Key lines of enquiry, prompts and ratings characteristics for adult social care services

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Notes on this updated assessment framework

CQC's inspection teams will use this updated framework to assess adult social care services, using the key lines of enquiry (KLOEs) and prompts where they are appropriate. This replaces the previous separate versions for different types of service, published in 2015, which duplicated many of the KLOEs and prompts. We have designed this to simplify the process for organisations that provide more than one type of service.

The changes to KLOEs and prompts are the result of feedback following our Next Phase consultation. We have merged the two previous versions for residential and community care, added new content to strengthen specific areas and reflect current practice, and made some changes to the wording to improve and simplify the language to aid understanding.

We have also aligned, as much as possible, the wording of KLOEs and prompts between the two assessment frameworks for healthcare services and adult social care services.

To help you update your own internal assessment and training materials, we have mapped the changes against the current frameworks and highlight them in a separate document.

Notes:

1. **All key lines of enquiry and prompts are mandatory for both community and residential adult social care services, where relevant.**
2. **Where we refer to 'people', we include adults, young people and children, where applicable.**

Safe

By safe, we mean people are protected from abuse* and avoidable harm.
*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

Code	Key line of enquiry / prompt	Applies to
S1	**How do systems, processes and practices safeguard people from abuse?**	All services
S1.1	How are safeguarding systems, processes and practices developed, implemented and communicated to staff?	All services
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?	All services
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.	All services
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?	All services
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

Code	Key line of enquiry / prompt	Applies to
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?	All services
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?	All services
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?	All services
S2.4	Are formal and informal methods used to share information with appropriate parties on risks to people's care, treatment and support?	All services
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?	All services
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?	*Equipment used:* All services *Premises management:* Care homes *Premises risks*: All services
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?	All services
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

Code	Key line of enquiry / prompt	Applies to
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?	All services
S3.2	How is safety promoted in recruitment practices, arrangements to support staff, training arrangements, disciplinary procedures, and ongoing checks?	All services
S3.3	Do staff receive effective training in safety systems, processes and practices?	All services
S4	**How does the provider ensure the proper and safe use of medicines?**	
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?	Services that administer medicines as part of providing regulated activity
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?	
S4.4	Are there clear procedures for giving medicines covertly, in line with the Mental Capacity Act 2005?	
S4.5	How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?	
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?	

Code	Key line of enquiry / prompt	Applies to
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	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?	All services responsible for premises, hygiene and cleanliness
S5.2	Do staff understand their roles and responsibilities in relation to infection control and hygiene?	All services
S5.3	Are policies and procedures maintained and followed in line with current relevant national guidance?	All services
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?	Services that respond to or manage infections
S5.5	Have all relevant staff completed food hygiene training and are correct procedures in place and followed wherever food is prepared and stored?	Services that provide, prepare or serve food as part of providing regulated activity, or that support people to do so for themselves
S6	**Are lessons learned and improvements made when things go wrong?**	All services

Code	Key line of enquiry / prompt	Applies to
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?	All services
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?	All services
S6.3	How are lessons learned and themes identified, and is action taken as a result of reviews and investigations when things go wrong?	All services
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?	All services
S6.5	How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?	All services

Notes:

1. **All key lines of enquiry and prompts are mandatory for both community and residential adult social care services, where relevant.**
2. **Where we refer to 'people', we include adults, young people and children, where applicable.**

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

Code	Key line of enquiry / prompt	Applies to
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
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?	All services
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?	All services
E1.3	How is technology and equipment used to enhance the delivery of effective care and support, and to promote people's independence?	All services
E2	**How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?**	All services
E2.1	Do people have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience?	All services
E2.2	Are staff supported to keep their professional practice and knowledge updated in line with best practice?	All services

E2.3	Do staff and any volunteers have effective and regular mentorship, support, induction, supervision, appraisal and training?	All services
E3	**How are people supported to eat and drink enough to maintain a balanced diet?**	
E3.1	How are people involved in decisions about what they eat and drink and how are their cultural and religious preferences met?	Services that provide, prepare or serve food as part of providing regulated activity, or that support people to do so for themselves
E3.2	How are people supported to have a balanced diet that promotes healthy eating and the correct nutrition?	
E3.3	Are meals appropriately spaced and flexible to meet people's needs, and do people enjoy mealtimes and not feel rushed?	
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 and treatment?**	All services
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?	All services
E5	**How are people supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support?**	All services
E5.1	How are people's day-to-day health and wellbeing needs met?	All services
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?	All services
E5.3	How are people involved in regularly monitoring their health?	All services
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?	All services

E6	**How are people's individual needs met by the adaptation, design and decoration of premises?**	
E6.1	How are people involved in decisions about the environment?	Providers of the regulated activity 'Accommodation for persons who require nursing or personal care'
E6.2	How do the premises meet people's diverse care, cultural and support needs?	
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?	
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?	
E7	**Is consent to care and treatment always sought in line with legislation and guidance?**	All services
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?	All services
E7.2	How are people supported to make their own decisions in line with relevant legislation and guidance?	All services
E7.3	How and when is possible lack of mental capacity to make a particular decision assessed and recorded?	All services
E7.4	How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance?	All services
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?	All services

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?	All services
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?	All services

Notes:

1. **All key lines of enquiry and prompts are mandatory for both community and residential adult social care services, where relevant.**
2. **Where we refer to 'people', we include adults, young people and children, where applicable.**

Caring

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

Code	Key line of enquiry / prompt	Applies to
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
C1.1	Are people treated with kindness and compassion in their day-to-day care and support?	All services
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?	All services
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?	All services
C1.4	Do staff know and respect the people they are caring for and supporting, including their preferences, personal histories, backgrounds and potential?	All services
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?	All services
C1.6	Do staff understand and promote compassionate, respectful and empathetic behaviour within the staff team?	All services

Code	Key line of enquiry / prompt	Applies to
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
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?	All services
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?	All services
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?	All services
C3	**How are people's privacy, dignity and independence respected and promoted?**	All services
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?	All services
C3.2	Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress?	All services
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?	All services
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?	All services
C3.5	Can people be as independent as they want to be?	All services

Code	Key line of enquiry / prompt	Applies to
C3.6	Are people's relatives and friends made to feel welcome and able to visit without being unnecessarily restricted?	Services where staff control or influence arrangements for visitors
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?	All services

Notes:

1. **All key lines of enquiry and prompts are mandatory for both community and residential adult social care services, where relevant.**
2. **Where we refer to 'people', we include adults, young people and children, where applicable.**

Responsive

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

Code	Key line of enquiry / prompt	Applies to
R1	**How do people receive personalised care that is responsive to their needs?**	All services
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?	All services
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.	All services
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?	Services that provide or support activities, hobbies, community contact, employment and education support as well as personal care.

Code	Key line of enquiry / prompt	Applies to
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?	Services that enable or support contact with families, friends and others in the community as well as personal care.
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?	All services
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?	All services
R2	**How are people's concerns and complaints listened and responded to and used to improve the quality of care?**	All services
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?	All services
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?	All services
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?	All services
R2.4	How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?	All services

Code	Key line of enquiry / prompt	Applies to
R2.5	To what extent are concerns and complaints used as an opportunity to learn and drive continuous improvement?	All services
R3	**How are people supported at the end of their life to have a comfortable, dignified and pain-free death?**	
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?	Services that provide care to people at the end of their lives.
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?	
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?	
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?	
R3.5	How does the service support people's families, other people using the service and staff when someone dies?	
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?	

Notes:

1. **All key lines of enquiry and prompts are mandatory for both community and residential adult social care services, where relevant.**
2. **Where we refer to 'people', we include adults, young people and children, where applicable.**
3. **The new framework for assessing the well-led key question has been developed jointly with NHS Improvement.**

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.

