

A quality framework for care homes for older people

For use in self-evaluation, scrutiny, and improvement support

July 2018



Changes to our inspection

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 extent to which people experience wellbeing, and understanding the difference care and support makes to their lives.

Since 1 April 2018, the new **Health and Social Care Standards** have been 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 are changing how we inspect care and support.

From 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 approach will be a quality framework which sets out the elements that will help us answer key questions about the difference care is making to people, and the quality and effectiveness 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 this quality framework. It is based on the approach used by the European Foundation for Quality Management, specifically the EFQM Excellence Model, which 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 versions of this framework in about 60 care homes between November 2017 and May 2018. These tests were evaluated to hear the views of people experiencing care, their carers, and care providers. The tests and people's experiences of them helped us refine the framework and the way we will use it.

How is the framework structured?

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

- How well do we support people's wellbeing?

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

- How good is our leadership?
- How good is our staff team?
- How good is our setting?
- How well is our care and support planned?

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 in inspections. The illustrations are the link to the Health and Social Care Standards and are drawn from the expectations set out in these. 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.

The final key question is:

- What is our 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. It may also include the knowledge and skills about how to carry out improvements in services and models and tools that help to do that successfully. We think this an important question to ask as part of a self-evaluation of care, but we will not use it on inspections at this time.

In each quality indicator, we have included a **scrutiny and improvement toolbox**. This includes examples of the scrutiny actions that the Care Inspectorate may use in evidencing the quality of provision. It also contains links to key practice documents that we think will help care services in their own improvement journey.

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 at 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, but it is likely that we will always inspect 1.1, 1.2, 1.3 and 5.1. 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 and the extent to which they experience wellbeing. 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 evaluations (grades) will reflect the impact and practice of the care service itself.

We will provide an overall evaluation for each of the key questions we inspect, using the six point scale from unsatisfactory (1) to excellent (6). This will be derived from the specific quality indicators that we inspect. Where we inspect one quality indicator per key question, the evaluation for that quality indicator will be the evaluation for the key question. Where we inspect more than one quality indicator per key question, the overall evaluation for the key question will be the lower of the quality indicators for that specific key question.

How will we use the six-point scale?

The six-point scale is used when evaluating the quality of performance across quality indicators.

6	Excellent	Outstanding or sector leading
5	Very Good	Major strengths
4	Good	Important strengths, with some areas for improvement
3	Adequate	Strengths just outweigh weaknesses
2	Weak	Important weaknesses – priority action required
1	Unsatisfactory	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected and their wellbeing improves without delay.

How can this quality framework be used by care services?

The framework is primarily designed to support care services in self-evaluation. 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 a 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 and prioritise plans for improvement based on effective practice, guidance, research, testing, and available improvement support. You can find out more about the Model for Improvement and tools to support your improvements on the Care Inspectorate's Hub.

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 of outcomes for people, outwith an inspection and as part your own quality assurance.

The quality indicator framework

Key question 1: How well do we support people's wellbeing?	Key question 2: How good is our leadership?	Key question 3: How good is our staff team?	Key question 4: How good is our setting?	Key question 5: How well is our care and support planned?
1.1. People experience compassion, dignity and respect	2.1. Vision and values positively inform practice	3.1. Staff have been recruited well	4.1. People experience high quality facilities	5.1. Assessment and care planning reflects peoples' needs and wishes
1.2. People get the most out of life	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
1.3. People's health benefits from their care and support	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	
1.4. People are getting the right service for them	2.4. Staff are led well			
Key question 6: What is the overall capacity for improvement?				

Key question 1: How well do we support people's wellbeing?

This key question has four quality indicators associated with it.

