care inspectorate

A consultation on a draft quality framework for care homes for older people

January 2018

We're changing our inspections – and we'd like your thoughts

The Care Inspectorate is developing new approaches to scrutiny. We want to make sure inspections, and our other scrutiny work, are strongly focused on assessing the quality of people's experiences, and understanding the difference care and support makes to their lives.

From 1 April 2018, the new Health and Social Care Standards will be used across Scotland. The Care Inspectorate's expectation is that they will be used in planning, commissioning, assessment, and delivering care and support. We will use them in the decisions we make about care quality. This means that we will be changing how we inspect care and support.

During 2018, on an incremental basis, we will roll-out a revised methodology for inspecting care and support services, starting with care homes for older people. The changes will build on approaches we have introduced in the past three years: an emphasis on experiences and outcomes for people, proportionate approaches in services that perform well, shorter inspection reports, and a focus on supporting improvement in quality.

The core of the new methodology will be a quality framework which sets out the elements that will help us answer key questions about how good the quality of care and support is, what difference it is making, and the strength of the things that contribute to that.

The primary purpose of a quality framework is to support services to self-evaluate their own performance. The same framework is then used by inspectors to provide independent assurance about the quality of care and support. By setting out what we expect to see in high-quality care and support provision, it can help support improvement too. Using a framework in this way also supports openness and transparency of the inspection process.

We have involved people who experience and provide care and support in developing a draft quality framework. This is based on the approach used by the European Foundation for Quality Management, specifically the EFQM excellence model. This is a quality tool widely used across sectors and countries. We have adapted the model for use in care and support settings, and have used the new Health and Social Care Standards to illustrate the quality we expect to see. We tested this framework in a small number of care homes in 2017, and are carrying out more tests in early 2018. These tests will be evaluated to hear the views of people experiencing care, their carers, and care providers.

What are we consulting you about?

We are asking people to look at the draft quality framework we have developed for care homes for older people, and give us their feedback. We have some specific questions we would like you to answer about how easy to understand and useful you find the draft quality framework. We will use your answers, and the evaluations of our tests, to publish a final quality framework for care homes for older people in April 2018. We will consult on similar frameworks for other care and support service types as we develop them in partnership with people who experience and provide care and support.

How is the framework structured?

The quality framework is framed around five **key questions**. The first of these is:

- How good is the care and support, and what difference is it making?

To try and understand what contributes to that, there are four further key questions:

- How good is the leadership?
- How good is the staff team?
- How good is the setting?
- How good are the key processes?

Under each key question, there are three to four **quality indicators**. These have been developed to help answer the key questions. Each quality indicator has **key areas**, short bullet points which make clear the areas of practice covered by it.

Under each quality indicator, we have provided **quality illustrations** of these key areas at two levels on the six point scale that we use to evaluate quality indicators on inspection. The illustrations are drawn from the expectations set out in the Health and Social Care Standards. They describe what we may expect to see in a care service that is operating at a “very good” level of quality, and what we might see in a service that is operating at a “weak” level of quality. These illustrations are not a definitive description of care and support provision, but designed to help care and support services and inspectors evaluate the quality indicators using the framework.

You will see a summary of the **key questions** and **quality indicators** on page 7. The detailed **quality indicators**, including the **key areas** and the **quality illustrations**, are set out on pages 8 to 28.

The final key question is:

- What is the overall capacity for improvement?

This requires a global judgement based on evidence and evaluations from all other key areas. The judgement is a forward-looking assessment, but also taking account of contextual factors which might influence the capacity of an organisation to improve the quality of services in the future. Such factors might include changes of senior staff, plans to restructure, or significant changes in funding.

How will this quality framework be used on inspections?

The quality framework will be used by inspectors in place of the older approach of 'inspecting against themes and statements'. Inspectors will look a selection of the quality indicators. Which and how many quality indicators will depend on the type of inspection, the quality of the service, the intelligence we hold about the service, and risk factors that we may identify. We will use the quality illustrations, which are based on the Health and Social Care Standards, in our professional evaluations about the care and support we see.

One of the quality indicators, 1.4, looks beyond the practice of an individual care service and introduces elements about the impact of planning, assessment and commissioning on residents in the care home. This is important because these practices impact on people's experiences. This quality indicator may help us, during an inspection, find information or intelligence which is relevant to practices in commissioning partnerships, but our overall inspection grades will reflect the impact and practice of the care service itself.

Our test inspections are examining a number of associated issues, such as which and how many key questions or quality indicators we evaluate, how we write reports, and how we make requirements and recommendations for improvement. We will evaluate these aspects separately: this consultation is just about the quality framework itself.

How can this quality framework be used by care services?

We think the draft framework will help care services self-evaluate, and would like your view about this. During 2018 and 2019, we will work with care services and sector-wide bodies to build the capacity for self-evaluation, based on the final quality framework we publish.