Code	Key line of enquiry/ prompt	Applies to
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
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?	All services
W1.2	How does the service promote and support fairness, transparency and an open culture for staff?	All services
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?	All services
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?	All services

Code	Key line of enquiry/ prompt	Applies to
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?	All services
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?	All services
W1.7	Is the leadership visible and capable at all levels and does it inspire staff to provide a quality service?	All services
W1.8	Do managers and staff have a shared understanding of the key challenges, achievements, concerns and risks?	All services
W1.9	How does the organisation promote equality and inclusion within its workforce?	All services
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?	All services
W2	**Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?**	All services
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?	All services
W2.2	Where required, is there a registered manager in post?	All services
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?	All services

Code	Key line of enquiry/ prompt	Applies to
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?	All services
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?	All services
W2.6	Are there clear and transparent processes for staff to account for their decisions, actions, behaviours and performance?	All services
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?	All services
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?	All services
W3	**How are the people who use the service, the public and staff engaged and involved?**	All services
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?	All services
W3.2	Are there strong links with the local community? How has the service strengthened relationships beyond the key organisations?	All services
W3.3	How are staff supported to question practice and how are people who raise concerns, including whistleblowers, supported and protected?	All services

Code	Key line of enquiry/ prompt	Applies to
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?	All services
W3.5	How are people's views and experiences gathered and acted on to shape and improve the services and culture?	All services
W4	**How does the service continuously learn, improve, innovate and ensure sustainability?**	All services
W4.1	Are resources and support available to develop staff and teams, and drive improvement?	All services
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?	All services
W4.3	How is success and innovation recognised, encouraged and implemented?	All services
W4.4	How is information from incidents, investigations and compliments learned from and used to drive quality?	All services
W4.5	How does the service measure and review the delivery of care, treatment and support against current guidance?	All services
W4.6	Are information technology systems used effectively to monitor and improve the quality of care?	All services
W5	**How does the service work in partnership with other agencies?**	**All services**
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?	All services
W5.2	Does the service share appropriate information and assessments with other relevant agencies for the benefit of people who use the service?	All services

Ratings characteristics for adult social care services

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.

Outstanding	Good	Requires improvement	Inadequate
People are protected by a strong, empowering and distinctive approach to safety and a focus on openness, transparency and learning when things go wrong.	**People are protected from avoidable harm and abuse. Legal requirements are met.** **The service will always support people to keep themselves and their belongings safe and secure.**	**The service has an inconsistent approach that sometimes puts people's safety, health or wellbeing at risk. There is an increased risk that people are harmed or there is limited assurance about safety. Regulations may or may not be met.**	**A service may have some areas of safe practice, but in general people are not safe. Normally some regulations are not met.**

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

Outstanding	Good	Requires improvement	Inadequate
People are involved in developing a comprehensive and innovative approach to safeguarding, which enables positive risk-taking to maximise their control over their lives.	People are consistently safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. The service has effective safeguarding systems, policies and procedures and manages safeguarding concerns promptly, using local safeguarding procedures	Safeguarding is not always given sufficient priority and people are not always safe and protected from bullying, harassment, avoidable harm, abuse, neglect and discrimination.	People have experienced, or are at significant or immediate risk of, bullying, harassment, avoidable harm, neglect, abuse and discrimination. People do not have their

People are involved in decisions about their safety to the maximum possible extent and their wishes are respected. The service does so creatively and works with people and their supporters using imaginative and innovative ways to understand their wishes. Where children use the service, flexible new approaches to practice are developed with them and their families, which prevent abuse and enable possible problems to be detected early, taking particular account of groups who lack voice. Children, external agencies and families participate in innovative ways of safeguarding. The service looks for and uses new and existing good practice and research findings in child-centred practice to deliver person-centred safe care and support. The service is particularly creative in the way it involves and works with people to understand their diverse circumstances and individual	whenever necessary. Where required, investigations are thorough. There is a consistent approach to safeguarding and matters are always dealt with in an open, transparent and objective way. Where the service is used by children, staff take a preventative approach to safeguarding and are aware of relevant risk factors and triggers. They discuss any concerns with managers and colleagues, and the service works with people, their families and external agencies to promote children's safety and prevent abuse. Child protection practice and arrangements are aligned with local safeguarding arrangements. The service's culture, staff induction, training and supervision arrangements successfully promote a child-centred approach to safeguarding. The service's proactive approach ensures that human rights are not breached or violated. Where there needs to be a decision to balance rights, for example a person's right to freedom and the rights of that person or others to be free from harm, decisions are taken in people's best interests. All staff have a comprehensive awareness and understanding of abuse and know what to do to make sure that people who lack voice are protected, including when experiencing harassment or abuse in the	Safeguarding policies and procedures are not fully embedded and staff do not always respond quickly enough to concerns. The service is not always fully engaged with local safeguarding systems. Staff do not always involve or listen to people or act on their concerns about safety. The service may have policies and procedures about upholding people's rights and making sure diverse needs are respected and met, but these may not be fully understood or consistently followed. People's preferences in relation to equality and diversity may not always be treated with respect. Staff may not always be up to date in safeguarding training and practice. Staff do not always recognise when abuse or neglect may be occurring, and do not always follow required procedures if they do.	human rights upheld, protected equality characteristics are not recognised or respected, and equality is not promoted. Staff are not up to date with safeguarding training, do not follow service or local procedures when required, or are not familiar with them or with good safeguarding practice guidance. Staff do not recognise or respond appropriately to abuse. People are not supported to raise safeguarding concerns and they can feel actively discouraged or even fearful about doing so.

needs. It challenges discrimination and encourages staff, people who use the service and others to do the same. It seeks ways to continually improve, puts changes into practice and sustains them. Staff are exceptionally well-trained in safeguarding people. They are highly skilled at recognising when people are at risk of abuse or feel unsafe, and they are comfortable and proactive when challenging and reporting unsafe practice. Staff develop positive and trusting relationships with people that help to keep them safe; staff have the time they need to do so, or make the time. People who use the service and staff are actively encouraged and empowered to raise their concerns and to challenge risks to people's safety. There are no recriminations when they do so; it is seen as a normal and desirable part of day-to-day	community. People know about the service's safeguarding policy. They know what to do and feel comfortable raising concerns about their own or other people's safety. People who raise concerns receive sympathetic support and appropriate information. There are no recriminations; it is seen as a normal and desirable part of day-to-day practice.	Some staff are not clear how to raise concerns or are wary of doing so. Where the service is used by children, it is not always child-centred in its approach. It may not have up-to-date safeguarding procedures aligned with local arrangements. Even where it does, staff do not always follow them or have not always been trained in child protection. The service has limited engagement with local child protection systems. People may not know about the service's safeguarding policy and are not always told how to raise concerns. If they do, they do not always get the information and support they need.	