They are:

- 1.1. People experience compassion, dignity and respect
- 1.2. People get the most out of life
- 1.3. People's health benefits from their care and support
- 1.4. People are getting the right service for them

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
<p>Staff demonstrate the principles of the Health and Social Care Standards in their day-to-day practice. This means residents experience care and support with compassion as there are warm, nurturing positive relationships between staff and residents.</p> <p>Residents feel respected and listened to as their wishes and preferences are used to shape how they are supported. Residents experience support that promotes independence, dignity, privacy and choice. They feel connected as they are enabled to maintain relationships within and outside the care home.</p>	<p>Residents' 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.</p> <p>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.</p> <p>Interactions with staff are often impersonal and sometimes abrupt.</p>
<p>Residents rights are respected. They are treated fairly and staff actively challenge any forms of discrimination. Where residents' independence, choice and control are restricted, legal arrangements and appropriate supports are in place with restrictions kept to a minimum and carried out sensitively.</p>	<p>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.</p>

Residents are involved in decisions about the care home in ways which are meaningful to them. They are actively supported to use their citizenship rights, including voting. Residents feel supported because they can use the services they need, including independent advocacy.

Consent is not actively sought from residents. Staff are unclear of the purpose of obtaining consent and how this should be used.

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.

Scrutiny and improvement toolbox

Scrutiny and improvement support actions

- Carry out a Sofi 2 observation
- Observe practice and interactions
- Review how the confidentiality policy, procedure and practice is managed, such as whether all information is held confidentially and maintained by staff including during discussions
- Interviews with residents
- Examine residents review/meeting minutes and action plan
- Interviews with relatives/friends and visitors
- Interviews with staff
- Read staff/residents/families meeting minutes and action plans
- Examine advocacy links and support for residents and if advocates are available, interview/speak with them
- Examine how policies, procedures and practice ensures that people are not subject to discrimination based on protected characteristics, including disability, gender, age, sexuality
- Examine policies/procedures and practice for restriction of liberty

Key improvement resources

The Health and Social Care Standards:
www.newcarestandards.scot

Information from the Scottish Human Rights Commission:
www.scottishhumanrights.com

Rights, Risks and Limits to Freedom, and Human Rights in Mental Health Services, both from the Mental Welfare Commission:
www.mwscot.org.uk/publications/good-practice-guides

My life, my care home – the 2017 report into dementia care by the Care Inspectorate:
<http://hub.careinspectorate.com/media/620011/dementia-ifa-final.pdf>

Make Every Moment Count highlights how making the most of every moment can make a real difference to a person's quality of life in simple but very meaningful ways. Search for "Make Every Moment Count"
<http://hub.careinspectorate.com>

Quality indicator 1.2: People get the most out of life

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
- feel safe and are protected but have the opportunity to take informed risks.

Quality illustrations	
Very good	Weak
<p>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, including at the end of life. Residents choose where and how they spend their time and participate in a range of activities and are enabled to be physically active every day, both indoors and outdoors. There is evidence of care planning which results in residents expressing a sense of worth and engagement with life.</p>	<p>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, including at the end of life. There is a lack of recognition of people’s culture or past life, including sexuality or spirituality, and little acknowledgement of the importance of this for residents.</p>
<p>Residents 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 with specific communication needs or cognitive impairment are supported to participate in a meaningful way.</p>	<p>Residents who communicate in different ways are disadvantaged because staff have difficulty understanding and supporting them</p> <p>Opportunities for meaningful activities are sparse and may only include set group activities. Choices are limited and residents’ aspirations are restricted by assumptions of what is safe or possible.</p>

Residents feel safe and staff demonstrate a clear understanding of their responsibilities to protect residents from harm, neglect, abuse, bullying and exploitation. Measures are in place to prevent this happening, and if concerns are identified, they are responded to appropriately,

Residents are not unduly constrained as the right to make choices and take informed personal risk is fully embedded within the culture of the care home.

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, or appropriate assessments, supports and referrals may not be made. 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 residents' emotional wellbeing. The culture makes it hard to report poor practice which may lead to people being at risk of unsafe care and support.