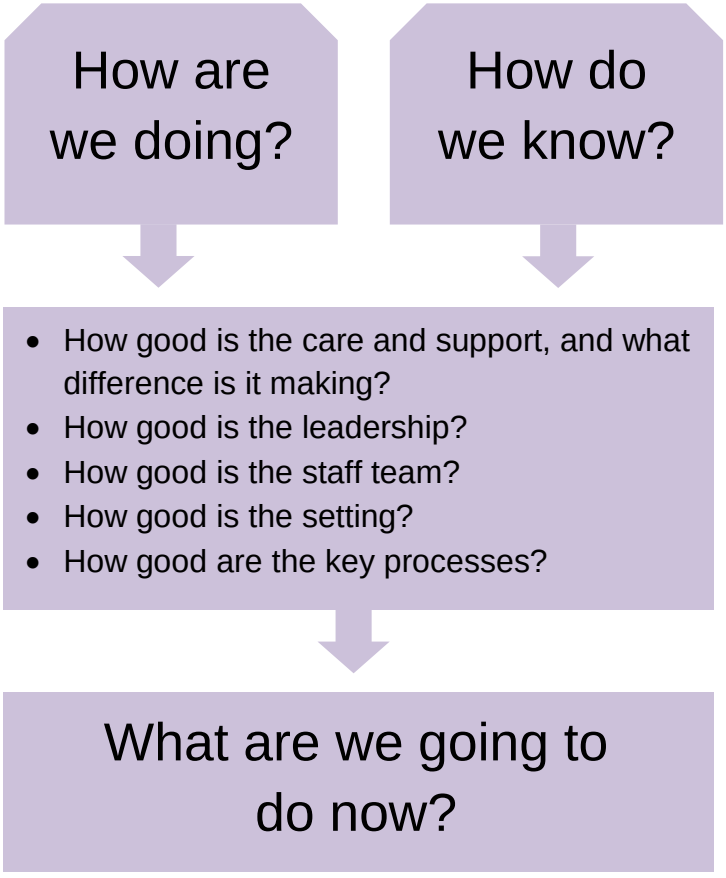
Self-evaluation is a core part of quality assurance and supporting improvement. The process of self-evaluation, as part of a wider quality assurance approach, requires a cycle of activity based round answering three questions:

- **How are we doing?**
  This is the key to knowing whether you are doing the right things and that, as result, people are experiencing high quality, safe and compassionate care and support that meets their needs, rights and choices.

- **How do we know?**
  Answering the question 'how we are doing' must be done based on robust evidence. The quality indicators in this document, along with the views of people experiencing care and support and their carers, can help you to evaluate how you are doing. You should also take into account performance data collected nationally or by your service.

- **What are we going to do now?**
  Understanding how well your service is performing should help you see what is working well and what needs to be improved. From that, you should be able to develop plans for improvement based on effective practice, guidance, research, testing, and available improvement support.

Using this quality framework can help provide an effective structure around self-evaluation. The diagram below summarises the approach:



In addition to our role as the national scrutiny and improvement body, care providers will want to satisfy themselves, their stakeholders, funders, boards and committees that they are providing high quality services. We believe this quality framework is a helpful way of supporting care and support services to assess their performance against our expectations, outwith an inspection and as part your own quality assurance. As part of this consultation, we'd like your views on how helpful you think this will be, as part of an approach to self-evaluation outlined above.

Our consultation questions

To give us your views about the draft quality framework, please first read the framework which you will find on pages 7-28. Please then use the online tool to send us your views:

Visit http://cinsp.in/QFsurvey

Please ensure you send us your views by 23 February 2018.

The draft quality indicator framework

Key question: How good is the care and support and what difference is it making?			
1.1. People experience compassion, dignity and respect			
1.2. People experience wellbeing as a result of their care and support			
1.3. People's health benefits from their care and support			
1.4. People are getting the right service commissioned for their needs			
Key question: How good is the leadership?	**Key question: How good is the staff team?**	**Key question: How good is the setting?**	**Key question: How good are the key processes?**
2.1. Vision and values positively inform practice	3.1. Staff have been recruited well	4.1. People experience high quality facilities	5.1. Care and support is planned according to people's needs and wishes
2.2. Quality assurance and improvement is led well	3.2. Staff have the right knowledge, competence and development to care for and support people	4.2. The setting promotes and enables people's independence	5.2. Families and carers are involved
2.3. Leaders collaborate to support people	3.3. Staffing levels and mix meet people's needs, with staff working well together	4.3. People can be connected and involved in the wider community	
2.4. Staff are led well			
Key question: What is the overall capacity for improvement?			

Key question:

How good is the care and support and what difference is it making?

This key question has four quality indicators associated with it. They are:

1.1. People experience compassion, dignity and respect

1.2. People experience wellbeing as a result of their care and support

1.3. People's health benefits from their care and support

1.4. People are getting the right service commissioned for their needs

Quality Indicator 1.1: People experience compassion, dignity and respect

Key areas include the extent to which people experience:

- compassion
- dignity and respect for their rights as an individual
- help to uphold their rights as a citizen free from discrimination.

