Characteristics of key question ratings and quality statement scores

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# How to use these characteristics

* The characteristics are a guide rather than an exhaustive description for the key questions and quality statements
* They should be used alongside external best practice standards and guidance
* Not all content will be relevant in all services
* Not all characteristics will need to be demonstrated to meet each score
* There are several combinations of quality statement scores that can determine each rating
* The key question characteristics are intended to describe a spectrum where services can incrementally move depending on changes to the different areas of quality within the key question

# SAFE – key question rating characteristics

### Outstanding

There is a proactive, systematic approach to managing safety. Leaders embed, maintain and seek to continuously improve a culture of openness and collaboration, and safety is everyone’s top priority. Staff demonstrate a commitment to improve safety and there are clear roles, responsibilities and structures to meet safety goals.

There is proactive identification of hazards and risks, which are robustly assessed and managed to avoid adverse outcomes. Solutions to risks are developed collaboratively with the right people and the effectiveness of the controls are monitored and measured.

Staff are actively encouraged and appreciated for raising concerns about safety and ideas to improve. People feel part of a team where they can contribute towards safety and improvement. The primary response is always to learn and continuously improve.

Leaders ensure there are enough skilled staff to deliver safe care and can demonstrate adaptive strategies for responding to demand and capacity issues. Training includes safety expertise, human factors and communication to support a positive safety culture within all levels of the workforce.

Services are planned and organised with people and communities, including those from minoritised groups and those where outcomes are known to be poorer. This is done in a way that improves their safety across care journeys, and safety is monitored collaboratively.

Information and intelligence is actively sought out to demonstrate that people are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation.

People are given information and leadership that supports them to make choices which balance risks of harm with positive choices about their lives.

### Good

Safety is a priority for everyone and leaders embed a culture of openness and collaboration. Leaders understand, and monitor for, signs of a closed culture.

There are clear roles and responsibilities for managing and improving safety.

There is strong awareness of safety hazards and the risks. Solutions to risks are developed collaboratively, with the right people and system partners who can make improvements.

Staff and leaders respond positively when people raise concerns about safety and ideas to improve care delivery are raised. The primary response is to view these as an opportunity to learn and improve continuously.

Leaders ensure there are enough skilled staff to deliver safe care.

Services are planned and organised with people and communities in a way that ensures and maintains their safety across their care journeys.

People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation.

People are supported to make choices which balance risks of harm with positive choices about their lives.

### Requires Improvement

Safety is the responsibility of a few individuals. Leaders are working to embed a culture of openness and collaboration, but it is not adequate or consistent and there may be some elements of a closed culture.

There is an understanding of some of the greatest safety risks but attempts to mitigate and control them are not always clearly developed or understood. Where solutions are developed, these are not always appropriate or developed collaboratively with the right people.

People are not encouraged and supported to raise concerns about safety and ideas to improve care delivery. Action to learn and improve is not always taken when they do.

There are not always enough skilled staff to deliver safe care.

Services are not always planned and organised with people and communities in a way that ensures and maintains safety across care journeys.

People are not always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Sometimes, decisions around deprivation of liberty are not taken in line with legislation.

People are not always supported to make choices that balance risks or harm with positive choices about their lives.

Regulations may or may not be met. Where regulations are not met, there are risks to people’s health, safety or welfare.

### Inadequate

Safety is not prioritised. There is a closed culture.

There is a lack of understanding of the safety risks and no or limited attempts to appropriately mitigate and control them.

People are discriminated against and penalised when they raise concerns about safety and ideas to improve, and the primary response is to dismiss or blame individuals.

There are not enough skilled staff.

Staff fail to recognise and escalate concerns related to the safety and well-being of people.

Services are not planned and organised with people and communities in a way that ensures safety across care journeys.

People are not safe and protected from bullying, harassment, avoidable harm, neglect and discrimination. Decisions around deprivation of liberty are not taken in line with legislation.

People are not supported to make choices that balance risks of harm with positive choices about their lives.

Normally some regulations are not met. Where regulations are not met, there has been, or there is a significant risk of, serious harm to people’s health, safety or welfare.

# SAFE - quality statements

## Learning culture

### 4 - exceptional standard of care

Leaders embed, maintain and seek to continuously improve a culture of openness and collaboration and safety is everyone’s top priority. Systems and resources – including specialist support for human factors and safety science - are available to support continuous learning in response to identified safety risks. Systematic approaches to learning are embedded and incorporated and support active, participatory learning processes.

People and staff – including agency staff and volunteers - are actively encouraged and rewarded for raising concerns about safety and ideas to improve, and the value of learning is continually demonstrated and reinforced by leaders.

Concerns raised are used alongside other safety information to proactively identify hazards and risks, which are systematically analysed and mitigated. Solutions to risks are developed collaboratively using rigorous analytical and investigative techniques, and the effectiveness of the controls are monitored and measured.

There is a proportionate and resourced approach to responding to safety events that have occurred, including incidents and complaints. All those involve in an event, including agency staff and volunteers, are involved in the response as appropriate.

The primary response is always to learn and improve continuously. Systematic work is undertaken to understand the sources of risk and causes of safety events, and there is evidence of improvements in delivery of care and treatment as a result of learning. Effective and innovative approaches to learning are embedded in practice.

### 3 - good standard of care

Safety is a priority for everyone and is supported by those with clear roles and responsibilities for safety. Leaders embed a culture of safety and learning that is based on being proactive, open, transparent and professionally curious.

People and staff are encouraged and supported to raise concerns, they feel confident that they will be treated with compassion and understanding, and won’t be blamed, or treated negatively if they do so.

Concerns raised are used alongside other safety information to help to proactively identify, manage and control risks before safety events happen.

There is a proportionate and well-resourced approach to responding to safety events that have occurred.

Lessons are learned from safety events, enabling continual identification and embedding of good practices. Incidents are thoroughly investigated, and lessons are shared both internally and externally.

### 2 - some shortfalls in the standard of care

Safety is considered to be the responsibility of a few individuals.

Leaders are working to embed a culture of openness and collaboration, but it is not consistent.

People and staff are not always encouraged and supported to raise concerns about safety and ideas to improve care delivery.

Where concerns are raised, they are not always used to proactively identify, manage and control risks before safety events happen.

Where safety events have already occurred, there is not always a well-resourced and proportionate approach to responding to them.

Actions are not always taken in response and lessons are not always learned or applied in practice.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

Safety is not considered or prioritised.

There is a closed culture around safety. People and staff are actively discouraged from raising safety concerns and/or are discriminated against and penalised when they do.

Where concerns are raised, they are ignored or dismissed and are not used to identify, manage and control risks before safety events occur.

Where safety events have already occurred, there is not a well-resourced and proportionate approach to responding to them.

Actions taken in response reflect a blame culture and do not focus on learning and improvement.

Normally some regulations are not met.

## Safe systems, pathways and transitions

### 4 - exceptional standard of care

There is joint ownership of safety, by the relevant care partners, across people’s care journey.

There is a collaborative approach to working with partners to comprehensively identify and manage shared risks and joint processes for monitoring their effectiveness. This has led to enhanced standards of treatment and care at each step of the person’s care journey.

### 3 - good standard of care

Safety and continuity of care is a priority throughout people’s care journey. This happens through a collaborative, joined-up approach to safety that involves the person themselves, staff and other partners in their care. This includes during referrals, admissions and discharge, and where people move between services.

There is a strong awareness of the risks to people across their care journeys. The approach to identifying and managing these risks is proactive and effective. The effectiveness of these processes is appropriately monitored and managed to keep people safe.

Care and support is planned and organised with people, together with partners and communities in ways that ensure continuity of safe care.

Safety policies and processes are aligned with other key partners who are involved in people’s care journey to enable consistency of safe care and shared learning to drive improvement.

