Care Quality Commission

# Single assessment framework

Download an easy read guide to our assessment framework.

What CQC is checking at all health and social care services (easy read)

## Key questions and quality statements

### Our assessment framework is made up of 5 key questions and, under each key question, a set of quality statements.

Our **5 key questions** are the things we ask of all health and social care services. We ask if they are:

- safe
- effective
- caring
- responsive to people's needs
- well-led

**Quality statements** are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

The quality statements show how services and providers need to work together to plan and deliver high quality care. They directly relate to the regulations listed. Regulations we would also consider in our judgements are shown in brackets.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

# Safe

## Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation.

Where people raise concerns about safety and ideas to improve, the primary response is to learn and improve continuously. There is strong awareness of the areas with the greatest safety risks. Solutions to risks are developed collaboratively. Services are planned and organised with people and communities in a way that improves their safety across their care journeys. People are supported to make choices that balance risks of harm with positive choices about their lives. Leaders ensure there are enough skilled people to deliver safe care that promotes choice, control and individual wellbeing.

# Learning culture

# Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

# What this quality statement means

- Safety is a top priority that involves everyone, including staff as well as people using the service. There is a culture of safety and learning. This is based on openness, transparency and learning from events that have either put people and staff at risk of harm, or that have caused them harm.
- Risks are not overlooked or ignored. They are dealt with willingly as an opportunity to put things right, learn and improve.
- People and staff are encouraged and supported to raise concerns, they feel confident that they will be treated with compassion and understanding, and won't be blamed, or treated negatively if they do so.
- Raising concerns helps to proactively identify and manage risks before safety events happen.
- Incidents and complaints are appropriately investigated and reported.
- Lessons are learned from safety incidents or complaints, resulting in changes that improve care for others.

# I statements

I statements reflect what people have said matters to them.

- I feel safe and am supported to understand and manage any risks.
- I can get information and advice about my health, care and support and how I can be as well as possible - physically, mentally and emotionally.

# Subtopics this quality statement covers

- Organisational learning and actions
- Continuous improvement
- Duty of candour

## Also consider

- Freedom to speak up

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 12: Safe care and treatment
- Regulation 16: Receiving and acting on complaints
- Regulation 17: Good governance
- Regulation 20: Duty of candour

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

The characteristics of safety cultures (CQC)

## Organisational learning and actions

Learn from patient safety events (LFPSE) service (NHS England)

Patient Safety Incident Response Framework (NHS England)

Introducing National Patient Safety Alerts (NHS England)

Human factors: Learning organisations (HSE)

Reports to Prevent Future Deaths (Courts and Tribunals Judiciary)

The Yellow Card scheme: guidance for healthcare professionals, patients and the public (Medicines and Healthcare products Regulatory Agency)

## Duty of Candour

Regulation 20: Duty of candour

Duty of candour animation (NHS Resolution)

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# Safe systems, pathways and transitions

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

## What this quality statement means

- Safety and continuity of care is a priority throughout people's care journey. This happens through a collaborative, joined-up approach to safety that involves them along with staff and other partners in their care. This includes referrals, admissions and discharge, and where people are moving between services.
- There is a strong awareness of the risks to people across their care journeys. The approach to identifying and managing these risks is proactive and effective. The effectiveness of these processes is monitored and managed to keep people safe.
- Care and support is planned and organised with people, together with partners and communities in ways that ensure continuity.
- The views of people who use services, partners and staff are listened to and taken into account.
- Policies and processes about safety are aligned with other key partners who are involved in people's care journey to enable shared learning and drive improvement.

## I statements

I statements reflect what people have said matters to them.

- I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.

- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.

# Subtopics this quality statement covers

- Continuity of safe care
- Safety during transitions (including from children to adult services)
- Referrals

Also consider:

- Partnership working

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 12: Safe care and treatment
- Regulation 17: Good governance

### Also consider

- Regulation 9: Person-centred care

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

Effective systems of health and care (CQC)

## Safety during transitions (including from children to adult services)

Transition from children's to adults' services for young people using health or social care services (NICE guidance [NG43])

Integrated health and social care for people experiencing homelessness (NICE guidance [NG214])

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## Local authority assessments

We consider this quality statement, safe systems, pathways and transitions, under theme 3: how the local authority ensures safety within the system.

# Safeguarding

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

## What this quality statement means

- There is a strong understanding of safeguarding and how to take appropriate action.
- People are supported to understand safeguarding, what being safe means to them, and how to raise concerns when they don't feel safe, or they have concerns about the safety of other people.
- There are effective systems, processes and practices to make sure people are protected from abuse and neglect.
- There is a commitment to taking immediate action to keep people safe from abuse and neglect. This includes working with partners in a collaborative way.
- People are appropriately supported when they feel unsafe or experience abuse or neglect.
- Where applicable, there is a clear understanding of the Deprivation of Liberty Safeguards (DoLS) and this is only used when it is in the best interest of the person.
- Safeguarding systems, processes and practices mean that people's human rights are upheld and they are protected from discrimination.
- People are supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010.

# I statements

I statements reflect what people have said matters to them.

- I feel safe and am supported to understand and manage any risks.

# Subtopics this quality statement covers

- Safeguarding requirements (including children/young people)
- Mental Capacity
- People's human rights
- Deprivation of Liberty Safeguards (DoLS) (Liberty Protection Safeguards)
- Closed cultures
- Harassment and abuse (and in the community)
- Sexual safety and empowerment

## Also consider

- Duty of Candour

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 10: Dignity and respect
- Regulation 11: Consent
- Regulation 12: Safe care and treatment
- Regulation 13: Safeguarding service users from abuse and improper treatment

### Also consider

- Regulation 9: Person-centred care
- Regulation 17: Good governance
- Regulation 20: Duty of candour

## Additional legislation

Children and Young Persons Act 1933

Equality Act 2010

The Abortion Act 1967

Human Rights Act 1998

European convention on human rights

Mental Capacity Act 2005

Crime and Disorder Act 1998

Children Act 1989

Children Act 2004

Children and Social Work Act 2017

Children and Families Act 2014

Medicines Act 1968

Human Medicines Regulations 2012

Misuse of Drugs Act 1971

Safeguarding Vulnerable Groups Act 2006

Data Protection Act 2018

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

## Safeguarding requirements

Safeguarding (NHS England)

The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (Nursing and Midwifery Council)

Adult Safeguarding: Roles and Competencies for Health Care Staff (Royal College of Nursing)

Controlling or coercive behaviour: statutory guidance framework (Home Office)

Domestic Abuse Statutory Guidance (Home Office)

Multi-agency statutory guidance on female genital mutilation (Home Office, Department for Education, and Department of Health and Social Care)

Safeguarding women and girls at risk of FGM (Department of Health and Social Care)

FGM: mandatory reporting in healthcare (Department of Health and Social Care)

Domestic violence and abuse: multi-agency working (NICE guidance [PH50])

Child abuse concerns: guide for practitioners (Department for Education)

Working together to safeguard children statutory guidance (Department for Education)

Child abuse and neglect (NICE guidance [NG67])

Child abuse and neglect (NICE guidance [QS179])

Social and emotional wellbeing: early years (NICE guidance [PH40])

Harmful sexual behaviour among children and young people (NICE guidance [NG55])

Looked-after children and young people (NICE guidance [NG205])

Social work with adults experiencing complex needs (NICE guidance [NG216])

Bipolar disorder: assessment and management (NICE guidance [CG185])

Self-harm: assessment, management and preventing recurrence (NICE guidance [NG225])

## People's human rights

Public Sector Equality Duty (Equality and Human Rights Commission

The Human Rights Act (The British Institute of Human Rights Guidance)

Modern slavery (Home Office)

Equally outstanding: Equality and human rights - good practice resource (CQC)

Culturally appropriate care (CQC)

Using surveillance in your care service (CQC)

## Mental Capacity

Mental Capacity Act Code of Practice (Office of the Public Guardian)

## Closed Cultures

Using cameras or other recording equipment to check somebody's care (CQC)

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# Local authority assessments

We consider this quality statement, safeguarding, under theme 3: how the local authority ensures safety within the system.

# Involving people to manage risks

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

## What this quality statement means

- People are informed about any risks and how to keep themselves safe.
- Risks are assessed, and people and staff understand them.
- There is a balanced and proportionate approach to risk that supports people and respects the choices they make about their care.
- Risk assessments about care are person-centred, proportionate, and regularly reviewed with the person, where possible.
- When people communicate their needs, emotions or distress, staff can manage this in a positive way that protects their rights and dignity and maximises learning for the future about the causes of their distress.

- Restraint is only ever used as a last resort. If staff use restraint, it is lawful, for a legitimate purpose, safe and necessary, and staff always follow best practice. Where relevant, equality and human rights legislation is considered. The service always takes a proportionate approach to imposing restrictions on people. People's care plans reflect any foreseeable risks that may need restrictions.

# I statements

I statements reflect what people have said matters to them.

