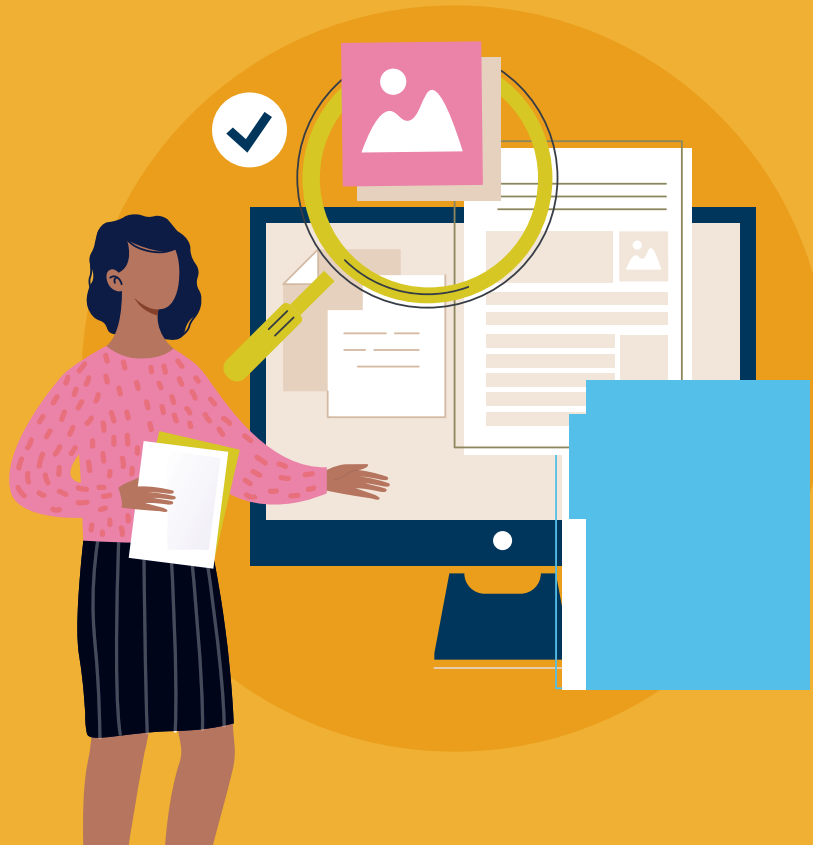


New CQC Quality Statements: How to evidence them



With the new CQC single assessment framework set to roll out for all care providers from January 2023, it is important to know what you need to do to meet the requirements.

In the first of our ongoing series, to help you understand what the new framework means to you, we focus on quality statements and how you can evidence them.

What is a quality statement?

CQC has said ratings and five key questions (safe, effective, caring, responsive and well-led) will stay central to its new regulatory approach.

Under each key question there are a set of topic areas and **quality statements**. The statements (also known as 'we statements') describe what good care looks like and also link to the regulations.

This document offers some guidance to help you consider the type of evidence you may find useful to show the CQC you meet all the quality statements. **Please note this is not a definitive list.**

| Safe | Potential Evidence | How QCS can help |
|--|---|--|
| 1. Learning culture | | |
| | <ul style="list-style-type: none"> <i>* Clear recording of accidents and incidents</i> <i>* Actions taken as a result of accidents, incidents, safeguarding and complaints</i> <i>* Understanding, awareness and sharing of best practice</i> <i>* Openness and transparency with people involved with the service</i> <i>* Root cause analysis (RCA) process is used to identify and embed improvements</i> | <ul style="list-style-type: none"> <i>* Templates for accidents and incidents</i> <i>* Action plans</i> <i>* Safeguarding, whistleblowing, complaints, accident and incident policies</i> <i>* Resource Centre</i> |
| 2. Safe systems, pathways and transitions | | |
| | <ul style="list-style-type: none"> <i>* Full assessments of the current needs of people using the service</i> <i>* Open communication with care partners</i> <i>* Regular monitoring and auditing of care practices</i> <i>* Statement of purpose identifying the range of services provided</i> <i>* Best practice, policies and guidance followed at all times</i> | <ul style="list-style-type: none"> <i>* Pre/post admission assessments</i> <i>* Auditing tools</i> <i>* Statement of purpose template</i> <i>* Management meeting templates</i> <i>* Resource Centre</i> <i>* Policies</i> |
| 3. Safeguarding | | |
| | <ul style="list-style-type: none"> <i>* Safeguarding policy that meets local requirements</i> <i>* Training of staff in how to recognise abuse and what to do about it</i> <i>* Communication with people using the service to explain the standards of care that they can expect to receive</i> <i>* Positive relationships with the Local Authority safeguarding team</i> <i>* Appropriate notifications to the CQC</i> <i>* Safeguarding alerts to the Local Authority</i> <i>* Clear documentation of actions taken as a result of any safeguarding incident</i> | <ul style="list-style-type: none"> <i>* Safeguarding policy</i> <i>* Staff training matrix</i> <i>* Notifications policy</i> <i>* Meeting templates</i> <i>* Communication logs</i> |

