



A quality framework for care homes for adults and older people

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

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Our approach to inspections

Since 1 April 2018, the Health and Social Care Standards have been used across Scotland. They were developed by Scottish Government to describe what people should experience from a wide range of care and support services. They are relevant not just for individual care services, but across local partnerships. The Care Inspectorate's expectation is that they will be used in planning, commissioning, assessment and in delivering care and support.

We use these standards to inform the decisions we make about quality of care and support, and since their introduction we have been developing new approaches to scrutiny. This has been to ensure our inspections and other scrutiny work are strongly focused on assessing the extent to which people experience wellbeing, and on understanding the difference care and support makes to their lives.

Our approaches to scrutiny ensure there is an emphasis on experiences and outcomes; proportionate approaches in services that perform well; shorter inspection reports; and a focus on supporting improvement in quality. The core of this approach is a quality framework that 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 those differences.

The primary purpose of a quality framework is to support services to 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 a high-quality service, we can also help support improvement. Using a framework in this way develops a shared understanding of what constitutes good care and support.

The quality framework also supports openness and transparency in the inspection process. In developing it, we have involved both people who experience or have experienced care and those who provide care and support. It is based on the approach used by the European Foundation for Quality Management (EFQM), 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 settings and have used the Health and Social Care Standards to illustrate the quality we expect to see. Our frameworks are tested and evaluated to hear the views of people experiencing care, their carers and care providers. They are also kept under review to ensure they reflect any changes in the wider social care landscape. All of this helps us refine our frameworks and the way we use them.

How is the framework structured?

Previously, we had separate quality frameworks for care homes for adults and care homes for older people. This revised quality framework now covers care homes for both adults and older people which provide a range of different supports to different people with a wide variety of needs and outcomes.

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 planned?

Under each key question, there are up to five **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 are also aligned to the appropriate legislation and relevant national good practice. 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 are 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 takes 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. We think this an important question to ask as part of a self-evaluation of care.

You should carefully consider the aims and objectives of your service when looking at the quality illustrations and evaluating it using the quality indicators and key questions.

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.

Some helpful resources and key practice documents that are aligned to this quality framework are available on The Hub [here](#).

How will this quality framework be used on inspections?

Our 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. 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.

During the Covid-19 pandemic we introduced an additional key question to the framework. Key question 7 focused on 'how good is our care and support during the Covid-19 pandemic?'. This key question is no longer a part of the framework, however one of the quality indicators 1.5, has been developed to ensure that where there are outbreaks of any infectious diseases, people's health and wellbeing continues to be supported and safeguarded by infection, prevention and control practices. This reflects our learning from issues relating to infection, prevention and control that arose during the pandemic, and takes into account the [National Infection Prevention and Control Manual for older people and adult care homes](#).

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.

In addition to the evaluating key questions, there are some things we will always look at on our inspections. This is because we know that these key areas are essential to a service being safe. We call these 'core assurances' and further information about these are set out on **page 9**.

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

- **How are we doing?**

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

- **How do we know?**

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

- **What are we going to do now?**

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

Using this quality framework can help provide an effective structure around self-evaluation. To help you with this, we have also developed a self-evaluation tool with guidance that you can use alongside this framework to support improvement. You will find the tool and guidance on our website [here](#).

The diagram below summarises the approach:



Irrespective of 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 and make improvements as part their own quality assurance. We are promoting this approach as we believe it adds value, and we consider it important that care and support providers do not take actions merely to satisfy the inspection process.

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 personal planning reflects people's outcomes 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 people's independence	5.2. Carers, friends and family members are encouraged to be involved
1.3. People's health and wellbeing benefits from their care and support	2.3. Leaders collaborate to support people	3.3. Staffing arrangements are right and staff work well together	4.3. People can be connected to and involved in the wider community	
1.4. People experience meaningful contact that meets their outcomes, needs and wishes	2.4. Staff are led well			
1.5. People's health and wellbeing benefits from safe infection prevention and control practices and procedures				
Key question 6: What is the overall capacity for improvement?				

Core assurances checklist

Experience has taught us that when things go wrong in care services, they often relate to key areas. Theory and inquiries into when care goes wrong has highlighted the areas that are important to monitor because these can be identified as early indicators of harm to people using services (Scottish Government 2014, Hull University 2012, Francis Report 2013, Wardhaugh and Wilding 1993). These are the key areas considered during the registration process, and policies and procedures relating to them must be in place before a service is registered. Because we know, and research tells us, that these key areas are essential to a service being safe, we have called them "core assurances".

This checklist of core assurances highlights what inspectors must look at on inspection. They help guide providers on the areas that are important to people's safety and wellbeing. The core assurances span the entire framework, covering elements of several different quality indicators. If we have any concerns arising from our assessment of a particular core assurance, we may decide to focus in on a specific quality indicator. For example, the core assurance about infection prevention and control does not necessarily mean that we are evaluating all of quality indicator 1.5, but if we identify concerns, we will look at this quality indicator in more detail.

In making our evaluations we will always speak to people who live in the service, families, staff and visiting professionals and relevant stakeholders.

General

- A registration certificate is on display and contains accurate information that reflects the service currently being delivered.
- A valid insurance certificate is on display (except local authority services).
- There is a written statement of the aims and objectives that accurately describes the conditions of registration and the service that is offered to people.

Protection

- There is an adult protection policy and procedure that evidences how people are kept safe.
- Staff are trained in adult protection and are confident in knowing when and how to make referrals, including notifying the Care Inspectorate.
- Where required, there is evidence that appropriate adult protection referrals have been made and followed up.

Infection prevention and control

- All staff are trained in and can demonstrate they understand and apply the principles of infection prevention and control as contained in the Infection Prevention and Control Manual for Older people and Adult care homes (The Manual), in line with their role.
- There is a nominated lead person who has responsibility for infection prevention and control.
- The service has governance and quality assurance processes in place for infection prevention and control.
- Leaders ensure that staff have access to suitable equipment and appropriate cleaning products. A robust risk assessment is undertaken and approved through local governance when this cannot be implemented.

Medication system and records

- People are protected by safe medication management policies and practices.
- Legislation and good practice guidance are followed when supporting people to take medication who do not have capacity, where medication is given covertly and when 'as required' medication is prescribed.
- Where there are medication errors, the services makes appropriate notifications and learn from these to improve medication practice.

Management of people's finances

- People's personal property and finances are managed and protected in line with legislation.
- Clear financial policies and procedures for the management of people's money and possessions are documented and evidenced in practice.
- Where decisions are being made on behalf of an adult who lacks capacity, legislation principles and good practice guidance are followed. This includes proper financial accounting and audit measures are in place in accordance with Part 4 of the Adults with Incapacity (Scotland) Act 2000, and the Acts guidance for managers – code of practice.

Accident/incident records

- A record of all accidents and incidents occurring in the service is maintained and, where required, notified to the Care Inspectorate and/or the appropriate agency/ authority. There are quality assurance processes around accident and incidents and evidence of learning from these.

Development/Improvement plan

- There is an up-to-date development/improvement plan in place that is informed by feedback from staff and people who use the service, and/or their relatives. This plan is actively used to drive improvement in the service.

Complaints

- The complaints and concerns of each person, their family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

- People are made aware promptly of the outcome of any complaints and there are processes in place to implement learning from complaints. A record is made of all complaints, responses and outcomes and details of any formal investigations undertaken.

- The complaints process is user-friendly and accessible.

Staff recruitment procedures

- Safe and effective recruitment practices are in place to recruit staff in accordance with good practice and national safer recruitment guidance.

The physical environment

- The service is clean, tidy, welcoming and free from avoidable and intrusive noise and smells.

- The layout of the setting and quality of the furnishings and fixtures meets people's needs and outcomes.

Maintenance records for safety equipment.

- People have access to appropriate equipment, including single use equipment, which promotes their independence and comfort. Where the equipment is not single use, this is cleaned between uses and stored securely.

Equipment is fit for purpose and there is a process for ensuring that all equipment is properly installed, used, maintained, tested, serviced and replaced.

Staff are trained to use equipment.

The setting has relevant safety certificates, including gas and water checks, and others as appropriate.

