The registration adult social care key lines of enquiry, prompts and sources of evidence
Assessment framework for registration inspectors

In a *Fresh start for registration* (2015) we committed to using the same five key questions that we use for inspections as a framework for looking at quality at registration. This will ensure a consistent approach across the operating model and will allow us to build a rounded picture of applications. The supporting questions we ask applicants as part of this process will be appropriate to the sorts of health and care activities they are seeking to provide, just as we ask appropriate service-related questions during inspections.

Providers are expected to be compliant with the relevant regulations, but we also expect that all aspirant providers know what good looks like and understand that in granting registration, we expect that they will be at least good at the point of first inspection. You should therefore familiarise yourself with the characteristics of good for each key question so that you are able to explore the providers understanding of our requirements. The adult social care (ASC) characteristics of ratings are available here.

Key lines of enquiry and prompts
Our framework of key lines of enquiry (KLOEs) and prompts for registration is set out below together with potential sources of evidence (where applicable) you can gather and explore for each KLOE. They are aligned to the ASC inspection assessment framework to support our single operating model and shared view of quality. They are a guide; they are not exhaustive and not all suggested sources need to be explored at every registration assessment; you must use your judgement in each assessment.

Sources of evidence
The sources of evidence are listed to inform your assessment, but don't use them as a checklist. Select sources in the light of your planning decisions and the information they provide. Some evidence will only be relevant when you are assessing existing providers known to the CQC. Some of the sources of evidence may not be available when registering a new service such as Healthwatch, information from commissioners and other health care professionals.

Local authorities and **CCGs** that commission the provider (including contract compliance teams, brokerage teams, and staff whose work includes supporting providers to improve); **community professionals** that refer and work with the people who use the provider (including care managers, social workers, community nurses (including specialist nurses), GPs, occupational therapists, and physiotherapists); local **Healthwatch** groups; **training providers**; **community organisations** such as lunch clubs, day centres and faith groups; and **advocacy services** are organisations that you approach will depend on the provider and your planned evidence gathering needs.

The key lines of enquiry have been mapped to the requirements regulated by CQC, available here, with a more detailed version on the intranet here.

Index
KLOEs, prompts and sources of evidence for:

Internal CQC planning documents

- Statement of Purpose
- Registration Insight report
- Information request-Relationship owner/Inspector
- Corporate provider/market oversight team liaison
- Information of concern enquiries
- Notifications – Deprivation of Liberty Safeguards (DoLS), safeguarding, references to restraint
- Demographics and contextual information

Other relevant guidance

- Safeguarding Handbook
- Equality and outstanding good practice (published September 2017)
- MCA Guidance and Policies
- Housing with Care – CQC provider guidance
- Mental Capacity Act 2005
- Registering the Right Support
- Real Tenancy Test
- Best Nursing Practice Royal College of Nursing
- BNF
- NICE (Guidance & Guidelines)
- Guidance on the administration and storage of controlled drugs
- Care from home information
- Legislation: Equality Act 2010 and Human Rights Act 1998 (knowledge of)
- Children's Acts 1989 and 2004
- Accessible Information Standard
- End of Life Care Standards
- Skills for Care
- Equally Outstanding Guidance

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.

Potential sources of evidence

Staff, staffing levels, staff recruitment, disciplinary procedures

People

- [ ] Staff recruitment policies and staff rotas.
- [ ] Do all relevant staff have up to date registration with relevant professional body, if required
- [ ] Supervision policy and feedback (does the provider have systems in place to regularly review the fitness of employees?)
- [ ] Disciplinary policy
- [ ] Staff induction, training, support, development and disciplinary records
- [ ] Does the induction programme follow nationally approved guidance?
- [ ] Learning and development policy (including mandatory training)
- [ ] Communications with staff
- [ ] Duty of Candour policies and procedures, including how to deal with possible breaches

Staff

- [ ] Organisational expectations, culture and approach to safety
- [ ] Management policies and procedures for responding to unsafe practice, premises and equipment.
- [ ] Response to whistleblowing and staff concerns
- [ ] Staff awareness of service user's individual needs

Service and/or observations

Risk management, risk assessments and safety, premises safety, emergency plans, accidents and incidents management

Checks and audits

- [ ] Testing risk management framework
- [ ] Environmental risk assessments, including awareness of people who use services, visitors and staff
- [ ] Infection control audits & risk assessments
- [ ] Health and safety audits & risk assessments
- [ ] Hot water temperature check records (TMVs) (not above 43 degrees) – systems for new providers, understanding for existing providers
- [ ] COSHH assessments - storage
- [ ] Fire – checks, drills, training, risk assessment, PEEPs
- [ ] Provider/manager arrangements for checking, identifying, and rectifying premises issues
- [ ] Wardrobes secured to wall
- [ ] Window restrictors above ground floor level
- [ ] Ligature risks

Certificates

- [ ] Maintenance arrangements and records
- [ ] Gas safety certificate
- [ ] Electrical wiring certificate

☐ Does the provider plan to use any form of surveillance? If so, will this be operated in line with current guidelines

☐ Is there appropriate signage?

☐ Layout of premises suitable for the delivery of the regulated activity?