| 4. Involving people to manage risks | | |
|-------------------------------------|--|---|
| | <ul style="list-style-type: none"> <i>*Following risk assessment policy</i> <i>*Understanding, respecting, supporting and documenting people's choice</i> <i>*Assessments recognising people's choices, abilities and what is important to them</i> <i>*Clear involvement of the person in any decisions made that impact on their life</i> | <ul style="list-style-type: none"> *Risk assessment policy *Risk assessment Assessment *Range of Mental Capacity Act policies |
| 5. Safe environments | | |
| | <ul style="list-style-type: none"> <i>*Regular auditing of the quality and safety of the environment</i> <i>*Action plans to address any concerns</i> <i>*External contractors commissioned to undertake required safety checks on equipment</i> | <ul style="list-style-type: none"> *Audit templates *Action plan templates *Health and safety policy *Policies to support fire safety *Policies to support contractors visiting the service |
| 6. Safe and effective staffing | | |
| | <ul style="list-style-type: none"> <i>*Dependency tools are used to ensure sufficient staff are always available to meet the needs of the people using the service</i> <i>*Staff receive training to enable them to do their jobs well</i> <i>*Staff are supported and encouraged by the management of the service</i> <i>*Staff have team meetings or other ways in which they can share views or identify concerns</i> <i>*Staff work together for the benefit of the people using the service</i> <i>*Clear rotas evidence staff on duty at any time</i> <i>*Staff only provide care and support that they are qualified to do</i> | <ul style="list-style-type: none"> *Staff rota policy and template *Assessment of needs policy and guidance *Supervision policy and templates *Training policy and templates *Team/management meeting templates and agenda *Resource Centre information and links |

7. Infection, prevention and control

- *An up-to-date and comprehensive infection control policy is in place at the service*
- *Understand, share and implement any local/national guidance regarding IPC*
- *The management of COVID-19 and any other infectious disease is effective and follows best practice*
- *Appropriate notifications regarding COVID-19 or any other infectious disease are made to responsible bodies*
- *Regular auditing of hygiene and cleanliness standards*
- *Equipment and materials to promote a hygienic environment are available and safely used*
- *Good quality, effective PPE is available for use at all times*
- *Documentation provides evidence of cleaning that has been undertaken*

- *COVID-19 hub – and associated information
- *Infection control policy
- *Guidance and best practice supporting infection control
- *Cleanliness auditing templates
- *Housekeeping policy
- *Resource Centre

8. Medicines optimisation

- *The medication policies are up to date, clear and cover all aspects of medication management*
- *If assessed as having the capacity, people using the service are encouraged and supported to manage their own medication*
- *Medication practices are regularly audited, monitored and reviewed*
- *Staff involved in the administration of medication are appropriately trained and there is evidence to support this*
- *When medication has been administered by staff the recording needs to be clear*

- *Full range of medication policies and procedures
- *Medication auditing and monitoring templates

