The Adult Social Care Key Lines of Enquiry and Prompts: Sources of evidence

Our framework of Key Lines of Enquiry (KLOEs) and Prompts is set out below together with potential sources of evidence you can gather and explore for each KLOE. They are a guide; they are not exhaustive and not all suggested sources need to be explored in every inspection; you must use your judgement in response to the circumstances of each location, its track record, and its unique characteristics.

Feedback from people about the impact of the service on their lives and the outcomes they experience are the most important sources of evidence when answering the key questions. Corroborate evidence from any one source using feedback and information from others.

Compare information received from different sources. You will need to make judgements about the meaning and impact of conflicting evidence and feedback in the light of the totality of the evidence you gather and authoritative good practice guidance.

Where a person in a pathway tracking sample has communication difficulties you should use an appropriate person / people to as their proxy. This could be a carer, other relatives, friends, advocates, or community professionals who know them well. Most proxies can recognise that their views and interests may not always be the same as those of the person they are speaking for, but be careful to explain this. A proxy's own views, feelings and interests about a service are also important sources, but may be different from those the person they are speaking for.

The sources of evidence are listed as bullet points. Use them to inform your practice but don't use them as a checklist. Select sources in the light of your planning decisions, and explore the nuance of people's feedback and the outcomes they experience creatively.

'Organisations' include the **local authorities** and **CCGs** that commission the service (including contract compliance teams, brokerage teams, and staff whose work includes supporting services to improve); **community professionals** that refer and work with the people who use the service (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**. The ones you approach will depend on the service and your planned evidence gathering needs.

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KLOEs, Prompts and Sources of Evidence for:

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.

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

All services

Prompt		Potential sources of evidence
S1.1	How are safeguarding systems, processes and practices developed, implemented and communicated to staff?	**People & their carers, friends and relatives:** • Experiences of safeguarding processes. • Any experiences of discrimination, and how it was dealt with. • Whether people feel safe from abuse, and that their rights, preferences and dignity are respected. • Whether people feel their personal property is safe and respected. • Experience of raising concerns. • Access to relevant information. **CRM** • Share your experience forms. • Notifications. • Safeguarding alerts. • Coroners Reports. • Information of concern enquiries.
S1.2	How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved?	**Organisations** Feedback about whether / how: • Assessments, care planning and practice keep people safe from abuse. • National and local safeguarding policies, processes and guidance are followed. • The service prevents and responds to abuse and discrimination and promotes

		equality.
S1.3	How are people 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.	**Staff** • Awareness of safeguarding policies, guidance, procedures, standards and responsibilities and how to appropriately apply in practice. • How staff contribute to safeguarding people from abuse, neglect, harassment. • Experiences of safeguarding training & guidance in practice. • Awareness of people's preferences in relation to the protected characteristics under the Equality Act 2010. • Experiences of organisational expectations, culture and approach to equality. • How staff contribute to preventing & responding to discrimination.
S1.4	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 if appropriate or required?	**Observation** • Good practice guidance and standards in day to day use. • Interactions between staff and people. • Premises, including peoples' personal space is appropriately secure. **Records and policies** • Safeguarding records, including alerts, investigations and outcomes and notifications • Complaints and compliments. • Assessments and care planning identify and address discrimination and ensure equal access to services and support to keep people safe. • Staff training and induction.

S.2	How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?

All services (S2.6 Equipment used: All services , Premises management: Care homes, Premises risks: All services)

Prompt		Potential sources of evidence
S2.1	What arrangements are there to manage risks appropriately, and to make sure that people are involved in decisions about any risks they may take?	**People & their carers, friends and relatives:** • Experiences of risk assessments, management and outcomes. • Whether people feel safe and their rights, preferences and dignity are respected. • Whether / how safety management impacts on freedom, choice and control. • Whether the premises and equipment are safe. • Experience of raising safety concerns. • Access to relevant information. **CRM** • Share your experience forms. • Notifications. • Coroners Reports. • Information of concern enquiries. **Organisations** Feedback about whether / how: • Safety-related information is appropriately shared. • Risk assessments, management and practice keep people safe. • The service appropriately manages risk and any restrictions on freedom, choice and control. **Staff** Feedback about: • Experiences of safety-related training, support & guidance in practice.
S2.2	How do risk management policies and procedures minimise restrictions on people's freedom, choice and control, in particular for people who lack mental capacity?	
S2.3	Are people's records accurate, complete, legible, up-to-date, securely stored and available to relevant staff so that they support people to stay safe?	

		• Access to people's safety-related assessments and records.

S2.4	Are formal and informal methods used to share information with appropriate parties on risks to people's care, treatment and support?	• Access to people's safety-related assessments and records. • Organisational expectations, culture and approach to safety. • The safety of premises and equipment. • Safety-related policies, guidance, procedures, standards and responsibilities and how to apply them in practice.
		Certificates (select as applicable to service type) • Gas safety certificate • Electrical wiring certificate • PAT testing certificate and stickers • Legionella Certificate/risk assessment and checks • Passenger lift service certificate • Mobile and Fixed Hoist/sling service certificates • Fire system certificate • Fire equipment check & test record • Liability insurance certificate • Asbestos risk assessment (where relevant) • Building control certificates (where building work has been done).
S2.5	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?	
S2.6	How is equipment, which is owned or used by the provider, managed to support people to stay safe? How are the premises and safety of communal and personal spaces (such as bedrooms) and the living environment checked and managed to support people to stay safe? How does the provider manage risks where they provide support in premises they are not responsible for?	**Checks and audits (select as applicable to service type)** • Hot water temperature check records (TMVs) (not above 43 degrees) • COSHH assessments • Fire – checks, drills, training, risk assessment, PEEPs • Environmental risk assessments • Infection control audits • Health and safety audits • Provider/manager arrangements for checking, identifying, and rectifying premises issues.
S2.7	How do staff seek to understand, prevent and manage behaviour that the service finds challenging? How are individuals supported when their behaviour challenges? How well does this align with best practice?	