Testing and maintenance of fire safety equipment and systems takes place and a fire risk assessment is in place. Staff and people living in the service know what to do in the event of a fire, including information on those who need support to evacuate and how to do this safely.

Planned care and support

The personal plan is based on an ongoing comprehensive assessment of individual's needs, strengths and is outcomes-focussed. It is implemented, evaluated and reviewed, reflects the person's changing needs and outlines the support required to maximise their quality of life in accordance with their wishes.

People are actively involved in their personal planning process and care is observed to be person centred and delivered in accordance with each person's individual plan.

Personal plans are accessible to people and the staff providing their care and support, ensuring their needs and wishes are met.

Management oversight and governance

There are governance and oversight systems in place to identify risks and ensure appropriate action is taken to improve outcomes for people. These include leaders behaviours which create the right environment for safe quality care.

Meaningful connections

People are actively supported with digital and/or traditional forms of communication to stay connected with those important to them and to maintain social and community connections. This is clearly documented in people's personal plans.

Practice is strengthened by a policy which outlines how meaningful connection will be supported including visiting arrangements. It details how any restrictions will be managed, including ensuring these are for shortest time and that essential visiting is always in place.

Staff demonstrate they understand and apply the principles of meaningful contact and how to support people with this.

You should carefully consider the aims and objectives of the service when looking at the quality illustrations and evaluating it using the quality indicators and key questions.

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

This key question has five 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 and wellbeing benefits from their care and support
- 1.4 People experience meaningful contact that meets their outcomes, needs and wishes
- 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure

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>People experience care and support with compassion because there are warm, encouraging, positive relationships between staff and people living in the care home. This supports people to achieve their individual outcomes.</p> <p>People feel respected and listened to because their wishes and preferences are used to shape how they are supported, including if they wish to decline an aspect of their support.</p> <p>People experience support that promotes independence, dignity, privacy and choice. They feel connected, as they are enabled to maintain and develop relationships within and outside the care home.</p>	<p>Staff interact with people in ways which are impersonal or abrupt. Staff may appear rushed and have no time for meaningful interaction with people.</p> <p>People's views and preferences are not actively sought when planning and delivering care and support. People's views and preferences are not reflected in daily practice. Care and support are delivered around routines and tasks with little regard for individual needs and wishes.</p> <p>The rights of people in making choices and maintaining their independence, for example, freedom of movement, are not promoted and a risk averse approach is prevalent.</p>

People's rights are respected. They are treated fairly, and staff actively challenge any form of discrimination.

Where people's independence, choice and control are restricted, they are well informed about these, and legal arrangements and appropriate supports are in place. Restrictions are kept to a minimum and carried out sensitively.

People's wellbeing and sense of worth is enhanced by staff who are knowledgeable about and value diversity.

Where people's behaviour may be seen as challenging to others, staff provide sensitive support to reduce the impact.

There are a limited range of opportunities for people to be involved in decisions about the care home. Where views are gathered, people still feel they are not listened to and there is little evidence to demonstrate how their views have been taken into account.

Where there are restrictions placed on people's freedom of movement, choice or independence, these are not designed to benefit the individual or are not linked to risk. Restrictions are not clearly documented and are not implemented with the involvement and consent of relevant people.

People are well informed about their citizenship rights, including voting. They are actively supported to exercise these rights and staff demonstrate the principles of the health and social care standards in their day-to-day practice.

People are involved in decisions about the care home in ways which are meaningful to them.

People feel empowered because their voice is heard and action taken, including opportunities to use independent advocacy.

Staff are unclear about the purpose of obtaining consent, or do not actively seek consent, from people or their representatives.

Staff do not know about the Health and Social Care Standards, or they are not clear about how the principles should inform their practice.

People may experience stigma or feel as though they are judged or not valued because of their circumstances.

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- communication and interactions
- formal SOFI 2 observation.

Discussions with:

- people living in the care home
- visitors, such as relatives, friends and carers of people living in the service
- visiting professionals.

Sampling of:

- policies/procedures and practice for restriction of freedom
- review/meeting minutes, action plans and evidence change in practice
- Duty of Candour records.

Consideration of:

- what information the service provides about any limitations or restrictions on choice as a result of using the service – in admission or welcome documents
- how communication support tools are used in gathering people's views and decision-making
- how policies, procedures and practice ensure that people are not subject to discrimination based on protected characteristics, including disability, gender, age, sexuality.

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
- are getting the right service to meet their needs and outcomes.

Quality illustrations

Very good	Weak
<p>People are recognised as experts in their own experiences, needs and wishes. This means they are fully involved in decisions about their care and support which affect them.</p> <p>People choose where and how they spend their time and benefit from maintaining and developing their interests and what matters to them. People are supported to be emotionally resilient and have a strong sense of their own identity and wellbeing.</p> <p>The impact of people's health condition or diagnosis is taken into account when supporting people to identify outcomes which build their aspirations.</p>	<p>People experience care and support at a basic level, focussed on tasks and routines which does not treat them 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.</p> <p>There is a lack of recognition of people's interests, culture or past life, including sexuality, gender identity, spirituality or important relationships, with little acknowledgement of the importance of this for each person.</p> <p>Opportunities for meaningful activity and engagement are sparse and may only include group or indoor activities at set times of the day or week. Choices are limited and people's aspirations are restricted by assumptions of what is safe or possible.</p>

People are enabled to get the most out of life with options to maintain, develop and explore their interests, strengths and skills, which may include education and learning, employment and leisure.

People with specific communication needs or cognitive impairment are supported to participate in ways which suit them best.

People regularly have fun and social bonds are strengthened because the support they receive enables people to build and maintain meaningful relationships with others both within and outside of the care home.

There are opportunities to connect with family, friends and contribute to local communities, in creative and imaginative ways, including digital participation.

People are able to get involved in a wide range of activities and interests. They have regular opportunities that promote their creativity, including through the arts.

People benefit from regular interactions and engagement from staff, and experience support that promotes independence, dignity, privacy and choice. This includes encouragement and resources to take part in meaningful occupations that validate a person's identity. It also involves providing opportunities for people to feel included and attached to others, thus promoting their sense of wellbeing.

People who communicate in different ways are disadvantaged because staff have difficulty understanding and supporting them or lack the resources to respond appropriately.

People are not enabled to have a sense of purpose or direction because the support provided lacks appropriate structure or stimulation.

Staff show an inconsistent attitude to supporting people to become involved in their community. People's confidence suffers because they have limited chances to be socially active or are not given the support they need to participate. New experiences are rare, and people do not get the encouragement and support they need to be active.

People feel safe and staff demonstrate a clear understanding of their responsibilities to protect people from harm, neglect, abuse, bullying and exploitation. Measures are in place to prevent this happening, and staff are confident that if they identify concerns, the open and supportive culture within the care home ensures that they are responded to appropriately.

People's right to make choices and take informed personal risk is fully embedded within the culture of the care home. People are confident that staff have the skills and understanding to support people to exercise these rights where appropriate, enabling ambitious and aspirational choices.

People's right to control their finances and personal property is respected and actively promoted, maximising choice, control and independence. Where people are unable to manage their finances, decisions made enhance quality of life and support arrangements are clear, safe and accountable.

People are able to choose how they spend their money or receive the right support to manage it

People may not be or may not feel safe and staff are unclear of their role in identifying and reporting concerns about the safety and wellbeing of people. Appropriate assessments, supports and referrals may not be made. Harm may be ignored or not identified, for example as a result of assumptions that altercations between people are inevitable.

Staff may participate in or accept poor practice without considering the impact on people's emotional wellbeing and dignity.

The culture makes it hard to report poor practice which may lead to people being at risk of unsafe care and support.

People are not protected from financial abuse or exploitation as staff are not aware of potential signs or good practice guidance. Processes to keep people's money and valuables safe are not robust.

Where relevant, people, their families, friends and professionals are involved in a holistic assessment of their needs in a meaningful way, informing the care and support they experience. Where there are identified changes to people's support needs, appropriate measures are taken to address these.

People can choose care and support that is based on their needs and wishes. Their views are central to on-going assessment which identify the changes required to support best outcomes.

People experience high quality care and support as result of strong multi-agency partnerships. Planning, commissioning, and contracting arrangements ensure people get support that is right for them.