Scrutiny and improvement toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none"> • Carry out a Sofi 2 observation • Observe staff practice and interactions • Interview residents, staff and relatives • Review meeting minutes and action plans for residents, relatives and staff • Review how care plans are informing care • Review the adult protection procedure, training, knowledge and referrals made Look at the activity policy and practice 	<p>My life, my care home – the 2017 report into dementia care by the Care Inspectorate: http://hub.careinspectorate.com/media/620011/dementia-ifa-final.pdf</p> <p>Arts in Care by the Care Inspectorate - http://hub.careinspectorate.com/improvement/care-inspectorate-programmes,-projects-and-publications/arts-in-care/</p> <p>Care...about Physical Activity (CAPA) resource pack by the Care Inspectorate and BHFNC: http://www.careinspectorate.com/images/documents/2732/Physical%20activity%20guidance%20booklet.pdf</p> <p>Make Every Moment Count highlights how making the most of every moment can make a real difference to a person's quality of life in simple but very meaningful ways. Search for "Make Every Moment Count" http://hub.careinspectorate.com</p> <p>HIS guidance on anticipatory care planning: https://ihub.scot/anticipatory-care-planning-toolkit/</p>

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
- the right healthcare from the right person at the right time
- food and drink that meets their needs and wishes.

Quality illustrations	
Very good	Weak
<p>Residents benefit from a comprehensive holistic health assessment, screening and care and support, based on best practice and evidenced-based guidance. They benefit from a robust medication management system which adheres to best practice guidance, with ongoing review to ensure medication meets current needs and residents have as much control as possible. 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.</p>	<p>Residents' 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.</p>
<p>Where relevant, residents benefit from registered nurses leading on the delivery of high quality nursing care. Residents benefit from regular assessments by a competent person who involves other people and professionals as required, including prevention and early detection interventions. Any treatment or intervention residents experience is safe and effective. 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.</p>	<p>Access to appropriate healthcare may be limited. Even where there is access to healthcare professionals, resident'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.</p> <p>Residents may not always receive the right medication or treatment at the right time, with the potential to affect health outcomes.</p>

Residents feel valued as their views and input is central to menu planning. They can also enjoy being 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 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. Resident'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.

Scrutiny and improvement toolbox

Scrutiny and improvement support actions

- Care out a Sofi 2 observation
- Assess tools used for residents to identify / monitor health needs
- Review how care plans are used to promote people's health
Interview residents, staff, relatives/carers
- Key areas for older people that must be looked at are skin care, nutrition (including special diets, weight loss, fluid intake), medication and stress and distress
- Speak to other professionals who provide support the home.
Contact and seek views of OT and visiting nurses and any other professionals as appropriate.

Key improvement resources

NICE guidance on Medicines Management in Care Homes, 2014 www.nice.org.uk/guidance/sc1

The Handling of Medicines in Social Care
<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643>

Learning from adverse events through reporting and review: A national framework for Scotland 2015:
http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/management_of_adverse_events/national_framework.aspx

Notifications about controlled drugs: guidance for providers, 2015
<http://www.hub.careinspectorate.com/media/226266/notifications-about-controlled-drugs-guidance-for-providers-v1-.pdf>

Pressure ulcer improvement resources, including Prevention and Management Standards 2018, tissue viability toolkit, tissue viability evidence gathering tool, and a model policy on pressure ulcer prevention and management. All available at: www.pressureulcer.scot

Managing Falls and Fractures in Care Homes for Older People, by the Care Inspectorate and NHS Scotland
http://hub.careinspectorate.com/media/107603/ci_falls_and_fractures_new_resource_low_res.pdf

Care...about Physical Activity (CAPA) resource pack by the Care Inspectorate and BHFNC
<http://www.careinspectorate.com/images/documents/2732/Physical%20activity%20guidance%20booklet.pdf>

Quality indicator 1.4: People's are getting the right service for them

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
<p>The care and support residents are experiencing is right for them, based on their needs, rights and choices.</p> <p>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.</p>	<p>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.</p> <p>The assessment process does not fully capture people's current needs or take account of their future needs and preferences.</p>
<p>Residents have been able to choose the care and support they wish to use, based on their assessed needs.</p> <p>Residents are involved in planned care reviews and evaluations 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.</p>	<p>The commissioned service residents are experiencing does not meet their needs, rights or choices.</p>