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

Prompt		Potential sources of evidence
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?	**People & their carers, friends and relatives:** • Experiences of number of staff on duty at different times. • Whether there are enough staff to keep people safe. **CRM** • Share your experience forms. • Notifications. • Information of concern enquiries. **Organisations** Feedback about whether / how: • Staff are appropriately trained and experienced to keep people safe. • There are adequate numbers of staff. • Peoples' needs are met in a timely way.
S3.2	How is safety promoted in recruitment practices, arrangements to support staff, training arrangements, disciplinary procedures, and ongoing checks?	**Staff** Feedback about: • Their own recruitment and induction, DBS check. • Safety-related training, support & guidance in practice. • Competence of the staff group to keep people safe. • Workload and capacity to meet people's safety-related needs. • Experiences of organisational expectations, culture and approach to safety. • Whether / how safety-related practice impacts on people's choice and control. • Management response to unsafe practice, premises and equipment.

S3.3	Do staff receive effective training in safety systems, processes and practices?	**Observation** • Safe practice in day to day care. • Timeliness and quality of interactions and care support. • Staff presence/levels on site. **Records and policies** • Staff rotas. • Staff recruitment and employment records. • Staff training, induction and development planning documents and records. • Where staff are working alone with people (including when colleagues are asleep during night shifts): specific suitability and periodic quality and safety check records.

S4	**How does the provider ensure the proper and safe use of medicines?**

Services that administer medicines as part of providing regulated activity

Prompt		**Potential sources of evidence**
S4.1	Is the service's role in relation to medicines clearly defined and described in relevant policies, procedures and training? Is current and relevant professional guidance about the management of medicines followed?	**People & their carers, friends and relatives:** • Experiences of medicines administration in practice. • People's understanding & access to information about their medicines. • Support for people to look after their own medicines. • How often medicines are reviewed. **CRM** • Share your experience forms. • Notifications. • Information of concern enquiries. **Organisations (including pharmacists)** Feedback about: • Staff and service competence in administering medicines. • Support to people to look after their own medicines. • Whether medicines are managed in a person centred way.
S4.2	How does the service make sure that people receive their medicines (both prescribed and non-prescribed) as intended (including controlled drugs and 'as required' medicines), and that this is recorded appropriately?	

S4.3	How are medicines ordered, transported, stored, and disposed of safely and securely in ways that meet current and relevant legislation and guidance?	• Whether concerns or changes impacting on medicines are communicated appropriately. • Whether medicines errors or near misses are managed appropriately. **Staff** Feedback about: • Experiences of medicines training and support. • Awareness of policies, guidance, procedures, standards and responsibilities in relation to medicines, and whether / how they are applied in practice. • When and how people are supported to look after their own medicines. • Access to information about medicines. • How often medicines are reviewed.
S4.4	Are there clear procedures for giving medicines covertly, in line with the Mental Capacity Act 2005?	**Observation** • Good practice medicines guidance and standards in day to day use. • Signs of excessive or inappropriate use of medication to control behaviour. • Storage and disposal arrangements, including for controlled medicines.
S4.5	How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?	**Records and policies** • Medicines administration records, including for controlled drugs. • Medicines review arrangements. • Medicines training arrangements. • PRN and other medicines protocols.
S4.6	How do 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	How does the service engage with healthcare professionals in relation to reviews of medicines at appropriate intervals?	
S4.8	How do staff make sure that accurate, up-to-date information about people's medicines is available when people move between care settings? How do medicines remain available to people when they do so?	

S5	How well are people protected by the prevention and control of infection?	
All services (S5.1 All services responsible for premises, hygiene and cleanliness, S5.4 Services that respond to or manage infections, S5.5 Services that provide, prepare or serve food as part of providing regulated activity, or that support people to do so for themselves)		
Prompt		**Potential sources of evidence**
S5.1	What are the arrangements 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?	**People & their carers, friends and relatives:** • Experience of cleanliness of premises and equipment. • Experience of care being delivered in a clean and safe way. • Any experience of infection acquired while using the service. **CRM**

S5.2	Do staff understand their roles and responsibilities in relation to infection control and hygiene?	• Share your experience forms. • Notifications. • RIDDOR. • Coroners Reports. • Information of concern enquiries. **Organisations** Feedback about whether / how: • Infection-related risks and events are appropriately managed, reported and responded to (HSE/EHO/PHE). • Food standards agency rating. **Staff**
S5.3	Are policies and procedures maintained and followed in line with current relevant national guidance?	• Awareness of relevant policies, guidance, procedures, standards and responsibilities and how to appropriately apply in practice. • Experiences of training, support & guidance in practice. • Staff competence. • Workload and capacity. • Access to handwash and infection control facilities, equipment and supplies.
S5.4	Where it is part of the service's role to respond to and help to manage infections, how does the service make sure that it alerts the right external agencies to concerns that affect people's health and wellbeing?	**Observation** • Good practice guidance and standards in day to day use. • Use of PPE and hand washing / gels. • Access to / supply of infection control PPE, equipment and supplies. **Records and policies**
S5.5	Have all relevant staff completed food hygiene training and are correct procedures in place and followed wherever food is prepared and stored?	• Assessment, care planning, risk assessment, review and outcome records. • Complaints and compliments. • Infection control-related induction and training arrangements. • Cleaning, hygiene, and infection control policies and records.