### 2 - some shortfalls in the standard of care

There is not always an appropriate or collaborative approach to safety, that effectively involves people who use services and staff. Collaboration with other partners in care to ensure safety at admission, referral and discharge as people move between services is at times lacking.

There is limited or inconsistent identification of risks to people across their care journeys and the management of these risks is not always effective.

Care and support is not always appropriately planned and organised with people, together with partners and communities, in ways that ensure continuity of safe care.

Safety policies and processes are not always aligned with other key partners who are involved in people’s care journey. Shared learning does not always happen.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

There is no collaborative approach to safety between people who use services and staff. Collaboration with other partners to ensure safety during admission, referral and discharge as people move between services is poor.

Risks to people across their care journeys are not safely identified or managed.

Patient outcomes indicate insufficient oversight and management of patient safety.

Continuity of care is at risk due to failure to plan and organise care with people and other care partners.

Safety policies and processes are not aligned with other key partners who are involved in people’s care journey. Shared learning does not happen.

Normally some regulations are not met.

## Safeguarding

### 4 - exceptional standard of care

There is a comprehensive safeguarding system, with clear roles and responsibilities, through which safeguarding risks are proactively identified, managed actioned and reduced.

There is an approach to safeguarding that includes the empowerment of people who use services and proactive work to promote their safety, well-being and rights.

The whole team is engaged in reviewing and improving safeguarding systems.

The service has comprehensive systems to monitor and proactively improve how the Mental Capacity Act (MCA) is applied and decisions communicated with all relevant people/organisations involved in the person’s care. This includes the Deprivation of Liberty Safeguards when applicable. Staff are confident about using the MCA and seek innovative ways to ensure that people’s human and legal rights are respected.

There is a culture that actively seeks and values opportunities to promote and enhance human rights in the service.

### 3 - good standard of care

There is a strong understanding of safeguarding across the service and staff know how to take appropriate action.

There are clear roles and responsibilities around safeguarding.

People are supported to understand safeguarding, what being safe means to them, and how to raise concerns when they don’t feel safe, or when they have concerns about the safety of other people.

There are effective safeguarding systems, processes and practices to make sure people are appropriately protected from abuse.

There is a demonstrable commitment to taking immediate action to keep people safe from abuse and neglect. This includes working with partners in a collaborative way.

People are appropriately supported when they feel unsafe or experience abuse or neglect.

There is a clear understanding of the requirements of the Mental Capacity Act and staff demonstrate how they put these into practice effectively.

People including families/carers are appropriately supported to understand the principles of the Mental Capacity Act, how they will be communicated to and supported with making decisions about their care.

People including families/carers are appropriately supported when they feel decisions have not been made in the person’s best interest or are not the least restrictive option to protect the person's rights and freedom of action.

Where applicable to a service, there is a clear understanding of the Deprivation of Liberty Safeguards (DoLS) and they are applied appropriately. DoLS is only used when it is in the best interest of the person.

Safeguarding systems, processes and practices ensure that people’s human rights are upheld, and they are protected from discrimination.

People are supported to understand their rights under the Human Rights Act 1998, Mental Capacity Act 2005, Mental Health Act 1983 and Equality Act 2010.

### 2 - some shortfalls in the standard of care

There is some understanding of safeguarding and how to take appropriate action, but safeguarding is not always given sufficient priority or applied consistently.

The roles and responsibilities for safeguarding are not always clear.

People are not always supported to understand safeguarding, what being safe means to them, and how to raise concerns when they don’t feel safe, or they have concerns about the safety of other people.

Safeguarding systems, processes and practices are not always reliable or appropriate to keep people safe.

Immediate action is not always taken to keep people safe from abuse and neglect. Safeguarding partners are not always worked with in a collaborative way.

People are not always appropriately supported when they feel unsafe or experience abuse or neglect.

There is some understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), but the requirements of the MCA are not consistently met and, where applicable to a service, DoLS applications are not always made appropriately or in a timely manner.

Safeguarding systems, processes and practices do not always ensure that people’s human rights are upheld and they are protected from discrimination.

People are not always supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010.

Regulations may or may not be met.

1 - significant shortfalls in the standard of care

There is limited or poor understanding of safeguarding requirements. Safeguarding requirements are not prioritised.

Staff do not recognise or respond appropriately to abuse or discriminatory practice.

Roles and responsibilities around safeguarding are unclear or absent.

People are not supported to understand safeguarding, what being safe means to them, and how to raise concerns when don’t feel safe, or they have concerns about the safety of other people.

Safeguarding systems, processes and practices are not fit for purpose or are wilfully or routinely disregarded.

Immediate action is not taken to keep people safe from abuse and neglect. There is limited or no collaborative working with safeguarding partners.

People are not appropriately supported when they feel unsafe or experience abuse or neglect.

There is limited understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The requirements of the MCA are not met, and, where applicable to a service, DoLS applications are not made appropriately or in a timely manner.

Safeguarding systems, processes and practices do not ensure that people’s human rights are upheld and they are protected from discrimination.

People are not supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010.

Normally some regulations are not met.

## Involving people to manage risks

### 4 - exceptional standard of care

There is a transparent and open culture which encourages creative thinking in relation to people’s individual safety.

People are enabled to take positive risks to maximise their control over their care and support. They are also actively involved in managing their own risks along with their relatives, friends and other carers.

Staff show empathy and have an enabling attitude that encourages people to challenge themselves, while recognising and respecting their lifestyle choices. The service uses imaginative or innovative ways to manage risk, while supporting people to stay safe. It helps people to make decisions that may have elements of risk, by sharing information about risk in imaginative or innovative ways to help inform choice and control.

The service is an exemplar of consistently applying person centred care with a positive culture which support recovery, engender trust between people and staff, and protect the safety and wellbeing of all people using services.  The service can show through their positive outcomes that they learn from any escalation, uphold all peoples’ rights, provide skilled, trauma-informed therapy, follow the principle of least restriction, and promote recovery.  The service proactively seeks out new and creative solutions and best practice to ensure that people live with as few restrictions as possible and can provide evidence to support this. Where causes of escalation lie elsewhere in the system, the service works with partners to resolve this.

### 3 - good standard of care

Individual risks to people are assessed, and people are involved in this process as much as possible. People understand the risks relating to them and what they can do to keep themselves safe.

Staff are informed about and understand the risks relating to people they support.

There is a balanced and proportionate approach to risk in individual care and treatment that supports people and respects the choices they make about their care.

Restraint is only ever used as a last resort. If staff use restraint, it is lawful, for a legitimate purpose, safe and necessary, and staff always follow good practice requirements. Where relevant, equality and human rights legislation is considered. The service always takes a proportionate approach to imposing restrictions on people. People’s care plans reflect any foreseeable risks that may need restrictions. Post incident review of restraint leads to improved practice.

### 2 - some shortfalls in the standard of care

Individual risks are not always adequately assessed, or people are not always appropriately involved in this. People are therefore not always provided with information about how to keep themselves safe.

Staff are not always appropriately informed about or understand risks relating to the people they support.

There is not always a balanced and proportionate approach to risk in individual care and treatment that supports people and respects the choices they make about their care.

The service does not consistently apply a person-centred approach, and this can lead to inappropriate or disproportionate use of restraint. The working culture does not consistently support promoting patients’ rights, following the principle of least restriction, or promoting recovery.  Staff have a mixed understanding of restraint and the need to reduce incidents of restraint. Post incident review of restraint has not led to improved practice or a reduction in restraint.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

Individual risks are not adequately assessed. People are not appropriately involved in their own risk assessment.

Staff are not adequately informed about or understand risks relating to the people they support. People are therefore significantly restricted in their ability to keep themselves safe.