<p>Residents benefit from strong links between the provider and the health and social care partnership to ensure that current and future care needs are met and planned for.</p> <p>If the resident's needs can no longer be 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.</p>	<p>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.</p> <p>If a resident 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.</p>
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Scrutiny and improvement toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none"> • Sofi 2 • Observation of staff practice and interactions • Interviews with residents, staff, relatives, and other professionals. • Resident Review notes and action plans • Care Plans • Meeting minutes and action plans residents, staff and relatives • Advocacy links and discussion with advocacy in the home. • Policy/procedure for accessing other services 	<p>Understanding Personal Outcomes, from the Scottish Social Services Council: http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=39</p> <p>Supported Decision Making, from the Mental Welfare Commission https://www.mwcscot.org.uk/publications/good-practice-guides/</p>

Key question 2: How good is our 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
- leaders lead by example and role model positive behaviour.

Quality illustrations	
Very good	Weak
<p>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.</p>	<p>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.</p>
<p>The culture encourages creative contributions from staff and residents. Staff are empowered to innovate and provide person-led care and support, fostering a culture of positive risk-taking. In the spirit of genuine partnership, all relevant plans, policies and procedures reflect a supportive and inclusive approach. Leaders and staff recognise the importance of an individual's human rights and choices, and embrace the vision, values and aims to support these being met.</p>	<p>Where improvements are needed, there is limited innovative thinking. Staff may not think creatively about how to change practice in order to meet people's needs and wishes and may be unable or unwilling to tailor care and support for individuals</p>
<p>Collective leadership is evident, with capacity for leadership being built at all levels. 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.</p>	<p>Leaders are not visible role models, and not well known to staff, residents and relatives. Their leadership may lack energy, visibility and effectiveness.</p>

Scrutiny and improvement toolbox

Scrutiny and improvement support actions

- Observation of practice and interactions
- Quality assurance of relevant policies, procedures, records and outcomes
- Interviews with residents, staff, relatives and other professionals
- Residents, staff and relatives meeting minutes and action plans
- Examining how people quality assure what they do
- Looking at improvement plans

Key improvement resources

Supervision guidance – SSSC:

www.stepintoleadership.info/supervision.html

Steps into leadership – SSSC:

www.stepintoleadership.info/

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
- leaders are responsive to feedback and use learning to improve
- leaders have the skills and capacity to drive improvement.

Quality illustrations

Very good	Weak
<p>Staff continually evaluate residents' experiences to ensure that, as far as possible, residents are provided with the right care and support in the right place and at the right time to meet their needs. Residents are well-informed regarding any changes implemented, and their views have been heard and taken into account.</p> <p>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.</p>	<p>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.</p> <p>There is little effective evaluation of residents' 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.</p>

<p>Residents are comfortable at giving feedback and raising any concerns as they know this will be acted on without negative consequences.</p> <p>Where things go wrong with a residents' 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.</p> <p>Leaders use learning from complaints to improve the quality of care and support.</p>	<p>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.</p> <p>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.</p>
<p>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. 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.</p>	<p>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.</p>

Scrutiny and improvement toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none">• Interview residents, staff and relatives Review minutes of meetings and action plans of residents, staff and relatives• Quality assurance of relevant policies, procedurs, records and outcomes• Look at the improvement plan• Review accident/incident records, audits and outcomes• Look at complaint and concerns records, audits and outcome• Understand how the service gathers feedback and action take, including how this is built into induction and supervision	<p>The Model for Improvement and associated resources: hub.careinspectorate.com/improvement</p> <p>Duty of Candour guidance: http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=84</p>

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
<p>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 and decision making helps create a positive climate. This takes into account each individual's whole life including residents' physical, mental, cultural, emotional and spiritual needs.</p> <p>Leaders have a sound knowledge of the key roles Partner or multi-agency working is supported by a clear strategy to facilitate working arrangements. Associated policies and procedures are shared with relevant parties.</p> <p>Leaders are confident in working across boundaries to support people and ensure they experience high quality care and support. Leaders recognise the benefits of sharing ideas and practice, not just within the care home, but further afield too.</p>	<p>Leaders do not ensure that care and support is provided in collaboration with residents, their families, and the wider community.</p> <p>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 residents. They may not work effectively with other organisations, or know how to obtain specialist support when needed.</p>

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 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.