S6	Are lessons learned and improvements made when things go wrong?

All services

Prompt		**Potential sources of evidence**
S6.1	Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate?	**People & their carers, friends and relatives:** • Experience of raising concerns. • Experience of how serious incidents or near misses have been dealt with. • Experience of involvement in investigations and reviews. • Experience of Duty of Candour arrangements and notifications. • Satisfaction with outcomes when things have gone wrong. **CRM** • Share your experience forms. • Notifications. • RIDDOR / HSE reports. • Coroners Reports. • Information of concern enquiries. **Organisations** Feedback about whether / how: • The service responds to serious incidents or near misses, including investigations, reporting, recording, learning and improvement. • The service works with other agencies when serious incidents and near misses occur. **Staff** • Awareness of relevant policies, guidance, procedures, standards and responsibilities and how to appropriately apply in practice. • Experiences of training, support & guidance in practice.
S6.2	What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations?	
S6.3	How are lessons learned and themes identified, and is action taken as a result of reviews and investigations when things go wrong?	

S6.4	How well is the learning from lessons shared to make sure that action is taken to improve safety across relevant parts of the service? Do staff learn from reviews and investigations by other services and organisations?	• Experiences of organisational expectations, culture and approach to learning and improvement. • How staff contribute to preventing & responding to serious incidents and near misses. **Leaders and Managers** • Understanding of responsibilities under Duty of Candour. **Observation** • Meetings that consider incidents and near misses.
S6.5	How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?	**Records and policies** • Complaints and compliments. • Incident and 'near miss' policies and records, including alerts, investigations, outcomes and improvement plans. • Staff induction, training, support, development and disciplinary records. • Communications with staff. • Duty of Candour policies and procedures.

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	
E1	**Are 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 Services

Prompt		Potential sources of evidence
E1.1	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, including NICE and other expert professional bodies, to achieve effective outcomes?	**People & their carers, friends and relatives:** • Experiences of assessments, care planning and outcomes. • Experiences of how technology is used. **CRM** • Share your experience forms. • Information of concern enquiries. **Organisations** Feedback about whether / how: • assessments, care planning and practice aligns with good practice guidance. • the service prevents and responds to discrimination and promotes equality. • the service uses technology, and does so in a way that benefits people. **Staff** • Awareness of relevant guidance and standards. • Experiences of training & guidance in practice. • Experiences of organisational expectations, culture and approach to equality. • How staff contribute to preventing & responding to discrimination. **Leadership & management** • Awareness of relevant guidance and standards.
E1.2	What processes are in place to ensure there is no discrimination, including in relation to protected characteristics under the Equality Act, when making care and support decisions?	

E1.3	How is technology and equipment used to enhance the delivery of effective care and support, and to promote people's independence?	• How leaders and managers contribute to preventing & responding to discrimination. • Plans for future use of technology. **Observation** • Good practice guidance and standards in day to day use. • Interactions between staff and people. • How technology is used. **Records and policies** • Initial and ongoing assessment, care plan, review and outcome records. • Complaints and compliments. • Assessments, care planning, equality/diversity and use of technology policies.

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

All services	

Prompt		**Potential sources of evidence**
E2.1	Do people have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience?	**People & their carers, friends and relatives:** Feedback about: • Staff skills and capability. • Whether/how people are matched with the staff who work with them. **CRM** • Share your experience forms. • Information of concern enquiries.

		Organisations
E2.2	Are staff supported to keep their professional practice and knowledge updated in line with best practice?	Feedback about: • The service's approach to recruitment, induction, training and development. • Staff competence. • How well the service supports its staff. **Staff & volunteers** • Experiences of induction, appraisal, training, support and development. • Explore whether training is given to meet the specific needs of the people using the service. • Experiences of organisational culture and approach to training and support.
E2.3	Do staff and any volunteers have effective and regular mentorship, support, induction, supervision, appraisal and training?	**Observation** • Skills, techniques and methods used. **Records and policies** • Statement of Purpose: Services offered and needs met: match with staff knowledge, training, qualifications and skills. • Person specifications for job roles. • Staff records: Qualifications, training records, appraisals, registration requirements and details, portfolios, training & development plan. • Complaints and compliments.

