



Doncaster

Local Medical Committee

CQC – Guidance for Practices

*KEY INFORMATION & SNAPSHOT OF CQC
READINESS*

A blue banner with rounded corners. On the left, the word 'INSPECTION' is written vertically. Next to it is a white icon of a clipboard with a checklist and a pencil. To the right of the icon, the text 'Preparing for CQC inspection' is written in large white font.

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Proposal

This document is based upon CQC's updated assessment framework in 2017. CQC's inspection teams utilise this to assess general practice, using the key lines of enquiry (KLOEs) and prompts where appropriate.

The aim is to provide a comprehensive tool, aligned to the new style CQC inspection process, on which you can start to measure CQC readiness at your practice and implement an action plan should you wish.

In a nutshell the inspector will be assessing the quality of care and rating the services provided by your practice across two axes:-

- a) The **5 Key questions** and accompanying **KLOEs**
- b) **Six population groups:-**
 - I. Older people
 - II. People with long term conditions
 - III. Families, children and young people
 - IV. Working age people (including those recently retired & students)
 - V. Vulnerable people e.g. learning disabilities, homeless / refugees, gypsies / travellers, sex workers etc.
 - VI. People experiencing mental health issues (including dementia)

Who CQC will need to speak to – advice on how to respond

The **practice manager** and all other members of the management team will need to be available all day in order to provide key information and answers as the inspector goes along.

Clinical practice staff, such as **GPs or practice nurses**, will need to be available at some point in the day for an in-depth interview with a CQC GP or practice nurse specialist advisor; this may last up to an hour.

Please note advice below in **Appendix D**.

CQC may also wish to speak to **non-clinical staff** for a shorter interview; please note the accompanying advice in the template below (**Appendix B**).

The inspector will also ask to speak to some of your patients who are in the practice at the time, so long as they consent to this. In addition, CQC will ask to meet a representative from the practice's PPG, who will also be interviewed by the inspector.

It is important to note inspectors will observe what happens in the reception areas, how phones are being answered and how staff deal with patients face to face.

Appendix D

Answering CQC Inspector Questions During a GP practice CQC Inspection – Hints and tips for the clinical workforce

1. Put the patient at the centre of all your answers, talk about the patient journey and how you work with other health, social care and voluntary service providers by optimising the care service plan. Highlight past situations/cases (both clinical and non-clinical) where you can illustrate your point more clearly, helping you demonstrate compliance with CQC.
2. Remember all the different types of patients you deal with i.e. patients with dementia, disabilities, learning difficulties, non-English speaking, adults and children and how you flex the service to ensure the population groups get the best possible outcomes in line with the CQC Key Lines of Enquiry (KLOE).
3. Be descriptive informing the CQC inspector of any process, situation or system. Try and answer the question assuming the CQC Inspector knows nothing about your service. The CQC inspector will write down and report what they hear. So make your answers clear.
4. Talk about how you share information across the workforce to include communicating with other organisations and agencies (health visitors, community matrons, district nurses, safeguarding, schools, local authorities etc.) i.e. meetings, standing agendas, communication forums.
5. If you don't know the answer to a question, try and stay away from saying 'I don't know' or 'that's not my role', say you will get a colleague who can help to answer the question with you or access information to help you answer the question.
6. If you don't understand the question ask the CQC inspector to repeat the question or ask them to ask it in a different way.
7. Talk about any training and or resources that you have accessed or used.
8. Mention any legislation, guidance, policies, protocols, NICE and other best practice and other procedures in relation to the question.
9. Discuss audits, learning cycles and significant events and how you learn and improve the service and care you offer.
10. This is an opportunity to talk about how good/outstanding your services are and how your role contributes in providing quality, safe services and where the patient experience and care is maximised.