- I feel safe and am supported to understand and manage any risks.
- I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.
- If my treatment, including medication, has to change, I know why and am involved in the decision.
- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- I have considerate support delivered by competent people.
- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

# Subtopics this quality statement covers

- Behaviour that communicates
- Restrictive practice
- Clinical risk
- Managing risk/emergencies

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 9: Person-centred care
- Regulation 11: Need for consent
- Regulation 12: Safe care and treatment

### Also consider

- Regulation 10: Dignity and respect

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

## Managing risk / emergencies

Sepsis: recognition, diagnosis and early management (NICE guidance [NG51])

2021 Resuscitation Guidelines (Resuscitation Council UK)

## Behaviour that communicates

What is challenging behaviour? (The Challenging Behaviour Foundation)

How to deal with challenging behaviour in adults (NHS)

Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (NICE guidance [NG11])

Violence and aggression: short-term management in mental health, health and community settings (NICE guidance [NG10])

Supporting people with challenging or distressed behaviour (Skills for Care)

UK Positive Behavioural Support (PBS) Competence Framework (PBS Academy)

Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition (NHS England)

### Restrictive Practice

Restrictive practice — a failure of person-centred care planning? (CQC policy position on restrictive practice)

Out of Sight — Who Cares?: Restraint, segregation and seclusion review (CQC)

Positive and Proactive Care – reducing the need for restrictive interventions (Department of Health and Social Care)

A positive and proactive workforce (Skills for Care)

Human rights framework for restraint (Equality and Human Rights Commission)

Three steps to positive practice (Royal College of Nursing)

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# Safe environments

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

## What this quality statement means

- People are cared for in safe environments that are designed to meet their needs.
- Facilities, equipment and technology are well-maintained and consistently support staff to deliver safe and effective care.
- There are effective arrangements to monitor the safety and upkeep of the premises.
- Equipment used to deliver care and treatment is suitable for the intended purpose, stored securely and used properly.
- Leaders and staff consider how environments can keep people safe from psychological harm as well as physical harm, for example in relation to sexual safety and in relation to sensory needs.

## I statements

I statements reflect what people have said matters to them.

- I feel safe and am supported to understand and manage any risks.

## Subtopics this quality statement covers

- Premises (including gas, electrical and fire safety)
- Equipment

- Environmental risks (adverse weather such as heatwaves and flooding)
- Digital systems/technology assurance

## Also consider

- Staff safety (e.g. risks in the homes of people who use services)

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 12: Safe care and treatment
- Regulation 15: Premises and equipment
- Regulation 17: Good governance

## Additional legislation

The Regulatory Reform (Fire Safety) Order 2005

The Management of Health and Safety at Work Regulations 1999

The Gas Safety (Installation and Use) Regulations 1998

The Electricity at Work regulations 1989

The Health and Safety (First Aid) regulations 1981

The Health and Safety (Miscellaneous Amendments) Regulations 2002

Medical Devices Regulations 2002

Medical Devices (Amendment) Regulations 2012

Civil Continencies Act 2004

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

The Personal Protective Equipment at Work Regulations 1992

The Manual Handling Operations Regulations 1992

The Workplace (Health, Safety and Welfare) Regulations 1992

The Hazardous Waste (England and Wales) Regulations 2005

The Ionising Radiations Regulations 1999

The Ionising Radiation (Medical Exposure) Regulations 2017

The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2018

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

## Premises

Control of Substances Hazardous to Health (COSHH) (Health and Safety Executive)

Slips and trips in health and social care (HSE)

Falls in older people: assessing risk and prevention (NICE Guidance [CG 161])

## Equipment

Managing medical devices (Medicines and Healthcare products Regulatory Agency)

Devices in practice - checklists for using medical devices (Medicines and Healthcare products Regulatory Agency)

Medical Devices (NHS Confederation)

Maintaining portable electric equipment (HSE)

PAT - Portable appliable testing FAQs (HSE)

Equipment safety (HSE)

Moving and handling in health and social care (HSE)

Moving and handling equipment (HSE)

Falls from windows or balconies in health and social care (HSE)

### Digital systems/technology assurance

Using surveillance in your care service (CQC)

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# Safe and effective staffing

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.

## What this quality statement means

- There are robust and safe recruitment practices to make sure that all staff, including agency staff and volunteers, are suitably experienced, competent and able to carry out their role.
- Recruitment, disciplinary and capability processes are fair and are reviewed to ensure there is no disadvantage based on any specific protected equality characteristic.
- There are appropriate staffing levels and skill mix to make sure people receive consistently safe, good quality care that meets their needs.
- Staff receive training appropriate and relevant to their role.
- Staff receive the support they need to deliver safe care. This includes supervision, appraisal and support to develop, improve services and where needed, professional revalidation.
- Staff at all levels have opportunities to learn, and poor performance is managed appropriately.

## I statements

I statements reflect what people have said matters to them.

- I feel safe and am supported to understand and manage any risks.

- I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.
- If my treatment, including medication, has to change, I know why and am involved in the decision.
- I have considerate support delivered by competent people.
- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

# Subtopics this quality statement covers

- Safe recruitment (including DBS)
- Staffing levels and skills mix
- Skills and qualifications/revalidation
- Learning, development and competency
- Support, supervision
- Performance management
- Volunteers and unpaid carers

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 12: Safe care and treatment
- Regulation 18: Staffing
- Regulation 19: Fit and proper persons employed

## Additional legislation

Public Interest Disclosure Act 1998

The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012

Safeguarding Vulnerable Groups Act 2006

Employment Rights Act 1996

Medical Act 1983

Nursing & Midwifery Council Legal Framework

Nursing and Midwifery Order 2001

The Pharmacy Order 2010

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

## Safe recruitment (including DBS)

DBS checks: detailed guidance (Disclosure and Barring Service)

DBS ID checking guidelines (Disclosure and Barring Service)

DBS eligibility guidance (Disclosure and Barring Service)

Right to work checks: an employer's guide (UK Visas and Immigration and Immigration Enforcement)

## Support and supervision

Stress and mental health at work (HSE)

## Skills and qualifications/revalidation

Standards of conduct, performance and ethics (The Health and Care Professions Council)

Standards of continuing professional development (The Health and Care Professions Council)

The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (Nursing & Midwifery Council)

Standards for competence for registered nurses: Pre-2018 standards (Nursing & Midwifery Council)

Professional development (Royal College of Nursing)

## Learning, development and competency

The Oliver McGowan Mandatory Training on Learning Disability and Autism (NHS England and Skills for Care)

## Staffing levels and skills mix

Safe staffing guidelines (Nursing & Midwifery Council)

Staffing Levels (Royal College of Nursing)

## Performance management

The Seven Principals of Public Life (Committee on standards for public life)

# Infection prevention and control

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.

## What this quality statement means

- There is an effective approach to assessing and managing the risk of infection, which is in line with current relevant national guidance.
- People are protected as much as possible from the risk of infection because premises and equipment are kept clean and hygienic.
- There are clear roles and responsibilities around infection prevention and control.
- Information about the risk of infection is shared appropriately with relevant partners, including agencies, people using the service and visitors.

## I statements

I statements reflect what people have said matters to them.

- I feel safe and am supported to understand and manage any risks.

## Subtopics this quality statement covers

- Cleanliness and hygiene (environment and equipment)
- Personal hygiene (staff and people who use services)
- Food hygiene
- PPE
- Vaccination
- Infection management
- Outbreak management
- Infectious diseases
- Waste and clinical specimen management

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 12: Safe care and treatment
- Regulation 15: Premises and equipment

### Also consider

- Regulation 17: Good governance

## Additional legislation

The Food Safety and Hygiene (England) Regulations 2013

Food Safety Act 1990

Public Health (Control of Disease) Act 1984

The Public Health (Infectious Diseases) Regulations 1988

The Control of Substances Hazardous to Health Regulations 2002

The Health Protection (Notification) Regulations 2010

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Department of Health and Social Care)

Infection prevention and control (NICE Guidance [QS 61])

Essential Practice for Infection Prevention and Control (Royal College of Nursing)

HSE and Infection at Work (HSE)

National infection prevention and control (NHS England)

Healthcare-associated infections: prevention and control in primary and community care (NICE Guidance [CG139])

Healthcare-associated infections: prevention and control (NICE Guidance [PH36])

## Cleanliness and hygiene (environment and equipment)

National Standards of Healthcare Cleanliness 2021 (NHS England)

(HTM 01-04) Decontamination of linen for health and social care (NHS England)

(HTM 07-01) Management and disposal of healthcare waste (NHS England)

Control of substances hazardous to health (HSE)

Legionella and legionnaires' disease (HSE)

Control of legionella in hot and cold water systems in care services / settings using temperature (HSE)

Legionella disease - The control of legionella bacteria in water systems (HSE)

## Personal hygiene (staff and people who use services)

Hand hygiene for all initiative: improving access and behaviour in health care facilities (World Health Organisation)

## PPE

COVID-19: personal protective equipment use for non-aerosol generating procedures (UK Health Security Agency)

COVID-19: personal protective equipment use for aerosol generating procedures (UK Health Security Agency)

Personal protective equipment (PPE) at work (HSE)

Natural rubber latex sensitisation in health and social care (HSE)

Selecting latex gloves (HSE)

## Vaccination

The Green book: Immunisation against infectious disease (UK Health Security Agency)

The Yellow Card scheme: guidance for healthcare professionals, patients and the public (Medicines and Healthcare products Regulatory Agency)

A guide to the COVID-19 vaccination programme (UK Health Security Agency)