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

Services that provide, prepare or serve food as part of providing regulated activity, or that support people to do so for themselves	
Prompt	**Potential sources of evidence**
E3.1 How are people involved in decisions about what they eat and drink and how are their cultural and religious preferences met?	**People & their carers, friends and relatives:** Feedback about: • Food and mealtimes; quality of meals and dining experiences. • Food choice and involvement in menu planning. • Support with any eating / swallowing difficulties. • Access to food and drink outside mealtimes / regular drink times. • The attitude and approach of staff and volunteers to meeting individual needs. **CRM** • Share your experience forms. • Information of concern enquiries.
E3.2 How are people supported to have a balanced diet that promotes healthy eating and the correct nutrition?	**Organisations** Feedback about: • Catering, nutrition and hydration practice. • Practice in relation to particular risks and issues; people with complex needs. Feedback from community dieticians.
E3.3 Are meals appropriately spaced and flexible to meet people's needs, and do people enjoy mealtimes and not feel rushed?	**Staff & volunteers** • Awareness of particular needs and risks in relation to eating and drinking, e.g. people living with dementia (in particular of specialist staff such as chefs). • Recognition of and response to individual preferences and religious/cultural requirements. **Observation** • Mealtimes; choice, presentation, quantity, special diets.

		- Support / arrangements for people to make their own meals and drinks; promotion of independence. - Access to food and drink outside mealtimes. - Staff communication about eating and drinking risks and issues at handover. **Records and policies** - Food and fluid charts. - Nutrition, hydration and swallowing assessments. - Weight records. - Menus. - Internal feedback surveys. - Complaints and compliments. - Staff training records and plans. - Equality and diversity policy.
E3.4	How are risks to people with complex needs identified and managed in relation to their eating and drinking	

E4	How well do staff, teams and services within and across organisations work together to deliver effective care, support & treatment?
All services	

Prompt		Potential sources of evidence
E4.1	How do staff work together 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?	**People & their carers, friends and relatives:** Feedback/experiences about: - How well the team communicate and work with each other and staff in other services. - Whether referrals are made to other services when needed, and in a timely way. - How well people's needs are known and understood by staff. **CRM** - Share your experience forms. - Information of concern enquiries. **Organisations** Feedback about - How quickly and effectively the service refers people to/involves/receives referrals from other agencies when this is needed. - Whether the service communicates effectively with commissioners / care managers

		when people's needs change.
		Staff & volunteers
		• Awareness of the impact of changing needs and risks, and how and when to involve other agencies and services.
		• How well they and their colleagues work together, and with staff in other agencies.
		Observation
		Handover and other discussions about:
		• Responding to changing needs.
		• Referring people to / receiving people referred by other services.
		• Working with other services and agencies.
		Records and policies
		• Referrals to other services.
		• Referrals from other services.
		• Communications with commissioners and others about changing needs.
		• Complaints and compliments.

E5	How are people supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support?	
All services		
Prompt		**Potential sources of evidence**

E5.1	How are people's day-to-day health and wellbeing needs met?	**People & their carers, friends and relatives:**
		
		Feedback about:
		• Access to healthcare services and advice.
		    o Timeliness of responses to need for new GP / nurse / other healthcare appointments / medicines.
		    o Support and access for regular checks/monitoring appointments (chiropodist/dentist/diabetes/continence nurse/optician/etc).
		
		CRM
		
		• Share your experience forms.

		• Information of concern enquiries.
		Organisations
		Feedback about/from

E5.2	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?	• Liaison/cooperation with healthcare services, including for example, as needed:
		  ○ GPs, consultant and specialist doctors.
		  ○ Acute hospital ward staff.
		  ○ Tissue viability, diabetes, oncology, urology, continence nurses.
		  ○ Physiotherapy and Occupational therapy services.
		  ○ Pharmacy services.
		• Healthwatch.
		• Service commissioners & care managers.

		Staff
E5.3	How are people involved in regularly monitoring their health?	• Understanding of people's general and particular healthcare needs. • Knowledge of the meaning and impact of changes in health and wellbeing. • Knowledge of common risks and issues and how to prevent them, e.g. urinary tract infections, skin care (tissue viability), wound management, pain. • How and when information about people's health and wellbeing is shared with colleagues and managers.
		Observation
		• Staff handover meetings: handling of healthcare issues. • Staff discussions with healthcare professionals.
		Records and policies
E5.4	Can people access care, support 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?	• Individual people's health records, including for example tissue viability/ wound management plans, health action plans, appointments and visits from healthcare professionals. • Information for people about particular conditions. • Medicines management. • Complaints and compliments.
		In Specialist Colleges
		• Healthy lifestyle learning programme records. • Sport and physical activity.

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

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

Prompt		Potential sources of evidence
E6.1	How are people involved in decisions about the environment?	**People & their carers, friends and relatives:** Feedback about whether • The premises are suitable, comfortable, and meet people's needs. • People are listened to and involved in decisions about changes. **CRM** • Share your experience forms. • Information of concern enquiries. **Staff** • Discuss suitability and accessibility of the building and grounds for people. • Ask about planned changes and improvements.
E6.2	How do the premises meet people's diverse care, cultural and support needs?	**Observation / Tour of the premises** • Clean, fresh, hygienic, odour free, good repair & upkeep of communal areas, bedrooms, hallways, corridors, bathrooms, dining rooms, kitchens. • Promotion of privacy and dignity. • Functioning locks in WCs and bathrooms etc. • 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. • Safe, secure & accessible garden areas.