There is not a proportionate approach to risk in individual care and treatment that supports people and respects the choices they make about their care.

Restraint is frequently used inappropriately and disproportionately, sometimes unlawfully and causing psychological or physical harms. Equality and human rights legislation is not considered. The service cannot demonstrate a consistently person-centred approach in its care planning.

Staff do not have a clear approach to proactively preventing escalation or learning from incidents.

Normally some regulations are not met.

## Safe environments

### 4 - exceptional standard of care

Facilities, premises and equipment are designed and used to meet the needs of a range of all people who use the service.

There is a comprehensive system to proactively manage the safety, maintenance and repair of facilities, premises and equipment.

Human factors and ergonomic expertise are systematically used to ensure that the design and procurement of facilities, premises and equipment protects the welfare of staff and enables them to deliver effective and innovative care that keeps people safe from physical and psychological harm.

### 3 - good standard of care

People are cared for in environments, and with equipment, that is safe and designed to meet their needs.

Facilities, premises, equipment and technology are appropriately maintained and support staff to consistently deliver safe and effective care.

There are effective arrangements to monitor the safety and upkeep of facilities, premises and equipment. There are clear roles and responsibilities for the safe management of facilities, equipment and premises.

Equipment used to deliver care and treatment is suitable for the intended purpose.

Staff understand how to use equipment appropriately and safely. This includes being aware of and appropriately applying the relevant good practice standards, guidance or manufacturers guidelines in place.

Leaders and staff consider how environments can keep people safe from psychological harm as well as physical harm, for example in relation to sexual safety and in relation to sensory needs.

### 2 - some shortfalls in the standard of care

People are not always cared for in environments, and with equipment, that are safe and designed to meet their needs

Facilities, premises and equipment are not always appropriately maintained and do not consistently support staff to deliver safe and effective care.

Arrangements to monitor the safety and upkeep of facilities, premises and equipment are not consistently robust.

Equipment used to deliver care and treatment is not always suitable for the intended purpose.

Staff do not always understand how to or use available equipment appropriately and safely. This includes being aware of and appropriately applying the relevant good practice standards, guidance or manufacturers guidelines in place.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

Care premises, equipment and facilities are unsafe or do not meet people’s needs.

Facilities, premises and equipment are not appropriately maintained and do not support staff to deliver safe and effective care.

Arrangements to monitor the safety and upkeep of facilities, premises and equipment are absent or ineffective.

Equipment used to deliver care and treatment is not suitable for the intended purpose.

Equipment is not used appropriately or safely. There is a lack of awareness or application of relevant good practice standards, guidance or manufacturers guidelines in place.

Normally some regulations are not met.

## Safe and effective staffing

### 4 - exceptional standard of care

The continuing development of the staff skills, competence and knowledge are recognised as being integral to ensuring high quality care. Staff are proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Innovative, advanced and appropriate techniques to develop capability and competence are embedded and supported, such as simulation-based learning. Agency staff and volunteers are proactively supported in their role.

Leaders develop coordinated and adaptive anticipatory strategies to manage demand and capacity issues relating to staffing and have systems and processes that support this.

### 3 - good standard of care

There are robust and safe recruitment practices to make sure that all staff, including agency staff and volunteers, are suitably experienced, competent and able to carry out their role.

There are appropriate staffing levels and skill mix, and where staffing levels cannot be met, leaders support frontline staff to develop short term adaptations to make sure people continue to receive consistently safe, good quality care that meets their needs.

Staff receive training appropriate and relevant to their role. Staff at all levels have opportunities to learn and develop their practice.

Staff receive the support they need to deliver safe care. This includes supervision, appraisal and support to develop, improve services and where needed, professional revalidation. Poor performance is managed appropriately.

### 2 - some shortfalls in the standard of care

Recruitment practices are not always robust or safe. The service does not always ensure that all staff, including agency staff and volunteers, have the right qualifications, skills, knowledge and experience to do their job.

There are periods of understaffing or inappropriate skill mix, which are not addressed quickly. Agency, bank and locum staff are not used in a way which ensures people’s safety is always protected.

Not all staff, including agency staff and volunteers, receive training that enables them to carry out their job. There are limited opportunities for further learning.

There are gaps in management and support arrangements for staff, such as appraisal, supervision and professional development.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

Recruitment practices are poor, meaning they are not safe. mean that people receive care from staff, including agency staff and volunteers, who do not have the skills or experience that is needed to deliver effective care.

Substantial or frequent staff shortages or poor management of agency or locum staff increases risks to people who use services

Staff, including agency staff and volunteers, do not receive training that enables them to carry out their job.

Staff are not supervised or managed effectively. Poor performance is not dealt with in a timely or effective way.

Normally some regulations are not met.

## Infection prevention and control

### 4 - exceptional standard of care

There is a comprehensive system for assessing and managing infection control risks, incorporating policies, procedures, roles and responsibilities, training and monitoring.

### 3 - good standard of care

There is an effective approach to assessing and managing the risk of infection, which is in line with current relevant national guidance and standards.

People are protected as much as possible from the risk of infection because premises and equipment are kept appropriately clean and hygienic.

Staff have received appropriate training and there are clear roles and responsibilities around infection prevention and control.

Information about the risk of infection is shared appropriately with relevant partners, including agencies, people using the service and visitors.

### 2 - some shortfalls in the standard of care

The service is not always aware of or does not meet current national guidance and standards in relation to infection control. Policies, procedures and practices on infection control may not be up to date or applied consistently by relevant staff.

Premises and equipment are not always kept appropriately clean and hygienic.

Not all staff have received appropriate training and may not fully understand their roles and responsibilities in relation to infection prevention and control.

Information about the risk of infection is not always appropriately shared with the right people or in a timely way.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

The service is not aware of or does not meet national guidance and standards in relation to infection control. Policies, procedures and practices on infection control are absent, out of date, inappropriate, inaccessible or unknown to staff.

Premises and equipment are not kept clean and hygienic.

Staff have not been trained in, or do not understand their specific roles or responsibilities.

Information about the risk of infection is not appropriately shared with the right people or in a timely way.

Normally some regulations are not met.

## Medicines optimisation

### 4 - exceptional standard of care

There is a comprehensive system to proactively promote a strong safety culture for medicines optimisation.

People are enabled and proactively involved in decisions, assessments and reviews about their medicines.

Staff not only meet good practice standards in relation to legislation and national guidance, but they also embrace and contribute to innovation and research.

Compliance with medicines policy and procedure is routinely monitored so there is a progressive open culture of learning and continuous improvement.

### 3 - good standard of care

There are clear roles and responsibilities that support the safe optimisation of medicines.

People's medicines are available in the necessary quantities to prevent the risks associated with the non-administration of medicines. This includes when people manage their own medicines.

People are appropriately involved in decisions about their medicines. They are involved with assessments and reviews about the level of support they need to manage their medicines safely and to make sure their preferences are included. This is clearly documented in their care plan.

The approach to medicines reflects current legislation, relevant best practice and professional guidance.

People’s medicines are appropriately prescribed, supplied and administered in line with the relevant legislation, current national guidance or best available evidence, and in line with the Mental Capacity Act 2005.

There are appropriate arrangements for the safe management, use and oversight of controlled drugs in line with legislation and best practice.

Accurate, up-to-date information about people’s medicines is available, particularly when they move between health and care settings, in line with current national guidance,

People’s behaviour is not inappropriately controlled by medicines.

### 2 - some shortfalls in the standard of care

People's medicines are not always available in the necessary quantities to prevent the risks associated with the non- administration of medicines. This includes when people manage their own medicines.

People are not always appropriately involved in decisions about their medicines. They are not always involved with assessments and reviews about the level of support they need to manage their medicines safely and to make sure their preferences are included. This is not always clearly documented in their care plan.