Appendix C

The types of questions that a CQC Inspector may ask non-clinical staff

1. How long have you been working here?
2. What it is that you do at the practice?
3. Do you have an updated job role responsibility and description, contract and staff handbook?
4. Name one good thing you like about your work?
5. Do you have any concerns?
6. Do you feel supported?
7. How are you treated by the management and Partnership?
8. How did you apply for the job?
9. Did you have an interview when you applied for the job?
10. Were references taken when you were appointed?
11. Did you have a CRB/DBS check for the current position?
12. Have you received training and describe it?
13. Do you have regular meetings as a practice or individual?
14. Are you included in adding to the agenda and receiving meeting minutes?
15. Do you have staff appraisal?
16. Where are the anaphylactic kits and are they checked regularly?
17. Do you know about vulnerable adults and children and who is the lead and what do you do for out of hours or if the lead is not here?
18. Are you aware of a whistle blowing policy and do you feel free to blow the whistle if and when necessary?
19. How do you react when you read NHS choices, if there is a complaint?
20. Do you know about the complaints procedure and can you describe it?
21. What do you do if a patient is sick in the waiting room?
22. How do you operate the appointment system?
23. Was there any significant event that you know about?

CQC FOCUS OF INSPECTIONS - FIVE KEY QUESTIONS

Are services **SAFE? By safe CQC mean people are protected from abuse & avoidable harm.**

Is the practice clean and safe?

Are medicines managed properly?

Are those who need safeguarding supported?

Is there learning from safety incidents?

Are services **EFFECTIVE? By effective CQC 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**

Are patients given the right diagnosis and treatment?

Is the care of patients with long term conditions managed well?

Are patients referred appropriately to specialist services?

Are patients and carers involved in decisions about their care?

Are services **CARING? By caring CQC mean that services treat people with compassion, kindness, dignity and respect**

Are patients treated with compassion, dignity and respect?

Are services **RESPONSIVE? By responsive CQC mean that your services meet people's needs**

Does the practice assess and respond to the needs of the local population, including in relation to access to appointments?

How does the practice respond to patient feedback?

Does the practice have a patient group?

How are medical records stored and shared with the patient and other services?

Are services WELL-LED? By well led CQC mean that the leadership, management and governance of the organisation (s) assures the delivery of high-quality and person-centred care, supports learning & innovation and promotes an open & fair culture

Is training provided?

Does the practice have good quality governance?

Is there a focus on continuous improvement?

How does the practice work with other health and adult social care services?

Practice Presentations

At the beginning of the visit your practice will be given a 30 minute slot to deliver a presentation to the CQC inspection team, including (but not limited to) the demographics of your patient list and what you feel is delivered well / any outstanding achievements or initiatives.

It is important to note examples of outstanding practice from both clinical & non-clinical staff; a practice meeting with ALL STAFF on this to gauge such examples may be useful and an opportunity to celebrate success / improve morale.

The presentation should also give an insight into the practice ethos, values and team structure, describe how you collaborate with other health & social care providers (e.g. the new federation (PCD), OOH, secondary care and social services). It is also important to note areas of difficulty, citing innovative ways of how your practice looks to address these.

Although there is no **clear specification or format** required for this presentation, it is also important to address the 5 key CQC questions discussed throughout this document.

Further BMA guidance on the presentation can be found below.

Designate a presentation lead and start preparing now!

Preparing the 30-Minute Presentation

It is highly recommended that you prepare for the 30 minute presentation. Areas to be covered could include the following:

- Set the scene by highlighting the history and ethos of the practice.
- Highlight how the practice operates to include the partnership, workforce (recruitment and retention), list size, Patient Participation Group (PPG), population groups and demographics, working alongside attached health, social care and voluntary professionals to include out of hours services, working within a GP provider organisation and any specialist interests.
- Talk about the practice's banding on the CQC Intelligent Monitoring and share any relevant information that helps to explain why the practice may show up on particular indicators as an outlier, whether the practice believes that it is a true indicator of risk and what, if anything, the practice has done in relation to that indicator.
- Identify clearly how the practice is well-led for example training (use a staff role training matrix to demonstrate compliance) and supervision, staff meetings, whistleblowing policy, how you improve quality, deliver safe care and services, listening and responding to patients views and complaints, how risks are identified, mitigated and managed and mention any challenges, threats with examples of how these are overcome.
- Outline all the services that are provided to include enhanced services.
- Talk about access to all of the appointments and services to include triage and telephone, urgent, advanced, female and male clinicians (where possible).
- Identify what the practice does well in each of five key questions linked to the six population groups (where possible) - give any examples of outstanding care and practice.
- Talk about care plans and named GPs and how the practice works with other professionals and organisations.
- Identify specific patient cases (current or past) that can be shared anonymously with the CQC Inspector to help the practice demonstrate compliance with consent to care and treatment; safeguarding for example.
- Include a snapshot of a range of people's opinions and evidence (to include from attached staff, nursing homes, staff and patients) of the services and care offered. Use surveys and other examples to demonstrate that the practice listens and responds to patients and evidence where people are treated with dignity and respect. Mention the interpreter service, the hearing loop system and other initiatives to capture a wide range of opinions.
- Describe in detail a key example where the staff/workforce goes that 'extra mile' to help achieve the best possible outcomes for ALL patients.
- Identify what the practice and its workforce is doing to improve those areas that are not so good.
- Identify and discuss significant event analysis, completed clinical and non-clinical audit cycles, learning outcomes and clear areas of change as a result of the analysis and audit.
- Use the presentation to be open about the challenges the practice faces – it is better to highlight these openly.