E6.3	What arrangements are there 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?	• Window restrictors above ground floor level. • Wardrobes secured to wall. • Call bells in reach. • Clean and odour free bedding, mattresses & clothing in cupboards and wardrobes. • Disposal arrangements for continence products. • Personal protective equipment available and in use; gloves, aprons. • Cleaning products locked away. • Hand washing/cleaning, paper towels. • Communal equipment available, stored safely and accessibly – wheelchairs, hoists, slings, transfer boards. • Laundry, waste disposal facilities and arrangements (including clinical waste). • Any unnamed items in bathrooms and cupboards. • Appropriate segregation of waste, with bin bags. • Food in kitchen fridge stored safely. • Suitable refrigeration arrangements for relevant medicines. • Fire exits clear of obstructions, signposted, accessible.
E6.4	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	**Records and policies:** • Meeting notes and minutes referring to buildings and grounds discussions. Cross refer to any case files and accident / incident records. • Complaints and compliments. **Specialist Colleges** Remember that the premises are not the students' permanent homes and that the parts of the building used for educational purposes are not regulated by CQC. Students should be able to personalise their rooms. Accommodation areas should be appropriately comfortable, accessible, adapted, and safe.

E7	Is consent to care and treatment always sought in line with legislation and guidance??
All services	(n.b. the Deprivation of Liberties Safeguards (DoLS) apply only to 'care homes': locations where the regulated activity 'Accommodation for persons who require nursing or personal care' is provided)

Prompt		Potential sources of evidence
E7.1	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 and other relevant national guidance?	**People & their carers, friends and relatives:** Feedback about: • How and when people are asked to consent to care and treatment. • How and when the service follows best interests decision making requirements. • Experiences of any assessments and applications to deprive a person of their liberty. • Whether people are appropriately involved in decisions as much as possible. • Whether people were involved in / are aware of any 'do not resuscitate' decisions. • Experiences of any use of restraint.
E7.2	How are people supported to make their own decisions in line with relevant legislation and guidance?	**CRM** • Share your experience forms. • Notifications: DoLS, safeguarding, references to use of restraint. • Information of concern enquiries. **Organisations and key individuals** Feedback from • Independent Mental Capacity Advocates. • People with Lasting Power of Attorney ('LPAs') • Court of Protection Deputies. • 'Supervisory Body' staff.
E7.3	How and when is possible lack of mental capacity to make a particular decision assessed and recorded?	• Safeguarding teams. • Specialist community professionals, e.g community learning disability teams, dementia teams, community mental health teams.
E7.4	How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance	**Staff & volunteers** Discuss • Mental Capacity Act / Code of Practice / DoLS / use of restraint training experiences and awareness. • Examples of training being put into practice. • The service's expectations, policies and procedures.

E7.5	When people lack the mental capacity to make a decision, how do staff ensure that best interests decisions are made in accordance with legislation?	• How they support people to participate in decision making. **Observation** • How people are involved in decision making. • How staff interact with people who may lack capacity to take a decision. • How staff manage behaviour that challenges. • How and when staff restrict people's liberty. **Records and policies** • Consent to care and treatment records. • Records of assessments of mental capacity to take a decision. • Best interests decision-making records. • Advance decisions about care and treatment. • Completed DoLS application forms. • Do Not Attempt CPR 'notices' in files. • Policies and procedures on Mental Capacity Act / Code of Practice / DoLS / use of restraint / best interests decision making. • Complaints and compliments.
E7.6	How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person-centred support plan?	
E7.7	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?	

Caring

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

C1	How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?

All services

Prompt		**Potential sources of evidence**

C1.1	Are people treated with kindness and compassion in their day-to-day care and support?	**People & their carers, friends and relatives:**
		
		Feedback about:
		• How they are treated by staff.
		• Whether staff make an effort to get to know them as people.
		• Whether their particular needs are taken into account in relation to communication, and access.
		• How quickly the service recognises and meets their needs.
		
		CRM
		
		• Share your experience forms.
		• Information of concern enquiries.
		
		Organisations
		
		Feedback about how caring the service is from:
		• Liaison/cooperation with healthcare services, including for example, as needed:
		   o GPs, consultant and specialist doctors.
		   o Acute hospital ward staff.
		   o Tissue viability, diabetes, oncology, urology, continence nurses.
		   o Physiotherapy and Occupational therapy services.
		• Healthwatch.
		• Service commissioners & care managers.

C1.2	How does the service make sure 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	Do 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	Do staff know and respect the people they are caring for and supporting, including their preferences, personal histories, backgrounds and potential?	

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?	**Staff** Feedback about how well they know the people they support. Discuss how they approach providing care: genuine human interaction or task orientated. **Observation** • How people and staff interact with each other - meaningful interaction or task-led? **Records and policies** Look for evidence around person centred focus/practice or task orientation in • Care plans. • Records of compliments and complaints. • Staff training and induction – EDHR.
C1.6	Do staff understand and promote compassionate, respectful and empathetic behaviour within the staff team?	