People, families, and professionals have limited involvement in the assessment and review process. People's holistic needs are not considered, and the service does not adapt to people's changing circumstances.

Decisions about care and support arrangements are made for people, without appropriate legal powers, or without taking into account the principles of relevant legislation.

People's support choices are limited or undermined by pressure on resources.

The commissioned service which people are experiencing does not meet their needs, rights or choices.

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- communication and interactions
- formal SOFI 2 observation.

Discussions with:

- people living in the care home
- visitors, such as relatives, friends and carers of people living in the service
- visiting professionals
- staff.

Sampling of:

- meeting minutes and action plans for people, relatives and staff
- activity planners for both individual and group/communal activities
- the adult protection procedure, training, knowledge and referrals made.

Consideration of:

- how people spend their time and any policies or records which relate to this
- how people are supported to be involved in the community and engage in activities/hobbies that they enjoy
- how care and support plans are informing care and evidence change.

Quality indicator 1.3: People’s health and wellbeing* benefits from their care and support

Key areas include the extent to which people experience:

- care and support based on relevant evidence, guidance, good practice and standards
- the right healthcare from the right person at the right time
- food and drink that meets their needs and wishes.

* References to health and wellbeing in the quality illustrations include people’s physical, emotional and mental health and wellbeing

Quality illustrations

Very good	Weak
<p>People benefit from a comprehensive holistic health assessment, screening and care and support, based on good practice and evidence-based guidance.</p> <p>People have as much control as possible over their medication and benefit from a robust medication management system which adheres to good practice guidance. People’s medication is regularly reviewed to ensure it meets their identified health needs.</p> <p>People have a range of opportunities and health education that can promote health and wellbeing. People have control of their own health and wellbeing by using technology and other specialist equipment.</p> <p>People’s wellbeing, mobility and confidence are enhanced as the service promotes a person-centred approach to managing and preventing falls and fractures.</p>	<p>People’s care and support may be compromised because health assessments are basic and do not reflect evidence-based practice, or do not involve the appropriate people.</p> <p>Intimate personal care is not carried out with dignity and respect or at the right time.</p> <p>Staff working in the service may lack understanding about supporting people’s physical, mental and emotional wellbeing, so opportunities to improve people’s health are missed. People’s wellbeing may be compromised because rigorous processes are not in place to support effective communication about changes to people’s wellbeing.</p> <p>The support which people receive and how they spend their time has limited links to current good practice, health promotion, recovery and/or harm reduction. There is limited access to equipment and technology and its use is often focused on assisting staff rather than on allowing people to have more control over their life.</p>

People are encouraged to move regularly and remain as active as they can be, including using outdoor space where possible. Appropriate support for this is sought from allied health professionals.

Palliative and end of life care is managed in line with the person and their family's needs and wishes. The principles of care at this time in life are anticipated. Plans are agreed and in place to provide high quality comfort, care and support.

Where relevant, people benefit from high quality nursing care, led and delivered by registered nurses.

People benefit from regular healthcare assessments, access to community healthcare and treatment from competent trained practitioners, including prevention and early detection interventions.

People are well informed about their care and treatment because information about treatment options, rehabilitation programmes or care is available in a format which is right for them. This helps ensure that people experience care and treatments which are safe, effective and in line with their wishes and choices.

People are fully involved in making decisions about their care and support, including those with long-term and life-limiting conditions, through their personal plans and the process of anticipatory care planning.

Decisions in relation to end of life care or 'Do not attempt cardiopulmonary resuscitation' (DNACPR) are not made as part of a person-centred assessment. The views of the person and their family or any proxy decision-maker, such as a welfare attorney or guardian, are not sought. As a result, there is limited opportunity to consider the risks and benefits of any treatment or intervention for an individual.

Access to appropriate healthcare in their local community is limited and the provider or manager has not taken action to address this. Even where there is access to healthcare professionals, people's healthcare needs are not reliably followed through. This may result in people experiencing reactive or disjointed care and support, which could impact on health outcomes.

People's health and wellbeing may be compromised because processes are not in place to support effective communication about changes or deterioration in their condition.

People may not always receive the right medication or treatment at the right time, with the potential to affect their physical and emotional wellbeing. The use of 'as required' medication may not be clearly laid out or in line with good practice guidance.

There are a range of opportunities which promote physical and mental health education, including sexual wellbeing, harm reduction and sleep health.

Where people do not consent to elements of their care, staff are pro-active, confident and skilled in assessing risks and sharing information to protect people from harm.

People's skin integrity is maintained because the service have a proactive and person-centred approach which is based on good practice recommendations and the assessment of risk. An appropriate prevention and management plan is in place which reflects this.

People's wellbeing benefits from an approach that enables a healthy attitude to food and drink. Staff share information appropriately when they observe changes in people's eating and drinking.

There is a system in place to ensure regular access to drinks, meals and snacks, especially for people who need support to eat and drink. Records are maintained where required.

People are central to the planning, budgeting, shopping, and preparation of food as part of their daily life, and these are used as an opportunity to build skills and independence.

Decisions about care and treatment for people who have a deterioration in their condition are not made on an individual basis or based on the person's best interests. They are not made in consultation with the individual or their families/representatives or take account of any expressed wishes contained in their anticipatory care plan or ethical practice guidance.

Where people's medication needs to be given covertly or the person does not have capacity to consent, the relevant legal powers, consents and processes are not in place.

People only access health, including mental health, or sexual health education in response to specific issues, rather than as part of the service's ethos of health promotion.

Staff are not able to recognise, or information is not appropriately escalated, where people are unwilling or unable to consent to elements of their care and support plan being undertaken which has the potential to cause them harm.

People's skin integrity is at risk and where people have developed a pressure ulcer or wound, the right staff do not assess, document and monitor progress or seek external professional support and advice when necessary.

People benefit from access to a tasty, varied and well-balanced diet. They can choose from a variety of, meals, snacks and drinks which reflect their cultural and dietary needs and preferences, including fresh fruit and vegetables.

People enjoy their meals in an unhurried, relaxed atmosphere when and where they want to. People benefit from a wide range of aids and have the required support.

People have insufficient opportunities to be involved in purchasing, growing, preparing and serving their own food.

Options for meals, snacks and drinks are limited and do not always reflect people's preferences, cultural or dietary needs. People may not get enough to eat or drink, and the necessary help is not always available where they need support with this.

People often do not enjoy their meals and do not always receive the right support to help them eat the best diet for them. There are limited methods used to help people make choices at mealtimes resulting in others often making the choices for them.

Staff may control access to food and drink without professional rationale. As a result people may not be able to eat or drink when they want or need to outside of regular mealtimes.

Staff lack knowledge and skills to appropriately assist people who require support to eat and drink. Support is not provided in a way that maximises independence, dignity or respect.

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- communication and interactions
- formal SOFI 2 observation
- care and support at mealtimes
- medication processes.

Discussions with:

- people living in the care home
- visitors, such as relatives, friends and carers of people living in the service
other professionals who provide support to the home or individual. Contact and seek views of GP and visiting nurses, mental health officer, dieticians, and any other professionals as appropriate
- staff.

Sampling of:

- assessment tools used for people to identify / monitor health needs
- personal plans and risk assessments relating to health and wellbeing
- medication administration records including protocols for administration of 'as required' medication.

Consideration of:

- mental health supports – do staff know which aspects of their support is covered by compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHCTA) and what their responsibilities are, including under the principles of the Act? Where residents are subject to current MHCTA powers, is there a copy of the order and the Responsible Medical Officer's care plan?
- where people lack capacity to make their own decisions, is care and support provided in line with the principles of the Adults with Incapacity (Scotland) Act 2000?

Consideration of:

- when psychoactive medication is prescribed for people with dementia, is good practice implemented in line with the Scottish Government Communication 'Dementia - psychoactive medication prescribing and review'?(September 2020).
- key areas for adults experiencing life-limiting conditions should include comfort measure and active care including skin care, nutrition (including special diets, weight loss, fluid intake), oral health, medication and pain management or where people are fed using PEG.
- how care and support plans are used to promote people's health and wellbeing, including specific plans to support people with for example, epilepsy, harm reduction or behaviour support plans.

