

# CQC Key Question Safe:

## Quality Statements and how to evidence them



## Quality Statement 1: Learning Culture

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

<b>The 6 Evidence Categories:</b>	<b>The evidence sources that CQC will be looking for under each evidence category:</b>
<b>People's experience of health and care services</b>	<ul style="list-style-type: none"><li>• Feedback from people using services</li><li>• Feedback from commissioners, health and care professionals and other partners about people's experience of care</li></ul>
<b>Feedback from staff and leaders</b>	<ul style="list-style-type: none"><li>• Feedback from yourselves</li><li>• Feedback from commissioners, health and care professionals and other partners involved in your service</li><li>• Whistleblowing information</li></ul>
<b>Feedback from partners</b>	<ul style="list-style-type: none"><li>• Feedback from local community groups and other stakeholders</li><li>• Feedback from commissioners, health and care professionals and other partners involved in your service</li></ul>
<b>Observation</b>	Not currently highlighted by CQC for this quality statement
<b>Processes</b>	<ul style="list-style-type: none"><li>• Duty of candour records</li><li>• Evidence of learning and improvement</li><li>• Incidents, near misses and event records</li></ul>
<b>Outcomes</b>	Not currently highlighted by CQC for this quality statement

### Specific evidence you could have to demonstrate that the quality statement is being met:

- Accidents and incidents are appropriately identified, documentation is completed and reviewed, and improvement actions are identified
- Audits relating to safety are completed, with improvement actions highlighted
- Training is provided in health and safety
- There are clear ways in which concerns about safety can be raised
- Issues raised or identified, that relate to safety, are fully recorded and actioned
- Supervisions, team meetings, handovers and other forms of information sharing are used to improve practice and share learning about accidents, events and incidents
- Notifications are completed and submitted to CQC
- Root cause analysis (RCA) or the Patient Safety Incident Report Framework (PSIRF) are used to objectively analyse and address concerns
- Competency assessments

### How **QCS** can support you to meet the quality statement

- **Templates** for accidents, incidents, complaints, accident & incident analysis forms and Root Cause Analysis (RCA) or the Patient Safety Incident Report Framework (PSIRF)
- **Resource Centre** to support best practice and understanding
- **Surveys** to capture feedback from staff, service users, visiting professionals and relatives/friends
- **Policies** to support understanding and how to ensure your service is operating safely under this quality statement. Examples include whistleblowing, complaints, duty of candour, accidents and incidents
- A range of **meeting templates** to support safety
- **Audit Centre** including a full range of audits to provide assurance of monitoring of the quality and safety of care

## Quality Statement 2: Safe systems, pathways and transitions

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

The 6 Evidence Categories:	The evidence sources that CQC will be looking for under each evidence category:
<b>People's experience of health and care services</b>	<ul style="list-style-type: none"><li>• Feedback from people using services</li><li>• Feedback from commissioners, health and care professionals and other partners about people's experience of care</li></ul>
<b>Feedback from staff and leaders</b>	<ul style="list-style-type: none"><li>• Feedback from yourselves</li><li>• Feedback from commissioners, health and care professionals and other partners involved in your service</li><li>• Whistleblowing information</li></ul>
<b>Feedback from partners</b>	<ul style="list-style-type: none"><li>• Feedback from local community groups and other stakeholders</li><li>• Feedback from commissioners, health and care professionals and other partners involved in your service</li></ul>
<b>Observation</b>	Not currently highlighted by CQC for this quality statement
<b>Processes</b>	<ul style="list-style-type: none"><li>• Multidisciplinary team records</li><li>• People's care or clinical records</li><li>• Records of referral, transfer or transition of care</li></ul>
<b>Outcomes</b>	Not currently highlighted by CQC for this quality statement