Key Paperwork to prepare

Below is a list of the documentation that CQC may ask to see on the day; in order to minimise stress on the day it may be a good idea to have a **clearly structured folder**, including all required documents.

This has been divided into the information that the practice manager / management team should prepare, in addition to what CQC may request to see in patient records. The **lead clinician** on the day also needs to be aware of how to evidence various outcomes.

Practice manager (s) / Management Team

General

Statement of Purpose

- Aims and objectives.
- The services you provide.
- The needs your service meets.
- Your contact details.
- Your service's legal entity.
- The places where services are provided.

You must keep your statement of purpose up-to-date and [notify CQC of any changes](#)

<http://www.cqc.org.uk/guidance-providers/registration-notifications/statement-purpose>

?

Employer's indemnity certificate

?

Registration with information commissioner (note GPDR regulations 2018)

?

Business continuity plans

?

- Appointment system details, access, appointment availability (including urgent, routine and pre-bookable appointments) access to male and female GPS, access to nurses**

?

Infection control

- Infection control report**

?

- Legionella testing records**

?

- Clinical Waste Collection Receipts**

Health and safety

- Risk assessments**

?

- Latest health and safety risk assessment - including COSHH risk assessment and disability access assessment and evidence that reasonable action has been taken as a result of the assessments**

?

- Fire risk assessment and fire log evidence**

?

- Accident book**

?

- Record of equipment and PAT testing**

?

Emergency drugs and stock control system (inspectors will ask for defibrillators & oxygen)

?

Drugs in doctors bags

?

Staff/HR

Staff employment contracts, job descriptions, supervision records / DBS Checks / References

?

Absence records

?

Number of staff by role and whole time equivalent

?

Locum Pack: make sure it contains up to date referral information and safeguarding guidance and contact numbers

?

Recruitment and induction processes (evidence of checks on new staff and locums)

?

Evidence that GP and nurse registration is checked annually

?

- Staff training records - training matrix and training certificates** – evidence of protected learning time – External and in house target

?

- Practice leaflet**
- Practice website**
- NHS Choices**
- Patient survey and action plan that addresses the findings**

?

- Friends and Family Test feedback**, plus evidence that you have taken action on any points raised

?

- Private fees and charges**

?

- Minutes of PPG Meetings**

?

Governance

- Appropriately signed PGDs**

?

- Evidence the practice has regular external meetings with health visitors and palliative care and adult safeguarding nurses**

?

- CQC may ask to see minutes of **practice meetings** including **clinical, partner & practice team meetings** – and how information from these is disseminated to individuals

?

- A summary of complaints received in the last twelve months, any action taken and how learning was implemented e.g. minutes of meetings

?

- A summary of significant events received in last twelve months, actions taken, how learning was implemented and minutes.

?

- Safety alerts - evidence of how you disseminate them

?

Lead Clinician

The CQC may want to see evidence of the following:

- Palliative care register

?

- Repeat prescribing system

?

- Evidence to show that the quality of treatment and services has been monitored this includes evidence of two completed audit clinical audit cycles carried out in the last 12 months and evidence of any other audits with evidence of actions or outcomes taken as a result

?

- All clinical staff are given the opportunity to be involved in practice meetings and to receive relevant practice information including clinical updates and contribute to the improvement of patient care

?

- Evidence of working with a multidisciplinary team for the case management of vulnerable patients and good liaison with partner agencies such as social services

?

Practice policies as required by CQC

Although this is by no means an exhaustive list we have listed below **practice policies** that CQC traditionally ask to see; you may wish to use this tool in order to ascertain whether these are currently in place / up to date:-

?