The service does not always follow relevant legislation and national guidelines around prescribing, storing, supply administering and recording of medicines. This includes controlled drugs.

People are at risk because staff do not always administer medicines safely or people do not receive them as prescribed. Medicines are not always ordered, transported or stored safely or securely.

Accurate, up-to-date information about people’s medicines is not always effectively shared, particularly when they move between health and care settings.

There are times when medicines are used inappropriately to control people’s behaviour.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

People's medicines are frequently not available in the necessary quantities to prevent the risks associated with the non- administration of medicines. This includes when people manage their own medicines.

People are not appropriately involved in decisions about their medicines. They are not involved with assessments and reviews about the level of support they need to manage their medicines safely and to make sure their preferences are included. This is not clearly documented in their care plan.

The service does not follow relevant legislation and national guidelines around prescribing, storing, supply, administering and recording of medicines. This includes controlled drugs.

People are at risk because staff do not administer medicines safely or people do not receive them as prescribed. Medicines are not ordered, transported or stored safely or securely.

Accurate, up-to-date information about people’s medicines is not effectively shared particularly when they move between health and care settings.

Medicines are used inappropriately to control people’s behaviour.

Normally some regulations are not met.

# EFFECTIVE – key question rating characteristics

### Outstanding

People and communities have outcomes that are consistently better than expected when compared with other similar services.

There may be some areas to improve, but people’s feedback about the effectiveness of the service describes it as exceptional and distinctive.

Leaders inspire a culture of improvement, where understanding current outcomes and exploring best practice is a deeply embedded part of the culture, and learning is widely shared and acted on.

### Good

People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflect these needs and any protected equality characteristics.

There may be some areas to improve, but services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work.

Everyone is supported to see what works well and not so well based on indicators of quality. Continuous improvement is always guided by this insight.

### Requires Improvement

People and communities are at risk of not receiving effective care or treatment.

There is a lack of consistency in the effectiveness of the care, treatment and support that people receive.

Regulations may or may not be met.

### Inadequate

People receive ineffective care or there is insufficient assurance in place to demonstrate otherwise.

There are widespread and significant shortfalls in the care, treatment and outcomes that people experience.

Normally some regulations are not met.

# EFFECTIVE - quality statements

## Assessing needs

### 4 - exceptional standard of care

There is a consistent and high-quality approach to assessing, and reviewing people’s health, care, wellbeing and communication needs with them

There is a creative and person-centred approach in ensuring people’s communication needs are met to maximise the effectiveness of their care and treatment.

### 3 - good standard of care

The effectiveness of people’s care and treatment is maximised by assessing and reviewing their health, care, wellbeing and communication needs with them.

People are involved as much as possible in the assessment of their needs, and support is provided where needed to maximise their involvement.

People are confident that their individual needs have been appropriately assessed and are fully understood.

People’s communication needs are appropriately assessed and met to maximise the effectiveness of their care and treatment.

People’s needs are assessed using a range of assessment tools to ensure their needs are reflected and understood.

Assessments consider the persons health, care, wellbeing, and communication needs, to enable them to receive care or treatment that has the best possible outcomes.

Assessments are up-to-date and staff understand people’s current needs.

The needs of carers of people using services are also assessed and met. This supports their health and wellbeing in their carer roles and helps them to provide safe and effective care to the people they support

### 2 - some shortfalls in the standard of care

People are not always involved as much as possible in assessing and reviewing their health, care, wellbeing and communication needs. This may have an impact on how effective their care, support and treatment is.

People’s assessments do not appropriately consider the full range of people’s relevant diverse needs.

People’s communication needs are not sufficiently assessed to allow review of their health, care, wellbeing and communication needs with them.

People’s needs are not always assessed using the appropriate range of assessment tools. Tools are not always used correctly or appropriately.

Assessments may not always be reviewed regularly or up to date.

There is sometimes insufficient evidence that the needs of carers of people using services are also assessed and met. This supports their health and wellbeing in their carer roles and helps them to provide safe and effective care to the people they support

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

Care or treatment is not based on a full assessment of a person’s diverse needs.

People are rarely involved in the assessment and review of their health, care, wellbeing and communication needs.

People’s communication needs are not met to allow review of their health, care, wellbeing and communication needs with them.

People’s needs are not assessed using the appropriate range of assessment tools or tools are used incorrectly or inappropriately.

Assessments are frequently out of date.

The needs of carers of people using services are often not assessed or met. This impacts their health and wellbeing and their ability to provide safe and effective care to the people they support.

Normally some regulations are not met.

## Delivering evidence-based care and treatment

### 4 - exceptional standard of care

The safe use of innovative and new approaches to planning and delivering people’s care and treatment is actively encouraged.

New evidence-based approaches are used to support the delivery of consistent, high-quality care

People are empowered to make choices about their care and treatment based on current good practice that is relevant to their care.

People’s nutrition and hydration needs (where appropriate) are met in line with current guidance.

Staff and leaders are encouraged to keep up to date with research and proactively learn about new and innovative evidence-based approaches that can improve service delivery

Where possible, the service also contributes to the development of best practice and good leadership with other agencies.

### 3 - good standard of care

People’s care and treatment is planned and delivered with them, including what is important and matters to them. This is carried out in line with legislation and current evidence-based good practice and standards.

People receive care, treatment and support that is evidence-based and in line with current good practice standards.

The provider’s systems ensure that staff are up to date with national legislation, evidence-based good practice and required standards.

People are told about current good practice that is relevant to their care and are involved in how this is reflected in their care plan.

People’s nutrition and hydration needs are met in line with current guidance.

Staff and leaders are encouraged to learn about new and innovative evidence-based approaches can improve care delivery.

### 2 - some shortfalls in the standard of care

People’s care and treatment are not consistently planned and delivered in line with national legislation and evidence-based good practice and standards.

Systems don’t consistently ensure that staff are up to date with current national legislation, evidence-based good practice and required standards.

People are not always told about current good practice that is relevant to their care and they may have limited involvement in care planning.

People’s nutrition and hydration needs are not always met in line with current good practice guidance. Not all the food provided is appropriate to meet people’s nutritional needs.

Staff and leaders are not actively encouraged to learn about new and innovative evidence-based approaches that can improve care delivery.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

People’s care and treatment does not reflect current evidence-based good practice and standards.

The provider’s systems are ineffective in ensuring that staff are up to date with current national legislation, evidence-based good practice and required standards.

There is insufficient evidence that people are told about current good practice that is relevant to their care and are not involved in care planning.

People’s nutrition and hydration needs are not appropriately met or do not follow current good practice standards. The service puts people at risk because of poor monitoring and management of food and fluid intake.

Normally some regulations are not met.

## How staff, teams and services work together

### 4 - exceptional standard of care

There is a fully collaborative approach to planning and coordinating people’s care and treatment from a range of different staff, teams or services, which is done at the earliest possible stage.

Arrangements fully reflect individual circumstances and preferences.

There is a commitment and culture of working collaboratively and staff and teams have found innovative and efficient ways to deliver more joined-up care and support to people.

### 3 - good standard of care

There is effective working across teams and services to support people. People only need to tell their story once as their assessment of needs is shared when they move between different services.

Staff have access to the information they need to appropriately assess, plan and deliver people’s care, treatment and support.

Plans for transition, referral and discharge consider people’s individual needs, circumstances, ongoing care arrangements and expected outcomes.

When people are due to move between services, all necessary staff, teams and services are involved in assessing their needs to maintain continuity of care.

Information is shared between teams and services to ensure continuity of care, for example when clinical tasks are delegated or when people are referred between services.