### Specific evidence you could have to demonstrate that the quality statement is being met:

- Assessments are completed prior to service commencement, and there is confirmation that you can meet the person's identified needs
- Up-to-date care and support plans that are regularly reviewed that include all areas of support
- Monitoring activity that is accurate, complete and identifies changes in need
- Referrals to health and social care professionals are made when required
- Staff have the skills and knowledge to safely support people who use services
- There is communication with other services to ensure that information is shared, and the best care and support is made available when it is needed
- Risk assessments are up to date and promote the safety of people
- Staff have access to policies, resources and information to support best practice and the consistent delivery of high-quality care
- Surveys that confirm that people are satisfied with the way that their safety is ensured, and that they get access to appropriate care when it is needed
- Audits relating to safety are completed, with improvement actions highlighted

### How **QCS** can support you to meet the quality statement

- Admission/commence service **assessment** templates
- Templates for **care plans** and **risk assessments**
- Health **monitoring** templates
- **Resource Centre** to support best practice and understanding
- **Surveys** to capture feedback from staff, service users, visiting professionals and relatives/friends
- **Policies** to support understanding and how to ensure your service is operating safely under this quality statement, for example, whistleblowing
- A range of **meeting templates** to support safety
- **Audit Centre** including a full range of audits to provide assurance of monitoring of the quality and safety of care

## Quality Statement 3: Safeguarding

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

The 6 Evidence Categories:	The evidence sources that CQC will be looking for under each evidence category:
People's experience of health and care services	<ul style="list-style-type: none"><li>• Feedback from people using services</li><li>• Feedback from commissioners, health and care professionals and other partners about people's experience of care</li></ul>
Feedback from staff and leaders	<ul style="list-style-type: none"><li>• Feedback from yourselves</li><li>• Feedback from commissioners, health and care professionals and other partners involved in your service</li><li>• Whistleblowing information</li></ul>
Feedback from partners	Not currently highlighted by CQC for this quality statement
Observation	<ul style="list-style-type: none"><li>• Staff practice (including how they deliver care, staff culture and behaviours)</li></ul>
Processes	<ul style="list-style-type: none"><li>• DoLS and Court of Protection (POA) records</li><li>• Mental Capacity Act records and training</li><li>• People's care records or clinical records</li><li>• Safeguarding policy, records and training</li></ul>
Outcomes	Not currently highlighted by CQC for this quality statement



### Specific evidence you could have to demonstrate that the quality statement is being met:

- Safeguarding incidents are appropriately identified, documentation is completed
- Safeguarding alerts are shared with the local authority, and actions are taken as required
- A chronology of actions taken surrounding each safeguarding alert is completed
- A safeguarding tracker is in place that details all safeguarding in one place, and details the current position with each safeguarding event
- There is evidence of working in a multidisciplinary way, with a range of partners contributing to the best outcomes for the person
- Records are kept secure and confidential in line with data protection requirements
- Training for staff in safeguarding, and the actions to take if abuse is suspected
- Audits of safeguarding alerts and actions, to confirm appropriate actions have been taken, and any themes identified
- Notifications completed and submitted to CQC
- Mental capacity assessments are completed, reviewed and follow best practice guidance
- Care and support plans reflect the individual needs of the people using the service, they are person centred in approach and are reviewed
- Risk assessments are used to effectively manage issues, and to ensure support actions are positive and promote independence
- DoLS applications are made when required, they are up to date and dates for renewal are known
- Where authorised DoLS include conditions, these are documented in the care and support plans and are known by staff

### How **QCS** can support you to meet the quality statement

- **Training** records/matrix for safeguarding, mental capacity, and equality and human rights
- **Safeguarding** alert records/templates/tracker
- **Surveys** to capture feedback from staff, service users, visiting professionals and relatives/friends
- **Policies** to support understanding and how to ensure your service is operating safely under this quality statement. Examples include safeguarding, notifications, serious incident, staff training, mental capacity and equality
- **Care and support plan** templates and assessments
- Action plan **templates** to record safeguarding actions
- **Audit Centre** including a full range of audits to provide assurance of monitoring of the quality and safety of care