practice.			
S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
There is a transparent and open culture that encourages creative thinking in relation to people's safety. The service seeks out current best practice and uses learning from this to drive improvement for all people, including those with particular protected equality characteristics. People are enabled to take positive risks to maximise their control over their care and support. They are also actively involved in managing their own risks along with their relatives, friends and other carers. There is a comprehensive 'safety management system', which takes account of current best practice models. This helps the service to sustain outstanding practice and improvements over time. Staff, people and their relatives, friends and other	The service embeds a proactive approach to anticipating and managing risks to people who use services, which is recognised as being the responsibility of all staff. Staff understand the systems and strategies and use them consistently. Staff give people information about risks to their safety. They actively support people when making choices so they have as much control and independence as possible. The least restrictive option is always considered. People are involved in managing risks and risk assessments are person-centred, proportionate and reviewed regularly, and take equality and human rights legislation into account. Restrictions are minimised so that people feel safe but also have the most freedom possible – regardless of disability or other needs. When people behave in a way that may challenge others, staff manage the situation in a positive way and protect people's dignity and rights. They regularly review how they do this and work with people, supporting them to manage their behaviour.	The service does not always involve or listen to people, or act on their concerns about safety. Information about risks and safety is not always comprehensive or up to date. Safety concerns are not consistently identified or addressed quickly enough. There is limited use of systems to record, manage and report concerns about risks, safety and incidents. The systems may be hard to use or unreliable. Risk management does not always consider the least restrictive option, and sometimes this limits people's control over their lives and their independence. Risk management systems or practices do not always take a holistic view of	There is limited or no action to assess, monitor or improve the safety of the service. There is wilful or routine disregard of standard operating or safety procedures. Where action is taken to address risks, plans are not clear or coordinated. People are not assured that they will be safe and sometimes do not feel safe. People are not involved in managing risks that may affect their safety. Practice at the service places people at risk of harm or does not protect them from actual harm. Risk management includes unjustifiable restrictions on people, which significantly limits their control over their lives and their

carers are engaged in reviewing and improving systems. Innovation is encouraged to achieve sustained improvements in safety and continual reductions in harm. Staff show empathy and have an enabling attitude that encourages people to challenge themselves, while recognising and respecting their lifestyle choices. The service helps people to have a full and meaningful life by using imaginative or innovative ways to manage risk, while supporting people to stay safe. It helps people to make decisions that may have elements of risk, by sharing information about risk in imaginative or innovative ways to help inform choice and control. The service actively seeks out new technology and other solutions to make sure that people live with as few restrictions as possible. Learning is based on a thorough analysis and investigation of things that go	They seek to understand and reduce the causes of behaviour that distresses people or puts them at risk of harm. They make sure that people are referred for professional assessment at the earliest opportunity. Staff use restraint if they have been trained, but only when it is safe and necessary to do so. The service shares information about risks consistently and reliably, including in handover and other meetings, one-to-one supervision and other formal and informal ways. Staff are aware of risks to people's wellbeing and how to manage them. People like the way that information is shared with them and feel that it reflects their preferences. The service consistently focuses on how it can improve its safety record. There are clear processes in place that were developed with staff. Monitoring and reviewing activity enables staff to understand risks and gives a clear, accurate and current picture of safety. Staff understand how to minimise risks and there is a good track record on safety and risk management. There is an open culture of learning from mistakes, concerns, incidents, accidents and other relevant events. If people using the service are affected by a safety incident, they are asked for their views, or the service tries to understand their experience if this is	people's needs. The culture of the service may be risk averse and focused on clinical or physical risks. The service may place unnecessary restrictions on people, which limits their lifestyles and independence, even where people agree to this. Full information about risks to people's safety is not always passed on to staff who need it; arrangements designed to do so are not robust. When things go wrong, reviews and investigations are not always sufficiently thorough or do not include all relevant people. Necessary improvements are not always made. Staff may not always be aware of whistleblowing policies and how to report concerns, and if they do they may not always follow them. Staff do not feel listened to, or receive updates on action taken.	independence. There are disproportionate restrictions on people's liberty. People are not properly involved in decisions that lead to restrictions on liberty, and staff do not meet legal requirements about making decisions when people do not, or may not, have the mental capacity to do so for themselves. The service may deprive some people of their liberty without legal authority to do so. There may be limitations or 'blanket rules' that inappropriately restrict people's choice and control, whether or not they have mental capacity. Information about risks to people is not passed on to the staff and others who need it. People are likely to or may have been harmed as a result. Staff are afraid of, or discouraged from, raising concerns and there is a

wrong. All staff are encouraged to participate and apply learning to improve safety as much as possible to reduce risks of harm to people using the service. This includes participating in any relevant local and national safety programmes. The service proactively engages with people and other organisations to assess and minimise risks to the environment, premises and equipment and it anticipates issues. It does so innovatively and mitigates risk creatively to maximise people's autonomy and independence. People are provided with a range of accessible information about how to keep themselves safe and how to report any issues of concern. This information is on prominent display and is easily accessible.	possible, and these are used in reviews. Staff understand how to raise concerns and are comfortable doing so. Where required, investigations are thorough. If action plans are required, they are monitored to make sure they are delivered. Service records and other relevant sources are regularly and systematically reviewed to check for safety-related themes and trends. These are consistently recorded, discussed with staff and others and action is planned and taken to reduce related risks. The service receives, reviews and acts on patient safety alerts. Equipment is regularly serviced and well maintained. The service takes all possible action to assess and reduce the risk of injury caused by people's living environment. It works with other organisations to do so whenever needed. Staff are clear about their responsibilities regarding premises and equipment. They use equipment correctly to meet statutory requirements and support people to stay safe. Staff share information about environmental and equipment-related risks with relevant external professionals and other services involved in people's lives. The service and staff are clear about their	The service does not always look for safety-related themes and trends or does not do so reliably and robustly. Lessons are not always learned or shared with staff. Good safety practice is not always sustained. The service receives patient safety alerts but does not always review and act on them. Where the service is responsible, people are at risk of harm because equipment is not maintained and serviced as needed. Safety certification may be out of date. The service's approach to assessing and managing environmental and equipment-related risks is partial or inconsistent. Not all staff know how and when to share information with external organisations, and referrals are not always made when they should be. People may be at risk of	culture of blame. When concerns are raised or things go wrong, the approach to reviewing and investigating the causes is insufficient or too slow. There is little evidence of learning from events or action taken to improve safety. Where action is taken to address risks, plans are unclear or uncoordinated. The service does not gather or monitor safety-related information to look for themes and trends. The service does not learn from concerns, accidents, incidents and adverse events. The service has a track record of failing to provide good standards of safety. Where the service is responsible, people have been or probably will be harmed because equipment is avoidably unsafe. The service does not assess or properly manage environmental and

	responsibilities when incidents occur. People are provided with a range of accessible information about how to keep themselves safe and how to report any issues of concern.	harm as a result. People are not always provided with information about how to keep themselves safe or to raise any concerns.	equipment-related risks. External referrals and engagement are not made when they should be. Staff do not know how and when they should refer concerns. People are or may be harmed as a result.
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?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
Whenever possible, people are actively involved in decisions about the staff who will provide their care and support, for example in relation to recruiting or choosing the staff who will work with them. Staff proactively anticipate and mitigate risks to people's safety and feel their skills are being used effectively. The service is recognised as having an exceptional and inclusive approach to promoting the safety of its staff, and is seen as a good place to work by staff and external organisations.	There are always enough competent staff on duty. Staff have the right mix of skills to make sure that practice is safe and they can respond to unforeseen events. The service regularly reviews staffing levels and adapts them to people's changing needs. Services providing care and support to people in their own homes make sure there is enough staff cover across the geographical area so people receive a consistent and reliable service. The service considers travelling time to make sure people receive the amount of care that has been agreed in their care plan. Short calls are avoided, unless the assessed care can be delivered safely in the time slot without being rushed. There are arrangements to deal with situations when care staff are not able to	The service may not always provide enough staff that have the right mix of skills, competence or experience to support people to stay safe. Staff absence may not be covered with appropriately skilled staff to meet people's needs. People are often not informed about staff changes and who may be visiting or caring for them. The service may sometimes expect staff to give care and support in a timescale that makes people feel rushed or unsafe.	The service does not ensure that staff have time to give people the care and support they need or to respond to emergencies or incidents. The service does not regularly review its staffing levels and mix of skills to make sure that it is able to respond to people's changing needs. Staff absences are not covered, or changes are often made at short notice or without notice, and people are unable to check if the member of staff visiting them is genuine. Required recruitment