When people receive care from a range of different staff, teams or services, it is co-ordinated effectively. All relevant staff, teams and services are involved in assessing, planning and delivering people's care and treatment and staff work collaboratively to understand and meet people's needs

### 2 - some shortfalls in the standard of care

Care and treatment are not always properly planned and coordinated when people move between different services.

The service is inconsistent in its approach when people move between services or use more than one service.

Staff sometimes don’t have access to the information they need to appropriately assess, plan and deliver people’s care, treatment and support.

Systems and processes are inconsistent or not always appropriately applied, such as how records and information should be shared, or the staff lack skills or training to coordinate care and support.

People do not always know which part of their care delivery the service is responsible for and how it fits with the rest of their care and treatment, or. who to contact.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

Care is provided inappropriately in isolation and staff and teams do not seek support or input from other relevant teams and services. There are significant barriers to effective joint working between staff, teams and with other services.

Staff frequently don’t have access to the information they need to appropriately assess, plan and deliver people’s care, treatment and support.

Information sharing and communication across staff, teams and with other services is consistently poor or absent. Information is not always shared with other services or is inadequate when it is shared.

People do not know what part of their care delivery the service is responsible for or how it fits in with the rest of their care, support and treatment, who to contact.

Normally some regulations are not met.

## Supporting people to live healthier lives

### 4 - exceptional standard of care

There is a strong focus on empowering people to maximise their opportunity to manage their own health, care and wellbeing needs as much as possible. Staff fully understand people’s needs, preferences and abilities, which enables them to identify and enable as many opportunities as possible for people to be independent.

There is exceptional collaboration across staff, services and organisations to enable people (with their family and carers) to manage their health and wellbeing at home effectively and where possible, reduce their future needs for care and support.

### 3 - good standard of care

People are supported to manage their health and wellbeing so they can maximise their independence, choice and control. People are supported to live healthier lives and where possible, reduce their future needs for care and support.

People are empowered and supported to manage their own health, care and wellbeing needs as much as possible by staff who understand their needs and preferences.

People are involved in regularly reviewing their health and wellbeing needs where appropriate and necessary.

People are encouraged and supported to make healthier choices to help promote and maintain their health and wellbeing.

There is a focus on identifying risks to people’s health and wellbeing early. There is proactive action and support provided to prevent avoidable deterioration to people’s health and well-being.

People are involved in regularly monitoring their health, including health assessments and checks where appropriate and necessary with health and care professionals.

### 2 - some shortfalls in the standard of care

People are not always effectively supported to manage their health and wellbeing.

There is limited or inconsistent focus on prevention and early identification of health or wellbeing needs. staff are not always proactive as they could be in taking action to prevent avoidable deterioration.

People are not consistently empowered and supported to manage their own health, care and wellbeing needs as much as possible. Staff do not always understand people’s needs and preferences to effectively do this.

People are not always involved in reviewing their health and wellbeing needs or these reviews may not be regular enough.

There is no consistent approach to ensure that people are encouraged and supported to make healthier choices to help promote and maintain their health and wellbeing.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

People are not supported to manage their health and wellbeing.

People receive support reactively, rather than proactively, to live healthier lives, and those who need extra support are not identified.

People are not encouraged and supported to manage their own health, care and wellbeing needs where this should be possible. Staff do not understand people’s needs and preferences enough to do this.

People are generally not involved in reviewing their health and wellbeing needs or these reviews are not regular enough or completely absent.

There is insufficient evidence that people are encouraged and supported to make healthier choices to help promote and maintain their health and wellbeing.

Normally some regulations are not met.

## Monitoring and improving outcomes

### 4 - exceptional standard of care

There is active engagement in activities to monitor and improve quality and outcomes (including, where appropriate, monitoring outcomes for people once they have transferred to other services).

Outcomes for people who use services are positive, consistent and regularly exceed expectations.

### 3 - good standard of care

People’s care and treatment is routinely monitored to continuously improve it.

Outcomes are positive and consistent and meet both clinical expectations and the expectations of people themselves.

### 2 - some shortfalls in the standard of care

People’s care and treatment is not always monitored regularly or reviewed in detail.

Outcomes for people who use services are below expectations compared with similar services.

The results of monitoring are not always used effectively to improve quality.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

There is very limited or no monitoring of the outcomes of care and treatment.

People’s outcomes are very variable or significantly worse than expected when compared with other similar services.

Necessary action is not taken to improve people’s outcomes.

Normally some regulations are not met.

## Consent to care and treatment

### 4 - exceptional standard of care

Staff and leaders are skilled in how they obtain people’s consent for care and treatment, involving them in related decisions and assessing capacity when needed, even where language, disability or other impairments make this very difficult.

Practices around consent and records are actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment.

Staff go above and beyond to proactively and creatively seek ways to maximise people’s decision-making capacity around consent.

Collaboration with other services and organisations informs the development of tools and support to help people give informed consent.

### 3 - good standard of care

People are told about their rights around consent, and these are respected when person-centred care and treatment is delivered.

People understand their rights around consent to the care and treatment they are offered.

People’s views and wishes are taken into account when their care is planned.

There are systems and practices to ensure that people understand the care and treatment being offered or recommended. This helps them make an informed decision.

People receive information about care and treatment in a way they can understand and have appropriate support and time to make decisions.

Staff understand the importance of ensuring that people fully understand what they are consenting to and the importance of obtaining consent before they deliver care or treatment.

Where necessary decisions about care and treatment are made within the requirements of the Mental Capacity Act 2005.This includes consulting others as part of best interests decision-making and ensuring that people with legal authority or responsibility can make any relevant decisions.

People's capacity and ability to consent is taken into account, and they, or a person lawfully acting on their behalf, are involved in planning, managing and reviewing their care and treatment.

### 2 - some shortfalls in the standard of care

Consent is not always obtained or recorded in line with relevant guidance and legislation.

Some people may not be given the opportunity to understand their rights around consent or to withdraw consent to the care and treatment they are offered in a way that meets their needs.

Some people’s views and wishes are not taken into account when their care is planned.

Staff do not always make decisions in the best interests of people who lack the mental capacity to give consent, in accordance with legislation.

There is a lack of consistency in how people’s mental capacity is assessed and not all decision-making is informed or in line with guidance and legislation

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

Consent to care and treatment has not been obtained in line with legislation and guidance.

People’s mental capacity to consent to care and treatment has not been assessed and recorded (where appropriate to do so). Any decisions about care and treatment made for people who lack mental capacity are not in line with legislation.

Systems, processes and/or staff working practices fail to ensure people understand their rights around consent to the care and treatment they are offered.

Generally, people’s views and wishes are not taken into account when their care is planned.

Normally some regulations are not met.

# CARING – key question rating characteristics

### Outstanding

People are truly respected and valued as individuals.

They are supported as partners in their care by an exceptional and distinctive service.

They are always treated with kindness, empathy and compassion by everyone in the service and their privacy and dignity is always respected.

People’s wishes and choices are fully understood, and the service will make every effort to uphold these, so can they live their best lives as independently as practically possible.

People describe the service and the staff who work there as being exceptionally kind, considerate and empathic.

Regulations are fully met.

### Good

People are supported and always treated with dignity and respect.

They are fully involved as partners in their care.

They are always treated with kindness, empathy and compassion and have their dignity and privacy respected.

People’s wishes and choices are understood and respected and they can live their best lives as independently as possible.

People describe the service and staff who work there as kind, considerate and empathic.

Regulations are usually met.

### Requires Improvement

There are times when people do not feel well supported or cared for.

They may not always be fully involved in their care and their wishes and choices are not always included or respected.

Their privacy or dignity is not always maintained.

People say the service and staff who work there may lack empathy and sometimes act in an inconsiderate way.

There may be some areas of good care.

Regulations may or may not be met.

### Inadequate

People are not supported, cared for well or treated with compassion.