## Quality Statement 4: Involving people to manage risks

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

The 6 Evidence Categories:	The evidence sources that CQC will be looking for under each evidence category:
People's experience of health and care services	<ul style="list-style-type: none"><li>• Feedback from people using services</li><li>• Feedback from commissioners, health and care professionals and other partners about people's experience of care</li></ul>
Feedback from staff and leaders	<ul style="list-style-type: none"><li>• Feedback from yourselves</li><li>• Feedback from commissioners, health and care professionals and other partners involved in your service</li><li>• Whistleblowing information</li></ul>
Feedback from partners	Not currently highlighted by CQC for this quality statement
Observation	<ul style="list-style-type: none"><li>• Equipment</li><li>• Staff practice (including how they deliver care, staff culture and behaviours)</li><li>• The care environment</li></ul>
Processes	<ul style="list-style-type: none"><li>• DoLS and Court of Protection (POA) records</li><li>• People's care records or clinical records</li><li>• Records of restrictive practice</li></ul>
Outcomes	Not currently highlighted by CQC for this quality statement



### Specific evidence you could have to demonstrate that the quality statement is being met:

- Completed relevant risk assessments, with the evidence of involvement of the person or their representative
- Audits are completed to review risk assessments and to observe care being provided
- Training for staff in risk assessments, person-centred care, choice and independence, mental capacity
- Core set of relevant company values that are implemented into daily practice
- Care and support plans that include ways of supporting people and recognise their individual preferences, risks and appropriate ways of managing these identified risks
- Multidisciplinary team involvement to ensure that decisions surrounding risk are made in the person's best interests when they are assessed as not having capacity
- Risk assessments that are reviewed and updated when needs change
- Accident and incidents reviewed to investigate if risks need to be reviewed to prevent avoidable injury or harm
- There is evidence that the least restrictive interventions are made when risk is identified and needs to be mitigated
- Resources are available to manage individual risks appropriately

### How **QCS** can support you to meet the quality statement

- **Risk assessment** templates
- **Surveys** to capture feedback from staff, service users, visiting professionals and relatives/friends
- **Policies** to support understanding and how to ensure your service is operating safely under this quality statement. Examples include risk assessment, risk management, mental capacity, equality, service user involvement and health and safety
- **Care planning** documentation including risk, capacity and promoting independence
- **Audit Centre** including audits for observation, mental capacity, health and safety, and infection control

## Quality Statement 5: Safe environments

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

The 6 Evidence Categories:	The evidence sources that CQC will be looking for under each evidence category:
People's experience of health and care services	<ul style="list-style-type: none"><li>• Feedback from people using services</li><li>• Feedback from commissioners, health and care professionals and other partners about people's experience of care</li></ul>
Feedback from staff and leaders	<ul style="list-style-type: none"><li>• Feedback from yourselves</li><li>• Feedback from commissioners, health and care professionals and other partners involved in your service</li><li>• Whistleblowing information</li></ul>
Feedback from partners	Not currently highlighted by CQC for this quality statement
Observation	<ul style="list-style-type: none"><li>• Equipment</li><li>• Staff practice (including how they deliver care, staff culture and behaviours)</li><li>• The care environment</li></ul>
Processes	<ul style="list-style-type: none"><li>• Business continuity plans</li><li>• Equipment maintenance and calibration records (care homes only)</li><li>• Risk assessments</li></ul>
Outcomes	Not currently highlighted by CQC for this quality statement

### Specific evidence you could have to demonstrate that the quality statement is being met:

- Environmental audits are completed with areas for improvement and actions identified, and progress monitored
- Staff are trained in infection control, health and safety and fire safety
- Resources to support the cleanliness of the environment are available
- There is a record of maintenance completed, and a plan to identify when checks are needed
- Fire safety records are completed and up to date
- Risk assessments are completed on the environment and actions are identified to mitigate the risk to an acceptable level
- There is a business continuity plan in place
- The use of technology is regularly reviewed, and new innovations are assessed and sourced if appropriate
- There is a programme for the renewal of equipment, and there is assurance that the equipment is safe when still in use
- Notifications are made to CQC, RIDDOR or the HSE as appropriate when accidents and incidents occur
- Lessons learned logs are completed and referred to