☐ Premises, including peoples' personal space is appropriately secure

☐ Management of safety alerts

☐ Access to safety-related records and policies

☐ The safety of premises and equipment

☐ Tripping hazards & H&S assessment policies

☐ Understanding of HSE and CQC requirements for alerts

☐ Safety-related good practice guidance and standards systems in place

☐ Good practice medicines guidance and standards, including medicines storage arrangements

☐ Support for people to look after their own medicines

☐ Access to hand wash and infection control facilities, equipment and supplies, gloves, aprons

*(*Where applicable – local authorities, commissioners, safeguarding teams, Healthwatch, inspection relationship holders feedback about whether / how:*

☐ *National and local safeguarding policies, processes and guidance are understood*

☐ *Safety-related information is appropriately shared*

☐ *Risk assessments, management and practice keep people safe*

☐ *The provider appropriately manages risk and any restrictions on freedom, choice and control*

☐ *Staff are/will be appropriately trained and experienced to keep people safe and free from potential breaches of human rights*

☐ *Training delivery*

☐ PAT testing certificate and stickers

☐ Passenger lift service certificate

☐ Mobile and fixed hoist/sling service certificates

☐ Fire system certificate, and Fire equipment check & test record

☐ Liability insurance certificate

☐ Asbestos risk assessment (where relevant)

☐ Building control certificates (where building work has been done)

☐ Planning permission

Records and policies (including; medicines, infection control, anti-discrimination, human rights)

☐ Interpretation services (community languages and British Sign Language)

☐ Assessment, care planning, risk assessments, reviews and outcome records such as activity logs

☐ Management of behaviours that may challenge

☐ Incident and 'near miss' policies and records, including alerts, investigations, outcomes and improvement plans

☐ Policies on notifiable safety incidents

☐ Reporting & managing systems for snags, hazards, repairs & refurbishments

☐ Assessments and care planning identify and address equality human rights and diversity – testing understanding for existing providers, and looking at systems for new providers

☐ Availability of advocacy services

☐ Equipment and premises policies, including maintenance arrangements

☐ Infection control policies and procedures – Cleaning, hygiene, and infection records

☐ Policy on supply of PPE equipment and supplies

☐ Contingency plans and policies for emergencies, e.g. flood / utility failure / IT failure / exceptionally poor weather / widespread staff illness.

☐ *Infection-related risks and events are appropriately managed, reported and responded to (HSE/EHO/PHE).*

☐ *Food standards agency rating.*

☐ *The provider responds to serious incidents or near misses, including investigations, reporting, recording, learning and improvement.*

☐ *The provider works with other agencies when serious incidents and near misses occur.)*

☐ Policies on medicines management (including pharmacy support, training, disposal, review)

☐ Medicines 'Self administration' Policy

☐ Controlled drugs policy & record book

☐ Covert medication policy

☐ Safeguarding, whistleblowing and incident records, including alerts, investigations and outcomes and notifications policies

☐ Suitable refrigeration arrangements for relevant medicines.

☐ DoLS policies and procedures (where relevant applications / applications to the court of protection

☐ Duty of Candour policies and procedures, including how to deal with possible breaches

☐ Governance, delegated responsibilities, accountability, and decision making.

☐ Policy for communicating with families/representatives

☐ *DCA*:

Provider policy on providing routine services (e.g. How would they respond to requests for 15-minute visits from commissioning authorities?)

S1	How will systems, processes and practices safeguard people from abuse?

All providers

Relevant regulation: 12, 13, 19,

Also consider: 10, 14, 17

Prompt		Notes
S1.1	What are the safeguarding systems, processes and practices, and how will they be implemented and communicated to staff?	
S1.2	How will systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How will these be monitored and improved?	
S1.3	How will people be protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act.	
S1.4	How will people be 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, will they be offered an advocate if appropriate or required?	

S.2	How will risks to people be assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?	
All providers (S2.6 Equipment used: All providers, Premises management: Care homes only, Premises risks: All providers)		
Relevant regulation: 12, 13, **Also consider: 15, 17, 20**		
Prompt		**Notes**
S2.1	What arrangements will there be to manage risks appropriately, and to make sure that people are involved in decisions about any risks they may take?	
S2.2	How will risk management policies and procedures minimise restrictions on people's freedom, choice and control, for people who lack mental capacity?	
S2.3	How will the provider ensure that people's records accurate, complete, legible, up-to-date, securely stored and available to relevant staff so that they support people to stay safe?	
S2.4	Will formal and informal methods be used to share information with appropriate parties on risks to people's care, treatment and support?	
S2.5	What systems will be in place to investigate whistleblowing or staff concerns, safeguarding, and accidents or incidents?	
S2.6	How will equipment, which is owned or used by the provider, be managed to support people to stay safe? How will the premises and safety of communal and personal spaces (such as bedrooms) and the living environment be checked and managed to support people to stay safe? How will the provider	

	manage risks where they provide support in premises they are not responsible for?	
S2.7	How will the provider ensure staff understand, prevent and manage behaviour that the provider finds challenging? How will individuals be supported when their behaviour challenges? How will this align with best practice?	
S2.8 Not included in ASC KLOEs	Are there procedures in place for dealing with emergencies that may impact on people?	
S2.9 Not in ASC KLOES	Is there an effective risk assessment and management process which covers all risk relating to health, welfare and safety of people who use the service?	