Quality indicator 1.4: People experience meaningful contact that meets their outcomes, needs and wishes

Key areas include the extent to which people:

- are supported to have a range of meaningful contacts within and outwith the service with others who are important to them
- are supported to develop and maintain personal relationships.

Quality illustrations

Very good	Weak
<p>People benefit from creative and innovative ways to stay connected to family, friends and local communities, including through the use of technology.</p> <p>People’s rights and quality of life are enhanced because staff actively promote visiting. Staff are knowledgeable about current guidance and apply it consistently. This ensures that named person(s) are identified along with the role they have in providing care, support and meaningful contact.</p> <p>People have easy access to the internet and a telephone and are routinely and actively supported to make best use of these. This includes space to have private conversations.</p> <p>Respect for people’s right to a private and family life is promoted. Staff are proactive, responsive and flexible in how they ensure people stay connected, feel engaged and part of a community.</p> <p>People’s emotional and physical wellbeing is supported, and their rights protected in the services approach to visiting. This includes enabling contact where someone plays an active part in their loved one’s care.</p>	<p>Staff do not attempt to look for other ways of helping people stay connected where they do not have family that can visit.</p> <p>Staff do not have time to support / teach people to use technology to engage with family or friends.</p> <p>There is an overly cautious or risk-averse approach to visiting and wider community engagement. Policies do not take account of local flexibility and professional judgement or safely balance risks of harm.</p> <p>The service does not recognise the importance of meaningful contact, even in times of crisis. Friends, family member or others may not feel welcome when visiting the care home.</p> <p>People do not have a plan to identify how they, as individuals will be supported to stay connected to those important to them. There is little recognition of the impact of changes to people’s carers or routines. This includes a lack of understanding of the importance of the role that relatives, friends, named person(s) or others may play in the delivery of care.</p>

Family members and representatives are actively encouraged to participate in the delivery of direct care when this is the person's choice. Staff understand and value the contribution family and representatives can make to improving people's wellbeing.

People benefit from approaches to visiting that are person-centred, creative and maximise meaningful contact. Visits are sympathetically supported, anticipatory and responsive.

Staff are proactive in recognising where meaningful contact may be beneficial to people, even where they do not routinely receive visitors. The service works with local partners to identify ways to support individuals who may benefit from increased contact with others outside of the care home.

People are encouraged and supported to get out and about with their family and friends and overnight stays are facilitated. Any restrictions placed on time away from the service is supported by evidence and clearly documented.

People are supported to manage their relationships and how they communicate in a way that suits their wellbeing. Staff recognise when people are missing those who are important to them and give them support to stay connected. Communication tools, aids or translation services are routinely used where necessary.

People are unable to stay connected as providers have not taken steps to minimise the impact of poor access to technology or areas where there is limited wifi or phone signal.

People do not feel included or lack opportunities for meaningful engagement as there is no guidance for staff on how to support people transitioning to the service unexpectedly or who are required to self-isolate.

Staff do not support people to celebrate or mark important occasions or life events for example the sending of messages, cards or gifts.

Visiting arrangements are determined by the service and are not flexible enough to respond to individual needs and outcomes. The number or timing of visits is limited by the service and does not meet the needs of the person or their family.

People are not supported to identify any nominated named person(s) or this information is not recorded.

Restrictions are placed on residents who may wish to go out with their loved ones that is not based on evidence or informed by local health protection teams.

Staff support people to remember and celebrate important occasions and life events of those important to them. Life story work helps staff understand what and who is important to people, and this helps them to support people in maintaining personal connections.

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- communication and interactions.

Discussions with:

- people living in the care home
- visitors, such as relatives, friends and carers of people living in the service
- staff.

Sampling of:

- information in personal plans relating to meaningful contact / keeping in touch
- policies and procedures for visiting.

Consideration of:

- processes in place to support people maintain contact with those important to them, for example private spaces to meet with visitors
- processes in place to support the management and development of friendships and other relationships.

Quality indicator 1.5: People’s health and wellbeing benefits from safe infection prevention and control practices and procedures

Key areas include the extent to which people:

- leadership and staffing arrangements ensure all necessary systems and resources are in place to prevent the spread of infection
- during outbreaks of infectious diseases, people’s health and wellbeing needs continue to be met and their rights are protected.

Quality illustrations

Very good	Weak
<p>People are safe and protected because leaders are proactive in ensuring that systems and resources are in place to support infection prevention and control and are responsive to potential outbreaks of infection.</p>	<p>Leaders in the service do not have systems in place to coordinate and communicate a clear plan for how the service should respond to an outbreak of infectious disease for staff, people experiencing care, their families and carers.</p>
<p>People are confident that staff have the necessary training, skills and competence to prevent the spread of infection and support them during an outbreak of an infectious disease.</p>	<p>There are no protocols in place about the use of agency, sessional or bank staff, which are designed to help prevent transmission of infectious diseases.</p>
<p>Staff carrying out housekeeping and cleaning, or supporting people to do their own, adopt and implement the Care Home Infection Prevention and Control Manual (CH IPCM) to ensure relevant cleaning products and disinfection processes. They adopt systematic measures to prevent infection and minimise cross infection in different areas of the environment.</p>	<p>The service does not have a staffing contingency plan in the event that staff are absent as a result of widespread illness, self-isolation or exclusion, for example following a positive Covid-19 test.</p>
	<p>Staff working in the service are not familiar with, or do not follow, the principles of infection prevention and control contained in the Care Home Infection Prevention and Control Manual (CH IPCM) or other up to date guidance about infection prevention and control from Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Public Health Scotland and the Scottish Government.</p>

Leaders carry out regular observations and audits. This is to ensure good governance and robust monitoring across all care areas. This includes regular observations and audits of staff and staff practice, the safe management of linen, uniforms and waste.

Compliance monitoring includes infection prevention and control incident reporting focuses on improvement to ensure safe practices and review.

Leaders in the service understand the potential challenges presented by outbreaks of infectious diseases and plan appropriately for these. They work in partnership with GPs, pharmacists and other health professionals to ensure they have timely access to medications, including palliative and anticipatory medications, if needed, to help alleviate symptoms and administer comfort measures.

Staff recognise the potential impact transmission-based precautions may have on communication and relationships. For example, when face masks or visors are used. They adjust how they communicate and take sensitive steps to minimise any negative impact.

Staffing arrangements are determined by a process of continuous assessment that includes consideration of the number of people being supported in their rooms, requiring one-to-one support, or additional support to maintain good hygiene and infection control practices.

People are not protected from the spread of infection because cleaning schedules, systems and resources are not in place to adopt the principles of infection prevention and control contained in the CH IPCM. This may be because there are not enough domestic staff resources, or because staff do not have the appropriate support from leaders.

Staff show limited understanding of when and how they should use personal protective equipment (PPE) and do not recognise other infection prevention and control precautions, including handwashing and social distancing. This is because training has been insufficient to enable staff to feel confident about the correct infection prevention and control measures.

Leaders do not ensure there is a nominated lead with responsibility for infection prevention and control and appropriate actions are not taken in response to an incident or outbreak or follow up on actions identified.

Staff do not have ready access to the appropriate equipment and resources including PPE, due to poor planning or storage of supplies.

<p>All staff are able to recognise and respond to suspected or confirmed cases of infectious diseases, including following local reporting procedures and contacting local health protection teams.</p>	
<p>Family members and friends know about changes in visiting arrangements due to an outbreak of an infectious disease because these are clearly communicated to everyone. This includes people living with dementia and their representatives.</p> <p>The home has clear policies and procedures in place that ensures people have access to those important to them even when there is an outbreak. This includes essential and named visitors for people who are experiencing increased stress and distress and those receiving palliative or end of life care.</p> <p>There is a system in place to ensure regular access to food and drinks, especially for people who need to isolate in their bedrooms and need support to eat and drink. Records are maintained where required.</p> <p>There are clear signs directing people to handwashing facilities, and reminders of the recommended technique, that reflect the needs of people using the service, for example accessible pictorial or written cues.</p>	<p>People’s human rights are compromised because there is a risk-averse approach to restrictions in place to prevent the spread of infection. The restrictions, including those that apply to visiting arrangements, are not person-centred, reasonable, justifiable, or in line with current good practice.</p> <p>Families and others who are important to people are not kept up to date about the impact of any outbreaks of infectious diseases in the service.</p> <p>People’s psychological needs are not being met as they lack a sense of purpose or direction because there is not enough additional structure or stimulation when they cannot pursue their normal routines and daily activities.</p> <p>People may not always receive the right medication or treatment at the right time, with the potential to negatively affect their health. Repurposing of medication is used inappropriately in place of good medication management systems.</p> <p>Staff lack understanding about the potential for atypical presentation of common transmissible infections, for example Covid-19, particularly in people who are older or frail, and they do not escalate concerns, seeking clinical advice as necessary.</p>

Staff are proactive in recognising and responding to challenges people may have in following guidance on physical distancing and infection prevention and control, including those with reduced capacity, dementia, sensory loss and physical and learning disabilities.