There are breaches of privacy and dignity and significant shortfalls in the caring attitude of the service and its staff.

There are very few, if any, areas of good care.

Normally some regulations are not met.

# CARING - quality statements

## Kindness, compassion and dignity

### 4 - exceptional standard of care

People receive care and support that is exceptionally compassionate and kind.

Staff care for individuals and each other in a way that exceeds expectations and fully respects their privacy and dignity.

Staff demonstrate genuine empathy for the people care for.

The embedded culture of kindness and respect extends to colleagues from other organisations as they are treated in the same manner.

Staff have a strong understanding of people’s human rights to dignity and respect, and are able to act creatively to uphold these rights, even in challenging situations

### 3 - good standard of care

People feel that staff know and understand them, including their preferences, wishes, personal histories, backgrounds and potential

People are always treated with kindness, compassion and dignity in their day-to-day care and support.

People feel that staff listen to them and communicate with them appropriately, in a respectful way, that they can understand.

People’s privacy and dignity is respected and upheld at all times.

There is a culture of kindness and respect between colleagues from other organisations.

Young adults feel they have control over their own privacy and the amount of parental involvement in managing their care and support.

### 2 - some shortfalls in the standard of care

People are not always treated with kindness, compassion or dignity.

Their privacy and dignity may not always be respected by staff.

Staff can be more focused on tasks than people and their wellbeing. Support can be inconsistent, rushed and not always respectful.

Colleagues from other organisations are not always treated with kindness and respect.

Staff have some understanding about people’s human rights to dignity and respect, but they are not always able uphold these rights.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

People are not treated with kindness and dignity, and staff can lack compassion.

Their privacy and dignity is not respected.

Some staff may show kindness and compassion, but the service does not recognise, value or encourage this.

The service and its managers are task focused, which negatively impacts people’s well-being.

Staff are not encouraged or supported to provide care and support in a compassionate way.

The staff can be unkind and disrespectful to colleagues from other organisations.

Staff do not have an understanding about people’s human rights to dignity and respect, so they do not uphold these rights.

Normally some regulations are not met.

## Treating people as individuals

### 4 - exceptional standard of care

An equality, diversity and human rights approach to supporting people’s independence is well embedded and promoted across the service. Good practice examples show positive outcomes for people in line with this.

The service is exceptional at helping people to express their needs and preferences so that staff and managers at all levels understand their views, preferences, wishes and choices.

Staff use a variety of tools to communicate with people according to their needs, which may include using new technologies. Staff find innovative and creative ways to communicate with each person using the service.

### 3 - good standard of care

People’s individual needs and preferences are understood and are reflected in their care, treatment and support.

People’s personal, cultural, social and religious needs are well understood and met.

Staff treat people as individuals, considering any relevant protected equality characteristics.

People’s communication needs are met to enable them to engage in their care, treatment and support to maximise their experience and outcomes.

They are encouraged to maintain and develop their independence and supported to realise their ambitions.

### 2 - some shortfalls in the standard of care

People are not always treated as individuals.

Their personal, cultural, social and religious needs may not always be recognised, understood or met

People are not always supported to communicate in a way that suits their needs or preferences. This can impact their well-being and their ability to be involved in their own care.

People are not always encouraged or appropriately supported to maintain their independence.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

People are not treated as individuals

Care is delivered through a standard approach that does not consider people’s personal, cultural, social and religious needs. This means these needs are not recognised, understood or met.

People are denied the opportunity to maximise their independence because they are not supported or encouraged to do so.

Staff routines and preferences take priority over consistent care and people’s preferences.

No or little effort is made to understand and meet people’s communication needs, impacting their well-being or preventing people from engaging in their care.

Normally some regulations are not met.

## Independence, choice and control

### 4 - exceptional standard of care

Where possible people decide who provides their care and support, and when.

The service is exceptional at helping people to understand their rights and express their views so that staff and managers at all levels understand their views, preferences, wishes and choices.

The service goes above and beyond to support people with their social needs, to develop and maintain relationships and to access their social networks and community.

Where relevant to the setting, people can see their family and friends whenever they wish, and those people are encouraged to visit and made to feel welcome at all times.

### 3 - good standard of care

People are supported to have choice and control over their own care and to make decisions about their care, treatment and wellbeing where reasonably possible.

People are supported to understand their rights by using different ways to communicate. Their understanding is reviewed throughout their care and treatment.

People are supported to maintain relationships and networks that are important to them.

People have access to their friends and family while they are using a service.

People have access to activities and the local community to promote and support their independence, health and wellbeing.

The service supports and enables people to receive visitors or be accompanied to appointments, without unnecessary restrictions

Where a service provides appointments that do not require an overnight stay, they take reasonable and appropriate steps to enable people to be supported by someone of their choice during appointments.

There is a range of appropriate equipment to support and maximise people’s independence and outcomes from care and treatment.

### 2 - some shortfalls in the standard of care

People are not always supported to have choice and control over their own care and to make decisions about their care, treatment and wellbeing where this should be reasonably possible.

They may not always be supported to direct their own care and find it difficult to maintain their independence.

People may find it difficult to maintain relationships with those close to them due to a lack of reasonable support to help people to access social networks or the community.

Where relevant to the setting, people are not consistently or reasonably supported to receive visitors or be accompanied to appointments. Restrictions placed on visits or appointments aren’t always person-centred.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

People do not have any choice or control and are not involved in their own care and support in a way that makes them feel they matter.

People are isolated and their relatives and friends feel disconnected from them.

Unreasonable or inappropriate visiting restrictions have been put in place and people can’t access social networks or the community.

Normally some regulations are not met.

## Responding to people’s immediate needs

### 4 - exceptional standard of care

Staff go to great lengths to make sure that people’s needs, views, wishes and comfort are their utmost priority. They go above and beyond to anticipate people’s needs and take steps to ensure preventable discomfort, concern or distress for people.

They are able to anticipate when someone needs urgent care or support and offer this immediately, using the most up to date tools and technology as required.

### 3 - good standard of care

People’s needs, views, wishes and comfort are a priority and staff quickly anticipate these to avoid any preventable discomfort, concern or distress.

Staff are alert to people’s needs and take time to observe, communicate and engage people in discussions about their immediate needs. They find out how to respond in the most appropriate way to respect their wishes, needs and preferences.

Staff can quickly recognise when people need urgent help or support and use appropriate tools and technology to assist.

### 2 - some shortfalls in the standard of care

People’s needs, views, wishes and comfort may not always be the priority of staff. They will often try to anticipate when someone may experience discomfort, concern or distress, but don’t consistently achieve this.

Staff are often too busy to observe, communicate and engage with people about their immediate needs, but will try to respond in a way they think is best should the need arise.

Staff try to help people quickly when they need urgent help, but don’t always have the necessary tools or equipment available.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

There is little or no consideration for people’s needs, views, wishes or comfort. People are left to be in discomfort or distress or have concerns for lengthy periods of time before they receive any support from staff.

There is no regard for people’s immediate needs if they fall outside of the normal routine.

People are often left needing urgent help.

Normally some regulations are not met

## Workforce wellbeing and enablement

### 4 - exceptional standard of care

There is an exceptionally strong organisational commitment and effective action to promote and achieve equality and inclusion across the workforce. There are high levels of satisfaction across all staff.

People’s experience of a service is driven by a culture prioritises good wellbeing through inclusivity, active listening, and open conversations. This empowers staff to do their job well and to be well.

There are established and proven support networks for staff to use if they are struggling, so they have support immediately and the impact on the care they deliver to people remains positive.

### 3 - good standard of care

People receive safe, effective and person-centred care as the provider recognises and meets the wellbeing needs of staff. These include the necessary resource and facilities for safe working, such as regular breaks and rest areas.