C2	How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?
All services	

Prompt		Potential sources of evidence
C2.1	Do 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? How do staff help people to get this support?	**People & their carers, friends and relatives:** Feedback about: • How people were involved in decisions about care and treatment. • How information was given to help people make decisions. • When and how carers and other representatives were involved in decisions making. • Whether people were told about sources of advice and advocacy. **CRM** • Share your experience forms. • Information of concern enquiries. **Organisations**

C2.2	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, treatment and support, and, where necessary, advocate for them? How does the service support people to contact and use these services?	• Advocacy and similar services. • Commissioners. • Community professionals. • Healthwatch. **Staff** Feedback about: • How people and their supporters are involved in care and treatment decisions. • How / whether the service actively promotes independence ad autonomy. • Whether their rotas enable them to properly care for and support people. **Observation** Decision making meetings, processes and occasions: • Formal and other reviews. • User meetings. • Day to day care.
C2.3	Does the service give staff the time, training and support they need to provide care and support 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?	**Records and policies** People's care files: • Advocacy records. • Reviews and care and treatment decisions. • Communication needs and how they are met. Staff rotas and schedules. **Shared Lives** Explore how sources of support and advice in addition to their carer are provided.

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

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

Prompt		Potential sources of evidence
C3.1	How does the service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care?	**People & their carers, friends and relatives:** Feedback about: • How people's privacy and dignity is maintained. • How property and money are kept securely. • How people are supported to remain independent. • Visiting arrangements (care homes and relevant specialist housing). • Whether visitors feel welcome. • Responses to pain and distress. **CRM** • Share your experience forms. • Information of concern enquiries. **Organisations** • Advocacy and similar services. • Commissioners. • Community professionals. • Healthwatch. **Staff** Feedback about how they support: • Privacy. • Dignity. • Confidentiality. • Independence. **Observation**
C3.2	Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress?	
C3.3	How are people assured that information about them is treated confidentially in a way that complies with the Data Protection Act, and that staff respect their privacy?	
C3.4	How does the service take people's preferences and needs and their protected and other characteristics under the Equality Act into account when scheduling staff?	
C3.5	Can people be as independent as they want to be?	

		Interactions between staff and people and their supporters. Where and how records are stored and updated.
C3.6	Are people's relatives and friends made to feel welcome and able to visit without being unnecessarily restricted?	**Records and policies** • People's care files. • Training records. • Training content. • Policies and procedures on independence, privacy, dignity, confidentiality and data management.
C3.7	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?	

Responsive

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

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

All services

Prompt		Potential sources of evidence
R1.1	How do people, or those with authority to act on their behalf, contribute to planning their care and support, and how are their strengths, levels of independence and quality of life taken into account?	**People & their carers, friends and relatives:** Feedback about: • Experiences of assessments, care planning and outcomes. • Experiences of how technology is used. • Activities, interests and contact with the community and personal relationships. **CRM** • Share your experience forms. • Information of concern enquiries. **Organisations** Feedback about whether / how: • assessments, care planning and practice are person centred and responsive. • the service prevents and responds to discrimination and promotes equality. • the service uses technology, and does so in a way that benefits people. **Staff** • Awareness of relevant guidance and standards. • Understanding about person centred care. • Awareness of people's preferences such as spiritual, religious or cultural beliefs. • Experiences of organisational expectations, culture and approach to equality.
R1.2	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.	
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, including in the wider community, and where appropriate, 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, both within the service and the wider community, and to avoid social isolation?	• How staff contribute to preventing & responding to discrimination. **Observation** • Good practice guidance and standards in day to day use. • Interactions between staff and people. • Is people's care person centred. • How technology is used. **Records and policies** • Initial and ongoing assessment, care plan, review and outcome records. • Complaints and compliments. • Assessments, care planning, equality/diversity and use of technology. • Staff training and induction. • Implementation of the accessible information standard
R1.5	How does the service identify and meet the information and communication needs of people with a disability or sensory loss? How does it record, highlight and share this information with others when required, and gain people's consent to do so?	
R1.6	How is technology 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 services		
Prompt		**Potential sources of evidence**
R2.1	How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How well are people encouraged to do so, and how confident are they to speak up?	**People & their carers, friends and relatives:** • Do people know how to raise a concern or complaint? • Experiences of raising concerns or complaints. • Can they access the complaints policy and procedure in a format they choose/can understand? **CRM** • Share your experience forms. • Information of concern enquiries. **Organisations**
R2.2	How easy and accessible is it for people to use the complaints process or raise a concern? To what extent are people treated compassionately and given the help and support they need to make a complaint?	

		Feedback about whether:
R2.3	How effectively are complaints handled, including ensuring openness and transparency, confidentiality, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record?	• People are supported to raise concerns/complaints and informed of outcome. • Concerns or complaints are investigated and acted on. • Improvements made as a result of the complaints/concerns. **Staff** • Understanding of the complaints policy and procedure. • Have any improvements been made as a result of complaints/concerns or incidents.
R2.4	How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?	**Records and policies** • Complaints policy and procedures. • Record of complaints and investigations. • Concerns and complaints management systems.
R2.5	To what extent are concerns and complaints used as an opportunity to learn and drive continuous improvement?	• Improvement plans. • Staff training and induction.

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

Services that provide end of life care	

Prompt		**Potential sources of evidence**
R3.1	Are 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, clearly recorded, communicated, kept under review and acted on?	**People & their carers, friends and relatives:** • Views and experiences of the end of life care. • Views and experiences of care planning and assessments. **CRM** • Share your experience forms.