Sufficient attention is not paid to the difficulties people may have in recognising when and how they should follow infection prevention and control and social distancing guidance. This may lead to people not receiving the support they require and putting themselves and others at risk

People are not supported to understand and make decisions about testing and attempts to seek informed consent from individuals or their representatives are not made.

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- communication and interactions
- the environment, single-use and shared equipment
- availability of PPE at key points, including alcohol-based hand rub
- availability of appropriate cleaning materials.

Discussions with:

- people living in the care home
- staff, including domestic/ancillary staff
- visitors, such as relatives, friends and carers of people living in the service
- visiting professionals
- care home assurance groups.

Sampling of:

- cleaning matrix and schedules.
- policies and procedures are in line with The Manual
- risk assessments if the CH IPCM recommendations are not adopted for any reason
- training records.

Consideration of:

- how is cross-contamination minimised within the service and is it in line with good practice from the CH IPCM? For example, from people moving about different areas of the home.
- how standard infection control precautions (SCIPs) are maintained in balance with the provision of a 'homely setting'.
- availability of CH IPCM: all staff are aware of, have access to and know where to locate the CH IPCM.

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 positively 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>People benefit from 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 people and this is shaped by people’s views and outcomes.</p> <p>The aims and objectives of the care home inform the care and support provided and how people experience this. These are regularly reviewed and reflect the involvement of people who live in the care home and other stakeholders.</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 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 people living in the care home. Staff are empowered to innovate and provide person-led care and support, fostering a culture of positive risk-taking. Learning from this is shared, including when things go wrong. 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 and staff do not feel confident in contributing to or implementing improvement. Staff are not able to adapt, or think creatively to meet people’s needs, outcomes and wishes.</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.

People do not have confidence in leaders. Leaders are not visible role models, and not well known to staff, people and relatives. Their leadership may lack energy, visibility and effectiveness.

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- communication and interactions.

Discussions with:

- people living in the care home
- staff
- visitors, such as relatives, friends and carers of people living in the service
- visiting professionals.

Sampling of:

- policies and procedures
- meeting minutes and action plans.

Consideration of:

- how people quality assure what they do
- how the improvement plans are developed, updated and shared
- the services aims and objectives and how these inform practice.

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, ensures standards of good practice are adhered to and drives change and improvement where necessary
- leaders are responsive to feedback and use learning to improve
- leaders have the skills, capacity and systems in place to identify risks, plan appropriate actions to address these and drive improvement.

Quality illustrations

Very good	Weak
<p>Staff continually evaluate people’s experiences to ensure that, as far as possible, adults living in the care home are provided with the right care and support in the right place to meet their outcomes. People 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 a dynamic and responsive improvement plan that details the future direction of the care home. This is well managed, with research and good practice documents being used to benchmark measurable outcomes.</p> <p>Observations of staff practice are regularly undertaken to assess learning and competence. Outcomes from this are discussed through team discussions, reflective accounts or supervision.</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 people’s experiences to ensure that their outcomes are being met. The lack of individualised care and support and limited aspirations to help people get the most out of life have a detrimental effect on people’s overall wellbeing.</p>

<p>People feel confident giving feedback and raising concerns because they know this is welcomed and responded to in a spirit of partnership.</p> <p>Where things go wrong with a person's care or support, or their human rights are not respected, leaders offer a genuine apology and take action to learn from mistakes.</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>Leaders learn from adverse incidents and complaints to improve the quality of care and support.</p> <p>People are supported to understand the standards they should expect from their care and support and are encouraged to be involved in evaluating the quality of the service provided.</p>	<p>There is a lack of analysis of incidents and limited efforts to learn from these.</p> <p>People 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 do not understand or carry out their responsibilities under duty of candour legislation.</p> <p>Staff feel anxious and defensive about making mistakes because there is a critical and punitive culture in the service</p>
<p>Leaders demonstrate a clear understanding about what is working well and what improvements are needed. They ensure that the needs, outcomes and wishes of people living in the service are the primary drivers for change.</p> <p>Leaders at all levels have a robust and clear understanding of their role in monitoring practice and identifying, directing and supporting improvement activities. There are clear systems for monitoring standards of care including clinical and care governance. The pace of change reflects the priority of 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> <p>Oversight and audits of key functions are not in place or gather superficial data. Leaders are not proactive at ensuring quality care is in place.</p>

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- communication and interactions.

Discussions with:

- people living in the care home
- staff
- visitors, such as relatives, friends and carers of people living in the service
- Visiting professionals.

Sampling of:

- policies and procedures
- minutes of meetings and action plans for people, staff and relatives
- complaint and concerns records, audits and outcomes
- accident/incident records, audits and outcomes
- manager's overview of training, supervision, SSSC registration.

Consideration of:

- quality assurance and oversight of relevant policies, procedures, records and outcomes – for example, medication, support plans, the environment how the improvement plans are developed, updated and shared
- how the service gathers feedback and action take, including how this is built into induction and supervision
- analysis / evaluations from participation methods/activities.

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 identify and overcome barriers to enable people to gain real control over their care and support. A culture of joint responsibility and decision-making helps create a positive climate for partnership working. This considers each individual's whole life including people's physical, psychological, cultural, social, emotional and spiritual needs.</p> <p>Because leaders have a sound knowledge of the key roles and responsibilities of partner agencies, they quickly identify when to involve them. Partner or multi-agency working is supported by a clear strategy to facilitate working together so that people get the right support from the right organisation when they need it.</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 people, their families, and the wider community.</p> <p>Leaders have limited understanding of the roles that others from external organisations carry out which may benefit or provide additional support for people. There is no clear strategy and guidance to inform a collaborative approach. Leaders are not able, knowledgeable or confident at accessing local pathways for people. They may not work effectively with other organisations or know how to obtain specialist support when needed.</p> <p>Leaders do not engage with the supportive functions available to them and do not make the required notifications to relevant bodies.</p>

Where people are supported by more than one organisation, they benefit from well-coordinated care and support. Organisations work together, sharing information promptly and appropriately so that people experience consistency and continuity.

Where information is being shared between agencies for specific purposes, consent is sought and recorded. In situations where people are at risk of harm, leaders work within the boundaries of clear confidentiality policies. This may involve sharing information without consent, for example where it is considered necessary to protect people from harm.

Leaders may not be confident at learning from other organisations to improve the services they provide or be willing to work with them.

There is a lack of clarity about when to contact other organisations or professionals to help support outcomes for people. Information about people 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 from the person or their representative.

Leaders ensure that the process for moving into the care home is person-centred. People are made to feel welcome and comfortable at the care home. If they choose to move on to another setting, they are supported to do so.

Leaders ensure that commissioned services are delivered efficiently and effectively. They monitor the success and effectiveness of working with partner providers and other agencies.

If people move on from the care home, there are clear processes in place to ensure they get the support they need.

Leaders do not work well with other organisations. The lack of joined up working impacts negatively on people's experiences.

People do not benefit from robust approaches to moving in, or moving on, from the care home. As a result, people experience disjointed or rushed moves, leading to uncertainty or distress.

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- communication and interactions.

Discussions with:

- people living in the care home
- staff
- visitors, such as relatives, friends and carers of people living in the service
- visiting professionals.

Sampling of:

- policies and procedures
- information sharing policy and practice
- admission procedure, practice and experience of people.