| Effective | Potential Evidence | How QCS can help |
|--|---|---|
| 1. Assessing needs | | |
| | <ul style="list-style-type: none"> <i>*Assessments completed before using the service</i> <i>*Regular reviews of care plans</i> <i>*Monitoring of health conditions</i> <i>*Involvement of the most appropriate people in understanding the needs of the person</i> | <ul style="list-style-type: none"> *Pre/post admission assessments *Care planning policy and associated guidance and templates |
| 2. Delivering evidence based care and treatment | | |
| | <ul style="list-style-type: none"> <i>*Ensuring that relevant legislation is known, understood and followed</i> <i>*Having access to sources of best practice</i> <i>*Communicating guidance and best practice to staff that are delivering care and support</i> | <ul style="list-style-type: none"> *Resource Centre *Policies including relevant legislation and underpinning knowledge *Team meeting template and agenda *Supervision policy and templates |
| 3. How staff, teams and services work together | | |
| | <ul style="list-style-type: none"> <i>*Regular team meetings to share information and receive feedback</i> <i>*Supervision for all staff</i> <i>*Ensuring enough staff with the right skills are available</i> <i>*Providing leadership and establishing a positive culture at the service</i> <i>*Integrating the service in the local community and developing links with other health and care services</i> | <ul style="list-style-type: none"> *Team meeting templates *Supervision policy and templates *Staff allocation guidance and policy |
| 4. Supporting people to live healthier lives | | |
| | <ul style="list-style-type: none"> <i>*Provision of activities</i> <i>*Access to nutritious food promoted</i> <i>*Encouraging independence</i> <i>*Information provided about peoples' own healthcare needs, to encourage individual responsibility for health</i> | <ul style="list-style-type: none"> *Activities policy and guidance *Food and nutrition policy, templates and guidance *Resource Centre *Care planning and reviewing documentation |

| 5. Monitoring and improving outcomes | | |
|--------------------------------------|--|---|
| | <ul style="list-style-type: none"> <i>*Understanding the needs of the person using the service</i> <i>*Regular reviews of the needs and how they are met</i> <i>*Improvement actions identified</i> <i>*Working with professionals to understand and support the changing needs of people using the service</i> | <ul style="list-style-type: none"> *Care planning policy and documentation *Action plan templates *Involvement of professional policy *Management meetings *Clinical review policy and templates *Resource Centre |
| 6. Consent to care and treatment | | |
| | <ul style="list-style-type: none"> <i>*Understand and follow the principles of the Mental Capacity Act (MCA)</i> <i>*Ensure that people that use the service are informed of their rights</i> <i>*Show that choice, independence and rights are central to any care and support provided</i> <i>*Capacity assessments, best interest decisions and other documentation supporting consent are clearly recorded</i> | <ul style="list-style-type: none"> *Mental Capacity Act policy and procedure *MCA assessment templates *Resource Centre and guidance surrounding capacity issues |

| Caring | Potential Evidence | How QCS can help |
|--|---|---|
| 1. Kindness, compassion and dignity | | |
| | <ul style="list-style-type: none"> <i>* Staff have the right values, and recruitment identifies staff with the right attitudes</i> <i>* Training is provided in person-centred care, and how people should always be treated with respect, dignity and kindness</i> <i>* Care and support provided by staff is regularly monitored, and action taken if poor practice is observed or reported</i> | <ul style="list-style-type: none"> <i>* Recruitment policy, and suite of HR policies and procedures</i> <i>* Training Policy and Procedure</i> <i>* Staff observation policy and templates</i> |
| 2. Treating people as individuals | | |
| | <ul style="list-style-type: none"> <i>* Care and support provided is consistently person-centred</i> <i>* Care plans are developed with the person receiving care, they are individualised and reflect what is important to the person</i> <i>* There is understanding of the strengths, abilities and desires of the person using services, and the positive aspects of their lives are reflected in the care provided</i> <i>* Understanding of 'protected characteristics', and the relevance for individual people using the service are known and acted upon</i> | <ul style="list-style-type: none"> <i>* Care planning policy, guidance and templates</i> <i>* Equality policy, including protected characteristics</i> <i>* Information and links in the Resource Centre</i> |
| 3. Independence, choice and control | | |
| | <ul style="list-style-type: none"> <i>* People are supported to do what they can for themselves, live the lives they want and to be listened to</i> <i>* Care plans reflect the desires and choices of people using the service</i> <i>* People are involved in their own care and things are 'done with the person, not for the person'</i> | <ul style="list-style-type: none"> <i>* Policies to support care planning and independence</i> <i>* Resource Centre information</i> <i>* Dementia Centre information</i> |

4. Responding to people's immediate needs

| | | |
|--|---|--|
| | <ul style="list-style-type: none"> <i>*Staff monitor and respond to any changes in the person's needs, views and wishes</i> <i>*Access to healthcare support is made quickly and efficiently when needed</i> <i>*Pain relief is provided when it is needed</i> <i>*Records and documentation support and evidence how the service has responded to the changing needs of the person</i> | <ul style="list-style-type: none"> <i>*Pain Policy and Procedure</i> <i>*Transfer Policy and Procedure</i> <i>*Care plan review documentation</i> |
|--|---|--|