Flu vaccination: who should have it and why (UK Health Security Agency)

## Outbreak management

Living safely with respiratory infections, including COVID-19 (UK Health Security Agency)

COVID-19 symptoms and what to do (NHS)

How to avoid catching and spreading COVID-19 (NHS)

People with symptoms of a respiratory infection including COVID-19 (UK Health Security Agency)

COVID-19: information and advice for health and care professionals (UK Health Security Agency)

COVID-19: guidance for people whose immune system means they are at higher risk (UK Health Security Agency and Department of Health and Social Care)

Handling the deceased with suspected or confirmed COVID-19 (HSE)

## Food Hygiene

The Food Safety Act 1990 – A guide for food businesses (Food Standards Agency)

Food Standards Agency guidance

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# Medicines optimisation

# Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

# What this quality statement means

- People are appropriately involved in decisions about their medicines.
- People are involved with assessments and reviews about the level of support they need to manage their medicines safely and to make sure their preferences are included. This is clearly documented in their care plan.
- The approach to medicines reflects current and relevant best practice and professional guidance.
- People's medicines are appropriately prescribed, supplied and administered in line with the relevant legislation, current national guidance or best available evidence, and in line with the Mental Capacity Act 2005.
- Accurate, up-to-date information about people's medicines is available, particularly when they move between health and care settings, in line with current national guidance, when transferring between locations or changing levels of care.
- People's behaviour is not inappropriately controlled by medicines.
- There are appropriate arrangements for the safe management, use and oversight of controlled drugs.

# I statements

I statements reflect what people have said matters to them.

- I feel safe and am supported to understand and manage any risks.
- I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.
- If my treatment, including medication, has to change, I know why and am involved in the decision.
- I have considerate support delivered by competent people.

# Subtopics this quality statement covers

- IV medicines /fluids/medical gasses
- Medicines management
- Roles and responsibilities, delegation
- Prescribing
- Self-medication
- Consent/decisions/covert administration (including MCA)
- Controlled drugs
- Storage and disposal
- Antimicrobial stewardship
- STOMP/STAMP

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 9: Person-centred care
- Regulation 12: Safe care and treatment

### Also consider

- Regulation 11: Need for consent

## Additional legislation

Human Medicines Regulations 2012

Medicines Act 1968

The Controlled Drugs (Supervision of Management and Use) Regulations 2013

Misuse of Drugs Act 1971

The Misuse of Drugs (Safe Custody) Regulations 1973

The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007

The Misuse of Drugs Regulations 2001

Health Act 2006

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

Medicines Optimisation: Helping patients to make the most of medicines (Royal Pharmaceutical Society)

Central Alerting System (Medicines and Healthcare products Regulatory Agency)

Drug Safety Update (Medicines and Healthcare products Regulatory Agency)

Learn from patient safety events (LFPSE) service (NHS England)

## Medicines Management

Safe and secure handling of medicines (Royal Pharmaceutical Society)

Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes (NICE guidance [NG5])

Oxygen (NICE guidance: BNF)

The Yellow Card Scheme - reporting suspected Adverse Drug Reactions (Medicines and Healthcare products Regulatory Agency)

Keeping patients safe when they transfer between care providers - getting the medicines right (Royal Pharmaceutical Society)

## Consent/decisions/covert administration (including MCA)

Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence (NICE guidance [CG67])

Covert administration of medicines in adults: legal issues (Specialist Pharmacy Service)

## Antimicrobial stewardship

Antimicrobial stewardship (NICE guidance [QS121])

Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use (NICE guidance [NG15])

Infection prevention and control (NICE guidance [QS61])

## STOMP/STAMP

Stopping over medication of people with a learning disability, autism or both (STOMP) (NHS England)

Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) (NHS England)

## Prescribing

Guidance on prescribing (NICE guidance: BNF)

Prescribing Competency Framework (Royal Pharmaceutical Society)

Off-label or unlicensed use of medicines: prescribers' responsibilities (Medicines and Healthcare products Regulatory Agency)

Standards of proficiency for nurse and midwife prescribers (Nursing & Midwifery Council)

Non-medical prescribers (Royal College of Nursing)

## Roles and responsibilities, delegation

Delegation and accountability (Nursing & Midwifery Council)

## Controlled drugs

Controlled Drugs (Supervision of management and use) Regulations 2013: Information about the Regulations (Department of Health and Social Care)

Controlled drugs: safe use and management (NICE guidance [NG46])

# Effective

People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflects these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work.

Everyone is supported to see what works well and not so well based on indicators of quality. Continuous improvement is always guided by this insight.

# Assessing needs

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

# What this quality statement means

- People are involved in the assessment of their needs, and support is provided where needed to maximise their involvement.
- People are confident that their individual needs have been appropriately assessed and are fully understood.
- People's communication needs are assessed and met to maximise the effectiveness of their care and treatment.
- People's needs are assessed using a range of assessment tools to ensure their needs are reflected and understood.
- Assessments consider the person's health, care, wellbeing, and communication needs, to enable them to receive care or treatment that has the best possible outcomes.
- Assessments are up-to-date and staff understand people's current needs.
- People's care needs are routinely reviewed.
- The needs of carers of people using services are also assessed and met. This supports their health and wellbeing in their carer roles and helps them to provide safe and effective care to the people they support.

# I statements

I statements reflect what people have said matters to them.

- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
- I have care and support that is co-ordinated, and everyone works well together and with me.

- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

# Subtopics this quality statement covers

- Assessing people's needs (including accessibility and communication needs)
- Person-centred approach
- Carer assessments/support
- Care planning
- Clinical assessment tools

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 9: Person-centred care
- Regulation 12: Safe care and treatment

### Also consider

- Regulation 10: Dignity and respect
- Regulation 11: Need for consent
- Regulation 17: Good governance

## Additional legislation

Mental Health Act 2007

Mental Capacity Act 2005

Children and Families Act 2014

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

COVID-19 rapid guideline: managing COVID-19 (NICE guidance [NG191])

## Assessing people's needs (including accessibility and communication needs)

Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education (NICE guidance [NG213])

Falls in older people (NICE guidance [QS86])

Service user experience in adult mental health- improving the experience of care for people using adult NHS mental health services (NICE guidance [CG136])

Mental health problems in people with learning disabilities: prevention, assessment and management (NICE guidance [NG54])

Care and support of people growing older with learning disabilities (NICE guidance [NG96])

Learning disability: behaviour that challenges (NICE guidance [QS101])

Hearing loss in adults - assessment and management (NICE guidance [NG98])

Integrated health and social care for people experiencing homelessness (NICE guidance [NG214])

## Person-centred approach

Personalisation: Personalisation implications for… all service user groups (SCIE)

Personalisation: Personalisation implications for specific groups (SCIE)

Dementia: assessment, management and support for people living with dementia and their carers (NICE guidance [NG97])

## Care planning

Older people with social care needs and multiple long-term conditions (NICE guidance [NG22])

Social work with adults experiencing complex needs (NICE guidance [NG216])

Transition from children's to adults' services (NICE guidance [QS140])

Quality statement 3: Oral health in care plans (NICE guidance [QS139])

## Clinical assessment tools

National Early Warning Score (NEWS) (NHS England)

## Carer assessments and support

Supporting adult carers (NICE guidance [QS200])

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# Local authority assessments

We consider this quality statement, assessing needs, under theme 1: working with people.

# Delivering evidence-based care and treatment

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

## What this quality statement means

- People receive care, treatment and support that is evidence-based and in line with good practice standards.
- The provider's systems ensure that staff are up-to-date with national legislation, evidence-based good practice and required standards.
- People are told about current good practice that is relevant to their care and are involved in how this is reflected in their care plan.
- People's nutrition and hydration needs are met in line with current guidance.
- Staff and leaders are encouraged to learn about new and innovative approaches that evidence shows can improve the way their service delivers care.

## I statements

I statements reflect what people have said matters to them.

- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
- I have care and support that is co-ordinated, and everyone works well together and with me.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

# Subtopics this quality statement covers

- Best practice guidance and standards
- Nutrition and hydration
- GIRFT (Getting it right first time recommendations)
- Clinical reviews/medical committees

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect
- Regulation 12: Safe care and treatment
- Regulation 14: Meeting nutritional and hydration needs
- Regulation 17: Good governance

### Also consider

- Regulation 11: Need for consent

## Additional legislation

The Mental Health Act 1983

Mental capacity Act 2005

The Autism Act 2009

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

NICE principles for putting evidence-based guidance into practice 2018 (NICE guidance)

Dementia Quality Standard (NICE guidance [QS184])

Commitment to Care of People Living with Dementia (Royal College of Nursing)

Practical approaches to quality assurance (SCIE)

## Nutrition and hydration

A Guide to the 'Malnutrition Universal Screening Tool' ('MUST') for Adults (The British Association for Parenteral and Enteral Nutrition)

Essence of care 2010 - benchmarks for food and drink (Department of Health)

Healthier and more sustainable catering: A toolkit for serving food to adults (Public Health England)

Inspection Toolkit: Nutrition and Hydration (Skills for Care)

National standards for healthcare food and drink (NHS England)

# How staff, teams and services work together

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

## What this quality statement means

- Staff have access to the information they need to appropriately assess, plan and deliver people's care, treatment and support.
- Plans for transition, referral and discharge consider people's individual needs, circumstances, ongoing care arrangements and expected outcomes.
- When people are due to move between services, all necessary staff, teams and services are involved in assessing their needs to maintain continuity of care.
- Information is shared between teams and services to ensure continuity of care, for example when clinical tasks are delegated or when people are referred between services.