S3	How will the provider make sure that there are sufficient numbers of suitable staff to support people to stay safe and meet their needs?	
All providers		
Relevant regulation: 12, 18, 19 **Also consider: 17**		
Prompt		**Notes**
S3.1	What arrangements will there be 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	How will safety be promoted in recruitment practices, arrangements to support staff, training arrangements, disciplinary procedures, and ongoing checks?	
S3.3	What training will staff receive in safety systems, processes and practices, and how will the provider ensure this is effective?	

S4	**How will the provider ensure the proper and safe use of medicines?**
All providers that administer medicines as part of providing regulated activity	
Relevant regulation: 12 **Also consider: 9, 17**	

Prompt		**Notes**
S4.1	Can the provider outline their role in relation to medicines clearly? Is the provider aware of and do they understand the application of current and relevant professional guidance about the management of medicines?	
S4.2	How will the provider make sure that people receive their medicines (both prescribed and non-prescribed) as intended (including controlled drugs and 'as required' medicines), and how will this be recorded?	
S4.3	How will the provider ensure that medicines are ordered, transported, stored, and disposed of safely and securely in ways that meet current and relevant legislation and guidance?	

S4.4	Are there clear procedures for giving medicines covertly, in line with the Mental Capacity Act 2005?	
S4.5	How will the provider make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?	
S4.6	How will staff assess the level of support a person needs to take their medicines safely, particularly where there are difficulties in communicating, when medicines are being administered covertly, and when undertaking risk enablement assessments designed to promote self-administration?	
S4.7	What is the providers policy on engagement with healthcare professionals in relation to reviews of medicines at appropriate intervals?	
S4.8	How will the provider make sure that accurate, up-to-date information about people's medicines is available when people move between care settings? How will medicines remain available to people when they do so?	

S5	How will people be protected by the prevention and control of infection?
All providers (S5.1 All providers responsible for premises, hygiene and cleanliness, S5.4 Providers that respond to or manage infections, S5.5 Providers that provide, prepare or serve food as part of providing regulated activity, or that support people to do so for themselves)	
Relevant regulation: 12	
Also consider: 15, 17	
Prompt	**Notes**

S5.1	What will the arrangements be for making sure that premises are kept clean and hygienic so that people are protected from infections that could affect both staff and people using services?	
S5.2	How will the provider ensure that staff understand their roles and responsibilities in relation to infection control and hygiene?	
S5.3	Are the provider's policies and procedures in line with current relevant national guidance?	
S5.4	Where it is part of the provider's role to respond to and help to manage infections, how will the provider make sure that it alerts the right external agencies to concerns that affect people's health and wellbeing?	
S5.5	How will the provider ensure that all relevant staff have completed food hygiene training and that the correct procedures are in place and followed wherever food is prepared and stored?	
S5.6 Not in ASC KLOEs	Do the providers arrangements relating to the classification, collection, segregation, storage, handling, transport, treatment and disposal of waste comply with legislative requirements?	

S6	How will the provider ensure that lessons are learned and improvements made when things go wrong?
All providers	
Relevant regulation: 17, 20	

Prompt		**Notes**
S6.1	How will the provider ensure staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate?	
S6.2	What is the providers policy for reviewing and investigating safety and safeguarding incidents and events when things go wrong? How will the provider ensure that all relevant staff, services, partner organisations and people who use services are involved in reviews and investigations?	
S6.3	What systems will the provider have in place to ensure that lessons are learned and themes identified, and action is taken as a result of reviews and investigations when things go wrong?	
S6.4	How will the provider share learning from lessons to make sure that action is taken to improve safety across relevant parts of the service? How will the provider ensure that staff learn from reviews and investigations by other providers and organisations?	
S6.5	How will the provider ensure that the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews are effective?	

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.

Potential sources of evidence

Staffing (including volunteers) skill and knowledge, induction, training, supervision, appraisal and best practice

People

☐ Whether/how people are matched with the staff working with them

☐ Interactions between staff and people

☐ Support / arrangements for people to make their own meals and drinks; promotion of independence

☐ Effective communication with service users and families on the preferred dietary requirements and choice of food and drink at each meal

☐ Ability for people to personalise their rooms

☐ Are people's access needs facilitated so that they can join in communal activities?

Mental capacity, deprivation of liberty, restraint, consent:

☐ Best interest decision-making records

☐ Completed DoLS application forms

☐ How and when staff restrict people's liberty

☐ Completion of decision making profiles. How they intend to monitor?

