people in developing high-quality, outstanding practice that is sustained over time. It achieves and develops authoritative quality standards for the sector.</p> <p>There are consistently high levels of constructive engagement with staff and people who use services, including all equality groups.</p> <p>Rigorous and constructive challenge from people who use services, the public and stakeholders is welcomed and seen as a vital way of holding services to account.</p> <p>The service is an important part of its community. It develops community links to reflect the changing needs and preferences of the people using the service.</p>	<p>The service involves people, their family, friends and other supporters in a meaningful way. Support and resources are available to enable the staff team to develop and be heard. All staff understand the fundamental need to provide a quality service.</p> <p>Leaders, managers and staff encourage people to give a full and diverse range of views and concerns, which they listen to and act on to shape the service and culture. The service proactively engages and involves all staff (including those with particular protected equality characteristics) and ensures that the voices of all staff are heard and acted on to shape services and culture.</p> <p>There are good links to local community resources that reflect the needs and preferences of the people who use the service.</p>	<p>The culture of the service is not always open and transparent. Staff may feel isolated, and do not have regular opportunities to meet colleagues, or to discuss best practice in a learning and supportive environment. They do not always feel engaged or empowered.</p> <p>There is a limited approach to sharing information with and obtaining the views of staff, people who use services, external partners and other stakeholders. Insufficient attention is given to appropriately engaging those with particular protected equality characteristics. Feedback is not always reported or acted on in a timely way.</p> <p>Community links are not always well maintained or</p>	<p>Engagement with people, staff, the public and community is minimal. The service does not invite or respond to feedback. People and staff who raise concerns, including whistleblowers, are not supported. The issues they raise may not be taken seriously. Safeguarding concerns are not dealt with in an open and objective way.</p> <p>People and staff are not given the information they need. Staff are unaware of or dismissive of what people who use the service think of their care and treatment.</p>

<p>The service finds innovative and creative ways to enable people to be empowered and voice their opinions. They and staff are actively encouraged to discuss any concerns. There are high levels of open engagement when they do.</p>		<p>are the right ones for people.</p> <p>Safeguarding concerns are reported, but there may be reluctance to deal with them openly. People and staff may be reluctant to challenge unsafe or unacceptable practice because their concerns are not always acted on, or they fear recriminations. Where issues are investigated they may not always be involved, or not be told about outcomes. Those who are involved tend to be the ones with a stronger voice.</p>	
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**W4 How does the service continuously improve and ensure sustainability?**

<b>Outstanding</b>	<b>Good</b>	<b>Requires improvement</b>	<b>Inadequate</b>
<p>There is a particularly strong emphasis on continuous improvement. The views of people using the service are at the core of quality monitoring and assurance arrangements. Innovation is celebrated and shared.</p> <p>There is ample evidence that learning from concerns and</p>	<p>The service defines quality from the perspective of the people using it. Managers are knowledgeable about quality issues and priorities, understand the challenges, and take action to address them. Quality assurance arrangements are robust and identify current and potential concerns and areas for improvement.</p> <p>There is a strong focus on continuous learning at all levels of the organisation.</p>	<p>Quality assurance arrangements are not always applied consistently or are ineffective. Improvements are not always identified. Action to introduce improvements can be absent, reactive, focused on the short term or not reviewed. Information needs are not regularly</p>	<p>Management and staff do not understand the principles of good quality assurance and the service lacks drivers for improvement. Staff are not adequately supervised and staff turnover may be high. Staff may refer to people in an inappropriate way.</p>

<p>incidents is a key contributor to continuous improvement.</p>	<p>Staff have objectives focused on improvement and learning. Leaders, managers and staff consider information about the service’s performance and how it can be used to make improvements. Performance information is used to hold staff to account.</p> <p>Concerns are investigated in a sensitive and confidential way, and lessons are shared and acted on.</p> <p>The service measures and reviews the delivery of care against good practice guidance. Leaders and managers ensure that good practice is shared and acted on throughout the service.</p>	<p>reviewed.</p> <p>Investigations sometimes lack the full rigour needed and the learning is applied inconsistently; evidence that improvements have been embedded might be inconclusive or not sustainable.</p>	<p>There is little or no evidence of learning, reflective practice and service improvement. Information to support performance monitoring and making decisions is inaccurate, invalid, unreliable, out of date, irrelevant or not gathered.</p>
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**W5 How does the service work in partnership with other agencies?**

<b>Outstanding</b>	<b>Good</b>	<b>Requires improvement</b>	<b>Inadequate</b>
<p>The service has a track record of being an excellent role model for other services. It works in partnership with others to build seamless experiences for people based on good practice and people’s informed preferences. Leaders, managers and staff strive for excellence through consultation, research and reflective practice.</p> <p>The service has a systematic</p>	<p>The service is transparent, collaborative and open with all relevant external stakeholders and agencies. It works in partnership with key organisations to support care provision, service development and joined-up care.</p>	<p>The service is not always collaborative and cooperative with external stakeholders and other services. It does not always share information and best practice effectively.</p>	<p>There is poor collaboration or cooperation with external stakeholders and other services. Data is not shared as required and there is little or no evidence of partnership working.</p>

approach to working with other organisations to improve care outcomes.			
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