		• Information of concern enquiries. • Notifications.
R3.2	How are people, and their family, friends and other carers, involved in planning, managing and making decisions about their end of life care?	**Organisations** Feedback about • Assessments, care planning, reviews and practice for end of life care. • Is best practice guidance followed. • Involvement and cooperation with specialist professionals.
R3.3	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?	**Staff** Feedback about • Their approach to end of life care and understanding of people's needs, wishes and choices. • Training attended and how this has been put into practice. • Availability of specialist equipment and support. • How and when people's changing needs are reviewed at the end of their life. • Awareness of relevant guidance and policies.
R3.4	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?	**Observation** • Staff handovers and communication regarding people's needs. • Staff deployment. • Availability of equipment.
R3.5	How does the service support people's families, other people using the service and staff when someone dies?	**Records and policies** • Individual care plans, assessments, reviews and daily monitoring. • Advance directives. • Staff training records and plans. • Notifications.
R3.6	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?	**Gathering feedback from visiting professionals** • GPs. • End of life nurse specialists. • Palliative care teams. • District nurses. • Commissioners. • Healthwatch.

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.

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?

All services

Prompt		Potential sources of evidence
W1.1	Are managers aware of, and do they keep under review, the day-to-day culture in the service, including the attitudes, values and behaviour of staff and whether they feel positive and proud to work in the organisation?	NB: Evidence and feedback from other key questions will often provide supporting evidence about the culture, vision and strategy at the service. **People & their carers, friends and relatives:** Feedback about: • The culture at the service. • The competence and knowledge of the leaders and managers. • How person centred, open and transparent leaders and managers are. • How leaders and managers support the staff and work with them. **CRM** • Share your experience forms. • Information of concern enquiries. **Organisations** Feedback about: • The service's culture, leadership and management.
W1.2	How does the service promote and support fairness, transparency and an open culture for staff?	

		Staff
W1.3	How do managers make sure that staff are supported, respected and valued; have their rights and wellbeing protected; and are motivated, caring and open?	Feedback about: • The vision and values of the service, and how these are developed, discussed, put into practice and reviewed. • The culture at the service. • Whether staff understand how to raise concerns / 'whistleblow'. • Experiences of raising concerns with leaders and managers, and the outcomes. • How well leaders / managers and staff teams communicate. • How leaders and managers give staff feedback about performance. • Whether staff are treated equally across protected characteristics. • How leaders and managers promote equality for staff and tackle discrimination. • Training / support received about issues facing people with specific protected characteristics such as LGBT people using the service.
W1.4	Does the service show honesty and transparency from all levels of staff and leadership 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?	**Leaders and managers** Feedback about: • Work / planning on promoting equality since the PIR was submitted. • How managers make sure staff are aware of equality policies and follow them. • Any particular equality issues at the service, and how they were tackled. • The main equality-related priorities over the past 12 months, and whether they were achieved. • The main equality priorities for the next 12 months. • How the staff have voice is gathered and understood.
W1.5	Do leaders have the skills, knowledge, experience and integrity they need to lead effectively – both when they are appointed and on an ongoing basis?	**Observation** • How people are referred to by staff, and whether it is appropriate. • How staff interact with each other. • How staff speak to and involve people in their care.
W1.6	Does the service have, and 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 do leaders make sure these are effectively embedded into practice? Do all staff understand and promote them?	**Records and policies** • Written material on the service's vision and values. • Minutes of meetings. • Social activity calendars. • Quality audits. • Staff supervision records, spot checks and appraisal records.

		• Equality and diversity policies.
W1.7	Is the leadership visible and capable at all levels and does it inspire staff to provide a quality service?	**Shared Lives** Feedback about: • The working relationship between carers and scheme staff. • How carer knowledge and skills are used to help develop the service.
W1.8	Do managers and staff have a shared understanding of the key challenges, achievements, concerns and risks?	
W1.9	How does 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	Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?
All services	

Prompt		Potential sources of evidence
W2.1	Do staff receive feedback from managers in a constructive and motivating way, which enables them to know what action they need to take?	**People & their carers, friends and relatives:** Feedback about: • The way the service is managed. • Whether sufficient resources are available to drive improvement. • How managers and leaders support staff. • How well staff understand and carry out their responsibilities. **CRM** • Share your experience forms. • Information of concern enquiries. • Registration requirements against service provided. • Notifications. • Safeguarding enquiries. **Organisations** Feedback on quality management from: • Commissioners. • Healthwatch. • Community professionals. **Staff** Feedback about: • The way the service is managed. • How the provider supports the manager (and other senior staff where relevant). • How the manager and other leaders support staff. • Whether accountability, roles and responsibilities are understood; and performance monitored by leaders and managers.
W2.2	Where required, is there a registered manager in post?	
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	Are 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? Do managers understand recommendations made by CQC, keep up-to-date with all relevant changes, and communicate them effectively to staff?	

W2.5	How does the service make sure that responsibility and accountability is understood at all levels so that governance arrangements are properly supported? Do staff know and understand what is expected of them?	• Whether sufficient resources are available to drive improvement. • How information is shared with other organisations . • What training/support they have received in relation to data management. **Leaders and managers** • Where relevant, the action being taken to appoint a manager.
W2.6	Are there clear and transparent processes for staff to account for their decisions, actions, behaviours and performance?	**Policies** • Vision and values. • Governance, delegated responsibilities, accountability, and decision making. • Quality monitoring. • Management of behaviours and performance.
W2.7	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?	**Minutes and records** • Meetings. • Staff supervision. • Disciplinary and appraisal meetings. • Board meeting minutes. • Business plans. • Accreditation scheme appraisals and reviews. • Commissioner contract monitoring reviews.
W2.8	How does the service assure itself that it has robust arrangements (including appropriate internal and external validation) to ensure the security, availability, sharing and integrity of confidential data, and records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?	**Specialist college** Feedback about whether: • The care setting is seen as a vitally important part of the overall service. • Service vision and values are consistently applied across the whole service. • Heads of care (or equivalent) are part of the Senior Leadership Team.