- Clinical Governance policy
- Risk assessment & management policy
- Sharps Handling and Disposal policy
- Health and Safety policy
- Medicines management policy
- Drugs fridge temperature monitoring policy
- Repeat prescribing protocol
- Record keeping and record maintenance policy
- Summarising policy
- Handling test results & hospital correspondence
- Complaints policy
- Significant events policy
- Employment policies
(inc. recruitment, induction, training, appraisal, performance / capability,
disciplinary, bullying & harassment, whistleblowing)

- Patient consent policy (special focus on staff understanding of and training on
DOLS and MCA)
- Patient confidentiality and data protection
- Chaperone policy
- Carers' policy
- Child protection and adult safeguarding policies
- Equality & diversity policy
- Locum Policy and information pack
- GP Registrar Information Pack
- Out of hours information sharing policy

POTENTIAL KEY ACTIONS:-

Align all key documents and ensure practice workforce is organised ahead of CQC inspection.

Create a **shared resource** for all CQC compliance documents, inclusive of policies, procedures, protocols and templates – **ensuring all information is easily accessible on the day** + SAVING TIME!

Contingency plan for the absences of the PM and registered manager.

Display of the **CQC registration** within a public space

Preparation of a **welcome pack** for the CQC inspector, including key practice information, the workforce rota and designated area leads e.g. safeguarding & infection control.

Websites

CQC inspectors may use your practice website as a resource that influences their decision making.

If not in place you may wish to create a new webpage / section about **CQC** including the following:-

- **Registration & inspection**
- **Lead contact and deputy for each outcome**
- **Lead contact and deputy for each of the 5 CQC questions**

Information ‘zoning’ both within the practice and on websites:-

It has been touted as a good idea to collate key pieces of information together in specific **zones** to help demonstrate CQC compliance; this should include:-

- Services offered at the practice
- How informed consent is obtained
- Shared decision making with the patient
- Safeguarding
- Complaints
- Confidentiality
- Listening and responding to patients
- Managing risk
- Improving quality
- Health promotion, self-care and service information
- Consideration of a ‘you said...we did’ type zone

Preparing your premises for the walkthrough

The regulations pertaining to premises stipulate that your premises must be:-

‘clean, secure, suitable for the purpose they are being used, properly used and maintained, and have appropriate standards of hygiene’

It has been suggested that the **registered manager** and **practice manager / senior management** at the practice should take a **walk through** all areas of the practice in order to ensure the premises are fit for inspection.

Key Actions:-

- Organise a **deep clean** at the practice prior to CQC’s visit – key action upon announcement of the inspection; this should include steam cleaning carpets, having any fabric curtains washed and disposable curtains changed as appropriate.
- General de clutter and tidy of all areas in the practice
- Ensure all **cleaning schedules and logs / contracts** are in place allied to a system of monitoring cleaning arrangements – e.g clean & dirty mops colour coded accordingly
- **Equipment** should be clean and decontaminated and there must be a documented system / policy of managing clinical, domestic & hazardous waste. Sharps boxes to be kept off the floor, wall mounted soap dispensers and paper towel dispensers in place, along with alcohol gel.
- **DDA compliance**
- **Patient privacy** – curtains / blinds in all consulting rooms – separate rooms available near reception for confidential discussions.
- Remove all (clinical & non-clinical) out of date stock. Material and medical related resources e.g. BNFs.
- Review of stock control systems
- Ensure medical supplies cupboards are locked
- Check contents of doctors bags, emergency drugs and contents, fridge temperatures and accompanying logs
- Identify where controlled drugs are kept – undertake risk assessment to identify any potential hazards / risks, which may remain in a locked fridge

- All important keys stored in a secure place
- Accident / incident book in place for staff to complete and is kept in a recognised designated area
- All fire equipment is in the right place and IN DATE!
- First aid box in a recognised area – appointed first aider trained lead
- Designated ‘place’ for patients to comment (both positive and negative) and complain.

Please also note how you are displaying complaints informaton for ALL population groups?

- Identifiable isolation room – policies in place
- As above confidential / private area for patient use – includes a breast feeding area
- Information on display re. PPG

KLOE 1 – Are you safe?

S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?

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?

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.