- When people receive care from a range of different staff, teams or services, it is co-ordinated effectively. All relevant staff, teams and services are involved in assessing, planning and delivering people's care and treatment and staff work collaboratively to understand and meet people's needs.

# I statements

I statements reflect what people have said matters to them.

- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
- I have care and support that is co-ordinated, and everyone works well together and with me.

# Subtopics this quality statement covers

- Transitions of care (including from children to adult services)
- Co-ordination and collaboration
- Delegation (for example, delegation of clinical tasks)
- Sharing information

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 9: Person-centred care
- Regulation 12: Safe care and treatment

### Also consider

- Regulation 17: Good governance

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

## Coordination and collaboration

Integrated health and social care for people experiencing homelessness (NICE guidance [NG214])

Inspection tool kit - how staff, teams and services work together (Skills for Care)

Guide to safe staffing (Skills for Care)

Adult social care providers working with external healthcare professionals (CQC)

## Transitions of care (including from children to adult services)

Transition from children's to adults' services for young people using health or social care services (NICE Guidance [NG43])

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# Supporting people to live healthier lives

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support.

## What this quality statement means

- People are empowered and supported to manage their own health, care and wellbeing needs by staff who understand their needs and preferences.
- People are involved in regularly reviewing their health and wellbeing needs where appropriate and necessary.
- People are encouraged and supported to make healthier choices to help promote and maintain their health and wellbeing.
- Services focus on identifying risks to people's health and wellbeing early and on how to support people to prevent deterioration.
- People are involved in regularly monitoring their health, including health assessments and checks where appropriate and necessary with health and care professionals.

## I statements

I statements reflect what people have said matters to them.

- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
- I have care and support that is co-ordinated, and everyone works well together and with me.

- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

# Subtopics this quality statement covers

- Identification and prevention
- Access to healthcare – GP, dentists etc
- Healthier lives promotion
- Health and wellbeing deterioration
- Physical activity
- CETRs (Care, Education and Treatment Reviews)

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 9: Person-centred care
- Regulation 12: Safe care and treatment

### Also consider

- Regulation 9A: Visiting and accompanying in care homes, hospitals and hospices
- Regulation 10: Dignity and respect
- Regulation 11: Need for consent

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

Older people: independence and mental wellbeing (NICE guidance [NG32])

Wellbeing and mental health: Applying All Our Health (Public Health England)

Behaviour change: general approaches (NICE guidance [PH6])

Oral health promotion in the community (NICE guidance [QS139])

At a glance summary 60: Preventing loneliness and social isolation among older people (SCIE)

Care, Education and Treatment Reviews (NHS England)

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## Local authority assessments

We consider this quality statement, supporting people to live healthier lives, under theme 1: working with people.

# Monitoring and improving outcomes

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.

# What this quality statement means

- People who use the service consistently experience positive outcomes. These meet agreed expectations as set out in legislation, standards and evidence-based clinical guidance.
- There are effective approaches to monitor people's care and treatment and their outcomes.
- This means that continuous improvements are made to people's care and treatment.

# I statements

I statements reflect what people have said matters to them.

- I have care and support that is co-ordinated, and everyone works well together and with me.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

# Subtopics this quality statement covers

- Clinical outcomes
- Benchmarking
- Service accreditation schemes
- Quality of life outcomes

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 12: Safe care and treatment
- Regulation 17: Good governance

Also consider

- Regulation 9: Person-centred care

## Best practice guidance

There is currently no best practice guidance available for this quality statement. But we will continue to review this and update the page accordingly.

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# Consent to care and treatment

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

### We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

## What this quality statement means

- People understand their rights around consent to the care and treatment they are offered.
- People's views and wishes are taken into account when their care is planned.

- There are systems and practices to ensure that people understand the care and treatment being offered or recommended. This helps them make an informed decision.
- People receive information about care and treatment in a way they can understand and have appropriate support and time to make decisions.
- Staff understand the importance of ensuring that people fully understand what they are consenting to and the importance of obtaining consent before they deliver care or treatment.
- Where necessary, people with legal authority or responsibility can make decisions within the requirements of the Mental Capacity Act 2005.This includes the duty to consult others such as carers, families and/or advocates, where appropriate.
- People's capacity and ability to consent is taken into account, and they, or a person lawfully acting on their behalf, are involved in planning, managing and reviewing their care and treatment.

# I statements

I statements reflect what people have said matters to them.

- I have care and support that is co-ordinated, and everyone works well together and with me.

# Subtopics this quality statement covers

- Consent
- Advocacy and support
- DNACPR (Do Not Attempt Cardiopulmonary Resuscitation)

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 11: Need for consent

### Also consider

- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect

## Additional legislation

The Mental Capacity Act 2005

The Mental Health Act Code of Practice 1983

The Mental Capacity Act Code of Practice 2005

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

Using surveillance in your care service (CQC)

Using cameras or other recording equipment to check somebody's care (CQC)

Decision making and mental capacity (NICE guidance [QS194])

Decision making and mental capacity (NICE guidance [NG108])

Advocacy services for adults with health and social care needs (NICE guidance [NG227])

Inspection Toolkit: Consent to care and treatment (Skills for Care)

# Caring

People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.

# Kindness, compassion and dignity

We expect providers, commissioners and system leaders live up to this statement:

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

## What this quality statement means

- People feel they are treated with kindness, compassion and dignity in their day-to-day care and support.

- People feel that staff listen to them and communicate with them appropriately, in a way they can understand.
- People feel that staff know and understand them, including their preferences, wishes, personal histories, backgrounds and potential.
- People believe that staff will respond to their needs quickly and efficiently, especially if they are in pain, discomfort, or distress.
- People's privacy and dignity is respected and upheld at all times.
- People are assured that information about them is treated confidentially and they know that staff respect their privacy.
- There is a culture of kindness and respect between colleagues from other organisations.
- Young adults feel they have control over their own privacy and the amount of parental involvement in managing their care and support.

# I statements

I statements reflect what people have said matters to them.

- I am treated with respect and dignity.

# Subtopics this quality statement covers

- Respect and dignity
- Privacy and confidentiality
- Emotional wellbeing
- Caring and compassion

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect

Also consider

- Regulation 12: Safe care and treatment

## Additional legislation

Equality Act 2010

Human Rights Act 1998

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

European Convention on Human Rights (European Court of Human Rights)

Warmth and kindness to bring dignity in care (SCIE)

Freedom to choose and dignity in care (SCIE)

Shared decision making (NICE guidance ([NG197])

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# Treating people as individuals

We expect providers, commissioners and system leaders live up to this statement:

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

## What this quality statement means

- People's individual needs and preferences are understood and these are reflected in their care, treatment and support.
- People's personal, cultural, social and religious needs are understood and met.
- Staff treat people as individuals, considering any relevant protected equality characteristics.
- People's communication needs are met to enable them to engage in their care, treatment and support to maximise their experience and outcomes.

## I statements

I statements reflect what people have said matters to them.

- I am treated with respect and dignity.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.
- I am supported to manage my health in a way that makes sense to me.
- I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.

- I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity and culture.

# Subtopics this quality statement covers

- Personal, cultural, social and religious needs
- Supporting communication and choice

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect
- Regulation 14: Meeting nutritional and hydration needs
- Regulation 15: Premises and equipment

## Additional legislation

Human Rights Act 1998

European Convention on Human Rights (European Court of Human Rights)

Equality Act 2010

## Best practice guidance

There is currently very little national good practice guidance that is specifically about meeting people's individual needs. However, guidance that is relevant to person-centred care, involving people, communicating with people, for example, is all relevant.

We expect providers to be aware of and follow the following best practice guidance.

Equally outstanding: Equality and human rights - good practice resource |(CQC)

Culturally appropriate care (CQC)

Inequalities in dementia (CQC)

Care and support planning (National Voices)

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# Independence, choice and control

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

### We promote people's independence, so they know their rights and have choice and control over their own care, treatment and wellbeing.

## What this quality statement means

- People are supported to have choice and control over their own care and to make decisions about their care, treatment and wellbeing.

- People are supported to understand their rights by using different ways to communicate. Their understanding is reviewed throughout their care and treatment.
- People are supported to maintain relationships and networks that are important to them.
- People have access to their friends and family while they are using a service.
- People have access to activities and the local community to promote and support their independence, health and wellbeing.
- There is a range of appropriate equipment to support and maximise people's independence and outcomes from care and treatment.

# I statements

I statements reflect what people have said matters to them.

- I am treated with respect and dignity.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.
- I am supported to manage my health in a way that makes sense to me.
- I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
- I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity and culture.