Quality Illustrations	
Very Good	**Weak**
The wishes and preferences of each person are used to shape how they are supported. Residents feel listened to and experience care and support with compassion. Residents experience support that promotes independence, dignity, choice and helps to maintain relationships within and outside the care home. Staff demonstrate the principles of the Health and Social Care Standards in their day to day practice. There are warm, positive relationships between staff and residents. There is no evidence of discrimination including indirect discrimination. Residents feel their rights are respected and where there are issues of capacity, appropriate legal arrangements are in place. Residents understand information about their care and support, and have information in the right format for them, detailing what they can expect from the care home. Residents are involved in decisions about the care home in ways which are meaningful to them. Residents are actively supported to use their citizenship rights, including voting. Residents can use the services they need, including advocacy.	People's views and preferences are not actively sought when planning and delivering care and support, or where they are, these are not reflected in daily practice. Care and support is delivered around routines and tasks with little regard for individual needs and wishes. The rights of residents in making choices and maintaining their independence, for example, freedom of movement, are not promoted and a risk averse approach is prevalent. Interactions with staff are often impersonal and sometimes abrupt. Staff are not clear about how the principles of the Health and Social Care Standards inform their practice and interactions with residents. There may be evidence of overt discrimination, or indirect discrimination which goes unrecognised by staff. Ways to be involved in decisions about the care home are limited and not suited to everyone. Where views are gathered, residents still feel they are not listened to and there is little evidence to demonstrate how views have been taken into account. Consent is not actively sought from residents. Staff are unclear of the purpose of obtaining consent and how this should be used.

Quality Indicator 1.2: People experience wellbeing as result of their care and support

Key areas include the extent to which people:

- make decisions and choices about how they spend their time
- are supported to achieve their wishes and aspirations
- experience the social and recreational activities they choose
- feel safe and are protected but have the opportunity to take informed risks.

Quality Illustrations	
Very Good	**Weak**
Residents experience high quality of life. They are enabled to get the most out of life with options to maintain and develop their interests, activities and what matters to them. This includes opportunities to connect with family, friends and the local community, in different ways. Residents choose where and how they spend their time and participate in a range of activities every day, both indoors and outdoors. The right to make choices and take risks is fully embedded within the culture of the care home, so that residents do not feel unduly constrained in what they do. Residents with specific communication needs are supported to participate. Staff demonstrate a clear understanding of their responsibilities to protect residents from harm, neglect, abuse, bullying and exploitation. Where concerns have been identified, these are responded to with appropriate assessments and referrals made. Residents are recognised as experts in their own experiences, needs and wishes. This means they have a say in decisions about the care and support which affect them. There is evidence of care planning which results in residents expressing a sense of worth and engagement with life.	Residents experience care and support at a basic level focussed on tasks and routines which does not treat residents as individuals entitled to personalised care. The quality of people's experience is negatively affected because staff do not know the person or use their personal plan to enhance both the care provided and social interactions. There is a lack of recognition of people's culture or past life and little acknowledgement of the importance of this for residents. Opportunities for meaningful activities are sparse and may only include set group activities. Choices are limited and people's aspirations are restricted by assumptions of what is safe or possible. Residents may not be, or feel, safe and staff are unclear of their role identifying and reporting concerns in relation to the safety and wellbeing of people. Harm may be ignored, for example by assumptions that altercations between residents are inevitable, or that residents living with dementia may not notice how they are spoken to. Staff may participate in or accept poor practice without considering the impact on people's emotional wellbeing. The culture makes it hard to report poor practice which may lead to people being at risk of unsafe care and support. Residents with sensory impairment and communication difficulties find they are disadvantaged because there are insufficient measures used to support them.

Quality Indicator 1.3: People's health benefits from their care and support

Key areas include the extent to which people:

- experience care and support based on relevant evidence, guidance, best practice and standards
- receive the right healthcare at the right time.

Quality Illustrations	
Very Good	**Weak**
Residents benefit from a comprehensive holistic health assessment, screening and care and support, based on good practice and evidenced-based guidance. Residents experience a range of meaningful activity and opportunities that can promote health and wellbeing. Residents have control of their own health and wellbeing by using technology and other specialist equipment. Residents benefit from regular assessments by a qualified person who involves other professionals as required, including prevention and early detection interventions. Residents are fully involved in making decisions about their care and support through anticipatory care plans and joint management of long term conditions and end of life care. Residents participate in menu planning and can be involved in purchasing, growing, preparing and serving their own food. Residents can choose well-presented healthy meals, snacks and drinks which reflect their cultural and dietary needs, including fresh fruit and vegetables. Residents enjoy the food and drinks provided to them in an unhurried, relaxed atmosphere in a setting of their choice. Residents benefit from a wide range of aids and have the required support, with access to fresh water at all times. Residents benefit from a robust medication management system which adheres to best practice guidance, with ongoing review to ensure medication meets current needs and they have as much control as possible.	People's care and support may be compromised because health assessments are basic and do not reflect evidence based practice. Activities in the home have limited links to health promotion. There is limited equipment and technology and its use is often focused on assisting staff as opposed to allowing residents to have more control over their life. Access to appropriate healthcare may be limited. Even where there is access to healthcare professionals, people's healthcare needs are not reliably followed through. This may result in residents experiencing reactive or disjointed care and support, which could impact on health outcomes, including at end of life. Residents may not always receive the right medication at the right time with the potential to affect health outcomes. Residents can be involved in menu planning however this is limited and there are insufficient opportunities to be involved in purchasing, growing, preparing and serving their own food. People's choice of meals, snacks and drinks is limited and does not always reflect their cultural and dietary needs**.** Residents often do not enjoy the mealtime experience and do not always receive the right support to help them eat the best diet for them. There are limited methods used to help residents make choices at mealtimes resulting in others often making the choices for them. Residents may not get enough to drink, and even if fresh water is available it is not easily accessible for everyone.