### How **QCS** can support you to meet the quality statement

- **Risk assessment** templates for environment
- **Surveys** to capture feedback from staff, service users, visiting professionals and relatives/friends
- **Policies** to support understanding and how to ensure your service is operating safely under this quality statement. Examples include health and safety, infection control, fire safety and maintenance
- **Business continuity plan** template
- **Accident and incident** templates
- **Management and team meeting** templates
- **Audit Centre** including audits for observation, health and safety and infection control
- **Continuous improvement plans**
- **Lessons Learned Logs**

## Quality Statement 6: Safe and effective staffing

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

The 6 Evidence Categories:	The evidence sources that CQC will be looking for under each evidence category:
People's experience of health and care services	<ul style="list-style-type: none"><li>• Feedback from people using services</li><li>• Feedback from commissioners, health and care professionals and other partners about people's experience of care</li></ul>
Feedback from staff and leaders	<ul style="list-style-type: none"><li>• Feedback from yourselves</li><li>• Feedback from commissioners, health and care professionals and other partners involved in your service</li><li>• Whistleblowing information</li></ul>
Feedback from partners	Not currently highlighted by CQC for this quality statement
Observation	<ul style="list-style-type: none"><li>• Staff practice (including how they deliver care, staff culture and behaviours)</li></ul>
Processes	<ul style="list-style-type: none"><li>• Recruitment records</li><li>• Staff vacancy and turnover rate</li><li>• Staff records, including appraisal, training, development and competency</li><li>• Training in communication with people with a learning disability and autistic people</li></ul>
Outcomes	Not currently highlighted by CQC for this quality statement

### Specific evidence you could have to demonstrate that the quality statement is being met:

- Dependency of the people using the service is known and this information guides the rota
- Staff rota that consistently shows that there are always enough staff on duty
- Staff rota evidences that the skills of staff on duty always meet the needs of the people using the service
- Staff recruitment records that include all the elements of the regulations that underpin safe recruitment practice
- Training provided for staff, and a plan for the delivery of training
- Specific training in autism and communication
- Staff supervision and appraisal are completed and undertaken regularly
- Staff disciplinary records, and evidence of actions taken to address any concerns raised
- Team meeting records, and evidence that they are well attended, cover relevant issues and that actions are developed because of what staff have had said
- Staff turnover, vacancy levels and agency usage, and evidence of actions taken to mitigate any issues
- Career development plans for staff working at the service, and specific training highlighted to enable progression
- Best practice information shared with staff
- Observational audits of care practice, and actions developed because of what was seen
- Surveys from people who use the service indicate satisfaction with the skills, knowledge and attitude of staff. If any issues are raised, these are addressed

### How **QCS** can support you to meet the quality statement

- **Surveys** to capture feedback from staff, service users, visiting professionals and relatives/friends
- **Policies** to support understanding and how to ensure your service is operating safely under this quality statement. Examples include rota management, training, autism, accessible information, equality and human rights
- **Staff rota** template
- **Resource Centre** for best practice information
- **Audit Centre** including audits for observation and governance

## Quality Statement 7: Infection, prevention and control

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

The 6 Evidence Categories:	The evidence sources that CQC will be looking for under each evidence category:
People's experience of health and care services	<ul style="list-style-type: none"><li>• Feedback from people using services</li><li>• Feedback from commissioners, health and care professionals and other partners about people's experience of care</li></ul>
Feedback from staff and leaders	<ul style="list-style-type: none"><li>• Feedback from yourselves</li><li>• Feedback from commissioners, health and care professionals and other partners involved in your service</li><li>• Whistleblowing information</li></ul>
Feedback from partners	Not currently highlighted by CQC for this quality statement
Observation	<ul style="list-style-type: none"><li>• Equipment</li><li>• Staff practice (including how they deliver care, staff culture and behaviours)</li><li>• The care environment</li></ul>
Processes	<ul style="list-style-type: none"><li>• Infection prevention and control policy, audit and action plans</li></ul>
Outcomes	Not currently highlighted by CQC for this quality statement