S1.4 How is safety promoted in recruitment practice, arrangements to support staff, disciplinary procedures, and ongoing checks? (For example, Disclosure and Barring Service checks.)

S1.5 Do staff receive effective training in safety systems, processes and practices?

S1.6 Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies?

S1.7 Do staff identify adults and children at risk of, or suffering, significant harm? How do they work in partnership with other agencies to ensure they are helped, supported and protected?

S1.8 How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection?

S1.9 Do the design, maintenance and use of facilities and premises keep people safe?

S1.10 Do the maintenance and use of equipment keep people safe?

S1.11 Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.)

S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours?

S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?

S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times?

S2.5 Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively?

S2.6 How do staff identify and respond appropriately to changing risks to people, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? Are staff able to seek support from senior staff in these situations?

S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?

S3.1 **Are people's individual care records, including clinical data, written and managed in a way that keeps people safe?**

S3.2 Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This may include test and imaging results, care and risk assessments, care plans and case notes.)

S3.3 When people move between teams, services and organisations (which may include at referral, discharge, transfer and transition), is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols?

S3.4 How well do the systems that manage information about people who use services support staff, carers and partner agencies to deliver safe care and treatment? (This includes coordination between different electronic and paper-based systems and appropriate access for staff to records.)

S4.1 **How are medicines and medicines-related stationery managed (that is, ordered, transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.)**

S4.2 Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence?

S4.3 Do people receive specific advice about their medicines in line with current national guidance or evidence?

S4.4 How does the service make sure that people receive their medicines as intended, and is this recorded appropriately?

S4.5 Are people's medicines reconciled in line with current national guidance when transferring between locations or changing levels of care?

S4.6 Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence?

S4.7 Are people's medicines regularly reviewed including the use of 'when required' medicines?

S4.8 How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?

S5.1 What is the safety performance over time?

S5.2 How does safety performance compare with other similar services?

S5.3 How well is safety monitored using information from a range of sources (including performance against safety goals where appropriate)?

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?

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 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? Do staff participate in and learn from reviews and investigations by other services and organisations?

S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?

KLOE 2 - Are you effective?

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?

E1.2 What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions?

E1.3 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people's independence?

E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice?

E1.6 How is a person's pain assessed and managed, particularly for people who have difficulty communicating?

E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates?

E2.1 Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely collected and monitored?

E2.2 Does this information show that the intended outcomes for people are being achieved?

E2.3 How do outcomes for people in this service compare with other similar services and how have they changed over time?

E2.4 Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes?

E3.1 Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge?

E3.2 How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs that covers the scope of their work, and is there protected time for this training?

E3.3 Are staff encouraged and given opportunities to develop?

E3.4 What are the arrangements for supporting and managing staff to deliver effective

care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.)

E3.5 How is poor or variable staff performance identified and managed? How are staff supported to improve?

E3.6 Are volunteers recruited where required, and are they trained and supported for the role they undertake?

E4.1 Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment?

E4.2 How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved?

E4.3 How are people assured that they will receive consistent, coordinated, person-centred care and support when they use, or move between different services?

E5.1 Are people identified who may need extra support? This includes:

- people in the last 12 months of their lives
- people at risk of developing a long-term condition
- carers

E5.2 How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary?

E5.3 Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence?

E5.4 Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people's care or treatment discussed and followed up between staff, people and their carers where necessary?

E5.5 How are national priorities to improve the population's health supported? (For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.)

E6.1 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 standards and guidance?

E6.2 How are people supported to make decisions in line with relevant legislation and guidance?

E6.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded?

E6.4 How is the process for seeking consent monitored and reviewed to ensure it meets

legal requirements and follows relevant national guidance?

E6.5 When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation?

E6.6 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?

E6.7 Do staff recognise when people aged 16 and over and 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?

KLOE3 - Are you caring?

C1.1 Do staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and do they take these into account in the way they deliver services? Is this information recorded and shared with other services or providers?

C1.2 Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate way?

C1.3 Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them?

C1.4 Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes?

C1.5 Do staff understand the impact that a person's care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially?

C1.6 Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services?

C2.1 Do staff communicate with people so that they understand their care, treatment and condition and any advice given?

C2.2 Do staff seek accessible ways to communicate with people – when their protected equality or other characteristics make this necessary?

C2.3 How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these?