5. Workforce wellbeing and enablement

| | | |
|--|--|--|
| | <ul style="list-style-type: none"> <i>*Staff are supported by management to do their jobs</i> <i>*Staff are valued and receive positive recognition for their work</i> <i>*Training is provided to give staff the skills and knowledge they need</i> <i>*HR policies and procedures provide the basis for the promotion of staff wellbeing and management of staff</i> | <ul style="list-style-type: none"> <i>*Staff Training Policy and Procedure</i> <i>*Suite of specific HR policies</i> |
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| Responsive | Potential Evidence | How QCS can help |
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| 1. Person-centred care | | |
| | <ul style="list-style-type: none"> <i>* Staff provide care and support in a way that the person would like it</i> <i>* Training is provided for staff on what is meant by person-centred care</i> <i>* Care plans and other records let staff know how to support the person</i> <i>* Care and support provided is individual in nature and is flexible to meet any changes</i> | <ul style="list-style-type: none"> * Person-centred care information and guidance * Training Policy and Procedure * Care plan documentation, templates and guidance |
| 2. Care provision, integration and continuity | | |
| | <ul style="list-style-type: none"> <i>* Services are part of the community, are members of local networks and understand their role as part of local healthcare provision</i> <i>* Management of the service seek out new relationships and partners to benefit the people that use the service</i> <i>* There are positive relationships with primary care services, local authority and specialist health provision</i> <i>* There is an awareness of Integrated Care Systems (ICS) and the part the service plays within them</i> | <ul style="list-style-type: none"> * Communication Policy and Procedure * Resource Centre guidance and links to information |
| 3. Providing information | | |
| | <ul style="list-style-type: none"> <i>* Statement of Purpose is up to date</i> <i>* Recognition of the Accessible Information Standard (AIS)</i> <i>* Contracts are clear, unambiguous and in a format that can be easily understood</i> <i>* UK GDPR requirements are always met</i> | <ul style="list-style-type: none"> * Statement of purpose policy and template * Accessible information policy and guidance * Suite of UK GDPR policies |

| 4. Listening and involving people | | |
|---------------------------------------|--|--|
| | <ul style="list-style-type: none"> <i>* Clear, easily accessible complaints policy</i> <i>* Regular meetings with people that use services to get feedback</i> <i>* Newsletters and information in other formats to let people know about what is happening at the service</i> <i>* Surveys to encourage people that use services to share opinions</i> | <ul style="list-style-type: none"> * Complaints policy, template and guidance * Meetings templates, agendas and guidance * Full range of surveys |
| 5. Equity in access | | |
| | <ul style="list-style-type: none"> <i>* Referrals to any external professional are based on current need</i> <i>* Support is provided to help people access the services they need</i> <i>* Care needs are regularly reviewed, and action taken when needs change</i> | <ul style="list-style-type: none"> * Care planning documentation and reviewing templates * Resource Centre information and guidance |
| 6. Equity in experiences and outcomes | | |
| | <ul style="list-style-type: none"> <i>* The management of the service are aware of inequalities and actively promote the involvement of minority groups, or groups that have traditionally experienced poorer outcomes</i> <i>* Assessments and care plans reflect any risks of inequality</i> <i>* Care plans are regularly reviewed, outcomes are identified and progress towards the outcome monitored</i> | <ul style="list-style-type: none"> * Equality policy, procedure and guidance * Information about protected characteristics * Resource Centre information and guidance |
| 7. Planning for the future | | |
| | <ul style="list-style-type: none"> <i>* Advanced care plans are encouraged</i> <i>* End of life is sensitively managed, and wishes are recorded and actioned</i> <i>* Other services are involved in the care and support of the person</i> <i>* Advocates are sourced if necessary to support decision making processes</i> | <ul style="list-style-type: none"> * End of Life policy, procedure and guidance * Advocacy policy * Information to support decision making including MCA, best interests and DoLS |