☐ Consent to care and treatment records

☐ How people are involved in decision making

Eating and drinking:

Premises (health and design/adaptation of premises)

☐ Makes reasonable adjustments and adaptations to meet the needs of the people who live there (for example people who live with dementia, sensory impairment, disability, physical frailness); signage, orientation aids, accessibility, adapted baths/showers/WCs, hand rails

☐ Adequate and safe storage areas (e.g. cleaning products locked away)

☐ Appropriate segregation of waste, with bin bags

☐ Clean and odour free bedding, mattresses & clothing in cupboards and wardrobes

☐ Clean, fresh, hygienic, odour free, good repair & upkeep of communal areas, bedrooms, hallways, corridors, bathrooms, dining rooms, kitchens

☐ Communal equipment available, stored safely and accessibly – wheelchairs, hoists, slings, transfer boards

☐ Fire exits clear of obstructions, signposted, accessible

☐ Laundry, waste disposal facilities and arrangements (including clinical waste and continence products)

☐ Promotion of privacy and dignity e.g. Functioning locks in WCs and bathrooms

☐ Safe, secure & accessible garden areas

☐ Suitability and accessibility of the building and grounds for people e.g. staff call bells in reach

Records and policies

☐ Accident/ incident reporting templates

☐ Admission, discharge and transfer procedures and policy

- [ ] Mealtimes; choice, presentation, quantity, special diets including religious and cultural requirements
- [ ] Nutrition, hydration and swallowing assessments. e.g. MUST tool
- [ ] Access to food and drink outside mealtimes
- [ ] Availability of sufficient and suitable tables, chairs, crockery and cutlery

Staff

- [ ] Staff records: Qualifications (in particular for RMs: management qualifications, safeguarding level 3, MCA and DoLS, medication and data protection), training records, appraisals, registration requirements and details
- [ ] Staff training and induction
- [ ] Supervision policy (Does the provider have systems in place to regularly review the fitness of employees?)
- [ ] Equality and diversity policies – How staff contribute to preventing & responding to discrimination
- [ ] How will the provider support staff to maintain registration with relevant professional bodies?
- [ ] Professional registration, including details of any investigations
- [ ] Recruitment policies and processes for all staff including temporary and agency staff, students and volunteers include:
  - [ ] Monitoring of learning, training and development plans and policies.
  - [ ] Person specifications for job roles
  - [ ] Activities staff

- [ ] Advance decisions about care and treatment, including Do Not Attempt CPR 'notices' in files
- [ ] Contracts, sub-contracts, service level and inter-company agreements
- [ ] *SLS:* Could a person remain living at a premise if they no longer needed personal care or they want a different service from a different provider?
- [ ] Disciplinary policy to respond to concerns about a person's fitness after they are appointed to a role
- [ ] Food and fluid charts. Especially particular preferences, needs and risks in relation to eating and drinking
- [ ] Frequency and methods of contact prior to admission?
- [ ] Individual people's health records, including for example tissue viability/ wound management plans, health action plans, appointments and visits from healthcare professionals. Support and access for regular checks/monitoring appointments (chiropodist/dentist/diabetes/continence nurse/optician/etc)
- [ ] Information for people about conditions
- [ ] Internal feedback surveys
- [ ] Meeting notes and minutes referring to buildings and grounds discussions. Cross refer to any case files and accident / incident records
- [ ] Menus
- [ ] Personal care contract and tenancy agreement to ensure the provider is able to demonstrate separation between care and accommodation
- [ ] Policies and procedures on Mental Capacity Act / Code of Practice / DoLS / use of restraint / best interest decision making, including records of decisions
- [ ] People with Lasting Power of Attorney ('LPAs')
- [ ] Restraint policies (and restraint minimisation approach, e.g. through adopting rights maximisation)
- [ ] Rights policy

E1	How will people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?

All providers

Relevant regulation: 9, 12, 14

Also consider: 10, 13, 17

Prompt		Notes
E1.1	How will the provider ensure that people's physical, mental health and social needs are holistically assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes?	
E1.2	What processes are in place to ensure there is no/will be no discrimination, including in relation to protected characteristics under the Equality Act, when making care and support decisions?	
E1.3	How will technology and equipment be used to enhance the delivery of effective care and support, and to promote people's independence?	

E2	How will the provider make sure that staff have the skills, knowledge and experience to deliver effective care and support?

All providers

Relevant regulation: 12, 18, 19

Also consider: 9, 17

Prompt		Notes
E2.1	How will the provider ensure that people have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience? Are there effective processes to ensure people are not discriminated against during recruitment?	
E2.2	How will staff be supported to keep their professional practice and knowledge updated in line with best practice?	
E2.3	What are the providers plans to ensure that staff and any volunteers have effective and regular mentorship, support, induction, supervision, appraisal and training?	

E3	How will people be supported to eat and drink enough to maintain a balanced diet?

All providers that provide, prepare or serve food as part of providing regulated activity, or that support people to do so for themselves

Relevant regulation: 12, 14

Also consider: 9, 11, 17, 18

Prompt		Notes
E3.1	How will people be involved in decisions about what they eat and drink and how are their cultural and religious preferences met?	
E3.2	How will the provider ensure that people are supported to have a balanced diet that promotes healthy eating and the correct nutrition?	
E3.3	How will the provider ensure that meals appropriately spaced and flexible to meet people's needs, to ensure that people enjoy mealtimes and not feel rushed?	
E3.4	How will risks to people with complex needs be identified and managed in relation to their eating and drinking?	

E4	How will staff, teams and services within and across organisations work together to deliver effective care, support & treatment?
All providers	
Relevant regulation: 9 **Also consider: 12, 17**	

Prompt		Notes
E4.1	Are there processes in place to ensure that people receive consistent, timely, coordinated, person-centred care and support when they are referred to, use, leave, or move between, different services?	