Quality Indicator 1.4: People are getting the right service commissioned for their needs

Key areas include the extent to which people:

- are fully involved in the professional assessment of their holistic needs
- can choose the care and support they need and want
- experience high quality care and support as result of planning, commissioning and contracting arrangements that work well.

Quality Illustrations	
Very Good	**Weak**
The care and support residents are experiencing is right for them, based on their needs, rights and choices. Residents are involved in a comprehensive assessment of their needs in a meaningful way, and this has informed the care and support they experience. Where relevant the assessment involves other people, including professionals, to help shape the decision about the appropriateness of placement. Residents and professionals are involved in reviewing this needs assessment. Residents have been able to choose the care and support they wish to use, based on their assessed needs. Residents can be assured that planned care reviews and evaluations involve them in a meaningful way to determine whether the care and support meets their needs. Where there are identified changes to their needs, appropriate measures are taken to address these. Residents benefit from strong links between the provider and the commissioning service to ensure that current and future care needs are met and planned for. If the person's needs are no longer being fully met, there is a coordinated and planned approach to look at a suitable alternative care and support which takes account of their wishes and preferences.	The commissioned service residents are experiencing does not meet their needs, rights or choices. Residents have limited or no involvement in their assessment and review processes. There may be limited involvement of other relevant people, including professionals, to help shape the decision about the appropriateness of placement. The assessment process does not fully capture people's current needs or take account of their future needs and preferences. Residents do not always benefit from planned reviews and evaluations of care, involving relevant others, which means that their needs are not being fully met. There may be delays in responding to their changing needs. If a person is placed in a care home which doesn't fully meet their needs there may be a lack of a coordinated and planned approach to look at alternative care and support taking account of their wishes and preferences.

Key question:

How good is the leadership?

This key question has four quality indicators associated with it. They are:

2.1. Vision and values positively inform practice

2.2. Quality assurance and improvement is led well

2.3. Leaders collaborate to support people

2.4. Staff are led well

Quality Indicator 2.1: Vision and values inform practice

Key areas include the extent to which:

- vision, values, aims and objectives are clear and inform practice
- innovation is supported, promoting a positive risk approach
- leaders lead by example and role model positive behaviour.

Quality Illustrations	
Very Good There is a clear vision that is inspiring and promotes equality and inclusion for all. Leaders are aspirational, actively seeking to achieve the best possible outcome for residents and this is shaped by people's views and needs. The aims and objectives of the care home inform the care and support provided and how residents experience this. The culture encourages creative contributions from staff, who are empowered to innovate and provide person-led care and support. In the spirit of genuine partnership, all relevant plans, policies and procedures reflect a supportive and inclusive approach. Staff recognise the importance of an individual's human rights and choices, and embrace the vision, values and aims to support these being met. Leaders ensure that the culture is supportive, inclusive and respectful and they confidently steer the care home through challenges where necessary. Leaders are visible role models as they guide the strategic direction and the pace of change.	**Weak** The vision is unclear; it lacks clarity, collective ownership and does not focus sufficiently on improving outcomes. There is no, or limited, evidence that equality and inclusion are embedded either within policies, procedures and plans or from observing staff's practice. Staff's awareness or knowledge of the vision, values and aims are minimal and do not inform practice. Where improvements are needed, there is limited innovative thinking. Leaders are not visible role models, and not well known to staff, residents and relatives. Their leadership may lack energy, visibility and effectiveness.

Quality Indicator 2.2: Quality assurance and improvement is led well

Key areas include the extent to which:

- quality assurance, including self evaluation and improvement plans, drive change and improvement where necessary
- people are meaningfully involved to influence change
- leaders are responsive to feedback and use learning to improve
- leaders have the skills and capacity to oversee improvement.

Quality Illustrations	
Very Good	**Weak**
Leaders empower others to become involved in comprehensive quality assurance systems and activities, including self evaluation, promoting responsibility and accountability. This leads to the development of an ongoing improvement plan that details the future direction of the care home. This is well managed, with research and best practice documents being used to benchmark measurable outcomes. Staff continually evaluate people's experiences to ensure that, as far as possible, residents are provided with the right care and support in the right place to meet their needs. Residents are well-informed regarding any changes implemented, and their views have been heard and taken into account. Leaders demonstrate a clear understanding about what needs to improve and what should remain, and they ensure that the needs and wishes of residents are the primary drivers for change. Residents know how to, and are supported to, make a complaint or raise concerns without the fear of negative consequences. The complaints procedure is available in a format or language that is right for them. Complaints and concerns are taken seriously and acted upon. Where things go wrong with a person's care or support, or their human rights are not respected, leaders offer a meaningful apology and learn from mistakes. Leaders understand how the duty of candour will impact on their care and support. Leaders at all levels have a robust and clear understanding of their role in directing and supporting improvement activities, and where to obtain support and guidance. The pace of change reflects the improvements needed.	There are some systems in place to monitor aspects of service delivery, however there is confusion and a lack of clarity regarding roles and responsibilities. Quality assurance processes, including self evaluation and improvement plans, are largely ineffective. The approaches taken are not sufficiently detailed to demonstrate the impact of any planned improvement. There is little effective evaluation of people's experiences to ensure that their needs are being met. The lack of individualised care and aspirations to help residents get the most out of life have a detrimental effect on people's overall wellbeing. Leaders do not use success as a catalyst to implement further improvements. They may fail to motivate staff and others to participate in robust quality assurance processes and systems. The lack of information regarding the rationale and need for improvement may inhibit change. Changes may happen as the result of crisis management rather than through robust quality assurance and self evaluation. Residents are either unclear how to raise concerns or make a complaint, or do not feel supported to do so. Complaints and concerns may not drive meaningful change when they could or should. Where things do go wrong, leaders may be defensive and unwilling to learn from mistakes. There is insufficient capacity and skill to support improvement activities effectively and to embed changes in practice. The pace of change may be too slow.