People benefit from staff who have regular opportunities to provide feedback, raise concerns and suggest ways to improve the service or staff experiences. If necessary, leaders provide a timely and considered response.

People’s experience of a service is driven by a culture that normalises good wellbeing through inclusivity, active listening, and open conversations. This enables staff to do their job well and to be well.

Staff are supported if they are struggling at work. This has a positive impact on the care they deliver to people.

Staff have easy access to personalised support that recognises the diversity of a workforce with proactive and reactive measures.

People are supported by staff who feel valued by their leaders and their colleagues. They have a sense of belonging and the ability to contribute to decision making.

### 2 - some shortfalls in the standard of care

The wellbeing needs of staff are not always fully recognised or reasonably met. Equality and diversity are not consistently understood or promoted, and the causes of workforce inequality are not always identified or adequately addressed. Staff do not always feel they are treated equitably.

Staff are not always able to provide feedback, or if they do, they don’t feel their suggestions about ways to improve the service or staff experiences are always heard or acted on very quickly.

There may be signs of a culture that normalises good wellbeing through inclusivity, active listening and open conversation, but this still requires further improvement to enable staff to do their job well.

Staff may get the support if they are struggling at work, but this can sometimes be lacking and does not fully help them to provide good care to people.

Some staff may feel valued by their leaders and other colleagues, but others may not, and this leads to mixed feelings about sense of belonging and ability to positively contribute to decision making.

### 1 - significant shortfalls in the standard of care

There are significant levels of workforce bullying, harassment, discrimination or violence, and the organisation is not taking adequate action to prevent this.

Staff are discouraged from providing feedback or suggestions about way in which to improve the service for people.

Staff wellbeing is not considered as important, so they feel disempowered and not heard or appreciated. This is reflected in the care they provide for people.

There is no support for staff and there are instances where staff have been left to carry on, even when struggling and this has impacted the care for people.

There is feeling of low morale and staff don’t feel valued by leaders and other colleagues. They don’t feel a sense of belonging or pride in the service.

# RESPONSIVE – key question rating characteristics

### Outstanding

Services are tailored to meet the needs of people and communities.

Services are delivered in a way that ensures flexibility, choice and continuity of care.

People’s needs have been considered and this has taken account of language, communication, ability to understand and capacity when decisions are made.

Structural, institutional and inter-personal barriers to responsive care are identified and removed in a timely manner.

There is ongoing strategic development of service arrangements to effectively support equitable access to responsive care, treatment and support.

Partnership working is embedded into service design and delivery to make sure that care and treatment meets the diverse needs of communities and promotes equity in access, experiences and outcomes.

Feedback is actively sought and welcomed from people and communities and is used to drive service improvements.

There are clear, consistent and easily understood approaches to reviewing concerns, including those raised by marginalised people and communities, using external people and professionals, to make sure an appropriate approach is taken to address them.

### Good

People and communities are always at the centre of how care is planned and delivered.

The health and care needs of people and communities are understood, and they are actively involved in planning care that meets these needs.

Care, support and treatment are easily accessible, including physical access.

People can access care in ways that meet their personal circumstances and protected equality characteristics.

People, those who support them, and staff can easily access information, advice and advocacy. This supports them in managing and understanding their care and treatment.

There is partnership working to make sure that care and treatment meets the diverse needs of communities.

People are encouraged to give feedback, which is acted on and used to deliver improvements.

### Requires Improvement

People and communities are not consistently prioritised and involved in how care is planned and delivered.

The health and care needs of people and communities are not fully understood

Care, treatment and support are not always accessible.

Discriminatory practices mean that people have reduced or restricted access to care and treatment due to their protected equality characteristics.

Leaders and staff do not always act to avoid the risks that people will experience discrimination

Information is not easily accessible to people, those who support them and staff, so they are able to manage their care and treatment properly.

There are isolated examples of programmes so care and treatment meets the diverse needs of communities.

People are able to give feedback, which is sometimes used to make service improvements.

There may be some areas of good or exceptional care.

Regulations may or may not be met.

### Inadequate

People and communities are excluded from the design of care planning and delivery.

People and communities of marginalised groups are prevented from accessing care and treatment.

There is a lack of information, or inaccurate information, about people leading to inappropriate care and treatment.

People and communities are not invited to express their views about their care and support. Complaints and concerns cannot be made in accessible ways. Complaints are not dealt with in an open, transparent, timely and objective way.

Some people face discrimination when trying to access or use services.

Normally some regulations are not met.

# RESPONSIVE - quality statements

## Person-centred care

### 4 - exceptional standard of care

Staff use innovative and individual ways of involving people and their family, friends and other carers in their care, treatment and support plans, so that they feel consulted, empowered, listened to and valued.

People tell us that staff have an excellent understanding of their individual needs relating to their protected equality characteristics, social and cultural needs, and their values and beliefs that may influence their decisions on how they want to receive care, treatment and support.

Staff know how to meet people’s needs and preferences and are innovative in suggesting additional ideas that they themselves might not have considered.

The service understands the needs of different people and groups of people and delivers care and support in a way that meets these needs and promotes equality and equity.

### 3 - good standard of care

People are at the centre of their care and treatment choices

Decisions are made in partnership with people who use services and those close to them (including unpaid carers) about how to respond to any relevant changes in their needs.

People’s care plans fully reflect their physical, mental, emotional and social needs, including those related to protected characteristics under the Equality Act.

People who use services and those close to them (including carers and dependants) are regularly involved in planning and making shared decisions about their care and treatment, so it is centred around them and their needs.

People understand their condition, care and treatment options (including any associated risks and benefits) and any advice provided.

People can receive the most appropriate care and treatment for them as the service makes reasonable adjustments where necessary.

### 2 - some shortfalls in the standard of care

People are not always at the centre of their care and treatment choices.

People who use services and those close to them are not always involved in decisions about their care, treatment and support. Where they are included, it is not always in a meaningful way.

People’s care, treatment and support can sometimes be task orientated. Care delivery does not always holistically consider people’s needs when it should.

There are shortfalls in how the needs of different people are identified or considered based on their protected equality characteristics.

The information and communication needs of people with a disability or sensory loss are not met.

### 1 - significant shortfalls in the standard of care

People are not involved in developing their care plan; their individual needs and circumstances are not considered.

Care delivery is usually task-centred, generic or ‘done to people’, rather than appropriately involving the person and considering their individual needs.

Care and treatment records are standardised with no evidence of individualised or person-centred care.

Staff do not understand or recognise people’s needs and preferences based on their protected equality characteristics, their values and beliefs, and do not take these into account when planning or providing care, treatment and support.

The service has not taken any steps to comply with the Accessible Information Standard to identify, record, flag, share and meet the information and communication needs of people with a disability or sensory loss.

## Care provision, integration and continuity

### 4 - exceptional standard of care

The diverse health and care needs of people and local communities plays a pivotal role in the design of care provision, so care is joined-up, flexible and supports choice and continuity.

People receive care and treatment from services that prioritise the diverse health and social care needs of their local communities.

People’s care and treatment is delivered in a way that exceeds their assessed needs from services that are co-ordinated and responsive.

Delivering and co-ordinating services prioritises and meets the needs and preferences of different people, including those with protected characteristics under the Equality Act and those at most risk of a poorer experience of care.

### 3 - good standard of care

The service has a good understanding of the diverse health and care needs of people and local communities. This enables the service to deliver care that is joined-up, flexible and supports choice and continuity.

People receive care and treatment from services that understand the diverse health and social care needs of their local communities.

There is continuity in people’s care and treatment because services are flexible and joined-up.

People’s care and treatment is delivered in a way that meets their assessed needs from services that are co-ordinated and responsive.