E5	How will people be supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support?
All providers	

Relevant regulation: 9, 12

Also consider: 13, 17

Prompt		Notes
E5.1	How will people's day-to-day health and wellbeing needs be met?	
E5.2	How will the provider make sure that people can understand the information and explanations about their healthcare and treatment options, including medicines, and their likely outcomes?	
E5.3	What will the arrangements will be in place to ensure people are involved in regular monitoring of their health?	
E5.4	What processes will the provider have in place to ensure that people access care, support and treatment in a timely way and, where the provider is responsible, how will referrals be made quickly to appropriate health services when people's needs change?	

E6	How will people's individual needs met by the adaptation, design and decoration of premises?

Providers of 'Accommodation for persons who require nursing or personal care'

Relevant regulation: 15
Also consider: 9, 10, 17

Prompt		Notes
E6.1	How will people be involved in decisions about the environment?	
E6.2	How will the premises meet people's diverse care, cultural and support needs?	
E6.3	What arrangements will there be to ensure people have access to appropriate space: • in gardens and other outdoor spaces • to see and look after their visitors • for meaningful activities • to spend time together • to be alone?	
E6.4	How will the signage, the decoration and other adaptations to the premises help to meet people's needs and promote their independence? How will any changes to the environment be managed to avoid causing distress to people who live there	

E7	How will the provider ensure consent to care and treatment is always sought in line with legislation and guidance??

All providers (NB: the Deprivation of Liberty Safeguards (DoLS) apply only to 'care homes': locations where the regulated activity 'Accommodation for persons who require nursing or personal care' is provided)

Relevant regulation: 11

Also consider: 9, 10, 17

Prompt		Notes
E7.1	How will the provider ensure that 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 and other relevant national guidance?	
E7.2	How will people be supported to make their own decisions in line with relevant legislation and guidance?	
E7.3	What is the providers policy and procedure for undertaking assessments and record keeping in relation to a possible lack of mental capacity?	
E7.4	How will the process for seeking consent be monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance	
E7.5	When people lack the mental capacity to make a decision, how will staff ensure that best interests decisions are made in accordance with legislation?	

E7.6	How will the provider promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how will the provider ensure that it is used in a safe, proportionate, and monitored way as part of a wider person-centred support plan?	
E7.7	What processes and policy will there be to ensure that staff recognise when people aged 16 and over, who lack mental capacity, are being deprived of their liberty, and how to seek authorisation to do so when they consider it necessary and proportionate?	

Caring

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

Potential sources of evidence

Staff approach, relationships, response to equality and diversity, involving people, providing, information and explanations, wellbeing, advocacy, confidentiality, privacy, dignity, independence and end of life care

Records and policies and implementation

People

☐ Advocacy policy

☐ Care plans and care plan template – involvement in treatment and care decisions

☐ Communication needs and how they are met

☐ Policies and records of compliments and complaints

☐ Visiting policies (care homes and relevant specialist housing)

☐ Policies and procedures on independence, privacy, dignity, confidentiality and data management

☐ Accessibility policy

☐ Policies on staff choice/ staff matching, if applicable, e.g. gender choice for personal care

Staff

☐ Staff training and induction Re; Equality, Diversity and Human Rights, and non-verbal communication

☐ Staff rotas and schedules – ability to spend time with people *DCA providers?

Service and/or Observation

☐ End of life policy and procedures, including information for the person, family and staff

☐ Does the provider clearly show how they would respond to people's equality needs?

☐ Promotion of equality and diversity through the decoration and information available in the premises e.g. culturally appropriate décor, visible welcoming of different groups of people e.g. LGBT people through use of noticeboards etc

☐ Interactions between staff and people and their supporters (if relevant) – Ask how staff will support people/principles?

☐ Does the environment support people to be independent?

☐ Where and how records are personal care stored and updated?

☐ Policies on data protection

☐ Information sharing arrangements (protocols) with other agencies

☐ *SLS*:

Personal care contract and tenancy agreement to ensure the provider is able to demonstrate separation between care and accommodation

☐ *Shared Lives:*

Explore how sources of support and advice in addition to their carer are provided.

C1	How will the provider ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?
All providers	

Relevant regulation: 10

Also consider: 9, 17, 19

Prompt		Notes
C1.1	What processes are in place to ensure that people's choices, human rights, dignity, privacy, diversity and independence needs will be considered and respected with kindness and compassion?	
C1.2	How will the provider ensure that people, and those close to them, feel they matter, and that staff listen to them and talk to them appropriately and in a way, they can understand?	
C1.3	What systems and processes will be in place to ensure that staff seek accessible ways to communicate with people when their protected and other characteristics under the Equality Act make this necessary to reduce or remove barriers?	
C1.4	How will the provider ensure that staff know and respect the people they are caring for and supporting, including their preferences, personal histories, backgrounds and potential?	
C1.5	How will the provider ensure that staff show concern for people's wellbeing in a caring and meaningful and timely way?	

| C1.6 | How will the provider ensure that staff understand and promote compassionate, respectful and empathetic behaviour within the staff team? | |

C2	**How will the provider support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?**

All providers

Relevant regulation: 9

Also consider: 10, 17, 20

Prompt		**Notes**
C2.1	How will the provider ensure that staff recognise when people need and want support from their carers, advocates or representatives to help them understand and be involved in their care, treatment and support? What systems will be in place to help people to get the support they need?	
C2.2	How will 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, treatment and support, and, where necessary, advocate for them? How will the service support people to contact and use these services?	

| C2.3 | How will the provider give staff the time, training and support they need to provide care and support in a compassionate and personal way? How will rotas, schedules and practical arrangements be organised so that staff have time to listen to people, answer their questions, provide information, and involve people in decisions? | |

C3	How will people's privacy, dignity and independence be respected and promoted?