Quality Indicator 2.3: Leaders collaborate to support people

Key areas include the extent to which:

- leaders understand the key roles of other partners and their responsibilities
- services work in partnership with others to secure the best outcomes for people
- leaders oversee effective transitions for people.

Quality Illustrations

Very Good	**Weak**
Leaders seek to overcome barriers to find a way to enable residents to gain real control over their care and support. A culture of joint responsibility, decision making and support is implemented in an attempt to create the best climate, taking into account each individual's whole life including people's physical, mental, cultural, emotional and spiritual needs. Leaders recognise the benefits of sharing ideas and practice, not just within the care home, but further afield too. They have a sound knowledge of the key roles that partner providers and other organisations have. Where partner or multi-agency working exists, a clear, coherent strategy is in place to facilitate working arrangements and associated policies and procedures are shared with relevant parties. Leaders are knowledgeable about key legislation, policies, continuous improvement and good practice in all aspects of service delivery. They are confident in working across boundaries to support people and ensure they experience high quality care and support. Leaders recognise that collaboration within and across such provision plays a vital role in the delivery of high quality care and support. Where residents are supported by more than one organisation, residents benefit from organisations working together, sharing information promptly and appropriately, and working to coordinate care and support so residents experience consistency and continuity. Where information is being shared between agencies for specific purposes, consent is sought (except where there is a serious risk of harm). Leaders are effective at overseeing processes for supporting people to become a resident in the care home, or for moving on to another care home if they wish. Leaders ensure that commissioned services are delivered efficiently and effectively. They will monitor the success and effectiveness of working with partner providers and other agencies.	Leaders do not ensure that care and support is provided in collaboration with residents, their families, and the wider community. There is a lack of understanding of the roles that others from external organisations have, which may benefit or provide additional support for residents. There is a lack of a clear strategy and guidance to inform a collaborative approach. Leaders are not able, knowledgeable or confident at accessing local pathways for people. They may not work effectively with other organisations, or know how to obtain specialist support when needed. Leaders may not be confident at learning from other organisations to improve the services they provide, or be willing to work from them. There is a lack of clarity about when communications and contacts should be made to help meet the current needs of residents. Leaders may be unclear where to share information. Information about residents is not regularly shared when it is appropriate to do so, and where that will lead to improvements in their care and support. Where information is shared, consent may not have been obtained. Silo working may impact negatively on people's experiences of health and social care. Leaders have not put in place robust approaches to supporting residents to become a resident in the care home, or use other care and support.

Quality Indicator 2.4: Staff are well led

Key areas include the extent to which:

- leaders at all levels make effective decisions about staff and resources
- leaders at all levels empower staff to support people
- leadership is having a positive impact on staff.

Quality Illustrations

Very Good	**Weak**
Leaders engage meaningfully with staff, residents, their families, and the wider community, taking a collaborative approach to planning care and support. Leaders model a team approach, acknowledging, encouraging and appreciating the efforts, contributions and expertise, while instilling a 'safe-to-challenge' culture. They listen to others and respect different perspectives. They recognise that residents are often best placed to identify their own needs and encourage staff to support this approach. Leaders are skilled at identifying the appropriate type and level of resources needed to deliver high quality care and support, intervening at the earliest opportunity to ensure residents experience high quality care and support. Leaders consistently seek to shape services around the diverse needs and desires of residents' care and support, with appropriate assessment of opportunity and risk informing staffing decisions. Leaders recognise the importance of sharing ideas in a relaxed and supportive environment and work hard to tackle inequalities, encouraging equality of opportunity both among the staff and residents. They use successes to act as a catalyst to implement further improvements in the quality and outcomes for individuals. Leaders adapt their leadership style in accordance with staff's motivational triggers. A good work-life balance is encouraged at all times, which impacts positively on staff and the people they are caring for and supporting.	Leaders lack the skills and knowledge to proactively anticipate the type and level of resources needed for residents. This has a detrimental impact and fails to prevent difficulties arising and escalating. Leaders do not identify potential barriers which impact on residents, which may mean residents have little influence on decisions which relate to their care and support. There is a lack of vision and creativity in identifying services which may meet the unique needs of each resident. Staff are not empowered to help identify solutions for the benefit of residents. Communication and direction is lacking and the approach to improvement is not sufficiently detailed. The rationale for change is not always clear to staff, impacting negatively on the experiences of Residents. Leaders may fail to engage or energise staff leading to confusion and a lack of clarity of roles and responsibilities. Equality and inclusion are not embedded within policies, procedures and plans. There is a lack of understanding that staff at all levels have an important role to play in delivering high quality care and support. Opportunities to use initiative, take responsibility and influence change are limited. Staff seldom adopt leadership roles. There is no, or limited evidence that professional learning is linked to organisational priorities. Silo working exists and little attempt is made to address this.