Staff and people help to develop innovative safety training that is inclusive and comprehensive. The impact of this is evaluated and feeds into continuous improvement. Staff report that they have been provided with excellent training and ongoing support to support people to stay safe and empower them to take appropriate risks. The service deals with issues of poor performance immediately and ensures staff are supported to improve.	work or cannot make visits because of urgent unexpected demand. People are informed when staff need to be changed at short notice so they know who will provide their care and support, and their personal security is protected. Recruitment systems are robust and make sure that the right staff are recruited to support people to stay safe. Staff have the support and back-up to protect people and themselves from harm. The service makes sure that staff are able to contact them and their colleagues and have access to personal protective equipment. Staff performance relating to unsafe care is recognised and responded to appropriately and quickly. Lessons learned are shared and applied. Appropriate DBS checks and other recruitment checks are carried out as standard practice. Staff have received up-to-date training in all safety systems.	People may receive the care and support they need to be safe, but staff may not always have the time to be flexible or respond to changing needs. Staff regularly feel stretched, and focus on completing tasks rather than on person-centred care and support. Staff recruitment is based on filling vacancies rather than on the skills and values of applicants. Checks are minimal, and signs of unsuitability may not always be given due attention. DBS, fit and proper person requirements and other recruitment checks may not be routinely carried out. Turnover of staff may be high and people's care and support may be inconsistent and not always safe. Access to support and personal protective equipment for staff is unreliable. Poor staff performance is	checks on staff are not always made. Unsuitable people may be recruited as a result. Staff do not have access to support and personal protective equipment at all times. Staff performance is not monitored adequately, poor performance or evidence of unsuitability may not be recognised or responded to, and people are likely to be harmed as a result. Staff are not up to date in safety-related training.

		not always recognised or properly responded to, and people are at risk of harm as a result. Not all staff are up to date in safety-related training.	

S4: How does the provider ensure the proper and safe use of medicines?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
Where the service is responsible for medicines, staff work creatively with people to closely involve them in the management and administration of their medicines, including medicines that are not prescribed. They look for new ways to promote independence, and work closely with other agencies and advocates in doing so. The service is particularly creative at supporting people to manage their own prescribed or over-the-counter medicines, or supporting them to take responsibility for some of this. The provider continually assesses this in partnership with the person.	Where the service is responsible for medicines, staff meet good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. The service is clear about its responsibilities and role in relation to medicines. People receive their medicines as prescribed. The service involves them in regular medicines reviews and risk assessments, and supports them to be as independent as possible. Cultural and dietary considerations about medicines are recorded and acted on. Staff manage medicines consistently and safely. Medicines are stored correctly, and disposed of safely. Staff keep accurate medicines records. Staff work effectively with each other, their managers, other agencies and carers to share the responsibility for giving	Where the service is responsible for medicines, people do not always receive their medicines as prescribed. The service is not always clear about its responsibilities and role in relation to medicines. The service does not always follow relevant national guidelines around storing medicines, giving them to people, and disposing of them. This also applies to non-prescribed medicines. Staff do not always liaise reliably with other services involved in administering people's medicines.	Where the service is responsible for medicines, people are at risk because staff do not administer medicines safely or people do not receive them as prescribed. The service is not clear about its responsibilities and role in relation to medicines. The service does not follow relevant national guidelines in relation to non-prescribed medicines that it manages for people. The service does not look for opportunities to promote people's independence in managing medicines. Staff may actively or passively discourage people from

The service is also creative and innovative when administering medicines to people who may lack mental capacity to make decisions about medicines.	medicines to people. The service follows correct procedures to protect people with limited capacity to make decisions about their own care, treatment and support, when medicines need to be given without their knowledge or consent, or when people require specialist medication. The service recognises when people are or may be able to manage their own prescribed or over-the-counter medicines. It creates safe, monitored ways for them to do so, working with others when necessary and appropriate.	The service does not always follow correct procedures when people lack capacity to make decisions about taking medicines and when they may need to be administered without their knowledge or consent.	looking after their own medicines, when they are capable of doing so. The service does not follow correct procedures when people lack capacity to make decisions about taking medicines and when they may need to be administered without their knowledge or consent.
S5: How well are people protected by the prevention and control of infection?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
The service involves people in identifying and managing risks relating to infection and hygiene, and promotes awareness and independence in doing so. Where food preparation is part of the service, staff promote people's independence and autonomy by involving them in understanding and following good food hygiene practice, or use other creative and proportionate means to do so.	The service manages the control and prevention of infection well. Where the service is responsible, staff are trained and understand their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises. Staff have access to, and follow, clear policies and procedures on infection control that meet current and relevant national guidance, and are kept up to date. Concerns about wellbeing and risks related to hygiene and infection are promptly shared with the appropriate agencies and managed appropriately and consistently.	The service does not always meet current national guidance and standards in relation to infection control. Not all staff have received appropriate training and may not fully understand their responsibilities in relation to hygiene. Staff do not consistently apply good infection control practices.	The service does not follow or meet national guidance in relation to infection control. Staff have not been trained in, or do not understand related responsibilities. Premises that the service is responsible for are not clean and hygienic. People are at risk because there is poor prevention and control of infection. Policies and procedures on

	Where the service has relevant responsibilities, food hygiene training and qualifications requirements for staff are all met or in the process of being met. Staff understand the importance of food safety, including hygiene, when preparing or handling food. They follow required standards and practice.	Policies and procedures on infection control may not be up to date or not all staff may know about them. External agencies are not always told about concerns for people's wellbeing, or about relevant infection or hygiene risks. Where the service has relevant responsibilities, not all staff have undertaken food hygiene training and there are no firm plans to provide this. There may be lapses in good food hygiene practice.	infection control are absent, out of date, or inaccessible or unknown to staff. Concerns for people's wellbeing and risks relating to infection or hygiene are not referred to appropriate agencies. Where the service has relevant responsibilities, not all staff have undertaken food hygiene training and there are no firm plans to provide this. Good food hygiene practice is often not followed and people's health is at risk as a result.
S6: Are lessons learned and improvements made when things go wrong?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
There is a genuinely open culture in which all safety concerns raised are highly valued as integral to learning and improvement. All staff are open and transparent, and fully committed to reporting incidents and near misses. The level and quality of	Openness and transparency about safety is encouraged. Staff understand and fulfil their responsibilities to raise concerns and report incidents and near misses; they are fully supported when they do so. When something goes wrong, there is an appropriate thorough review or investigation that involves all relevant staff, partner organisations and people who use the service. The service participates in	Safety concerns are not consistently identified or addressed quickly enough. There is limited use of systems to record and report safety concerns, incidents and near misses. Some staff are not clear how to do this or are wary	Staff do not recognise concerns, incidents or near misses. Staff are afraid of, or discouraged from, raising concerns and there is a culture of blame. When concerns are raised or things go wrong, the approach to reviewing and investigating causes is

incident reporting shows the levels of harm and near misses, which ensures a robust picture of quality. Learning is based on a thorough analysis and investigation of things that go wrong. All staff are encouraged to participate in learning to improve safety as much as possible, including working with others in the system, and, where relevant, participating in local, national, and international safety programmes. Opportunities to learn from external safety events are identified.	learning with other providers within the system. Lessons are learned and communicated widely to support improvement in other areas where relevant, as well as services that are directly affected. Opportunities to learn from external safety events and patient safety alerts are also identified. Improvements to safety are made and the resulting changes are monitored.	about raising concerns. When things go wrong, reviews and investigations are not always sufficiently thorough or do not include all relevant people. Necessary improvements are not always made when things go wrong. The service does not always review or act on patient safety alerts or learn from external safety events.	insufficient or too slow. There is little evidence of learning from events or action taken to improve safety. The service does not receive or comply with patient safety alerts.