Consideration of:

- arrangements for multi-agency working and how these benefit people
- links the home has to local resources and how these are used and accessed.

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, people living in the care home, their families, and the wider community. They take a collaborative approach to planning and delivering care and support.</p>	<p>Leaders lack the skills and knowledge to anticipate the type and level of resources needed for people. This has a detrimental impact and fails to prevent difficulties arising and escalating.</p>
<p>Leaders are skilled at identifying and delivering the right resources, at the right time. They intervene at the earliest opportunity to ensure that people experience high quality care and support.</p>	<p>Leaders do not identify potential barriers which impact on people. This may mean that people living in the care home have little influence on decisions which relate to their care and support.</p>
<p>Where relevant, registered nurses and other health and social care professionals are empowered to play a key role in leading care and support. This includes working in partnership with all staff to ensure people get the health care and support they need. This results in robust systems of care with clear lines of responsibility and professional accountability, including clinical and care governance.</p>	<p>There is a lack of vision and creativity in identifying services which may meet the unique needs and outcomes of each person living in the care home.</p>

Leaders model a team approach, acknowledging, encouraging and appreciating the efforts, contributions and expertise of others, while instilling a 'safe-to-challenge' culture. They listen to others and respect different perspectives. They recognise that people are often best placed to identify their own needs and outcomes and encourage staff to support this approach.

Leaders recognise the importance of sharing ideas in a relaxed and supportive environment. They tackle inequalities and encourage equal opportunities for staff and people living in the service. Leaders learn from successes which they use to implement further improvements.

Leaders are able to adapt their leadership style and motivate staff to deliver high quality care and support. A healthy work-life balance is encouraged, which impacts positively on staff and people who live in the care home.

There is supportive and visible leadership that enables staff to voice their concerns, share ideas and explore ways to promote resilience.

Staff are not empowered to help identify solutions for the benefit of people who live in the care home.

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 people's experiences. Leaders may fail to engage, or energise, staff leading to confusion and a lack of clarity of roles and responsibilities.

Equality and inclusion are not embedded within policies, procedures and plans. There is a lack of understanding that staff at all levels have an important role to play in delivering high quality care and support.

Opportunities to use initiative, take responsibility and influence change are limited. Staff seldom adopt leadership roles.

There is no, or limited evidence that professional learning is linked to organisational priorities. Leaders do not address a lack of collaborative working within the staff team.

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- communication and interactions.

Discussions with:

- people living in the care home
- staff, including manager
- visitors, such as relatives, friends and carers of people living in the service
- visiting professionals.

Sampling of:

- policies and procedures
- minutes of staff and team meetings
- staff training records, appraisals, supervision and deployment
- quality assurance policy, procedure, practice and outcomes.

Consideration of:

- the improvement plan
- feedback about leadership and support for staff.

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 arrangements are right, and staff work well together

Quality indicator 3.1: Staff have been recruited well

Key areas include the extent to which:

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

Quality illustrations

Very good	Weak
<p>People can be confident that 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. People living in the care home have opportunities and the necessary support to be involved in the process in a meaningful way, which takes their views into account, including in recruitment decisions.</p> <p>To ensure people are kept safe, 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 people and the skill and experience of the staff being recruited. There are a range of supports in place to encourage staff retention.</p>	<p>There is insufficient attention to understanding why safer recruitment is important, which may put people at risk. 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 consistently, 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 within its staff team in order to provide high quality care and support for the people living in the service.</p>

The induction is thorough and has been developed to enable staff to support the needs and outcomes of people in 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.

During the induction period, feedback is sought from people living in the service, family members and colleagues, so that they contribute to the evaluation of staff values, communication and further development needs.

Throughout the recruitment and induction process, the learning needs and styles of individual staff members are taken into account to help ensure they are well prepared for their role. There is likely to be a range of learning styles, for example, the opportunity for face-to-face discussion and shadowing of more experienced staff.

Staff are clear about their roles and responsibilities, with written information they can refer to, and a named member of staff for support. Staff are clear about their conditions of employment and the arrangements for ongoing supervision and appraisal. As a result, they feel well supported and confident in carrying out their role. There is additional supervision in the first few months to discuss any learning needs or issues.

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 have had no induction; it may be brief and patchy, or there may be too much covered too quickly for it to be effective. New staff may only have the opportunity for a minimum period of shadowing and there is limited structure for additional discussions about their learning needs, either through supervision or a mentor.

The induction may be generic, have not been reviewed recently, or may not include effective input about the Health and Social Care Standards.

Staff lack confidence in, or have limited understanding of, their role in providing care and support and how they contribute to the work of the organisation because their induction has not adequately prepared them for their job role.

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- communication and interactions.

Discussions with:

- people living in the care home
- staff, including manager
- visitors, such as relatives, friends and carers of people living in the service
- visiting professionals.

Sampling of:

- recruitment policy and procedure
- staff job descriptions and roles quality assurance policy, procedure, practice and outcomes
- the induction policy, procedure and practice
- relevant HR or personnel files
- how fitness checks are undertaken
- interview records.

Consideration of:

- the analysis of staff skills required to meet the outcomes of those using the service
- how induction is tailored to individuals
- how those living in the service, or where appropriate, relatives, and carers can be involved in the recruitment process.

Quality indicator 3.2: Staff have the right knowledge, competence and development to care for and support people

Key areas include the extent to which:

- staff competence and practice support 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 competence is regularly assessed to ensure that learning and development supports better outcomes for people. This means that people are being cared for by staff who understand, and are sensitive to their needs and wishes because there are a number of learning and support measures in place.</p> <p>People are confident that staff have the necessary skills and competence to support them. There is a clear staff assurance framework that provides a 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 people.</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>

Learning opportunities are developed to meet the needs of people who live in the care home based on evidence and good practice guidance. This is regularly analysed, with new training planned as people's needs change. People who live in the service are involved in staff development and learning, if this is what they want.

Staff are supported to keep up to date with current and changing practice, with easy access to a range of good practice guidance.

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 met. Staff are confident about where to find good practice and advice on how they can support people.

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.

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. Training does not reflect the changing needs of people being supported in the service

Training is regarded as an event rather than ongoing learning. There is little access to good practice guidance or opportunity for further discussions to ensure knowledge is consolidated and embedded into practice.

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.

Regular supervision and appraisal are used constructively and staff value them because they support personal and professional development. 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, keep a record of this and have support to achieve this from their employer.

The views of people who are supported by staff are used to give staff feedback and are included in supervision and appraisal.

Staff benefit from personal and professional wellbeing support that includes debriefing on the management of difficult situations, personal safety, assessment of workload and bereavement support.

Supervision may not take place regularly or may be so limited that there is no opportunity to reflect on skills, knowledge and learning. Staff may consider that if they have completed all the available training, they need nothing else. Where learning needs are identified, the systems for ensuring these are provided are not robust, resulting in gaps in knowledge remaining unfilled.

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- communication and interactions.

Discussions with:

- people living in the care home
- staff
- visitors, such as relatives, friends and carers of people living in the service
- visiting professionals.

Sampling of:

- mandatory training records for different grades of staff
- staff supervision and appraisal records
- staff's training and development plan and outcome, including any training needs analysis
- minutes of staff and team meetings.

Consideration of:

- how on overview is maintained of staff's professional registration status and requirements
- how staff wellbeing is supported
- whether training provided reflects the needs and outcomes of people living in the service
- how competency issues are managed.

Quality indicator 3.3: Staffing arrangements 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>The right number of staff with the right skills are working at all times to meet people’s needs because providers and leaders in the care home understand the needs and wishes of the people living there.</p> <p>Staffing arrangements allow for more than basic care needs to be met and support people to get the most out of life. Staff have time to provide care and support with compassion and engage in meaningful conversations and interactions with people.</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. People can have a say in who provides their care and support.</p> <p>People can have confidence in their support because any redeployed, temporary or new staff have ready access to the right information about the service and the individual’s specific needs and outcomes.</p>	<p>The numbers of staff are minimal and sometimes insufficient to fully meet the needs of people living in the service. Staff work under pressure and some aspects of care and support may be skipped or missed, affecting outcomes for people. People living in, or visiting the service, perceive staff to be ‘rushed’.</p> <p>When matching staff to work with individuals living in the care home, limited importance is placed on staff skills, experience and personality to help people build successful relationships and work well together.</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 complexity of people's care and support.