W3	How are the people who use the service, the public and staff engaged and involved?

All services	

Prompt		**Potential sources of evidence**
W3.1	How are 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?	**People & their carers, friends and relatives:** Feedback about: • Experiences of being involved in key decisions and how the service is run; what impact and outcomes it had. • How well the service communicates. • Links between the service and the local community. • Experiences of being supported by the service to take part in / use community events and facilities.
W3.2	Are there strong links with the local community? How has the service strengthened relationships beyond the key organisations?	**CRM** • Share your experience forms • Information of concern enquiries. **Organisations** Feedback from: • Commissioners. • Healthwatch. • Community organisations. • Other professionals.
W3.3	How are staff supported to question practice and how are people who raise concerns, including whistleblowers, supported and protected?	**Staff** Feedback about: • How the vision and values were developed, discussed and put into practice. • Whether staff know how to raise concerns or 'whistleblow'; and whether they feel able to do so. • How the service communicates with people, staff, organisations and professionals. • How staff have influenced the development of service delivery and practise.

W3.4	How does the service enable and encourage accessible open communication with all people who use the service, their family, friends, other carers, staff and other stakeholders, taking account of their protected and other characteristics?	• How innovation is encouraged, recognised and put into practice. • What the organisation does with feedback from families/people using services and how it is responded to. **Observation** Observe: • How decisions at different levels are taken, and who is involved. **Policies** • Vision and values. • Governance, delegated responsibilities, accountability, and decision making. • Engagement policy and feedback processes that ensure involvement of a wide diversity of staff and people who use services, and overcome any communication barriers they may experience.
W3.5	How are people's views and experiences gathered and acted on to shape and improve the services and culture?	**Minutes and records** • How staff, people and their families were involved in developing the service's vision and values. • Board meeting minutes. • Business plans. • Accreditation scheme appraisals and reviews. • Commissioner contract monitoring reviews.

W4	How does the service continuously learn, improve, innovate and ensure sustainability?
Applies to all services	

Prompt		Potential sources of evidence
W4.1	Are resources and support available to develop staff and teams, and drive improvement?	**People & their carers, friends and relatives:** Feedback about • Experiences of the service improving and innovating. • How well the service learns from incidents and events. **CRM** • Share your experience forms. • Information of concern enquiries. **Organisations** Feedback from: • Commissioners. • Healthwatch. • Other professionals. • Evidence of improvement engagement with other external bodies and forums. **Staff** Feedback about • Staff involvement in learning, improvement, innovation and change. • Resources available for service development. • Quality assurance arrangements. • How the service encourages and recognises their suggestions and feedback. • How the service uses good practice guidance. • How the service uses technology and its impact (staff training and understanding). **Observation** • How technology is used and its impact. • How feedback and suggestions are received by managers and leaders.
W4.2	How effective are quality assurance, information and clinical governance systems in supporting and evaluating learning from current performance? How are they used to drive continuous improvement and manage future performance?	
W4.3	How is success and innovation recognised, encouraged and implemented?	
W4.4	How is information from incidents, investigations and compliments learned from and used to drive quality?	
W4.5	How does the service measure and review the delivery of care, treatment and support against current guidance?	

W4.6	Are information technology systems used effectively to monitor and improve the quality of care?	**Records and policies** • Quality assurance systems/audits and any associated action plans, minutes of meetings and compliments. • Quality based accreditation schemes that the service takes part in and how these are actively put into practice. • Policies and procedures that have been improved as a result of learning and feedback. • Staff reward schemes. • IG toolkit (if applicable). • Any national or other awards gained. **Shared Lives Schemes** • How shared lives scheme approval panels review and make decisions about new shared lives carers.

W5	**How does the service work in partnership with other agencies?**	
Applies to all services		
Prompt		**Potential sources of evidence**
W5.1	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? Does it do so in an open, honest and transparent way?	**People & their carers, friends and relatives:** Feedback about • How effectively the service works with their GP, care manager / social worker, community nurse or other professional(s). • Any recent hospitalisations and follow up. **CRM** • Share your experience forms • Concerns or complaints relating to relationships with other agencies.
W5.2	Does the service share appropriate information and assessments with other relevant agencies for the benefit of people who use the service?	**Organisations** Feedback from: • Commissioners

		• Safeguarding teams • Healthwatch • Training consortiums/organisations • Other health and social professionals **Staff** Feedback about • Their work with other organisations. • How the service as a whole works with other organisations. **Observation** (Where opportunities arise) • Interactions with other agencies and visiting professionals **Records and policies** • Relevant schemes or arrangements that the service takes part in and how these are actively put into practice – for example, 'Trusted Assessor' schemes. **Shared Lives** • How the service and individual Shared Lives carers engage with other schemes and networks. **Specialist college** • Feedback from agencies involved before, during and after a student's placement. For example schools, local authorities, careers services, employers, housing associations and health services