# Subtopics this quality statement covers

- Access to friends and family (visiting rights)

- Supporting relationships and networks
- Access to community/activities
- Specialist/adaptive equipment
- Choice and decisions
- Sexual safety and empowerment
- Supporting independence
- Activities and wellbeing

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 9: Person-centred care
- Regulation 12: Safe care and treatment

### Also consider

- Regulation 9A: Visiting and accompanying in care homes, hospitals and hospices
- Regulation 10: Dignity and respect

## Additional legislation

Human Rights Act 1998

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

Promoting independence and wellbeing (SCIE)

Freedom to choose and dignity in care FREDA principles (SCIE)

Shared decision making NICE Guidance ([NG197])

# Responding to people's immediate needs

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

## What this quality statement means

- People's needs, views, wishes and comfort are a priority and staff quickly anticipate these to avoid any preventable discomfort, concern or distress.
- Staff are alert to people's needs and take time to observe, communicate and engage people in discussions about their immediate needs. They find out how to respond in the most appropriate way to respect their wishes.
- Staff can quickly recognise when people need urgent help or support and use appropriate tools and technology to assist.

## I statements

I statements reflect what people have said matters to them.

- I am treated with respect and dignity
- I am supported to manage my health in a way that makes sense to me.

# Subtopics this quality statement covers

- Communication
- Anticipating need
- Responding quickly

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect
- Regulation 11: Need for consent
- Regulation 12: Safe care and treatment

### Also consider

- Regulation 16: Receiving and acting on complaints

## Best practice guidance

There is currently very little national good practice guidance that is specifically about responding to people's immediate needs. However, guidance that is relevant to person-centred care, involving people, and communicating with people, for example, is all relevant.

Inspection Toolkit - Involving people (Skills for Care)

Inspection Toolkit: Information, communication and technology section (Skills for Care)

Human rights in health and social care (Equality and Human Rights Commission)

Article 3 of the Human Rights Act protects people from torture and inhuman or degrading treatment or punishment, which could arise if people were left in pain, distress or discomfort, or by failing to maintain their dignity. Further information can be found in Article 3: Freedom from torture and inhuman or degrading treatment (Equality and Human Rights Commission).

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# Workforce wellbeing and enablement

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

### We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care.

## What this quality statement means

- People receive safe, effective and person-centred care as the provider recognises and meets the wellbeing needs of staff. These include the necessary resource and facilities for safe working, such as regular breaks and rest areas.

- People benefit from staff who have regular opportunities to provide feedback, raise concerns and suggest ways to improve the service or staff experiences. If necessary, leaders provide a timely and considered response.
- People's experience of a service is driven by a culture that normalises good wellbeing through inclusivity, active listening, and open conversations. This enables staff to do their job well and to be well.
- Staff are supported if they are struggling at work. This has a positive impact on the care they deliver to people.
- Staff have easy access to personalised support that recognises the diversity of a workforce with proactive and reactive measures.
- People are supported by staff who feel valued by their leaders and their colleagues. They have a sense of belonging and the ability to contribute to decision making.

# I statements

I statements reflect what people have said matters to them.

- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.
- I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.

# Subtopics this quality statement covers

- Support and wellbeing
- Unpaid carers & volunteers
- Lone working

- Caseloads/workload
- Staff safety (including sexual safety)

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 9: Person-centre care
- Regulation 12: Safe care and treatment
- Regulation 17: Good governance
- Regulation 18: Staffing

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

Civility and Respect Programme (NHS England)

Health and wellbeing framework (NHS England)

Health worker safety: a priority for patient safety (World Health Organisation)

Just and learning culture charter (NHS Resolution)

Eight elements of positive staff experience (NHS England)

Evaluating your health and wellbeing programme (NHS England)

Developing and evaluating workplace health interventions: Employer toolkit (NHS England)

Wellbeing (Skills for Care)

Looking after your team's health and wellbeing guide (NHS England Guidance)

Our statement on modern slavery and human trafficking (CQC)

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# Responsive

People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics.

People, those who support them, and staff can easily access information, advice and advocacy. This supports them in managing and understanding their care and treatment. There is partnership working to make sure that care and treatment meets the diverse needs of communities. People are encouraged to give feedback, which is acted on and used to deliver improvements.

# Person-centred care

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

## What this quality statement means

- People's care plans fully reflect their physical, mental, emotional and social needs, including those related to protected characteristics under the Equality Act.
- People who use services and those close to them (including carers and dependants) are regularly involved in planning and making shared decisions about their care and treatment, so it is centred around them and their needs.
- People understand their condition, care and treatment options (including any associated risks and benefits) and any advice provided.
- People can receive the most appropriate care and treatment for them as the service makes reasonable adjustments where necessary.

## I statements

I statements reflect what people have said matters to them.

- I have care and support that is co-ordinated, and everyone works well together and with me.
- I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
- I am supported to plan ahead for important changes in my life that I can anticipate.

- I know how to access my health and care records and decide which personal information can be shared with other people, including my family, care staff, school or college.

# Subtopics this quality statement covers

- Care planning
- Needs and preferences
- Empowerment and decision making

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 9: Person-centred care

### Also consider

- Regulation 10: Dignity and respect
- Regulation 11: Need for consent
- Regulation 12: Safe care and treatment
- Regulation 14: Meeting nutritional and hydration needs

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

## Needs and preferences

Dementia: assessment, management and support for people living with dementia and their carers (NICE guidance [NG97])

Care and support of people growing older with learning disabilities (NICE guidance [NG96])

Person-centred approaches in health and care (Skills for Care)

Personalised Care (Skills for Care)

Person-centred care - Caring with Confidence: The Code in Action (Nursing & Midwifery Council)

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# Care provision, integration, and continuity

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

## What this quality statement means

- People receive care and treatment from services that understand the diverse health and social care needs of their local communities.
- There is continuity in people's care and treatment because services are flexible and joined-up.

- People's care and treatment is delivered in a way that meets their assessed needs from services that are co-ordinated and responsive.
- Delivering and co-ordinating services considers the needs and preferences of different people, including those with protected characteristics under the Equality Act and those at most risk of a poorer experience of care.

# I statements

I statements reflect what people have said matters to them.

- I have care and support that is co-ordinated, and everyone works well together and with me.
- I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.

# Subtopics this quality statement covers

- Availability and provision of services
- Eligibility/funding
- Continuity of care, support and treatment

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 9: Person-centred care
- Regulation 12: Safe care and treatment
- Regulation 17: Good governance

### Also consider

- Regulation 10: Dignity and respect

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

## Continuity of care, support and treatment

Learning disability: care and support of people growing older (NICE guidance [QS187])

## Availability of services

Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education (NICE guidance [NG213])

Integrated health and social care for people experiencing homelessness (NICE guidance [NG214])

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# Local authority assessments

We consider this quality statement, care provision, integration and continuity, under theme 2: providing support.

# Providing information

# Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

## What this quality statement means

- People can get information and advice that is accurate, up-to-date and provided in a way that they can understand and which meets their communication needs.
- People who use the service, their family, friends, and carers are provided with information that it is accessible, safe and secure and supports their rights and choices.
- People's individual needs to have information in an accessible way are identified, recorded, highlighted and shared. These needs are met and reviewed to support their care and treatment in line with the Accessible Information Standard.
- People can expect information to be tailored to individual needs. This includes making reasonable adjustments for disabled people, interpreting and translation for people who don't speak English as a first language and for d/Deaf people who use British Sign Language. People who have difficulty with reading, writing or using digital services are supported with accessible information.
- People know how to access their health and care records and decide which personal information can be shared with other people, including their family, care staff, school or college.
- Information about people that is collected and shared meets data protection legislation requirements.
- People are provided with clear and transparent information that follows consumer rights best practice, including contracts and charges.
- People receive information in a timely way that meets best practice standards, legal requirements and is tailored to individual need.

# I statements

I statements reflect what people have said matters to them.

- I can get information and advice that is accurate, up to date and provided in a way that I can understand.
- I am encouraged and enabled to feedback about my care in ways that work for me and I know how it was acted on.
- I know how to access my health and care records and decide which personal information can be shared with other people, including my family, care staff, school or college.

# Subtopics this quality statement covers

- Accessible information standard
- Accessibility, transparency and communication
- GDPR (General Data Protection Regulation)
- Consumer rights (including communication of fees)
- Translation and interpretation

## Related regulations

## Regulated Activities Regulations 2014

Regulation 9: Person centred care

Regulation 13: Safeguarding services users from abuse and improper treatment

Regulation 17: Good governance

## Additional legislation

Equality Act 2010

Human Rights Act 1998

Mental Health Act 1983

Mental Health Act 2007

Mental Capacity Act 2005

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

Equality Act Codes of Practice (Equality and Human Rights Commission)

Equality Act Guidance (Equality and Human Rights Commission)

Human Rights Act (Equality and Human Rights Commission)

Making health and social care information accessible (NHS England)

The Equality and Health Inequalities Hub (NHS England)

Equality Frameworks and Information Standards (NHS England)

The NHS England Equality Frameworks and Information Standards page links to providing information. This is because it mentions the mandatory frameworks that NHS England expects providers to provide information accessibly.

These frameworks include:

- the Equality Delivery System, which aims to address inequalities in services
- the Sexual Orientation Monitoring Framework, which improves data to understand where access/experience issues are
- the Accessible Information Standard.

There is a new self-assessment framework coming alongside the updated standard. This is key to addressing barriers to accessing accessible communication for people using services.