Leaders ensure that admission is person-centred. People are supported to become a resident in the care home, or move on to another setting 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.

Silo working may impact negatively on resident'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.

Scrutiny and improvement toolbox

Scrutiny and improvement support actions

- Look at the admission procedure, practice and experience of people
- Interview residents, staff and relatives
- Observe practice and interactions
- Look at the information sharing policy and practice
- Look at arrangements for multi agency working and how these benefit people
- Examine links the home has to local resources and how these are used and accessed.

Key improvement resources

Step into leadership - SSSC
www.stepintoleadership.info

Quality indicator 2.4: Staff are led well

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
<p>Leaders engage meaningfully with staff, residents, their families, and the wider community, taking a collaborative approach to planning and delivering care and support. This means leaders are skilled at identifying and delivering the appropriate type and level of resources needed to provide high quality care and support now and in the future. They intervene at the earliest opportunity to ensure residents experience high quality care and support.</p> <p>Where relevant, registered nurses are empowered to play a key role in leading nursing care, including working with other staff and supporting all staff in delivering high quality care. This results in robust systems of care with clear lines of responsibility and professional accountability including clinical governance.</p>	<p>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.</p> <p>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.</p> <p>There is a lack of vision and creativity in identifying services which may meet the unique needs of each resident.</p>

<p>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.</p> <p>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.</p>	<p>Staff are not empowered to help identify solutions for the benefit of residents.</p> <p>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.</p> <p>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.</p>
<p>Leaders adapt their leadership style to help motivate staff to deliver high quality care and support. A good work-life balance is encouraged at all times, which impacts positively on staff and residents.</p>	<p>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.</p>

Scrutiny and improvement toolbox	
Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none"> • Observe practice and interactions • Interview residents, staff and relatives • Interview manager • Look at the quality assurance policy, procedure, practice and outcomes • Look at how staff training records, appraisals, supervision and deployment • Review the improvement plan 	<p>Step into leadership - SSSC www.stepintoleadership.info</p>

Key question 3: How good is our 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
<p>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.</p> <p>Staff do not start work until all pre-employment checks have been concluded and relevant mandatory training has been completed. There is a clear link between the needs of residents and the skill and experience of the staff being recruited. There are a range of supports in place to encourage staff retainment.</p>	<p>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.</p> <p>Even where good recruitment 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.</p> <p>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.</p>

<p>The induction is thorough and has been developed to meet the needs of residents in the the particular setting. This includes an emphasis on implementing 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.</p>	<p>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.</p>
<p>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.</p> <p>Staff are clear about their roles and responsibilities, with written information they can refer to and a named member of staff for support., 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.</p>	<p>The induction may be generic, have not been reviewed recently, or may not include effective input about the Health and Social Care Standards.</p>

Scrutiny and improvement toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none">• Look at the recruitment policy and procedure• Review the analysis of staff skills required• Look at interview records• Examine how fitness checks are undertaken• Review relevant HR or personnel files• Look at the induction policy, procedure and practice• Look at staff job descriptions and roles• Interview residents, staff and relatives	SSSC/Care Inspectorate, Safer Recruitment Through Better Recruitment: http://hub.careinspectorate.com/knowledge/safer-recruitment

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

Key areas include the extent to which:

- staff competence and practice supports improving outcomes for people
- staff development supports improving outcomes for people
- staff practice is supported and improved through effective supervision and appraisal.