Effective

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Outstanding	Good	Requires improvement	Inadequate
Outcomes for people who use services are consistently better than expected when compared with other similar services. People's feedback about the effectiveness of the service describes it as exceptional and distinctive.	**People's outcomes and feedback about the effectiveness of the service describes it as consistently good.**	**There is a lack of consistency in the effectiveness of the care and support that people receive. Regulations may or may not be met.**	**There are widespread and significant shortfalls in the care, support and outcomes that people experience. Normally some regulations are not met.**
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?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
The service works in partnership with other organisations and keeps up to date with new research and development to make sure staff are trained to follow best practice. Where possible, the service also contributes to the development of best practice and good leadership with	Care and support is planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and best use of technology. This is monitored to ensure consistency of practice. Assessments of needs are comprehensive. Expected outcomes are identified and care and support is regularly reviewed and updated. Appropriate referrals to external	Care and support does not always reflect current evidence-based guidance, standards and best practice. The use of technology is focused on benefiting the service and can have a negative effect on people using the service. Implementation of	Care and support does not reflect current evidence-based guidance, standards and practice. The use of technology has a negative impact on people using the service. Care and support is based on ill-informed, uninformed or discriminatory decisions

other agencies. There is a truly holistic approach to assessing, planning and delivering care and support. The service looks for and encourages the safe use of innovative and pioneering approaches to care and support, and how it is delivered. New evidence-based techniques and technologies are used to support the delivery of high-quality care and support.	services are made to make sure that needs are met. Staff apply their learning effectively and in line with best practice, and this leads to good outcomes for people's care and support and promotes a good quality of life.	evidence-based guidance is variable. Care assessments do not consider the full range of people's diverse needs.	rather than full assessments of people's needs.
E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
People using the service, their families and other carers are supported to take part in the recruitment of staff and volunteers and have an influence on the outcome. Staff training is developed and delivered around individual needs. People, their families and other carers are involved in planning and delivering this training. Training is tailored to the individual needs and learning	Staff and volunteers have the right competence, knowledge, qualifications, skills and experience to carry out their roles. All staff complete a comprehensive induction, and do not work unsupervised until they and their manager are confident they can do so. Supervision and appraisal are used to develop and motivate staff, review their practice or behaviours, and focus on professional development. Staff have the time and resources to	The service understands that staff and volunteers need training and development, but this is not always up to date or in line with best practice. Training and development plans are not designed around learning needs and the care and support needs of people who use the service. Staff supervision and support is not consistent and does not meet their	Staff are not adequately trained and many do not have the skills, knowledge and competence that is required. Staff do not recognise poor practice. Staff and volunteers are not supported or clear about their role. Staff are not supported to maintain their professional skills or encouraged to keep up to date with best

styles of staff. There is a proactive support and appraisal system for staff, which recognises that continuing development of skills, competence and knowledge is integral to ensuring high-quality care and support.	maintain professional registration.	needs. The service does not have a consistent approach to supporting staff to maintain their professional skills or knowledge of best practice.	practice.
E3: How are people supported to eat and drink enough to maintain a balanced diet?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
There is a strong emphasis on the importance of eating and drinking well. The service provides good quality food with a variety of different options to choose from each day. People are fully involved and help to plan their meals with staff, taking nutritional advice into account. Staff are aware of people's individual preferences and patterns of eating and drinking and there is flexibility when needed or requested. Creative ways have been introduced to encourage food to be as attractive as possible when people are on specific	People can exercise genuine choice and have access to sufficient food and drink throughout the day. Meal times are set to suit people's individual needs, are not rushed and are supported by enough members of staff to provide personal support. The dining environment is pleasant and food is well-presented. Staff are aware of safe temperatures for food to be served. The service takes cultural, ethical and religious needs into account when planning meals and drinks, and encourages people to make healthy food choices with a range of health options available. People feel actively involved in this aspect of the service and are enabled to give regular feedback.	Some people may not always get enough to eat or drink. They are not always encouraged to eat a healthy balanced diet because options are limited, and not all of the food provided is appropriate to meet people's nutritional needs. The service does not always involve people in planning their meals, nor does it act on feedback received from people who use the service. The service does not always understand people's cultural, ethical and religious needs.	The service does not ensure that people have enough to eat and drink throughout the day. Drinks and snacks are restricted. Mealtimes are often rushed, with insufficient staff with the right skills to support people appropriately. Meals are often served too hot or cold for people to eat and enjoy. There is little attention to the dining environment. The service does not involve people in decisions about what they eat and drink. Specialist dietary needs and those relating to

diets, for example soft diets. Innovative methods and positive staff relationships are used to encourage those who are reluctant or have difficulty in eating and drinking. The service embraces different cultural, religious and ethical issues around people's choice of food to make sure their wishes are respected. There is a creative approach to food from different cultures, for example making it available on particular days for festive celebrations. There is positive feedback from dietetic professionals that the service asks for their advice and applies it properly.	The service protects people, especially those with complex needs, from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affect their health. Regular monitoring and review is carried out with people using the service and relevant professionals to ensure people's needs continue to be met.	The dining environment is not always pleasant or food is not always well presented. The service does not sufficiently monitor or manage the risks associated with poor hydration and nutrition, or ensure access to dietary and nutritional specialists when needed.	culture, ethics and religion are not catered for. There is no support available for people from dietary and nutritional specialists. Consequently, the service puts people at risk because of poor monitoring and management of food and fluid intake.
E4: How well do staff, teams and services within and across organisations work together to deliver effective care, support and treatment?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
There is a thorough approach to planning and coordinating people's move to other services, which is done at the earliest possible stage. Arrangements fully reflect individual circumstances and	The service has clear systems and processes for referring people to external services, which are applied consistently, and have a clear strategy to maintain continuity of care and support. The service involves people in planning	The service is inconsistent in its approach when people move between services or use more than one service. Care and support is not always properly planned and coordinated when	Information sharing and communication with other services is consistently poor. Information is not always shared with other services, or is inadequate when it is shared.

preferences. Staff, teams and services are committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care and support to people.	their move between services. Staff work collaboratively across services to understand and meet people's needs.	people move between different services. Systems and processes may be inconsistent, such as how records and information should be shared, or the staff lack skills or training to coordinate care and support. Some people do not know which service to contact about their care and support.	The service does not take responsibility for ensuring that care and support is coordinated, leaving it to other agencies to manage. People do not know which service is responsible for their care and support, or who to contact.
E5: How are people supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
There are champions within the service who actively support staff to make sure people experience good healthcare outcomes leading to an outstanding quality of life. The service sustains outstanding practice and improvements over time and works towards, and achieves, recognised accreditation schemes. The service empowers people	People experience positive outcomes regarding their health and wellbeing. Anything that could affect health and wellbeing is identified and action is taken to address this. The service ensures that people receive information about their care and support options, including information about their likely outcomes. Staff are given time to explain information to people who cannot read or understand, and to provide alternative ways to communicate where needed. The service involves people in decisions	The service monitors people's health, care and support needs, but does not consistently act on issues identified. People may not have the best possible health outcomes and there is a risk that their health could deteriorate. The service gives some people information about their care and support options, but it is not always provided in a consistent or	The service does not meet people's day-to-day needs and people do not experience positive outcomes regarding their health. The service does not give people information about their health and treatment options. The service does not involve people in decisions about their own health care. The service does not make