Meeting the Accessible Information Standard (CQC)

Our Human Rights Approach (CQC)

Equally outstanding: Equality and human rights - good practice resource (CQC)

Culturally appropriate care (CQC)

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# Listening to and involving people

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

## What this quality statement means

- People know how to give feedback about their experiences of care and support including how to raise any concerns or issues and can do so in a range of accessible ways.
- People, their family, friends and other carers feel confident that if they complain, they will be taken seriously and treated compassionately.
- People feel that their complaint or concern will be explored thoroughly and they will receive a response in good time because complaints are dealt with in an open and transparent way, with no repercussions.
- People are kept informed about how their feedback was acted on. Where improvements are required as a result, people have the opportunity to be involved in shaping the solutions and measuring the impact.
- Learning from complaints and concerns is seen as an opportunity for improvement and staff can give examples of how they incorporated learning into daily practice.

## I statements

I statements reflect what people have said matters to them.

- I have care and support that is co-ordinated, and everyone works well together and with me.

- I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
- I am encouraged and enabled to feedback about my care in ways that work for me and I know how it was acted on.

# Subtopics this quality statement covers

- Involvement and coproduction
- Feedback and complaints
- Advocacy and support
- Carer support

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 16: Receiving and acting on complaints
- Regulation 17: Good governance

### Also consider

- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect

## Additional legislation

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

Using people's experience in our regulation - principle 6 (CQC)

Take active steps to encourage feedback, for example promotion of CQC: Give feedback on care webform.

My expectations for raising concerns and complaints (Parliamentary and health service ombudsman)

Advocacy services for adults with health and social care needs (NICE guidance [NG227])

Accessible Information Standard (NHS England)

Shared decision making guidance and tools (NICE)

Equally Outstanding: Equality and human rights good practice resource (CQC)

Better care in my hands: A review of how people are involved in their care (CQC)

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# Equity in access

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

### We make sure that everyone can access the care, support and treatment they need when they need it.

## What this quality statement means

- People can access care, treatment and support when they need to and in a way that works for them, which promotes equality, removes barriers or delays and protects their rights.
- People can expect their care, treatment and support to be accessible, timely and in line with best practice, quality standards and legal requirements, including those on equality and human rights. This includes making reasonable adjustments for disabled people, addressing communication barriers and having accessible premises.
- People can access services when they need to, without physical or digital barriers, including out of normal hours and in an emergency. Physical premises and equipment are accessible. People are given support to overcome barriers to ensure equal access.
- Leaders and staff are alert to discrimination and inequality that could disadvantage different groups of people in accessing care, treatment and support, whether this is from wider society, within organisational processes and culture or from individuals.
- Providers use people's feedback and other evidence to actively seek to improve access for people more likely to experience barriers or delays in accessing their care.
- Services are designed to make them accessible and timely for people who are most likely to have difficulty accessing care. When there are barriers, they are removed.
- When services change, equity of access is considered.
- People have equal access to care, treatment and support because the provider complies with legal equality and human rights requirements, including avoiding discrimination, considering the needs of people with different protected characteristics and making reasonable adjustments.
- The provider prioritises, allocates resources and opportunities as needed to tackle inequalities and achieve equity of access.

# I statements

I statements reflect what people have said matters to them.

- I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.

# Subtopics this quality statement covers

- Accessibility to services
- Emergency unplanned care access/out of hours arrangements
- Reasonable adjustments
- Accessible premises
- Waiting times/delays/cancellations
- Digital exclusion (communication barriers)
- Access to post treatment support

## Related regulations

## Regulated Activities Regulations 2014

Regulations 12: Safe care and treatment

Regulation 13: Safeguarding services users from abuse and improper treatment

Regulation 15: Premises and equipment

Regulations 17: Good governance

### Also consider

Regulations 9: Person-centred care

Regulations 10: Dignity and respect

## Additional legislation

Equality Act 2010

Human Rights Act 1998

Mental Health Act 1983

Mental Health Act 2007

Mental Capacity Act 2005

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

Equality Act Codes of Practice (Equality and Human Rights Commission)

Equality Act 2010 (Equality and Human Rights Commission)

Human Rights Act (Equality and Human Rights Commission)

Equally outstanding: Equality and human rights - good practice resource (CQC)

Culturally appropriate care (CQC)

Integrated health and social care for people experiencing homelessness (NICE guidance [NG214])

Working definition of trauma-informed practice (Office for Health Improvement & Disparities)

The Equality and Health Inequalities Hub (NHS England)

Equality Frameworks and Information Standards (NHS England)

The NHS England Equality Frameworks and Information Standards page links to equity in access. This is because it mentions the mandatory frameworks that NHS England expects providers to use to progress equality of access.

These frameworks include:

- the Equality Delivery System, which aims to address inequalities in services
- the Sexual Orientation Monitoring Framework, which improves data to understand where access/experience issues are
- the Accessible Information Standard.

There is a new self-assessment framework coming alongside the updated standard. This is key to addressing barriers to accessing accessible communication for people using services.

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# Equity in experiences and outcomes

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

## What this quality statement means

- People's care, treatment and support promotes equality, removes barriers or delays and protects their rights.
- People feel empowered by providers and staff to give their views and understand their rights, including their rights to equality and their human rights.
- People feel that their experiences of discrimination and inequality are listened to and acted on to improve care.
- Leaders and staff are alert to discrimination and inequality that could disadvantage different groups of people using their services, whether from wider society, organisational processes and culture or from individuals. They proactively seek out ways to address these barriers to improve people's experience, act on information about people's experiences and outcomes and allocate resources and opportunities to achieve equity.
- The provider complies with legal equality and human rights requirements, including avoiding discrimination, having regard to the needs of people with different protected characteristics and making reasonable adjustments to support equity in experience and outcomes.

## I statements

I statements reflect what people have said matters to them.

- I have care and support that is co-ordinated, and everyone works well together and with me.
- I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
- I am encouraged and enabled to feedback about my care in ways that work for me and I know how it was acted on.

# Subtopics this quality statement covers

- Benchmark of expectations
- Barriers to care, support and treatment
- Inequalities in experience and outcomes
- People/communities whose voices are seldom heard

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 12: Safe care and treatment
- Regulations 13: Safeguarding services users from abuse and improper treatment
- Regulation 17: Good governance

### Also consider

- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect

## Additional legislation

Equality Act 2010

Human Rights Act 1998

Mental Health Act 1983

Mental Health Act 2007

Mental Capacity Act 2005

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

Equality Act Codes of Practice (Equality and Human Rights Commission)

Equality Act Guidance (Equality and Human Rights Commission)

Equality and Human Rights Commission: Human Rights Act

Our human rights approach (CQC)

Equally outstanding: Equality and human rights - good practice resource (CQC)

Culturally appropriate care (CQC)

Working definition of trauma-informed practice (Office for Health Improvement & Disparities)

Integrated health and social care for people experiencing homelessness (NICE guidance [NG214])

The Equality and Health Inequalities Hub (NHS England)

Equality Frameworks and Information Standards (NHS England)

The NHS England Equality Frameworks and Information Standards page links to equity in experiences and outcomes. This is because it mentions the mandatory frameworks that NHS England expects providers to use to progress equity in experiences and outcomes.

These frameworks include:

- the Equality Delivery System, which aims to address inequalities in services
- the Sexual Orientation Monitoring Framework, which improves data to understand where access/experience issues are
- the Accessible Information Standard.

There is a new self-assessment framework coming alongside the updated standard. This is key to addressing barriers to access in accessible communication for people using services.

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## Local authority assessments

We consider this quality statement, equity in experiences and outcomes, under theme 1: working with people.

# Planning for the future

## Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.

## What this quality statement means

- People are supported to make informed choices about their care and plan their future care while they have the capacity to do so.
- People who may be approaching the end of their life are identified (including those with protected characteristics under the Equality Act and people whose circumstances may make them vulnerable). This information is shared with other services and staff.
- People's decisions and what matters to them are delivered through personalised care plans that are shared with others who may need to be informed.
- When people want to express their wishes about cardiopulmonary resuscitation, they are supported to do so and are able to change their mind if they wish.
- When any treatment is changed or withdrawn, professionals communicate and manage this openly and sensitively so that people have a comfortable and dignified death.
- When people's future care preferences are for greater independence and fewer care interventions that are likely to benefit them, professionals work together to support them to achieve their goals.

## I statements

I statements reflect what people have said matters to them.

- I can get information and advice that is accurate, up to date and provided in a way that I can understand.
- I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
- I am supported to plan ahead for important changes in my life that I can anticipate.

# Subtopics this quality statement covers

- DNACPR/ReSPECT
- End of life care
- Complex care needs
- Palliative care
- Decision making

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect

### Also consider

- Regulation 11: Need for consent

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

Universal Principles for Advance Care Planning (ACP) (NHS England)

## DNACPR/ReSPECT

CPR Decisions, DNACPR and ReSPECT (Resuscitation Council UK)

Do not attempt cardiopulmonary resuscitation (DNACPR) decisions (NHS)

## End of life care

Care of dying adults in the last days of life (NICE guidance [NG31])

Palliative and end of life care (Office for Health Improvement and Disparities Guidance)

End of life care for adults (NICE guidance [QS13])

Care of dying adults in the last days of life (NICE guidance [QS144])

End of life care for adults: service delivery (NICE guidance [NG142])

End of life care for infants, children and young people with life-limiting conditions (NICE guidance [NG61])

## Palliative care

Palliative care - general issues (NICE guidance)

## Complex care needs

Care and support of people growing older with learning disabilities (NICE guidance [NG96])

Dementia: assessment, management and support for people living with dementia and their carers (NICE guidance [NG97])

Social work with adults experiencing complex needs (NICE guidance [NG216])

### Decision making

Decision-making and mental capacity (NICE Guidance [NG108])

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# Well-led

There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities.