All providers, except C3.6, which applies only to providers where staff control or influence arrangements for visitors

Relevant regulation: 10

Also consider: 9, 15, 17

Prompt		Notes
C3.1	How will the provider make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care?	
C3.2	How will the provider ensure that staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress?	
C3.3	What is the provider's policy on the management of personal information and does this comply with the General Data Protection Regulations?	

C3.4	How will the provider take people's preferences and needs and their protected and other characteristics under the Equality Act into account when scheduling staff?	
C3.5	How will the provider support people to be as independent as they want to be?	
C3.6	What is the providers policy on visiting? Does/will this ensure that people's relatives and friends are made to feel welcome and able to visit without being unnecessarily restricted?	
C3.7	How will the provider make sure that young adults will have choice and flexibility about their privacy and the amount of parental involvement in managing their care and support after moving into adult services?	

Responsive

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

Potential sources of evidence

Person centred care – assessment, planning and review, activities, interests, education/work, social isolation, choice, individuality, concerns, complaints and compliments

People

☐ Assessment, care plan, review and outcome records such as activity logs, evidence of real choices

☐ Assessments, care planning, equality/diversity and use of technology

☐ People's understanding & access to information about their medicines

☐ Social activity calendars

☐ Complaints policy and procedures, including escalation process. Are there accessible options? How are people from equality groups protected when making complaints?

☐ Frequency and method of contact prior to admission

☐ Service user information pack

☐ Individual journeys, personal histories and advance directives

☐ Extra family rooms? Or family beds?

Staff

☐ Staff training and induction includes EDHR, and non-verbal communication?

☐ Staff training includes person centred care and needs led service?

Service and/or observations

☐ People are supported to raise concerns/complaints and informed of outcome

☐ Concerns, complaints and compliments management systems. Are concerns or complaints are investigated and acted on?

☐ Individual care plans, assessments, reviews and daily monitoring

☐ Care plan monitoring procedures in place?

☐ Links with faith/religious networks

☐ Availability of specialist equipment

☐ Assessments, care planning and practice are person centred and responsive

☐ The provider prevents and responds to and acts on discrimination and promotes equality, human rights and diversity. How are biases challenged, including leaders, staff and service users?

☐ The provider uses technology, and does so in a way that benefits people

☐ Awareness amongst staff on different cultures and on the experience of people with a protected equality characteristic

☐ Care plans include assessment of equality and diversity related needs, e.g. sexual orientation monitoring, assessment of cultural and religious needs, assessment of language needs?

☐ Involvement and cooperation with specialist professionals: Commissioners, District nurses, End of life nurse specialists, GPs, Healthwatch, Palliative care teams

☐ How are external agencies involved?

☐ Family involvement – their journey

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

All providers

Relevant regulation: 9,12

Also consider: 10, 11, 13, 15, 17

Prompt		Notes
R1.1	How will the provider ensure that people, or those with authority to act on their behalf, contribute to planning their care and support, and are their strengths, levels of independence and quality of life taken into account?	
R1.2	Do Care plans include a person's personal history, individual preferences, interests and aspirations?	
R1.3	Where the provider is responsible, how will the provider ensure that people are supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them, including in the wider community, and where appropriate, have access to education and work opportunities?	
R1.4	Where the provider is responsible, how will people be encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation?	

R1.5	How will the provider ensure that the information and communication needs of people with a disability or sensory loss are met? How will their needs be recorded, highlighted and the information be shared with others when required, and what are the procedures to gain people's consent to do so?	
R1.6	How will technology be used to support people to receive timely care and support? Is the technology (including telephone systems, call systems and online/digital services) easy to use?	

R2	How are people's concerns and complaints listened and responded to and used to improve the quality of care?	
All providers		
Relevant regulation: 16 **Also consider: 12, 17, 20**		
Prompt		**Notes**
R2.1	Is there an effective complaints policy? How will people who use the provider know how to make a complaint or raise concerns? How will people be encouraged to do so up?	
R2.2	How easy and accessible is the complaints process, and is it available in appropriate formats to meet people's needs?	
R2.3	How will complaints be fully investigated?	

R2.4	How will people who raise concerns or complaints be protected from discrimination, harassment or disadvantage?	
R2.5	What processes are in place to ensure that concerns and complaints will be used as an opportunity to learn and drive continuous improvement?	

R3	**How will the people be supported at the end of their life to have a comfortable, dignified and pain-free death?**

Providers that provide end of life care	
Relevant regulation: 9 **Also consider: 10, 11, 14, 17**	

Prompt		Notes
R3.1	Does the providers policy on end of life care ensure that people's preferences and choices for their end of life care and where they wish to die, including in relation to their protected equality characteristics, spiritual and cultural needs, are clearly recorded, communicated, kept under review and acted on?	
R3.2	Does the policy set out how people, their family, friends and other carers, will be involved in planning, managing and making decisions about their end of life care?	