Quality illustrations	
Very good	Weak
<p>Staff competency is regularly assessed to ensure that learning and development supports better outcomes for residents. This means residents are being cared for by staff who understand and are sensitive to their needs and wishes as there are a number of learning and support measures in place.</p> <p>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.</p>	<p>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.</p> <p>Staff may be registered with relevant professional bodies but do not fully understand their responsibilities for continuous professional development or how they can fulfil this. They may lack confidence or support in taking responsibility for their own learning and development.</p>

<p>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 residents' needs change. Residents are involved in staff development and learning, if this is what they want</p> <p>There are a range of approaches to suit different learning styles and it is evident that all staff have access to training and have their own plan which identifies gaps and how these will be filled. Staff are confident about where to find best practice and advice on how they can support residents</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>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</p>
<p>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.</p>	<p>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.</p>

Scrutiny and improvement toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none"> • Observation of staff practice • Interviews with service users, staff and relatives • Mandatory training for different grades of staff • Staff development plan and outcome • Staff supervision and appraisal 	<p>Promoting Excellence in Dementia Care, by SSSC and NES: http://www.sssc.uk.com/workforce-development/supporting-your-development/promoting-excellence-in-dementia-care</p> <p>Enriching and improving experience in palliative and end of life care, by SSSC and NES http://ssscnews.uk.com/2017/12/12/connecting-frameworks/</p> <p>Step in leadership (supervision), by SSSC: http://www.stepintoleadership.info/supervision.html</p>

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 people
- 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 people.

Quality illustrations	
Very good	Weak
<p>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. Staff have time to provide care and support with compassion and engage in meaningful conversations with residents.</p> <p>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. Residents can have a say in who provides their care and support.</p>	<p>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'.</p>
<p>The numbers and skill mix of staff are determined by a process of continuous assessment featuring a range of measures and is linked to quality assurance. This includes taking account of the acuity and complexity of residents' needs .</p> <p>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, high quality care and small group living with good continuity of care and support.</p>	<p>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.</p> <p>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.</p>

<p>Residents and staff benefit from 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.</p> <p>Motivated staff and good team working mean staff spend as much time as possible with residents., Staff are confident in building positive interactions and relationships.</p> <p>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 play an important role in building a staff team.</p>	<p>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.</p>
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Scrutiny and improvement toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none"> • Carry out a Sofi 2 observation • Observe practice and interaction • Look at the staff rota and deployment • Examine staff roles and duties • Interview residents, staff and relatives • Look at the dependency assessment of residents and how this informs staffing • Interview other necessary professionals 	

Key question 4: How good is our 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
- the setting is comfortable and homely
- the setting is safe and well maintained.

Quality illustrations	
Very good	Weak
<p>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.</p> <p>Residents benefit from a setting which is the right size for them, including experiencing small group living, where this is appropriate. They 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. They feel they are listened to and can influence changes and upgrades.</p>	<p>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.</p> <p>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.</p>
<p>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.</p>	<p>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.</p>

There are arrangements in operation for maintenance of the premises and the equipment to ensure residents are safe.

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.

Scrutiny and improvement toolbox

Scrutiny and improvement support actions

- Carry out a Sofi 2 observation
- Observe practice and interactions
- Carry out an environmental walk around and check
- Review maintenance records
- Interview residents, staff and relatives
- Use the King's Fund tool

Key improvement resources

Links to DSDC design tools and guidance
<http://dementia.stir.ac.uk/design>

King's Fund EHE Environmental Assessment Tool:
<https://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia>

Care Inspectorate, Building Better Care Homes
<http://www.careinspectorate.com/images/documents/4293/Building%20better%20care%20homes%20for%20adults%202017.pdf>

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
<p>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.</p> <p>All aspects of the setting promote independence including 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.</p> <p>Residents benefit from options to keep connected using technology such as radio, phone, TV and the internet.</p>	<p>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.</p> <p>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.</p>
<p>Residents are involved in a meaningful way 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.</p>	<p>Residents tell us they do not have influence over their living space and it is unclear what opportunities leaders have created for this.</p>
<p>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.</p>	<p>Outdoor space is not used to its potential, and may not be freely accessible to residents.</p>

Scrutiny and improvement toolbox

Scrutiny and improvement support actions

- Carry out a Sofi 2 observation
- Observe the environment, looking at movement for residents around building, access to outside and equipment that enables people to be as independent as they want.
- Observe people experiencing the environment
- Carry out an environmental walk around and check
- Consider the domestic areas for residents to prepare drinks and snacks
- Use the King's Fund tool