There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care.

# Shared direction and culture

## Quality statement

We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.

## What this quality statement means

- Leaders ensure there is a shared vision and strategy and that staff in all areas know, understand and support the vision, values and strategic goals and how their role helps in achieving them.
- Staff and leaders ensure that the vision, values and strategy have been developed through a structured planning process in collaboration with people who use the service, staff and external partners.
- Staff and leaders demonstrate a positive, compassionate, listening culture that promotes trust and understanding between them and people using the service and is focused on learning and improvement.
- Staff at all levels have a well-developed understanding of equality, diversity and human rights, and they prioritise safe, high-quality, compassionate care.
- Equality and diversity are actively promoted, and the causes of any workforce inequality are identified and action is taken to address these.
- Staff and leaders ensure any risks to delivering the strategy, including relevant local factors, are understood and have an action plan to address them. They monitor and review progress against delivery of the strategy and relevant local plans.

## Subtopics this quality statement covers

- Strategy and vision
- Organisational culture
- Values
- Addressing social impact

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 10: Dignity and respect
- Regulation 12: Safe care and treatment
- Regulation 17: Good governance

### Also consider

- Regulation 9: Person-centred care

## Registration regulations 2009

- Regulation 12: Statement of purpose

## Additional legislation

Human Rights Act 1998

Equality Act 2010

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

## Values

The Human Rights Act (Equality and Human Rights Commission)

## Organisational culture

Equality Act 2010: guidance (Government Equalities Office and Equality and Human Rights Commission)

Equality Act (Equality and Human Rights Commission)

Statutory Code of Practice (Equality and Human Rights Commission)

Guidance for businesses (Equality and Human Rights Commission)

The characteristics of safety cultures (CQC)

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# Capable, compassionate and inclusive leaders

## Quality statement

We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.

# What this quality statement means

- Leaders have the experience, capacity, capability and integrity to ensure that the organisational vision can be delivered and risks are well managed.
- Leaders at every level are visible and lead by example, modelling inclusive behaviours.
- High-quality leadership is sustained through safe, effective and inclusive recruitment and succession planning.
- Leaders are knowledgeable about issues and priorities for the quality of services and can access appropriate support and development in their role.
- Leaders are alert to any examples of poor culture that may affect the quality of people's care and have a detrimental impact on staff. They address this quickly.

# Subtopics this quality statement covers

- Leadership competency, support and development
- Safe recruitment of leaders/FPPR
- Compassionate and capable leaders
- Roles and accountability
- Succession planning/talent management

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 6: Requirement where the service provider is a body other than a partnership

- Regulation 7: Requirements relating to registered managers
- Regulation 18: Staffing
- Regulation 19: Fit and proper persons employed

Also consider

- Regulation 4: Requirements where the service provider is an individual or a partnership
- Regulation 5: Fit and proper persons directors

## Registration regulations 2009

- Regulation 14: Notice of absence
- Regulation 15: Notice of changes

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

DBS ID checking guidelines (Disclosure and Barring Service)

Good leadership and complaints (Parliamentary and Health Service Ombudsman)

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# Freedom to speak up

## Quality statement

We foster a positive culture where people feel that they can speak up and that their voice will be heard.

# What this quality statement means

- Staff and leaders act with openness, honesty and transparency.
- Staff and leaders actively promote staff empowerment to drive improvement. They encourage staff to raise concerns and promote the value of doing so. All staff are confident that their voices will be heard.
- There is a culture of speaking up where staff actively raise concerns and those who do (including external whistleblowers) are supported, without fear of detriment. When concerns are raised, leaders investigate sensitively and confidentially, and lessons are shared and acted on.
- When something goes wrong, people receive a sincere and timely apology and are told about any actions being taken to prevent the same happening again.

# Subtopics this quality statement covers

- Speaking up culture
- Freedom to speak up guardian
- Whistleblowing
- Closed cultures

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 10: Dignity and respect
- Regulation 12: Safe care and treatment
- Regulation 17: Good governance

### Also consider

- Regulation 9: Person-centred care

## Additional legislation

Public Interest Disclosure Act 1998

Employment Rights Act 1996

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

## Speaking up culture

Whistleblowing: Guidance for providers who are registered with the Care Quality Commission (CQC)

The characteristics of safety cultures (CQC)

Public Interest Disclosure Act 1998 (Protect)

What is Whistleblowing? (Protect)

What is speaking up? (National Guardian)

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# Workforce equality, diversity and inclusion

## Quality statement

We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.

## What this quality statement means

- Leaders take action to continually review and improve the culture of the organisation in the context of equality, diversity and inclusion.
- Leaders take action to improve where there are any disparities in the experience of staff with protected equality characteristics, or those from excluded and marginalised groups. Any interventions are monitored to evaluate their impact.
- Leaders take steps to remove bias from practices to ensure equality of opportunity and experience for the workforce within their place of work, and throughout their employment. Checking accountability includes ongoing review of policies and procedures to tackle structural and institutional discrimination and bias to achieve a fair culture for all.
- Leaders take action to prevent and address bullying and harassment at all levels and for all staff, with a clear focus on those with protected characteristics under the Equality Act and those from excluded and marginalised groups.
- Leaders make reasonable adjustments to support disabled staff to carry out their roles well.
- Leaders take active steps to ensure staff and leaders are representative of the population of people using the service.

- Leaders ensure there are effective and proactive ways to engage with and involve staff, with a focus on hearing the voices of staff with protected equality characteristics and those who are excluded or marginalised, or who may be least heard within their service. Staff feel empowered and are confident that their concerns and ideas result in positive change to shape services and create a more equitable and inclusive organisation.

# Subtopics this quality statement covers

- Fair and equitable treatment of staff
- Staff human rights
- Well-being of workforce
- Gender pay gap
- Workforce diversity
- Flexible working arrangements
- WRES and WDES

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 17: Good governance
- Regulation 18: Staffing

## Additional legislation

Equality Act 2010

Human Rights Act 1998

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

Equality Act Codes of Practice (Equality and Human Rights Commission)

Equality guidance (Equality and Human Rights Commission)

Equality Act 2010 (Equality and Human Rights Commission and Government Equalities Office)

Guidance for businesses (Equality and Human Rights Commission)

The Human Rights Act 1998 (Equality and Human Rights Commission)

A Guide to Business and Human Rights (Equality and Human Rights Commission)

Race in the workplace: The McGregor-Smith Review (Department for Business, Energy & Industrial Strategy)

Equally outstanding: Equality and human rights - good practice resource (CQC)

Our Human Rights Approach (CQC)

Workforce Disability Equality Standard (NHS England)

NHS Workforce Race Equality Standard (NHS England)

NHS equality, diversity, and inclusion improvement plan (NHS England)

The Equality and Health Inequalities Hub (NHS England)

Equality Frameworks and Information Standards (NHS England)

# Governance, management and sustainability

## Quality statement

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

## What this quality statement means

- There are clear and effective governance, management and accountability arrangements. Staff understand their role and responsibilities. Managers can account for the actions, behaviours and performance of staff.
- The systems to manage current and future performance and risks to the quality of the service take a proportionate approach to managing risk that allows new and innovative ideas to be tested within the service.
- Data or notifications are consistently submitted to external organisations as required.
- There are robust arrangements for the availability, integrity and confidentiality of data, records and data management systems. Information is used effectively to monitor and improve the quality of care.

- Leaders implement relevant or mandatory quality frameworks, recognised standards, best practices or equivalents to improve equity in experience and outcomes for people using services and tackle known inequalities.

# Subtopics this quality statement covers

- Roles, responsibilities and accountability
- Governance, quality assurance and management
- Cyber security and data security and protection toolkit (DSPT)
- Emergency preparedness, including climate events
- Sustainability, including financial and workforce
- Data security/data protection
- Statutory and regulatory requirements
- Workforce planning
- External recommendations, for example safety alerts
- Records/digital records

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 17: Good governance

### Also consider

- Regulation 12: Safe care and treatment

## Registration regulations 2009

- Regulation 14: Notice of absence
- Regulation 15: Notice of changes
- Regulation 16: Notification of death of service user
- Regulation 17: Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983
- Regulation 18: Notification of other incidents
- Regulation 20: Requirements relating to termination of pregnancies
- Regulation 22A: Form of notifications to the Commission

## Additional legislation

Health and Social Care Act 2012

Access to Health Records Act 1990

Freedom of Information Act 2000

Data Protection Act 2018

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

## Data security/data protection

Data protection (Government guidance)

Guide to the UK General Data Protection Regulation (UK GDPR) (Information Commissioner's Office)

Data Security Protection Toolkit – For services accessing NHS Data (NHS England)

Data Security Protection Toolkit – For Adult Social Care Servies (Digital Care Hub)

### Records/Digital Records

Records Standards (Professional Records Standards Body)

### Governance, quality assurance and management

Recalls and alerts (Food Standards Agency)

Leading health and safety at work (Health and Safety Executive)

2013 Managing for health and safety - HSG65 guidance (Health and Safety Executive)

### Roles, responsibilities and accountability

The Code (Nursing & Midwifery Council)

### Learning and improvement

Central Alerting system (Medicines and Healthcare products Regulatory Agency)

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## Local authority assessments

We consider this quality statement, governance, management and sustainability, under theme 4: leadership.