R3.3	What systems and processes will the provider have in place to reassure people 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	What systems and process will be in place to ensure that people in the last days of life whose condition may be unpredictable and change rapidly are quickly identified and, where required, provided with rapid access to support, equipment and medicines?	
R3.5	How will people's families, other people using the provider and staff be supported when someone dies?	
R3.6	How will the provider ensure that the body of a person who has died is cared for in a culturally sensitive and dignified way?	

Well-led

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

Potential sources of evidence

Records and policies (where applicable and for existing providers)

People

☐ Engagement policy (How staff, people and their families were involved in developing the vision and values).

☐ Communication channels e.g. social media, website

☐ Satisfaction surveys and analysis for both people who use services and their families

☐ Wellbeing and staff equality, diversity and inclusion policies (note policies for staff equality and diversity might be separate from those for people using the service)

☐ Record keeping responsibility and to monitor equality for staff – e.g. in recruitment and promotion, disciplinary action, access to learning, staff satisfaction (e.g. through staff surveys) and how this data is reviewed?

Staff, Leaders and Managers

☐ Registered Manager/Providers management and leadership style

☐ Awareness of relevant requirements guidance and standards

☐ Understanding of legal responsibility & accountability

☐ Able to articulate culture of service, vision and values

☐ Intent relating to openness, transparency

☐ Proposals for community links, and partnership working

☐ How feedback and suggestions are received by managers and leaders

☐ How is the registered manager supported, and how do they support staff?

☐ How technology is used and its impact?

☐ Where and how records are stored and updated?

☐ From existing applicant discuss examples from practice, including outcomes/impact. Question about how they prioritise transparency and learning

☐ Environment/market scanning records

☐ IG toolkit (if applicable)

☐ Implementation plans for new services

☐ Incident reporting policies and systems including evaluation policy/recording tools

☐ Data management/protection systems

☐ Accreditation scheme appraisals and reviews

☐ Commissioner contracts – confirmation of service development support, monitoring reviews

☐ Minutes of meetings

☐ Evidence of ICO Registration

☐ Governance arrangements, delegated responsibilities, accountability and decision making

☐ How leaders and managers contribute to preventing, responding to and acting on discrimination?

☐ Plans for future use of technology

☐ Where relevant, the action being taken to appoint a manager

☐ Fit person interview

☐ Scenario based questions and prompts

Service and/or observations (quality of service, questioning practice, audits)

☐ For RMs/FPIs: CV (including full work history), DBS, qualification and training certificates, professional registration details, application form, ID (and visa)

☐ History of registration – previous ratings at other locations. Current rating of location if already registered, companies House history/changes

☐ Written material on the provider's vision and values. How are these are developed, discussed, put into practice and reviewed?

☐ Understanding of Duty of Candour/ Are Duty of Candour processes monitored and reviewed?

☐ Complaints, comments and compliments policy (management analysis, feedback and action plans, promotion of process)

☐ Awareness of notification requirements

☐ Safeguarding

☐ Whistleblowing / raising concerns procedures

☐ Staff networks or equivalent space for staff to raise concerns/observations

☐ Competence and value based recruitment

☐ How will they lead, direct and develop their staff team?

☐ Management of behaviour and performance

☐ Quality assurance systems and monitoring, including audits and any associated action plans, minutes of meetings and compliments

☐ Quality based accreditation schemes that the provider is or aims to be part of

☐ Relevant schemes or arrangements that the provider takes part in. How these are actively put into practice – for example, 'Trusted Assessor' schemes

☐ Insurance certificates up to date

☐ How feedback and suggestions are received by managers and leaders

☐ Feedback on the provider's culture, leadership and management from: Commissioners, Community organisations, Healthwatch, other health and social professionals, Safeguarding teams and Other professionals?

☐ Feedback on quality management from Community professionals, Healthwatch, commissioners?

☐ How effectively does the provider work with their GP, care manager / social worker, community nurse or other professional(s).

☐ Provider meeting: How has the provider assured itself it has appointed the right person?

☐ From existing providers - examples from practice, including outcomes/impact. Question about how they prioritise transparency and learning

☐ How will they promote equality and diversity for staff?

☐ Business plans.

☐ Financial viability

☐ How is the registered manager held to account, supported, and how do they support staff?

Specialist colleges:

☐ *Heads of care/ equivalent are part of the Senior Leadership Team*

☐ Training matrix/schedule

☐ Wellbeing and staff equality

☐ Staff handbook

☐ Monitoring quality

☐ MCA/DoLS

☐ If an 'add location' application for an RM, how will they manage the additional location on a day to day basis?

(*See RI handbook)

☐ *Provider vision and values are consistently applied*

☐ *The care setting is seen as a vitally important part of the overall service.*

☐ *Feedback from agencies involved before, during and after a student's placement e.g. schools, local authorities, careers services, employers, housing associations and health services)*

Shared Lives:

☐ *How the provider and individual Shared Lives carers engage with other schemes and networks.*
☐ *How carer knowledge and skills are used to help develop the provider*
☐ *The working relationship between carers and scheme staff*
☐ *Policies for shared lives scheme approval panels review and make decisions about new shared lives carers*

☐ *Explore how sources of support and advice in addition to their carer are provided*

W1	Is there a clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and how will this be maintained?