to make choices about their health and how it should be monitored and managed. Where people have complex or continued health needs, staff always seek to improve their care, treatment and support by identifying and implementing best practice. Links with health and social care services are excellent.	about their health and encourages people to make choices, in line with best interest decision-making. The service makes appropriate and timely referrals to other relevant professionals and services, and acts swiftly on their recommendations. Health passports and transition plans are developed, maintained and used consistently. Where appropriate, staff act as advocates for people in their relationships with other services, when this is required.	accessible way. Staff may not have enough time to help people to understand their health and treatment options. The service does not always ensure that people have choice and control over their health needs, where this is possible. The service does not always make referrals at the right time to make sure that people's health and wellbeing is maintained or improved. It does not effectively carry out the care and/or treatment as directed by healthcare professionals.	referrals for appropriate care and treatment at the right time, and recommendations for care and treatment by other professionals are not always carried out as directed.
E6: How are people's individual needs met by the adaptation, design and decoration of premises?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
The service uses innovative methods to engage people in discussions and decisions about the environment they live in or use. This means people's environment reflects their individual preferences and culture, and supports their needs in the way they choose.	People are involved in decisions about the premises and environment, regardless of their ability to communicate. Individual preferences, and cultural and support needs are reflected in how premises are adapted or decorated. People have access to outside space that has been assessed for risks, a quiet area to see their visitors, an area suitable for	The service involves those people who can easily communicate their wishes in decisions about the environment, but people who cannot communicate easily are not involved and they are not asked for their views. When changes are	The service makes decisions about changing or altering the environment without involving the people who use the service, or considering their cultural or support needs. The facilities and premises do not meet people's needs

The service is designed around people's needs and wishes and uses innovative ways to help people to be as independent as possible. Where possible or appropriate, people are encouraged to help with decorating or furnishing the premises. There are different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone. All areas are maintained and decorated to a high standard, in a way that people have asked for, and take into account people's cultural needs for how the space is used. Space is maximised and used creatively to promote independence. New equipment and technologies are used to support the delivery of high-quality care and independence. This is personalised so the equipment used is the most suitable for individuals. People are able to	activities and private areas when people wish to be alone. Decorations and adaptations to the premises are laid out in a way that is accessible and helps to promote independence. Specialist or adaptive equipment is made available as and when needed to deliver better care and support. People are helped to make choices about adaptive equipment. The service uses technology and equipment to meet people's care and support needs and to support their independence, in line with their best interests.	made to the environment, these are often made without consultation. People's cultural and support needs are not always taken into account when the premises are adapted or decorated. The physical environment is not decorated or adapted to a consistent standard to meet people's needs, or can feel impersonal. Facilities and premises are not designed in an accessible way. Private space is not always available for people to spend time with visitors or spend time alone. Gardens and other outdoor spaces may be inaccessible, and risk assessments have not been carried out or are out of date. Some specialist and adaptive equipment is provided, but this is not always available. The service is not aware of innovations in new technology and equipment in care and support and of	or help maintain their independence. There is limited accessible space for people to use, and the service does not carry out risk assessments where the environment may have an impact on people using the service. The service has not adapted the premises to improve people's quality of life and promote their wellbeing. There is no specialist or adaptive equipment available and this compromises people's safety, dignity and treatment. The service does not see the benefits of technology for improving the outcomes for people who use the service.

do more things independently, or carry out existing tasks more comfortably, easily or quickly.		the positive impact this can have on outcomes for people who use the service.	

E7: Is consent to care and treatment always sought in line with legislation and guidance?

Outstanding	Good	Requires improvement	Inadequate
The service is skilled in how it obtains people's consent for care and treatment, involving them in related decisions and assessing capacity when needed, even where disability or other impairments make this very difficult. The service has a very flexible approach to any restrictions it imposes on people; keeping them under constant review, making them in a time-limited way, and only when absolutely necessary. Practices regarding consent and records are actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment. Engagement with stakeholders, including people who use services and their	Staff make sure that people are involved in decisions about their care so that their human and legal rights are upheld. Staff judge whether people have capacity to make particular decisions whenever this is necessary. They involve relevant people and professionals when needed, and record their actions and assessments whenever this is proportionate and appropriate. Managers gather information about consent-related activity in the service and use it to audit and improve how services are delivered, and to monitor appropriate use in line with national guidance. Staff know what they need to do to make sure decisions are taken in people's best interests and involve the right professionals. Where people do not have the capacity to make decisions they are given the information they need in an accessible format of their choice, and where appropriate, their family, friends and other	The service does not make sure that staff fully understand the requirements about consent and they do not always seek people's consent to care and treatment. The service does not always assess people's mental capacity to make particular decisions, or it may do so in a way that does not meet legal requirements. Managers may gather information about consent and there may be related audit activity, but the information is not used to improve the service, or not used as effectively as it could be. People's family and friends are not always included or	The service does not ensure that it obtains people's consent to care and treatment, and staff are unclear about the requirements relating to consent. Managers do not check or audit consent activity. The service does not ensure that people's capacity to make decisions is assessed when needed. Consent to care and treatment and best interests decisions have not been obtained in line with legislation and guidance, including the Mental Capacity Act 2005, the Children's Acts 1989 and 2004 or Deprivation of Liberty safeguards. Staff do not understand these

family, friends and other carers, informs the development of tools and support to aid informed consent. The service has nominated champions for mental capacity, restraint and consent. They make sure that staff are fully educated and trained and have a comprehensive understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff are confident about using the Mental Capacity Act 2005, and use innovative ways to make sure that people are involved in decisions about their care so that their human and legal rights are respected. Best interest decisions are always made in accordance with legislation and people's wishes.	carers, advocates are involved. Staff make sure people are referred for professional assessment at the earliest opportunity. Staff uphold people's rights to make sure they have maximum choice and control over their lives, and support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff understand and demonstrate a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. They can demonstrate how they put these into practice effectively, and ensure that people's human and legal rights are respected.	involved in such decisions. Where restraint is used it is not always recognised, or less restrictive options are not always used where possible. Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 may not be fully understood. People's human and legal rights are not always understood and respected. Some staff are unsure about what they should do to make sure that any decisions are made in people's best interests. People do not always receive information in a format they understand.	requirements. Where restraint is used, it is not recognised, and no attempts are made to find less restrictive options to provide necessary care and treatment.

Caring

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

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

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

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

care for. The service ensures that staff focus on building and maintaining open and honest relationships with people and their families, friends and other carers. There are creative ways of reflecting people's personal histories and cultural backgrounds and the staff are matched with people's interests and personalities. All staff are particularly sensitive to times when people need caring and compassionate support. They discuss this with them and help people explore their needs and preferences in relation to personal and family support.	People feel supported and say that staff really care about them. Staff have the right skills to make sure that people receive compassionate support and have enough time to get to know them, including having enough time to enable them to understand people's care and support needs, wishes, choices and any associated risks. Staff use accessible means of communication whenever needed. The service ensures that staff consistently treat people as individuals and quickly respond to changing needs. People know how to seek help and feel listened to.	what they are. Staff can be more focused on tasks than people and their wellbeing. Support can be inconsistent and not always respectful. The service does not always understand the importance of ensuring that staff have the skills and time to recognise when and how to give people compassionate support when they need it. As a result, staff may not recognise when people need personal support. If they do, they do not always have time to give it themselves, or to ensure that someone else does. Staff do not sit and talk with people for a meaningful length of time. People's families may not be aware that support is available and can feel isolated as a result. Staff do not always explain things clearly or in accessible ways that people can understand. People do not always get the time they need to respond.	people's personal histories and preferences. This can be caused by lack of staff continuity. Staff do not recognise people's changing needs or take steps to ensure they are met. Discomfort and distress are common but not responded to. Some staff may show kindness and compassion but the service does not recognise, value or encourage this. The service and its managers are task focused. They do not encourage or support staff to provide care and support in a compassionate and supportive way.
C2: How does the service support people to express their views and be actively involved in making decisions about their care,			