# Partnerships and communities

## Quality statement

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

## What this quality statement means

- Staff and leaders are open and transparent, and they collaborate with all relevant external stakeholders and agencies.
- Staff and leaders work in partnership with key organisations to support care provision, service development and joined-up care.
- Staff and leaders engage with people, communities and partners to share learning with each other that results in continuous improvements to the service. They use these networks to identify new or innovative ideas that can lead to better outcomes for people.

## Subtopics this quality statement covers

- Sharing good practice and learning
- Integration health and social care
- Partnership working and collaboration

### Related regulations

### Regulated Activities Regulations 2014

- Regulation 12: Safe care and treatment
- Regulation 17: Good governance

Also consider

- Regulation 9: Person-centred care

## Best practice guidance

Effective systems of health and care (CQC)

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## Local authority assessments

We consider this quality statement, partnerships and communities, under theme 2: providing support.

# Learning, improvement and innovation

## Quality statement

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

## What this quality statement means

- Staff and leaders have a good understanding of how to make improvement happen. The approach is consistent and includes measuring outcomes and impact.
- Staff and leaders ensure that people using the service, their families and carers are involved in developing and evaluating improvement and innovation initiatives.
- There are processes to ensure that learning happens when things go wrong, and from examples of good practice. Leaders encourage reflection and collective problem-solving.
- Staff are supported to prioritise time to develop their skills around improvement and innovation. There is a clear strategy for how to develop these capabilities and staff are consistently encouraged to contribute to improvement initiatives.
- Leaders encourage staff to speak up with ideas for improvement and innovation and actively invest time to listen and engage. There is a strong sense of trust between leadership and staff.
- The service has strong external relationships that support improvement and innovation. Staff and leaders engage with external work, including research, and embed evidence-based practice in the organisation.

# Subtopics this quality statement covers

- Innovation
- Learning and improvement
- Research
- Learning from deaths

## Related regulations

## Regulated Activities Regulations 2014

- Regulation 17: Good governance

Also consider

- Regulation 16: Receiving and acting on complaints

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

Driving improvement through technology (CQC)

Innovation principles (CQC)

Rapid Literature Review: Improvement cultures in health and adult social care settings (CQC)

Practical steps to improving the quality of care and services using NICE guidance (NICE)

Prevention of Future Deaths Report Publications (Courts and Tribunals Judiciary)

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# Local authority assessments

We consider this quality statement, learning, improvement and innovation, under theme 4: leadership.

# Environmental sustainability – sustainable development

## Quality statement

We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.

## What this quality statement means

- Staff and leaders understand that climate change is a significant threat to the health of people who use services, their staff, and the wider population.
- Staff and leaders empower their staff to understand sustainable healthcare and how to reduce the environmental impact of healthcare activity.
- Staff and leaders encourage a shared goal of preventative, high quality, low carbon care which has health benefits for staff and the population the providers serve, for example, how a reduction in air pollution will lead to significant reductions in coronary heart disease, stroke, and lung cancer, among others.
- Staff and leaders have Green Plans and take action to ensure the settings in which they provide care are as low carbon as possible, ensure energy efficiency, and use renewable energy sources where possible.
- Staff and leaders take active steps towards ensuring the principles of net zero care are embedded in planning and delivery of care. Low carbon care is resource efficient and supports care to be delivered in the right place at the right time.

## Subtopics this quality statement covers

- Staff awareness and education
- Carbon reduction. For example, within travel and transport, medicines, and supply chain
- Health promotion and prevention

- Estates and Facilities. For example, energy saving measures, lower carbon options and waste reduction including recycling
- Efficient service delivery with resource optimisation

# How is environmental sustainability implemented?

- Environmental sustainability will be assessed in NHS trusts (at trust level) and as part of the ICS assessments for the first year of the Single Assessment Framework (SAF).
- We will not be assessing the environmental sustainability quality statement in other service types during the first year.
- We will continue to develop and co-produce our approach to assessing this quality statements for other sectors prior to roll out.
- We will not create a transitional score for environmental sustainability in the same way that we do for other quality statements. Environmental sustainability will only be scored when an assessment has taken place.

## Additional legislation

Environment Act 2021

Climate Change Act 2008

Health and Care Act 2022

## Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

## Carbon reduction, including travel, medicines, and supply chain

Delivering a 'Net Zero' National Health Service (NHS England)

Climate and health: applying All Our Health (The Office for Health Improvement and Disparities)

How to produce a Green Plan: A three-year strategy towards net zero (NHS England)

## Travel

Decarbonising Transport – A Better, Greener Britain (Department for Transport)

## Medicines

Pharmacy's Role in Climate Action and Sustainable Healthcare (Royal Pharmaceutical Society)

Asthma inhalers and climate change (NICE)

Environmental impact report: Medicines optimisation (NICE)

National overprescribing review (Department of Health and Social Care)

## Estates and facilities

NHS Net Zero Building Standard (NHS England)

## Extreme weather

Adverse Weather and Health Plan (UK Health Security Agency)

Emergency procedures (Health and Safety Executive)

# The importance of people's experience

## Our assessment framework focuses on what matters to people. We encourage people who use services, and organisations who represent them or act on their behalf, to share their experiences at any time.

We define people's experiences as:

> "a person's needs, expectations, lived experience and satisfaction with their care, support and treatment. This includes access to and transfers between services".

See how we use people's experience in our regulation.

- People using services, their families, friends and advocates are the best sources of evidence about lived experiences of care. This includes their perspective of how good their care is.
- We value people's experiences as highly as other sources of evidence and weight them equally with other evidence categories.
- We consider the context and impact of people's experiences in our analysis.
- If we receive feedback that people have poor experiences of care, we will always identify it as a concern. We will review further and gather more evidence. This is even if other evidence sources have not indicated any issues.

- We increase our scrutiny of, and support for, how providers and systems encourage, enable and act on feedback. This includes feedback from people who face communication barriers. We look at how they work together to improve services.

People's experiences are a diverse and complex source of evidence. We analyse a range of sources, such as data on demographics, inequalities and frequency of use for care services.

Our assessment framework:

- sets out clearly what people should expect a good service to look like
- places people's experiences of care at the heart of our judgements
- makes sure that gathering and responding to feedback is central to our expectations of providers and systems.

# I statements

## We consistently listen to people to inform our decision-making, and we take appropriate action based on their experiences of care.

"We have set a clear definition of quality and safety based on what people say matters to them, and this is used consistently by people who use services, and at all levels of health and social care."

This is one of our strategic measures.

# Developing our quality statements

To develop the quality statements, we used aspects of the Making It Real framework.

This was co-produced by Think Local Act Personal (TLAP). They worked with a range of partners and people with lived experience of using health and care services. The Making it Real framework:

- supports personalised care for people who use services
- supports people working in health, care and housing
- contains a jargon-free set of personalised principles that focus on what matters to people.

We have linked 'I statements' from Making it Real to each of our quality statements. We will use them to:

- help people understand what a good experience of care looks and feels like
- support us in gathering and assessing evidence under the people's experience evidence category

# How we use I statements in our regulation

I statements are part of our assessment framework. They reflect what people have said matters to them.

They have a key role in the People's experience evidence category to help us gather, listen to and act on people's experiences. Their experience of care will inform our decision-making and lead us to take appropriate action. This applies to all our work.

We will develop tools and techniques that use the I statements to help us gather evidence for our assessments. For example, in focus groups, interviews and case tracking.

# The importance of human rights in our approach

## Our new assessment framework enables us to focus on people's human rights when they receive health and care services.

It helps us prevent failures in care that are often related to risks to human rights and to ensure people receive good care.

The quality statements in the assessment framework are aligned to human rights principles. These FREDA principles are:

- fairness
- respect
- equality
- dignity
- autonomy.

When people tell us about what matters to them when using services, these human rights principles feature strongly. The Health and Social Care Act regulations are also designed to be compliant with human rights law. So, our assessment framework and the regulations also help support legal compliance. This includes, for example with the Equality Act 2010 and Human Rights Act 1998. It should be a priority for CQC and for commissioners, providers, and their staff to protect and promote people's human rights.

Two of our evidence categories are particularly important for our human rights approach:

- **People's experience of health and care services:** This means we will listen to and gather people's experiences of care as evidence. And this evidence is given the right amount of importance in our assessments of the quality of care.
- **Feedback from staff and leaders:** This supports us to listen more effectively to experiences of frontline staff . We can then take action sooner to protect the rights of people using services and staff.

See our human rights approach to find out:

- about the essential link between care that respects human rights and the quality of care
- how we will develop our approach to human rights in regulation

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