| Well led | Potential Evidence | How QCS can help |
|--|---|---|
| 1. Shared direction and culture | | |
| | <ul style="list-style-type: none"> <i>* Statement of purpose is up to date and reflects what the service does</i> <i>* Senior leadership teams meet regularly to review the vision for the service and to develop strategic plans</i> <i>* The leadership of the service have a clear vision, and ensures that a positive culture is established</i> <i>* The culture is based on equality, inclusion, engagement and encouraging diversity</i> | <ul style="list-style-type: none"> * Statement of Purpose policy and template * Management meeting templates and guidance * Business continuity plan * Equality policy, guidance and information |
| 2. Capable, compassionate and inclusive leaders | | |
| | <ul style="list-style-type: none"> <i>* Leaders can evidence that they support the staff team to delivery high-quality care and support</i> <i>* They understand the challenges faced, and work with the staff team to resolve issues</i> <i>* Leaders are visible at the service, and lead by example</i> <i>* Recruitment of new leaders within the service is robust and values based</i> | <ul style="list-style-type: none"> * Management and team meeting templates * Observation and monitoring templates * Auditing templates and guidance * Recruitment and the wider suite of HR policies and procedures * Staff rota |
| 3. Freedom to speak up | | |
| | <ul style="list-style-type: none"> <i>* Complaints policy is transparent and accessible</i> <i>* Whistleblowing is encouraged at the service</i> <i>* Duty of Candour is understood and followed at all times</i> <i>* Root Cause Analysis is used as a way of making improvements when concerns have been raised</i> <i>* Complaints or concerns are seen in a positive way, and as an opportunity to improve</i> | <ul style="list-style-type: none"> * Complaints, Whistleblowing and Duty of Candour policies, procedures and guidance * Improvement plan templates * Service user meeting templates and guidance |

| 4. Workforce equality, diversity and inclusion | | |
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| | <ul style="list-style-type: none"> <i>* Recruitment practices value diversity</i> <i>* The staff team reflect the diversity of the people being supported</i> <i>* Diversity is seen as positive, and that a diverse workforce helps the service improve</i> | <ul style="list-style-type: none"> * Suite of HR policies, procedures and guidance * Equality and Diversity Policy and Procedure |
| 5. Governance, management and sustainability | | |
| | <ul style="list-style-type: none"> <i>* The organisation has a clear structure, and staff know who is responsible at all times</i> <i>* Audits are completed regularly, and action taken when concerns are noted</i> <i>* Risks to the service are regularly assessed, and plans developed to mitigate them</i> <i>* Staff roles are defined, everyone knows their area of responsibility and how they evidence that they are performing well</i> <i>* Notifications to regulators are made when required</i> | <ul style="list-style-type: none"> * Organisational chart * Full range of audit templates and guidance * Mock inspection toolkits * Job descriptions * Notification Policy and Procedure * Business continuity plan * Staff rota * Supervisions policy, procedure and guidance |
| 6. Partnership and communities | | |
| | <ul style="list-style-type: none"> <i>* The service makes referrals to other agencies as required</i> <i>* Information is shared when necessary, and this information is shared in line with UK GDPR requirements</i> <i>* The service is clear about what needs it can meet, and liaises with other providers and agencies for the benefit of the person using services</i> <i>* Management of the service are integrated into local networks and information sharing and improvement forum</i> | <ul style="list-style-type: none"> * Full suite of UK GDPR policies, guidance and templates * Safeguarding policy * Statement of purpose * Management meetings, agenda and guidance |

7. Learning, improvement and innovation

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| | <ul style="list-style-type: none"> <i>*The service continually learns and develops the service provided to people</i> <i>*Surveys are conducted</i> <i>*Practice is regularly reviewed to assess quality and effectiveness</i> <i>*Technology is used to improve the wellbeing of the people using services, and also the efficiency of ways of working</i> <i>*The service takes advantage of the technology to deliver innovative ways of working</i> | <ul style="list-style-type: none"> *Full use of the App and the QCS management system *Surveying processes *Access to all policies that are up to date and reflect current best practice *Audit and review templates to identify where improvement is needed |
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8. Environmental sustainability – sustainable development

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| | <ul style="list-style-type: none"> <i>*The 'green' credentials of suppliers are considered when purchasing services or materials</i> <i>*As a service waste reduction and energy efficiency are priorities, how this is done is regularly reviewed</i> | <ul style="list-style-type: none"> *Supplier Policy and Procedure *Guidance, support and links in the Resource Centre |
|--|--|---|