treatment and support as far as possible?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
The service is exceptional at helping people to express their views so that staff and managers at all levels understand their views, preferences, wishes and choices. Staff use a variety of tools to communicate with people according to their needs, which may include using new technologies. Staff find innovative and creative ways to communicate with each person using the service. They make sure that people get the support they need and want, and are particularly skilled when exploring and trying to resolve any conflicts and tensions involved. All staff encourage people to explore their care and support options and support them to explore sources of additional help and advice with particular care and sensitivity. All staff positively welcome the involvement of advocates. Where sources of information,	Staff understand when people need or want help from their families and others important to them when they are making decisions about their care and support. They do so in a way that is sensitive to each person's individual needs and they do all they can to encourage support and involvement. If families and others have a different opinion to the person who uses the service, staff try to help all involved to understand their decision and see things from their point of view. They ask for external help when needed. Staff give information to people, their families and friends, about other organisations and sources of general or specific advice, support or advocacy about conditions, care and support. They also help people to contact potential sources of support and advice, and provide advocates or other advisors with any information they need (with people's permission). The service makes sure that staff and volunteers have the time, information and support they need to provide care and support in a compassionate and person-centred way. This includes designing appropriate routines, rotas, training,	Staff do not always recognise when people need or want help and support from family, friends or others. Where they do, they may not do so in culturally or personally sensitive ways, or recognise when people's preferences are not being taken on board, or properly respected. The service may not have gathered information about available sources of information, advice and advocacy to help people and their families, or it does not always pass information on when it could help. Staff do not always involve people and, as a result, they do not feel listened to.	Staff do not recognise when people need or want caring support from family and friends, or if they do recognise this, they do not contact them. People are not listened to and they are not supported to express their views. Staff do not use accessible means of communication or make sure that people have understood them. The service and its staff do not know about sources of information, advice and advocacy that are available to people. Where it does know about them it does not pass information on, or it engages with advocacy services in a defensive and obstructive way. People, their families, friends and other carers often feel excluded because they are not listened to or supported.

advocacy and support are not readily available, the service works with sector stakeholders to try to fill the gap.	supervision and appraisal arrangements.		
C3: How are people's privacy, dignity and independence respected and promoted?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
Respect for privacy and dignity is at the heart of the service's culture and values. It is embedded in everything that the service and its staff do. People and staff feel respected, listened to, and influential. The service anticipates people's needs and recognises distress and discomfort at the earliest stage. It offers sensitive and respectful support and care. People are involved in creating and reviewing information and privacy policies so they have complete confidence in them. People decide who provides their care and support, and when. The service has a comprehensive understanding	People are treated with dignity and respect at all times and without discrimination. The service supports and encourages staff to notice and challenge any failings in how people are treated at the service. Recruitment, training and support for staff is underpinned by the key values of kindness, respect, compassion, dignity in care and empowerment. The service provides sufficient time for staff to develop trusting relationships with people, their families, friends and other carers. Staff notice when people are in discomfort or distress and take swift action to provide care and support. People receive consistent, timely care and support from familiar staff who understand their needs and get along with them. People are kept informed about any changes to their support. People have as much choice and control as possible in their lives. This includes in relation to the staff who provide their personal care and support.	Staff do not see people's privacy and dignity as a priority. They do not always understand the need to make sure that people's privacy and dignity is maintained. While this may not be intentional, it results in people not always feeling they are respected or valued. The service does not always make sure that schedules are organised so that people receive care and support from familiar staff. Distress or discomfort is not always responded to promptly or consistently. People's end of life wishes may not be consistently recorded or acted on. Not all staff understand what	People's privacy, dignity and confidentiality are not respected. Not treating people, families and friends with kindness, respect and compassion is widespread. Staff do not understand the importance of privacy, dignity and human rights. Staff routines and preferences take priority over consistent care and people's preferences. Managers have little understanding of the impact of this approach on people's wellbeing and needs. People do not get the support they need to experience a comfortable, dignified or pain-free death. Legal requirements about confidentiality are not met. Information about people is

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

Responsive

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

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

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

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

their social and cultural diversity, values and beliefs that may influence their decisions on how they want to receive care, treatment and support. Staff know how to meet these preferences and are innovative in suggesting additional ideas that they themselves might not have considered. Visiting professionals say that the service is focused on providing person-centred care and support, and achieves exceptional results. The service understands the needs of different people and groups of people, and delivers care and support in a way that meets these needs and promotes equality. People tell us that staff have outstanding skills, and have an excellent understanding of their individual needs relating to their protected equality characteristics and their values and beliefs, which may influence how they want to receive care, treatment and support.	known, respected and acted on. Care planning is focused on the person's whole life, including their goals, skills, abilities and how they prefer to manage their health. Where appropriate, Health Action Plans may also be in place. People are empowered to make choices and have as much control and independence as possible. The service enables people to carry out person-centred activities and encourages them to maintain hobbies and interests. Staff make sure that people can maintain relationships that matter to them, such as family, community and other social links. This helps to protect them from the risk of social isolation and loneliness as social contact and companionship is encouraged. Staff encourage people to access activities by arranging for external agencies to facilitate them. Reasonable adjustments are made and action is taken to remove barriers when people find it hard to use or access services. This includes in relation to communication and access needs. The provider complies with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.	people are identified or are taken into account, for example on the grounds of protected equality characteristics. The service does not always support people to follow their interests or encourage them to take part in social activities relevant to their interests, or maintain personal or community relationships. The service has not fully implemented the Accessible Information Standard to identify, record, flag, share and meet the information and communication needs of people with a disability or sensory loss. Technology used by the service is not always accessible or easy to use. It is not always used in a way that promotes responsive care and support.	do not take these into account when planning or providing care, treatment and support. People's care needs are not regularly reviewed. Their care plans are out of date and do not sufficiently guide staff on their current care, treatment and support needs. Training and development regarding human rights and diversity is either not provided or is inadequate. The service does not meet people's individual needs in relation to maintaining interests and hobbies, maintaining relationships or contact with the community. The service has not taken any steps to comply with the Accessible Information Standard to identify, record, flag, share and meet the information and communication needs of people with a disability or sensory loss. Technology used by the service is not easy to use

Staff respond and go the extra mile to address people's needs in relation to protected equality characteristics. Staff have opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influence how the service is developed. Arrangements for social activities, and where appropriate, education and work, are innovative, meet people's individual needs, and follow best practice guidance so people can live as full a life as possible. The service takes a key role in the local community and is actively involved in building further links. Contact with other community resources and support networks is encouraged and sustained. The service has gone the extra mile to find out what people have done in the past and evaluates whether it can accommodate activities, and tries to make that happen. Reasonable adjustments are	Technology used in providing the service is easy to use and accessible to the people and staff who use it. It promotes timely and responsive care and support.		and does not support timely and responsive care and support. The way it is used may hinder staff and disadvantage people.