C2.4 Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing?

C2.5 Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered?

C2.6 Are people's carers, advocates and representatives, including family members and friends, identified, welcomed, and treated as important partners in the delivery of their care?

C2.7 What emotional support and information is provided to those close to people who

use services, including carers, family and dependants?

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 and examinations?

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 support people to make and review choices about sharing their information?

KLOE 4 - Are you responsive?

R1.1 Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care?

R1.2 Where people's needs and choices are not being met, is this identified and used to inform how services are improved and developed?

R1.3 Are the facilities and premises appropriate for the services that are delivered?

R1.4 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?

R2.1 How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances?

R2.2 How are services delivered and coordinated to be accessible and responsive to people with complex needs?

R2.3 How are people supported during referral, transfer between services and discharge?

R2.4 Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others?

R2.5 Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions?

R2.6 Where the service is responsible, how are people encouraged to develop and maintain relationships with people that matter to them, both within the service and the wider community?

R2.7 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, to have access to education and work opportunities?

R2.8 How are services delivered and coordinated to ensure that people who may be approaching the end of their life are identified, including those with a protected equality characteristic and people whose circumstances may make them vulnerable, and that this information is shared?

R2.9 How are people who may be approaching the end of their life supported to make informed choices about their care? Are people's decisions documented and delivered through a personalised care plan and shared with others who may need to be informed?

R2.10 If any treatment is changed or withdrawn, what are the processes to ensure that this is managed openly and sensitively so that people have a comfortable and dignified death?

R3.1 Do people have timely access to initial assessment, test results, diagnosis or treatment?

R3.2 Can people access care and treatment at a time to suit them?

R3.3 What action is taken to minimise the length of time people have to wait for care, treatment or advice?

R3.4 Do people with the most urgent needs have their care and treatment prioritised?

R3.5 Are appointment systems easy to use and do they support people to access appointments?

R3.6 Are appointments, care and treatment only cancelled or delayed when absolutely necessary? Are delays or cancellations explained to people, and are people supported to access care and treatment again as soon as possible?

R3.7 Do services run on time, and are people kept informed about any disruption?

R3.8 How is technology used to support timely access to care and treatment? Is the technology (including telephone systems and online/digital services) easy to use?

R4.1 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 are people encouraged to make a complaint, and how confident are they to speak up?

R4.2 How easy is it for people to use the complaints process or raise a concern? Are people treated compassionately and given help and support, by using accessible information or protection measures, if they need to make a complaint?

R4.3 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?

R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?

R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive continuous improvement?

KLOE 5 - Are you well-led?

W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis?

W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them?

W1.3 Are leaders visible and approachable?

W1.4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?

W2.1 Is there a clear vision and a set of values, with quality and sustainability as the top priorities?

W2.2 Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care?

W2.3 Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners?

W2.4 Do staff know and understand what the vision, values and strategy are, and their role in achieving them?

W2.5 Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population?

W2.6 Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?

W3.1 Do staff feel supported, respected and valued?

W3.2 Is the culture centred on the needs and experience of people who use services?

W3.3 Do staff feel positive and proud to work in the organisation?

W3.4 Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority?

W3.5 Does the culture encourage openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised?

W3.6 Are there mechanisms for providing all staff at every level with the development

they need, including high-quality appraisal and career development conversations?

W3.7 Is there a strong emphasis on the safety and wellbeing of staff?

W3.8 Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably?

W3.9 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?

W4.1 Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved?

W4.2 Do all levels of governance and management function effectively and interact with each other appropriately?

W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?

W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?

W5.1 Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved?

W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved?

W5.3 Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken?

W5.4 Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'?

W5.5 Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities?

W5.6 When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care?

W6.1 Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance?

W6.2 Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately?

W6.3 Are there clear and robust service performance measures, which are reported and monitored?

W6.4 Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified?

W6.5 Are information technology systems used effectively to monitor and improve the quality of care?

W6.6 Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required?

W6.7 Are there robust arrangements (including appropriate internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?

W7.1 Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?

W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups?

W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected equality characteristic?

W7.4 Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs?

W7.5 Is there transparency and openness with all stakeholders about performance?

W8.1 In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes?

W8.2 Are there standardised improvement tools and methods, and do staff have the skills to use them?

W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements?

W8.4 Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation?

W8.5 Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?