### Specific evidence you could have to demonstrate that the quality statement is being met:

- Cleaning schedules, and documentation to support completed activity
- Rota that shows staff who are responsible for maintaining the cleanliness and hygiene of the environment are identified
- Training provided in infection, prevention and control
- Audits completed of the environment, and observation of practice
- Equipment is clean and hygienic
- Policies, latest information and best practice regarding infection, prevention and control are available and known by staff
- A full range of PPE supplies are always available
- Vaccination records are up to date and complete for staff and service users
- Accidents and incidents relating to infection, prevention and control are treated seriously, information is shared, and actions are taken to address concerns
- Surveys from people who use the service indicate satisfaction with the cleanliness of the environment and that staff work in a way that promotes infection control
- When an outbreak is identified, that appropriate actions, in line with best practice, are taken to limit the spread of any infection

### How **QCS** can support you to meet the quality statement

- **Surveys** to capture feedback from staff, service users, visiting professionals and relatives/friends
- **Policies** to support understanding and how to ensure your service is operating safely under this quality statement. Examples include infection control, health and safety, hygiene, PPE
- **Action Plans** resulting from audits
- **Risk management** templates
- **Resource Centre** for best practice information about infection control
- **Audit Centre** including audits for observation, health and safety, infection prevention and control, cleanliness
- **Good governance calendar**

## Quality Statement 8: Medicines optimisation

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

The 6 Evidence Categories:	The evidence sources that CQC will be looking for under each evidence category:
<b>People's experience of health and care services</b>	<ul style="list-style-type: none"><li>• Feedback from people using services</li><li>• Feedback from commissioners, health and care professionals and other partners about people's experience of care</li></ul>
<b>Feedback from staff and leaders</b>	<ul style="list-style-type: none"><li>• Feedback from yourselves</li><li>• Feedback from commissioners, health and care professionals and other partners involved in your service</li><li>• Whistleblowing information</li></ul>
<b>Feedback from partners</b>	Not currently highlighted by CQC for this quality statement
<b>Observation</b>	<ul style="list-style-type: none"><li>• Equipment</li><li>• Staff practice (including how they deliver care, staff culture and behaviours)</li><li>• The care environment</li></ul>
<b>Processes</b>	<ul style="list-style-type: none"><li>• Administration of, and dispensing, medicines, including 'when required' (PRN) medication</li><li>• Medicines audits, action plans and reviews</li><li>• People's care records or clinical records</li><li>• STOMP and STAMP records</li></ul>
<b>Outcomes</b>	Not currently highlighted by CQC for this quality statement

### Specific evidence you could have to demonstrate that the quality statement is being met:

- Completed MAR sheets, and evidence that medicines have been administered as directed by prescription
- Detailed PRN protocols are in place
- Medicines care and support plans are developed with the person (or their representative) and include detail of how the person should be supported
- Mental capacity assessments completed, and people encouraged to manage their own medication when assessments indicate they have capacity
- Where covert medication is required, appropriate documentation and effective care planning is in place to support this
- Good communication between GP, pharmacy and the service is evidenced
- Regular reviews of medication
- Full range of medicines audits completed, and actions identified when concerns are identified
- Staff training in medicines, and only staff assessed as competent administer medication
- The risks associated with over medication are known and monitored (STOMP)
- Controlled drugs are managed appropriately, and documentation supports this
- Where timed medication is required appropriate documentation and effective care planning is in place to support this
- Accidents and incidents relating to medication are fully investigated, information is shared with relevant people and organisations, and actions are taken to address concerns

### How **QCS** can support you to meet the quality statement

- **Surveys** to capture feedback from staff, service users, visiting professionals and relatives/friends
- **Policies** to support understanding and how to ensure your service is operating safely under this quality statement, for example, the full range of medicines management policies
- **Action Plans** resulting from audits
- **Mental capacity** documentation
- **Care and support plan** and **risk management** templates for medicines
- **Templates** supporting the recording and monitoring of medication
- **Resource Centre** for best practice information about medicines management
- **Audit Centre** including audits for observation, and all aspects on medicines management

**Quality Compliance Systems Ltd**

6-9 The Square | Stockley Park | Uxbridge | UB11 1FW

**Telephone:** 0333 405 33 33

**Email:** [info@qcs.co.uk](mailto:info@qcs.co.uk)

[www.qcs.co.uk](http://www.qcs.co.uk)



@QualityComplianceSystems