made in innovative ways to encourage independence. The service has taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. The service has an innovative approach to using technology. People are involved in decisions about how it is or could be used.			
R2: How are people's concerns and complaints listened and responded to and used to improve the quality of care?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
People who use the service and others are involved in regular reviews of how the service manages and responds to complaints. The service can demonstrate where improvements have been made as a result of learning from reviews. Investigations are comprehensive and the service uses innovative ways of looking into concerns, including using external	People know how to give feedback about their experiences of care and support, and can do so in a range of accessible ways, including how to raise any concerns or issues. People who use the service, their family, friends and other carers feel confident that if they complain, they will be taken seriously, and their complaint or concern will be explored thoroughly and responded to in good time because the service deals with complaints in an open and transparent way, with no repercussions. The service uses the learning from	People do not find it easy to raise concerns or complaints, or are worried about doing so. Complaints and concerns cannot be made in completely accessible ways. When people raise complaints or concerns, the service may not always take their views fully on board, investigate them thoroughly and in a timely way, or change practice to improve.	People are not invited to express their views about their care and support. Complaints and concerns cannot be made in accessible ways. Complaints are not dealt with in an open, transparent, timely and objective way. The service's response to complaints suggests a defensive attitude. There is a track record of

people and professionals to make sure there is an independent and objective approach.	complaints and concerns as an opportunity for improvement. Staff can give examples of how they incorporated learning into daily practice.	The complaints system may be managed inconsistently and there is little evidence of the learning applied to practice within the service. People have sometimes suffered discrimination, detriment or harassment after complaining.	people suffering discrimination, detriment or harassment if they complain.
R3: How are people supported at the end of their life to have a comfortable, dignified and pain-free death?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
The service is particularly skilled at helping people and their families or carers to explore and record their wishes about care at the end of their life, and to plan how they will be met so that they feel consulted, empowered, listened to, and valued. People's needs have been considered as part of the end of life care plan and this has taken account of language, communication, ability to understand and capacity when decisions are made. The service is very responsive in enabling people to engage with their religious beliefs	People are supported to make decisions about their preferences for end of life care. Staff make every effort to make sure that people, their families, friends and other carers, are empowered and actively involved in developing their care, support and treatment plans, and appropriate professionals are involved if required. People are supported by staff who understand their diagnosis, are competent, and have the skills to assess their needs. This includes specific needs, such as those for people with dementia who are at the end of their life. They strike a balance when involving family, friends, other carers or advocates in decisions about the care provided, to make sure that the views of the person receiving the care are known, respected and acted on. Views are	The service does not recognise, or has little consideration for, people's individual religious, social and cultural diversity or values and beliefs, and how these may influence wishes and decisions about their end of life care, so these are not recorded or acted on. People's end of life care needs are not re-assessed regularly. Staff are reactive rather than proactive and do not always work closely with healthcare professionals when people are dying, so	The service does not consistently engage people in planning their end of life care, or record and act on individual wishes. Staff do not involve health care professionals to help people to have a comfortable, dignified and pain-free death. The care and treatment provided by the service is task-centred rather than in response to people's individual end of life needs and preferences. The service does not ensure that people who may be approaching the

and/or preferences at the end of their life. The service works closely with healthcare professionals and provides outstanding end of life care. People experience a comfortable, dignified and pain-free death. Professionals visiting the service say it is focused on providing person-centred care and it achieves exceptional results. The service strives to be outstanding and innovative in providing person-centred end of life care based on best practice. There is a rapid response to people's changing care needs and advice on care and support for people and carers at the times they need. There are members of staff with the specific skills to understand and meet the needs of people and their families in relation to emotional support and the practical assistance they need at the end of the person's life. Staff are also supported by the service with empathy and	recorded and shared appropriately. The service ensures that all staff are aware of people's wishes and makes sure the person has dignity, comfort and respect at the end of their life. The service works with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that is as comfortable as possible. Staff are aware of national good practice guidance and professional guidelines for end of life care and provide care in line with this consistently. Specialist equipment and medicines are consistently available at short notice. The service makes sure that facilities and support are available for people's family, friends and other carers, and for staff, before and after a person dies. People feel that their needs on the grounds of protected equality characteristics have been considered as part of the planning process and provisions have been made. People's religious beliefs and preferences are respected. Family, friends and other carers feel involved, listened to, informed and supported in the last days of a person's life.	palliative care is not always available. Staff are aware of people's end of life care needs but may not always appreciate the need for good end of life care and respond in good time. Support, equipment and medicines are not always provided in good time. The service does not always offer support to people's family, friends and other carers, or staff, before and after a person dies.	end of their life are supported and their care and treatment managed in a way that meets their health, social or cultural needs, wishes and preferences. Training and development about human rights and diversity is either not provided or is inadequate. There is no consideration for diverse needs for end of life care. There is a generic approach in place for all people. People's religious beliefs and preferences are not known or are not respected. When someone dies, no support is offered to people's family, friends and other carers, or to staff.

understanding.			

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.

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

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?

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

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

	action taken to address these. Staff feel they are treated equitably.	addressed. Staff do not always feel they are treated equitably.	staff are not told about incidents, or how the service has responded to them. There are high levels of workforce bullying, harassment, discrimination or violence, and the organisation is not taking adequate action to reduce this.
W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
Governance is well-embedded into the running of the service. There is a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. Leaders and managers see this as a key responsibility. Performance management processes are effective, reviewed regularly, and reflect best practice. Leaders and managers provide feedback to staff and there is clear	The service has clear and effective governance, management and accountability arrangements. Staff understand their role and responsibilities, are motivated, and have confidence in their leaders and managers. They get constructive feedback about their performance. Managers can account for the actions, behaviours and performance of staff. Management systems identify and manage risks to the quality of the service. They use the information to drive improvement within the service. Staff understand and use them. Legal requirements, including about conditions of registration and managers, are understood and met.	Governance and performance management is not always reliable and effective. Systems are not regularly reviewed. Risks are not always identified or managed.	Roles, responsibilities and accountability arrangements are not clear. Staff are not given honest feedback about how they are performing, and where improvement is needed. There may have been no registered manager for some time. Openness and transparency are lacking. Systems for identifying, capturing and managing organisational risks and issues are ineffective. Some

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

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

W4: How does the service continuously learn, improve, innovate and ensure sustainability?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
There is a particularly strong emphasis on continuous improvement. The views of people using the service are at the core of quality monitoring and assurance arrangements. Innovation is celebrated and shared. There is ample evidence that learning from concerns and	The service defines quality from the perspective of the people using it. Managers are knowledgeable about quality issues and priorities, understand the challenges, and take action to address them. Quality assurance arrangements are robust and identify current and potential concerns and areas for improvement. There is a strong focus on continuous learning at all levels of the organisation.	Quality assurance arrangements are not always applied consistently or are ineffective. Improvements are not always identified. Action to introduce improvements can be absent, reactive, focused on the short term or not reviewed. Information needs are not regularly	Management and staff do not understand the principles of good quality assurance and the service lacks drivers for improvement. Staff are not adequately supervised and staff turnover may be high. Staff may refer to people in an inappropriate way.

incidents is a key contributor to continuous improvement.	Staff have objectives focused on improvement and learning. Leaders, managers and staff consider information about the service's performance and how it can be used to make improvements. Performance information is used to hold staff to account. Concerns are investigated in a sensitive and confidential way, and lessons are shared and acted on. The service measures and reviews the delivery of care against good practice guidance. Leaders and managers ensure that good practice is shared and acted on throughout the service.	reviewed. Investigations sometimes lack the full rigour needed and the learning is applied inconsistently; evidence that improvements have been embedded might be inconclusive or not sustainable.	There is little or no evidence of learning, reflective practice and service improvement. Information to support performance monitoring and making decisions is inaccurate, invalid, unreliable, out of date, irrelevant or not gathered.
W5: How does the service work in partnership with other agencies?			
Outstanding	**Good**	**Requires improvement**	**Inadequate**
The service has a track record of being an excellent role model for other services. It works in partnership with others to build seamless experiences for people based on good practice and people's informed preferences. Leaders, managers and staff strive for excellence through consultation, research and reflective practice. The service has a systematic	The service is transparent, collaborative and open with all relevant external stakeholders and agencies. It works in partnership with key organisations to support care provision, service development and joined-up care.	The service is not always collaborative and cooperative with external stakeholders and other services. It does not always share information and best practice effectively.	There is poor collaboration or cooperation with external stakeholders and other services. Data is not shared as required and there is little or no evidence of partnership working.

approach to working with other organisations to improve care outcomes.			