All providers

Relevant regulation: 17

Also consider: 4, 5, 6, 7

Prompt		Notes
W1.1	How will managers keep under review, the day-to-day culture in the provider, including the attitudes, values and behaviour of staff and whether they feel positive and proud to work in the organisation?	
W1.2	How will the provider ensure that they support fairness, transparency and an open culture is promoted for all staff?	
W1.3	How will managers make sure that staff are supported, respected and valued; have their rights and wellbeing protected; and are motivated, caring and open?	
W1.4	How will the provider prioritise honesty and transparency from all levels of staff and leadership following an incident? How will this be shared with people using the service and their families in line with the duty of candour, and how does the provider support them?	
W1.5	How will the provider ensure that 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 provider have, and plan to keep under review, a clear vision and a set of values that includes a person-centred culture, involvement, compassion, dignity, independence, respect, equality, wellbeing and safety? How will leaders make sure these are effectively embedded into practice? How will they ensure all staff understand and promote them?	
W1.7	How will the provider ensure that leadership is visible and capable at all levels and how will it inspire staff to provide a quality service?	
W1.8	How will the provider ensure that managers and staff have a shared understanding of the key challenges, achievements, concerns and risks?	
W1.9	How will the organisation promote equality and inclusion within its workforce?	
W1.10	Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?	

W2	How will the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?
All providers	
Relevant regulation: 12, 17 **Also consider: 4, 5, 6, 7 13 Registration regulations 2009 – Notifications 12, 14, 15, 16, 17, 18.** **H&SC Act 2008: S10, S11, S13, S14, S29, S33, S34, S36, S63**	

Prompt		Notes
W2.1	What is the providers policy on staff feedback and ensuring managers have the skills to provide feedback in a way that is constructive and motivating way, and enables staff to know what action they need to take?	
W2.2	Where required, is there a registered manager in post/ has an application been submitted for a new registered manager?	
W2.3	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	How will all relevant legal requirements understood and met, including CQC registration requirements, safety and public health related obligations, and the submission of notifications and other required information? How will managers understand recommendations made by CQC, keep up-to-date with all relevant changes, and communicate them effectively to staff?	
W2.5	How will the provider make sure that responsibility and accountability is understood at all levels so that governance arrangements are properly supported?	
W2.6	Are there clear and transparent processes for staff to account for their decisions, actions, behaviours and performance?	
W2.7	How will the provider make sure that its approach to quality is integral and all staff are aware of potential risks that may compromise quality?	

W2.8	What are the arrangements (including appropriate internal and external validation) to ensure the security, availability, sharing and integrity of confidential data, and records and data management systems, is in line with data security standards? How will lessons be learned when there are data security breaches?	
W2.9 Not in ASC KLOEs	Are there systems in place to regularly review the fitness of directors to ensure that they remain fit for the role they are in?	
W2.10 Not in ASC KLOEs	Does the provider have the financial resources needed to provide and continue to provide the services as described in the statement of purpose to the required standards	
W2.11 Not in ASC KLOEs	Does the provider have insurance and suitable indemnity arrangements to cover potential liabilities arising from death, injury, or other causes, loss or damage to property, and other financial risks.	
W2.12 Not in ASC KLOEs	Do governance systems include scrutiny and overall responsibility at board level or equivalent?	

W3	How will the people who use the provider, the public and staff be engaged and involved?
All providers	
Relevant regulation: 9, 17 **Also consider: 10, 20**	

Prompt		Notes
W3.1	What are the plans to ensure that staff are actively involved in developing the service? How will they be encouraged to be involved in considering and proposing new ways of working, including ways of putting values into practice?	
W3.2	What has the provider done to develop and build string links with the local community? And how will they maintain and continue to build these links?	
W3.3	How does the provider enable and encourage accessible open communication with all people who use the provider, their family, friends, other carers, staff and other stakeholders, taking account of their protected and other characteristics?	
W3.4	How will people's views and experiences be gathered and acted on to shape and improve the services and culture?	

W4	How will the provider continuously learn, improve, innovate and ensure sustainability?

All providers

Relevant regulation: 17

Also consider: 5, 6, 7, 16, 20

Prompt		Notes
W4.1	What resources and support are available to develop staff and teams, and drive improvement?	
W4.2	How will quality assurance, information and clinical governance systems support the evaluation of learning from current performance? How will they be used to drive continuous improvement and manage future performance?	
W4.3	How will the provider recognise success and innovation, and how will this be encouraged and encouraged and implemented?	
W4.4	How will the provider use information from incidents, investigations and compliments to drive quality?	
W4.5	How will the provider measure and review the delivery of care, treatment and support against current guidance to ensure that all arrangements are operatively effectively?	
W4.6	How will information technology systems be used effectively to monitor and improve the quality of care?	

W5	How will the provider work in partnership with other agencies?

All providers

Relevant regulation: 12, 17

Also consider: 9

Prompt		Notes
W5.1	How will the provider 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	What is the providers' policy on the sharing of appropriate information and assessments with other relevant agencies for the benefit of people who use the service?	