Feedback from all parties contributes to this and any dependency assessment takes account of the premise's 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.

Staffing assessments are transparent with decisions about staffing arrangements shared with both staff and those living in the service.

Robust methods to assess staffing are informed by the latest guidance and research which utilise available tools, data and professional judgement. This assessment includes the needs of people, as well as their views and that of their families and carers.

Staffing assessments are informed by an overall evaluation of the care service, its physical environment and local context. The views and well-being of staff are key factors when assessing staffing. Relevant professionals have been consulted on staffing arrangements where appropriate.

Staffing arrangements are relatively static with infrequent reviews and not adjusted to meet people's changing needs. Current staffing levels and vacancies are not considered. 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.

The service does not have a staffing contingency plan in the event that a number of staff are absent at the same time.

There may be an over-reliance on agency or short term/temporary staff, which leads to people 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. There are no protocols in place to support the use of agency, sessional or bank staff.

Methods to assess staffing are limited and do not take a structured approach or consider the wellbeing of staff. Approaches are not informed by the latest guidance and the views of staff, people, their families and carers are not considered.

Assessment of staffing arrangements are narrow in focus and do not consult relevant health and social care professionals.

Staff are deployed effectively and efficiently whilst respecting the rights of people.

In relation to staffing arrangements, there is a culture of shared assessment which involves a range of professional disciplines.

People living in the care home 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 people.

Motivated staff, effective deployment and good team working mean that staff spend as much time as possible with people. Staff are confident in building positive interactions and relationships.

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.

The pressure on staff leads them to stick to their designated tasks as there is no capacity to respond to other demands. Despite the best efforts of staff, care and support is basic with little time for speaking with people or supporting them to maintain interests.

Communication and team building may suffer due to lack of time, and this affects staff wellbeing and motivation. Important information is not shared or passed on accurately leading to a negative impact on people.

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- communication and interactions
- formal SOFI 2 observation
- availability of staff to support people throughout the day.

Discussions with:

- people living in the care home
- staff
- visitors, such as relatives, friends and carers of people living in the service
- visiting professionals.

Sampling of:

- staff rota and deployment
- tools for assessing staffing.

Consideration of:

- staff roles and duties
- how information in care and support plans informs staffing
- how the manager monitors staffing levels and skill mix, and when adjustments are made
- the use of agency or sessional staff and how this is managed.

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 to 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 supports people's outcomes
- 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 good practice guidance such as the King's Fund tool for people with dementia, 'Living in the community' and 'Building Better Care Homes'.</p> <p>People can choose to use private and communal areas and have the right to privacy when they want.</p> <p>There are clear signs directing people to handwashing facilities (and reminders of the recommended technique) that reflect the needs of people using the service, for example accessible pictorial or written cues.</p> <p>People benefit from a setting which is the right size for them, including experiencing small group living, where this is possible. They have specialist medical devices and equipment which best meets their changing needs and equipment is provided when required.</p> <p>People 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 the people who live there. The setting does not offer sufficient space or different options where people can spend time. There may be insufficient opportunities for people to experience privacy.</p> <p>Staff do not identify changing needs for equipment or facilities, which means that people 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 people with new experiences or interests.</p>

People benefit from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. The environment is relaxed, clean, tidy and well looked-after, with no evidence of intrusive noise or smells.

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. Staff areas may encroach on the living space of people who live in the care home.

There are clear planned arrangements for regular monitoring and maintenance of the premises and the equipment to ensure people are safe. This includes training and assessing staff competency to safely use and maintain any equipment their role requires.

Systems for the ongoing maintenance of the environment and equipment are either not organised or not followed, which may place people at risk. Some equipment may not be fully functioning or break down regularly.

All staff are aware of environmental cleaning schedules and clear about their specific responsibilities. Staff carrying out housekeeping and cleaning in the service are familiar with required environmental and equipment decontamination. This includes the safe management of linens, uniforms and waste.

People are not protected from the spread of infection because cleaning schedules and regimes are not based on good practice guidance or carried out when needed. This may be because there are not enough domestic staff, or because staff have not had the necessary support to devise an effective schedule.

Staff are not clear about their responsibilities to report any issues with environmental cleanliness or maintenance to the person in charge.

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- the physical environment – utilising tools, for example the kings fund tool, where appropriate.

Discussions with:

- people living in the care home
- staff, including maintenance and housekeeping staff
- visitors, such as relatives, friends and carers of people living in the service
- visiting professionals.

Sampling of:

- maintenance records
- cleaning schedules
- training records for use of equipment, where appropriate.

Consideration of:

- how the environment meets the needs of the people living there

Quality indicator 4.2: The setting promotes people's independence

Key areas include the extent to which:

- the setting promotes people's independence
- 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>People benefit from a setting which is designed, or adapted, so that everyone can independently access all parts of the premises they use, including outdoor space. Those with a physical, sensory, mental health, dementia or other cognitive impairments are supported through the provision of appropriate aids and signage where appropriate.</p> <p>All aspects of the setting promote independence with use of facilities such as kitchens, as well as people having control of their own lighting, heating, ventilation and the security of their bedrooms. In addition, people have their own furniture and are supported to use their own space as they want.</p> <p>People 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 people 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>Equipment is available for people to use, but staff are not appropriately trained in how to use it. Internal facilities and fittings may restrict people's choices and comfort in their daily life, such as inappropriate equipment. Options for using technology as people wish are limited.</p>
<p>People are, where possible, involved in a meaningful way in decisions about the layout of the setting and how the space is used. This encourages people to keep as active as possible and supports them in maintaining their mobility and independence.</p>	<p>People tell us they do not have influence over their living space, and it is unclear what opportunities leaders have created for this.</p>

People go outside independently because gardens areas are safe, accessible, well-kept and welcoming, with options to get involved with gardening or other leisure pursuits. People living on upper floors can access outdoor space as they wish.

Outdoor space is not used to its potential, and may not be freely accessible to people.

There is a risk-averse approach to the use of any outdoor space, and it may not be freely accessible to people.

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- the physical environment – utilising tools, for example the kings fund tool, where appropriate.

Discussions with:

- people living in the care home
- staff, including maintenance and housekeeping staff
- visitors, such as relatives, friends and carers of people living in the service
- visiting professionals.

Sampling of:

- maintenance records
- risk assessments for the environment
- training records for use of equipment, where appropriate.

Consideration of:

- ease of movement for people around building, access to outside areas
- access to equipment that enables people to be as independent as they want
- access to or areas for people to prepare drinks and snacks.

Quality indicator 4.3: People can be connected to 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 supports the inclusion of family and friends. This includes being able to plan for family members, friends or partners to sometimes stay over.</p>	<p>The care home lacks, or has limited ways of supporting the inclusion of family and friends. The setting or the culture of the care home doesn't allow people to plan for friends and family to sometimes stay over.</p>
<p>There are a variety of ways in which people can stay connected, including having easy access to the internet and a telephone. People are routinely and actively supported to make best use of these, where appropriate.</p>	<p>People's opportunities to stay connected with their family and friends are limited. While there may be access to telephone and the internet, people are not routinely or actively supported to use these or cannot do so in private.</p>
<p>People using the service, and their family members and friends, know about visiting arrangements because these are clearly communicated to everyone.</p>	<p>The culture in the service is insular, with limited attempts to establish methods of engaging with families, professionals and other stakeholders.</p>

<p>The design of the setting contributes to people developing relationships, with space to spend time in small groups as well as join larger functions.</p> <p>The service is inventive in their approaches, supporting people to benefit from having animals in their lives.</p> <p>People are supported to keep a pet where possible, but this is balanced with the needs and wishes of other people who use the service.</p>	<p>There is limited flexible space which means that people lack choice or privacy to develop friendships or invite friends to visit.</p> <p>There is little or no consideration given to supporting people who wish to keep a pet.</p>
<p>The location of the setting or access to appropriate transport enables people to be active members of the local community. People are routinely supported to access facilities outwith the care home, including pubs, clubs and leisure facilities, doctors, clinics, hairdressing, libraries and catering facilities, and other places they want to go.</p>	<p>The culture in the care home is likely to be insular, with limited links to the local community. People may spend all their time in the care home, even when they could, with support, be more involved in their local community.</p>
<p>There are strong links with the local community that encourage the growth of informal support networks. People benefit from this in a variety of ways, including meeting new people, cross generational relationships, links that support individual interests, and introducing different ideas and experiences. People have a sense of belonging and worth through contributing to the wider community.</p>	<p>The location of the setting, or access to transport links, makes it difficult for people to be active members of the local community or to access local amenities.</p> <p>The location of the setting, or transport links, may enable access to the local community and amenities however, people are not routinely supported where appropriate to access these.</p>

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- space within the service, both communal and private.