Key question:

How good is the staff team?

This key question has three quality indicators associated with it. They are:

3.1. Staff have been recruited well

3.2. Staff have the right knowledge, competence and development to care for and support people

3.3. Staffing levels and mix meet people's needs, with staff working well together

Quality Indicator 3.1: Staff have been well recruited

Key areas include the extent to which:

- people benefit from safer recruitment principles being used
- recruitment and induction reflects the needs of people experiencing the care
- induction is tailored to the training needs of the individual staff member and role.

Quality Illustrations

Very Good	**Weak**
Staff are recruited in a way which has been informed by all aspects of safer recruitment guidance, including a strong emphasis on values-based recruitment. The process is well organised and documented so that core elements of the procedure are followed consistently. Residents have opportunities to be involved in the process in a meaningful way, which takes their views into account, including in recruitment decisions There is a clear link between the needs of residents and the skill and experience of the staff being recruited. Staff do not start work until all pre-employment checks have been concluded and they have received a thorough induction. The induction has been developed to meet the needs of residents in the the particular setting. This includes an emphasis on the principles of the Health and Social Care Standards as underpinning values for all care and support. There is a clear plan as to what is included and how this will be delivered with sufficient time to ensure that staff can understand all the information and what is expected of them. Throughout this process individual learning needs and styles are taken into account. There is likely to be a range of learning styles, for example the opportunity for face to face discussion and shadowing of more experienced staff. Staff are clear about their roles and responsibilities, with written information they can refer to, for example policies, workbooks or handouts. Staff are clear about their conditions of employment and the arrangements for ongoing supervision and appraisal. There is additional supervision in the first few months to discuss any learning needs or issues.	There is insufficient attention to understanding why safer recruitment is important. Key elements of processes may be ignored, for example exploring gaps in employment records or checking that references come from a previous employer. Even where good policies are written, they may not be implemented thoroughly on every occasion, for example only one reference is obtained and staff start to work alone before their membership of the Protection of Vulnerable Groups scheme has been confirmed. The care home may not fully understand the skill set and experience it needs to provide high quality care and support for the residents they support at this time. The values and motivation of potential staff may not have been explored as part of the recruitment process, and may not inform recruitment decisions. Staff start work before they have sufficient knowledge and skills. They may receive no induction, it may be brief and patchy or there may be too much covered too quickly for it to be effective. They may only have the opportunity for a minimum of shadowing and there is limited structure for additional discussions about their learning needs, either through supervision or a mentor. The induction may be generic, have not been reviewed recently, or may not include effective input about the principles underpinning the Health and Social Care Standards.

Quality Indicator 3.2: Staff have the right competence and development to support people

Key areas include the extent to which:

- staff demonstrate the principles of the Health and Social Care Standards in their day-to-day practice
- staff competency is assessed and understood
- people benefit from well embedded staff learning
- staff practice is supported and improved through effective supervision and appraisal.

Quality Illustrations

Very Good	**Weak**
There is a clear structure of training for each role within the care home. This includes values, the Health and Social Care Standards and any applicable codes of practice and conduct, as well as specific areas of practice. Learning opportunities are developed to meet the needs of residents based on evidence and best practice guidance. This is regularly analysed, with new training planned as people's needs change. There are a range of approaches to suit different learning styles and it is evident that all staff have their own plan which identifies gaps and how these will be filled. There are systems in operation which regularly assess staff competencies; ensuring that learning has informed care practice and impacted on outcomes for residents. There is a learning culture embedded within the care home, which includes reflective practice. Staff are comfortable acknowledging their learning needs, as well as challenging poor practice and are confident these will be addressed. Regular supervision and appraisal are used constructively and staff value them. There are clear records of learning being undertaken and planned, which inform what is provided for each member of staff. Staff are aware of their responsibilities for continuous professional development to meet any registration requirements, have support to achieve this and keep a record. Residents are involved in staff development and learning, if this is what they want. As result of their development, staff are confident about where to find best practice and advice on how they can support residents.	Training is basic and restricted to set topics, often with little mention of values and codes and their importance to inform good care and support. The plan for training is static and may not reflect the needs of residents. Training is regarded as an event rather than ongoing learning. There is little access to best practice guidance or opportunity for further discussions to ensure knowledge is consolidated and embedded into practice. Arrangements for assessing ongoing competencies are sporadic and with little encouragement for reflection on how learning needs will be met or how this might improve practice and outcomes for residents. Regular supervision may only ask for any issues and check if set training is up to date, rather than encourage reflection on skills and knowledge and what could be improved. Staff may also consider that if they have completed all the training, they need nothing else. Where learning needs are identified, the systems for ensuring this is provided in some form are insufficiently robust, resulting in gaps in knowledge remaining unfilled. There is no effective training analysis for the care home or individual staff. The training plan and records are incomplete or held in a format which does not allow the identification of priorities. Staff may be registered but do not fully understand their responsibilities for continuous professional development or how they can fulfil this. They may lack confidence in how to take responsibility for their own learning and development.

Quality Indicator 3.3: Staffing levels are right and staff work well together

Key areas include the extent to which:

- the skill mix, numbers and deployment of staff meet the needs of residents
- there is an effective process for assessing how many staff hours are needed
- staff are flexible and support each other to work as a team to benefit residents.