Key improvement resources

Care Inspectorate's Care About Physical Activity Programme:

<http://www.capa.scot>

DSDC design tools and guidance:

<http://dementia.stir.ac.uk/design>

King's Fund EHE Environmental Assessment Tool:

<https://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia>

Care Inspectorate, Building Better Care Homes

<http://www.careinspectorate.com/images/documents/4293/Building%20better%20care%20homes%20for%20adults%202017.pdf>

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
<p>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.</p> <p>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</p>	<p>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.</p> <p>Residents' 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.</p>
<p>The design of the setting contributes to people developing relationships, with space to spend time in small groups as well as larger functions.</p> <p>Leaders try to support residents to keep a pet, but balance this with the needs of other people too.</p>	<p>There is limited flexible space which means that residents lack choice or privacy to develop friendships or invite friends to visit.</p> <p>There is no or little consideration given to supporting residents who wish to live or maintain contact with their pets.</p>

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.

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 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.

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.

Scrutiny and improvement toolbox

Scrutiny and improvement support actions

- Observe practice and interactions
- Interview residents, staff and relatives
- Look at information on local resources for use by residents
- Consider the links and access to the community
- Consider how staff support people to keep in touch with important people to them
- Review care plans
- Look at meeting notes and action records from residents, staff and relatives.

Key improvement resources

My life, my care home – the 2017 report into dementia care by the Care Inspectorate:
<http://hub.careinspectorate.com/media/620011/dementia-ifa-final.pdf>

Care Inspectorate's Care About Physical Activity Programme:
<http://www.capa.scot>

Key question 5: How well is our care and support planned?

This key question has two quality indicators associated with it.

They are:

- 5.1. Assessment and care planning reflects peoples' needs and wishes
- 5.2. Families and carers are involved

Quality indicator 5.1: Assessment and care planning reflects peoples' needs and wishes

Key areas include the extent to which:

- leaders and staff use care and support plans to deliver care and support effectively
- care plans are reviewed and updated regularly, and as people's needs change.
- people are involved in directing and leading their own care and support

Quality illustrations	
Very good	Weak
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.	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 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. They 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. 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	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.

<p>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. Supporting legal documentation is in place to ensure this is being done in a way which protects and upholds people's rights.</p> <p>People are fully involved in decisions about their current and future care through the use of anticipatory (advanced) care plans.</p>	<p>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.</p> <p>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.</p>
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Scrutiny and improvement toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none"> • Carry out a Sofi 2 observation • Observe practice and interaction • Review care plans • Review resident review minutes and action records • Interview residents, staff and relatives 	<p>Understanding Personal Outcomes, from the Scottish Social Services Council: http://learningzone.workforcesolutions.sssc.uk/course/view.php?id=39</p> <p>HIS guidance on anticipatory care planning: https://ihub.scot/anticipatory-care-planning-toolkit/</p> <p>MWC guidance Adults with Incapacity Act in general hospitals and care homes: https://www.mwcscot.org.uk/publications/good-practice-guides/</p> <p>Power of attorney guide: https://www.mwcscot.org.uk/media/241253/poa_leaflet_care_homes.pdf</p>

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
<p>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.</p>	<p>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 as a result of this involvement.</p>
<p>The care home is led in a way that is strongly influenced by residents, family members and carers, with opportunities for people to be involved in residents' and relatives' meetings and in other ways. 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.</p> <p>Families, as well as residents, have the opportunity to be involved in making recruitment decisions in a meaningful way.</p>	<p>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.</p>

Scrutiny and improvement toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none">• Observations of practice and interactions• Interviews residents, staff and relatives• Care Plans• Resident Review and action plan minutes• Meeting minutes and action plans for residents, staff and relatives.	<p>Carers Act: http://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/Implementation/Carers-scotland-act-2016</p> <p>Equal Partners in Care: www.sks.org.uk/equalpartnersincare</p> <p>SSSC Guidance: http://www.sssc.uk.com/workforce-development/our-current-work/carers</p>

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