Discussions with:

- people living in the care home
- staff, including maintenance and housekeeping staff
- visitors, such as relatives, friends and carers of people living in the service
- visiting professionals.

Sampling of:

- information on local resources for use by people and risk assessments for the environment
- information in personal plans
- meeting notes and action records from people, staff and relatives.

Consideration of:

- links and access to the community
- how staff support people to keep in touch with important people to them
- how visitors to the service are welcomed.

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 personal planning reflects people's outcomes and wishes
- 5.2 Carers, friends and family members are encouraged to be involved

Quality indicator 5.1: Assessment and personal planning reflects people's outcomes and wishes

Key areas include the extent to which:

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

Quality illustrations

Very good	Weak
<p>People benefit from dynamic, innovative and aspirational care and support planning which consistently informs all aspects of the care and support they experience. People, and where relevant, their families or those important to them, are fully involved in developing their personal plans. Strong leadership, staff competence, meaningful involvement and embedded quality assurance and improvement processes support this happening.</p> <p>Personal plans reflect people's rights, choices and wishes. They are person-centred and include information on people's preferences for maintaining contact, the supports needed to achieve this with those important to them, and ways they can remain active and engaged.</p> <p>Care and support planning maximises people's capacity and ability to make choices. It reflects a culture of promoting independence, including the potential for people to reduce the support they receive or a change of care setting.</p>	<p>Personal plans are basic or static documents and are not routinely used to inform staff practice and approaches to care and support. They do not accurately reflect the care and support experienced by people who live in the service. People may not know whether they have a personal plan, it may be in a format which is not meaningful to them or kept in an inaccessible place.</p> <p>The standard of care and support planning is inconsistent and is not supported by strong leadership, staff competence and quality assurance processes.</p> <p>Personal plans do not include outcomes important to people and focus entirely on people's needs and tasks to be carried out. There is little recognition of enabling assets-based approaches that nurture personal strengths, social and community networks.</p>

<p>Care and support planning takes account of emergencies or unexpected events and identifies how support will continue to be provided and promote stability in people's care and support.</p>	
<p>People benefit from personal plans which are regularly reviewed, evaluated and updated, involving relevant professionals (including independent advocacy, where appropriate) and take account of good practice and their own individual preferences and wishes. People are helped to live well right to the end of their 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.</p> <p>People have an anticipatory care plan (ACP) in place that reflects their wishes and where appropriate, those of their representatives. Staff are familiar with people's preferences for palliative and end of life care.</p> <p>There is a range of methods used to ensure that people are able to lead and direct the development and review of their personal plans in a meaningful way.</p>	<p>Multi-disciplinary professional involvement in the support planning and review process may be limited. People may not benefit from professional advice because this is not taken account of in the care planning and review process.</p> <p>Personal plans do not reflect up to date good practice guidance. Care reviews may not be carried out in line with legislation.</p>

Where people are not able fully to express their wishes and preferences, individuals who are important to them, or have legal authority, are involved in shaping and directing the care and support plans. Advocacy support has been sought where appropriate. Staff understand the planning process and can support people to navigate this, maximising their involvement.

Supporting legal documentation is in place to ensure this is being done in a way which protects and upholds people's rights.

Risk assessments and safety plans are used to enable people rather than restrict people's actions or activities. Where restrictions are included as part of an order or court disposal, people understand the impact of this and are supported to comply with relevant conditions.

People are fully involved in decisions about their current and future health support needs. Their plans and wishes for their life in the future are also fully taken account of. Where appropriate, this involves the use of anticipatory (advanced) care plans.

People may not be involved, or have only limited opportunity for involvement, in their care and support planning and review process and therefore do not consistently experience care and support in line with their wishes and preferences.

Where people are not able fully to 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.

The culture within the service can be defined as risk averse, and directly reduces people's quality of life and experiences as a result of over-protective attitudes and practice. Risk assessments appear punitive or designed to prioritise protecting the organisation rather than promoting risk enablement and ways to keep people safe.

Desired outcomes and aspirations for individuals may be limited by low expectations of people who are involved in assessing and planning their care and support.

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- communication and interactions

Discussions with:

- people living in the care home
- staff
- visitors, such as relatives, friends and carers of people living in the service
- visiting professionals.

Sampling of:

- review minutes and action records
- personal plans, including risk assessments
- review and action plan minutes.

Consideration of:

- how people, and those important to them where appropriate, are supported to be involved in the development and review of their personal plans
- whether the personal plan reflects the care and support being provided or required.

Quality indicator 5.2: Carers, friends and family members are encouraged to be involved

Key areas include the extent to which:

- carers, friends and family members are encouraged to be involved and work in partnership with the service
- 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 planning and delivery of care and support if this is important to the person living in the care home.</p> <p>Where family members 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 people and, with consent, their families and those important to them. Leaders take a collaborative approach to ensure that they have a thorough understanding of people’s views, wishes and expectations.</p> <p>The staff understands that the right of family members to be involved in care and decision-making hinges on the consent of the individual, and that the wishes and best interests of the person living in the care home must be taken into account. Where there are disagreements, these are responded to sensitively and a shared way forward is sought.</p>	<p>Leaders either seldom engage with the families of people or fail to do so in a meaningful way. There are limited ways for friends or family to be involved and these are often one-way or tokenistic. The views of friends and family are not effectively heard by leaders, resulting in a limited understanding of their views, wishes and expectations. There is little evidence of changes being made to how care and support is provided as a result of this involvement.</p> <p>Where people are the subject of guardianship or powers of attorney, the care home staff don’t fully recognise or understand what this means, or where decision-making powers lie. Leaders are not clear when someone lacks capacity to consent, or how to proceed if this is the case.</p> <p>Low expectations or over-protective attitudes from some family members are allowed to define the extent of people’s ambition or desired outcomes.</p>

Where guardianship or power of attorney are in place, staff are clear which legal powers are relevant, and fully involve and consult with the guardian.

The care home is led in a way that is strongly influenced by people who live there, with the opportunity for family members, friends and carers where appropriate, to be involved in a variety of ways. The views, choices and wishes of people who live in the care home, and their family members, inform changes in how care and support is provided, even where that challenges previous approaches.

If the person living in the care home agrees, families, as well as people who live in the service, have the opportunity to be involved in making recruitment decisions in a meaningful way.

The care home staff understand the complexities of family and other close relationships and can provide support to people to try to reconnect with friends or family where these relationships have broken down.

Staff understand the value of positive peer support in providing support and improving outcomes for people.

Support for those with learning or communication difficulties, or those who have English as a second language, is limited. People, and their families, have no or limited opportunity to be involved in making recruitment decisions, or their wishes carry little weight in decision-making.

Information about people living in the care home is shared with their family members, friends or carers without appropriate consent. Leaders lack knowledge about informed consent.

Leaders in the service do not recognise the value of support provided by individuals who are important to the person living in the care home.

Scrutiny improvement and support toolbox

Key improvement resources

Key improvement resources are available on The Hub [here](#).

Scrutiny and improvement support actions

Observation of:

- experiences of people in the service
- staff practices
- communication and interactions

Discussions with:

- people living in the care home
- staff
- visitors, such as relatives, friends and carers of people living in the service
- visiting professionals.

Sampling of:

- review minutes and action records
- personal plans, including risk assessments
- review and action plan minutes
- meeting minutes and action plans for people, staff and relatives
- systems for acting on feedback, including complaints.

Consideration of:

- how people and those important to them (where appropriate) are supported to be involved in their care and support.

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