Quality Illustrations

Very Good	**Weak**
Because the care home understands the needs of residents, there are the right number of staff with the right skills working at all times to meet residents' needs, with time to speak with residents and provide care and support with compassion. Staff are clear about their roles and are deployed effectively. Staff help each other by being flexible in response to changing situations to ensure care and support is consistent and stable. There is a warm atmosphere because there are good working relationships. There is effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for residents. Residents can have a say in who provides their care and support. Motivated staff and good team working mean staff spend as much time as possible with residents, with staff confident in how this can build positive interactions and relationships. The numbers and skill mix of staff are determined by a process of continuous assessment featuring a range of measures and linked to quality assurance. Feedback from all parties contributes to this and any dependency assessment takes account of the premises layout, where applicable. This includes how best to deploy staff to support keyworking and small group living with good continuity of care and support. There is a strong emphasis on the responsibilities of staff who are not involved in providing direct care and support to people, recognising that they can play an important role in building a staff team.	The numbers of staff are minimal and sometimes insufficient to fully meet the needs of residents. Staff work under pressure and some aspects of care and support may be skipped or missed, affecting outcomes for residents. Residents perceive staff to be 'rushed'. The pressure on staff leads them to stick to their designated tasks as there is no capacity to respond to other demands. Despite staff's best efforts care and support is basic with little time for speaking with residents or supporting them to maintain interests. Communication and team building may suffer due to lack of time and affect staff motivation. The number of staff hours deployed is relatively static, with infrequent reviews and not adjusted to meet changing needs. There may be a dependency assessment but this is not translated into staff hours and no other measures or feedback are used to determine what staff time is required. There may be an over-reliance on agency staff, which leads to residents experiencing a lack of consistency and stability in how their care and support is provided, and limits their ability to build a trusting relationship with staff members.

Key question:

How good is the setting?

This key question has three quality indicators associated with it. They are:

4.1. People benefit from high quality facilities

4.2. The setting promotes people's independence

4.3. People can be connected and involved in the wider community

Quality Indicator 4.1: People benefit from high quality facilities

Key areas include the extent to which:

- the layout of the setting and quality of fittings meets people's needs
- there is sufficient space to meet people's needs
- the setting is comfortable and homely
- the setting is safe and well maintained.

Quality Illustrations	
Very Good The setting has been designed or adapted for high quality care and support for example, taking account of best practice guidance such as the King's Fund tool for people with dementia and 'Building Better Care Homes'. Residents can choose to use private and communal areas, and can have privacy where desired. Residents benefit from a setting which is the right size for them, including experiencing small group living, where this is appropriate. Residents benefit from a warm, comfortable, homely environment with plenty of natural light and sufficient space to meet their needs and wishes. The environment is clean, tidy and well looked after. Residents can be assured that there are arrangements in operation for maintenance of the premises and the equipment to ensure residents are safe. Residents have the equipment which best meets their changing needs and equipment is provided when required. Residents are actively involved in giving their views about the setting; how well it works for them and what could be improved. Residents feel they are listened to and can influence changes and upgrades.	**Weak** The design and layout of the building has a negative impact on the quality of life for residents. The setting does not offer sufficient space or different options where people can spend time. There may be insufficient opportunities for residents to experience privacy. Living space is functional rather than creating a warm, homely environment to meet people's needs and preferences. It may not be clean and there is a lack of attention to standards such as homely touches, decoration and the quality of furniture. Systems for the ongoing maintenance of the environment and equipment are either not organised or not followed, which may place residents at risk. Some equipment may not be fully functioning or break down regularly. Staff do not identify changing needs for equipment or facilities, which means that residents may not be able to maintain their independence and get the most out of life. This could include communication technology, reassessing how space is used or items to help residents with new experiences or interests.

Quality Indicator 4.2: The setting promotes people's independence

Key areas include the extent to which:

- the setting promotes the independence of residents
- people can influence the layout of the setting and decide how to use it
- people can freely choose to spend time outdoors.

Quality Illustrations	
Very Good	**Weak**
Residents benefit from a setting which is designed or adapted so that people can independently access all parts of the premises they use, including outdoor space. All aspects of the setting promote independence with facilities such as kitchens, control of lighting, heating, ventilation and security. In addition, residents can bring in their own furniture and are supported to use their own space as they wish. Residents benefit from options to keep connected using technology such as radio, phone, TV and the internet. Residents are involved in decisions about the layout of the setting where possible and how the space is used. This encourages people to retain their physical abilities by moving around as much as possible. Residents go outside independently because gardens areas are accessible, well kept and welcoming, with options to get involved with gardening or other leisure pursuits. Residents living on upper floors can access outdoor space as they wish.	The setting does not promote independence and this impacts negatively on residents by restricting their movement, or increasing their dependence on staff. This may also curtail people's choices as to where they spend their time. Internal facilities and fittings may also restrict people's choices and comfort in their daily life, such as inappropriate equipment. Options for using technology as residents wish are limited. Residents tell us they do not have influence over their living space and it is unclear what opportunities leaders have created for this. Outdoor space is not used to its potential, and may not be freely accessible to residents.

Quality Indicator 4.3: People can be connected and involved in the wider community

Key areas include the extent to which:

- the setting supports people being connected to family and friends.
- the setting has a sense of community and belonging
- people benefit from meaningful links with the local community.

Quality Illustrations

Very Good	**Weak**
The location of the setting, or sufficient transport links, allow residents to be active members of the local community, access local amenities and organisations. Residents are routinely supported to access facilities outwith the care home including hairdressing, doctors, clinics, libraries and catering facilities, and other places they want to go. The location and the culture of the care home support the inclusion of family and friends which people benefit from. This includes being able to plan for family members, friends or partners to sometimes stay over. There are a variety of ways in which residents can stay connected including having easy access to the internet and a telephone. Residents are routinely and actively supported to make best use of these where appropriate. Leaders try to support residents to keep a pet, but balance this with the needs of other people too. The design of the setting contributes to people developing relationships, with space to spend time in small groups as well as larger functions. There are strong links with the local community that encourage the growth of informal support networks. Residents benefit from this in a variety of ways including: meeting new people, cross generational relationships, links that support individual's interests, and introducing different ideas and experiences. Residents have a sense of belonging and worth through contributing to the wider community.	The location of the setting or access to transport links makes it difficult for residents to be active members of the local community or to access local amenities. The location of the setting, or transport links, may enable access to the local community and amenities however residents are not routinely supported where appropriate to access these. The culture in the care home is likely to be insular, with limited links to the local community. Residents may spend all their time in the care home, even when they could, with support, be more involved in their local community. There is limited flexible space which means that residents lack choice or privacy to develop friendships or invite friends to visit. People's opportunities to stay connected with their family and friends are limited. While there may be access to telephone and the internet, residents are not routinely or actively supported to use these. The care home lacks or has limited ways of supporting inclusion of family and friends. The setting or the culture of the care home doesn't allow residents to plan for friends and family to sometimes stay over. There is no or little consideration given to supporting residents who wish to live or maintain contact with their pets.

Key question:

How good are the key processes?

This key question has two quality indicators associated with it. They are:

5.1. Care and support is planned according to people's needs and wishes

5.2. Families and carers are involved

Quality Indicator 5.1: Care and support is planned according to people's needs and wishes

Key areas include the extent to which:

- leaders and staff understand the rights and assessed needs of people
- leaders and staff use care plans to deliver care and support effectively
- care plans are reviewed and updated regularly, and as people's needs change.

Quality Illustrations	
Very Good Residents benefit from dynamic care planning which consistently informs all aspects of the care and support they experience. Strong leadership, staff competency, meaningful involvement and embedded quality assurance and improvement processes support this happening. There are a range of methods used to ensure that residents are able to lead and direct the review of their care plans in a meaningful way. Residents also benefit from care plans which are regularly reviewed, evaluated and updated involving relevant professionals and take account of best practice and their own individual preferences and wishes. People are fully involved in decisions about their current and future care through the use of anticipatory (advanced) care plans. Residents are helped to live well right to the end of life by making it clear to others what is important to them and their wishes for the future. This includes receiving care in a place of their choice should they become unwell. Individuals important to residents are fully involved in shaping the care and support plans where residents are not able to fully express their wishes and preferences, and supporting legal documentation is in place to ensure this is being done in a way which protects and upholds people's rights.	**Weak** Care plans are static documents and not routinely used to inform staff practice and approaches to care and support. They may be kept in an inaccessible place and do not necessarily reflect the care and support experienced by residents. The standard of care planning is inconsistent and is not supported by strong leadership, staff competency and quality assurance processes. Residents may not be involved or have limited involvement in the care planning and review process and therefore do not consistently experience care and support in line with their wishes and preferences. Multi-disciplinary professional involvement in the care planning and review process may be limited. Residents may not benefit from professional advice because this is not taken account of in the care planning and review process. Care plans do not reflect up to date best practice guidance. Care reviews may not be not carried out in line with current legislation. Where residents are not able to fully express their wishes and preferences, relevant individuals important to them are not involved, or have limited involvement, in the care planning and review process. Supporting legal documentation may not be in place.

Quality Indicator 5.2: Carers and family members are encouraged to be involved in delivering care and support

Key areas include the extent to which:

- carers and family members are encouraged to be involved in delivering care and support
- the views of carers and family members are heard and meaningfully considered.

Quality Illustrations

Very Good	**Weak**
There is a supportive and inclusive approach to involve all carers and family members in the delivery of care and support. Where people have learning or communication difficulties or where English is their second language, they are appropriately supported to be able to express their views fully. Leaders engage meaningfully with residents and their families, taking a collaborative approach to ensure that they have a thorough understanding of their views, wishes and expectations. The care home is led in a way that is strongly influenced by residents, family members and carers. The views, choices and wishes of residents, and their family members, inform changes in how care and support is provided, even where that challenges previous approaches. Residents and their families have the opportunity to be involved in making recruitment decisions in a meaningful way.	Leaders either seldom engage with the families of residents, or fail to do so in a meaningful way. There are limited forms of consultation methods. Those available are often one-way and a tokenistic way of involving residents, their families and carers. People's views, wishes and expectations are not effectively heard by leaders resulting in a limited understanding of their views, wishes and expectations. There is little evidence in terms of changes being made in how care and support is provided. Support for those with learning or communication difficulties or those who have English as a second language is limited. Residents, and their families, have no or limited opportunity to be involved in making recruitment decisions.