Delivering and co-ordinating services considers the needs and preferences of different people, including those with protected characteristics under the Equality Act and those at most risk of a poorer experience of care.

### 2 - some shortfalls in the standard of care

The diverse health and care needs of people and local communities are only partially understood. Some care is not joined-up or flexible, and it does not always support choice and continuity.

People’s care, support and treatment sometimes meets their assessed needs, but this is not consistent as services are not designed to be co-ordinated and responsive or doesn’t always function in this way.

Delivering and co-ordinating services sometimes considers the needs and preferences of different people, including those with protected characteristics under the Equality Act and those at most risk of a poorer experience of care. However, gaps in service design put some people at greater risk of receiving poorer care, treatment and support.

### 1 - significant shortfalls in the standard of care

The diverse health and care needs of people and our local communities are not understood and prioritised. Some care is not joined-up or flexible, and it does not always support choice and continuity.

People’s care, support and treatment often fails to meet their assessed needs.

The needs and preferences of different people, including those with protected characteristics under the Equality Act, and those at most risk of poorer experience of care are not prioritised or met.

## Providing information

### 4 - exceptional standard of care

People are provided with a range of accessible information about their care, treatments and support, how to keep themselves safe and how to report any issues of concern. This information is easy for them to find.

Where information is not readily available, the service works with sector stakeholders to try to fill the gap and support people to make informed decisions.

People are involved in creating and reviewing information policies, so they have complete confidence in them.

### 3 - good standard of care

Accurate and up-to-date information is provided in formats that are tailored to people’s individual needs.

People can get information and advice that is accurate, up-to-date and provided in a way that they can understand, and which meets their communication needs.

People who use the service, their family, friends, and carers are provided with information that it is accessible, safe and secure and supports their rights and choices.

People’s individual needs to have information in an accessible way are identified, recorded, highlighted and shared. These needs are met and reviewed to support their care and treatment in line with the Accessible Information Standard.

People can expect information to be tailored to individual needs. This includes making reasonable adjustments for disabled people, interpreting and translation for people who don’t speak English as a first language and for d/Deaf people who use British Sign Language. People who have difficulty with reading, writing or using digital services are supported with accessible information.

People know how to access their health and care records and decide which personal information can be shared with other people, including their family, care staff, school or college.

Information about people that is collected and shared meets data protection legislation requirements.

People are provided with clear and transparent information that follows consumer rights best practice, including contracts and charges.

People receive information in a timely way that meets best practice standards, legal requirements and is tailored to individual need.

### 2 - some shortfalls in the standard of care

The service provides information that is not always accurate and up to date.

People do not always receive information in a format they understand.

The service may not have gathered information about available sources of information, advice and advocacy to help people and their families, or it does not always pass information on when it could help.

Staff do not always understand or respect people’s right to confidentiality. Information is not always managed securely

There is a limited approach to sharing information with and obtaining the views of staff, people who use services, external partners and other stakeholders. Insufficient attention is given to appropriately engaging those with particular protected equality characteristics in how and with whom their information is shared.

People are not always provided with information about how to access their health and care records. Support to access and understand their records is inconsistent.

Feedback about information sharing is not always reported or acted on in a timely way.

Information needs are not regularly reviewed.

### 1 - significant shortfalls in the standard of care

The service provides information that is inaccurate or significantly out of date.

Information sharing and communication with other services is consistently poor. Information is not always shared appropriately with other services or is inadequate when it is shared.

The service does not give people information about their health, support and treatment options.

Legal requirements about confidentiality are not met. Information about people is not kept or shared securely.

People and staff are not given the information they need. Staff are unaware of or dismissive of what people who use the service think of their care and support.

Information to supportperformance monitoring and making decisions is inaccurate, invalid, unreliable, out of date, irrelevant or not gathered.

Systems in place effectively prevent people from accessing their health and care records.

## Listening to and involving people

### 4 - exceptional standard of care

People who use the service and others are involved in regular reviews of how complaints are managed.

There is evidence of improvements made as result of concerns and complaints raised.

There is systematic review of concerns and complaints that drives improvements in service delivery.

Investigations are comprehensive and the service uses innovative ways of reviewing concerns and complaints.

### 3 - good standard of care

It is easy for people to share feedback and ideas or raise complaints about their care, treatment and support.

People using the service are involved in decisions about their care and know what’s changed as a result of feedback they’ve given.

People know how to give feedback about their experiences of care and support including how to raise any concerns or issues and can do so in a range of accessible ways.

People, their family, friends and other carers feel confident that if they complain, they will be taken seriously and treated compassionately.

People feel that their complaint or concern will be explored thoroughly, and they will receive a response in good time because complaints are dealt with in an open and transparent way, with no repercussions.

People are kept informed about how their feedback was acted on. Where improvements are required as a result, people have the opportunity to be involved in shaping the solutions and measuring the impact.

Learning from complaints and concerns is seen as an opportunity for improvement and staff can give examples of how they incorporated learning into daily practice.

### 2 - some shortfalls in the standard of care

People do not find it easy or accessible to raise concerns or complaints, and/or are worried about doing so.

When people raise complaints or concerns, their views and experiences may not always be taken fully on board, investigated and responded to thoroughly and in a timely way, or used to change practice to improve. People are not always informed of the outcomes of the feedback or concerns they have shared.

The complaints system may be managed inconsistently and there is little evidence of the learning applied to practice within the service.

People sometimes feel they have not been taken seriously or treated compassionately when they share their views or concerns.

People do not always feel comfortable or confident to give their feedback or raise concerns because they are concerned about the repercussions of this. People have sometimes suffered or been at risk of suffering discrimination, detriment or harassment after complaining.

### 1 - significant shortfalls in the standard of care

There is not an appropriate process that enables people to give their feedback or raise their concerns. People are not invited to express their views about their care and support.

Individuals and groups of people are discouraged or prevented from raising concerns and making complaints.

Complaints and concerns cannot be made in accessible ways.

Complaints are not dealt with in an open, transparent, timely and objective way.

There is a track record of people suffering discrimination, detriment or harassment if they complain.

## Equity in access

### 4 - exceptional standard of care

People who may face barriers based on their protected characteristics access the care, support and treatment they need when they need it.

People can access care, treatment and support when they need to and in a way that works for them, which promotes equality, removes barriers or delays and protects their rights.

People can expect their care, treatment and support to be accessible, timely and in line with best practice, quality standards and legal requirements, including those on equality and human rights. This includes making reasonable adjustments for disabled people, addressing communication barriers and having accessible premises.

People can access services when they need to, without physical or digital barriers, including out of normal hours and in an emergency.

Leaders and staff are knowledgeable about, and pre-emptive in preventing discrimination and inequality impacting different groups of people in accessing care, treatment and support, whether this is from wider society, within their organisational processes and culture.

Providers use people’s feedback and other evidence to actively seek to improve access for people more likely to experience barriers or delays in accessing their care.

Services are designed to make them accessible and timely for people who are most likely to have difficulty accessing care. When there are barriers, they are removed.

When services change, equity of access is considered.

People have equal access to care, treatment and support because the provider complies with legal equality and human rights requirements, including avoiding discrimination, considering the needs of people with different protected characteristics and making reasonable adjustments. The provider prioritises, allocates resources and opportunities as needed to tackle inequalities and achieve equity of access.

### 3 - good standard of care

Everyone can access the care, support and treatment they need when they need it.

People can access care, treatment and support in a way that works for them, which promotes equality, removes barriers or delays and protects their rights.

People can expect their care, treatment and support to be accessible, timely and in line with best practice, quality standards and legal requirements, including those on equality and human rights. This includes making reasonable adjustments for disabled people, addressing communication barriers and having accessible premises.

Physical premises and equipment are accessible. People are given support to overcome barriers to ensure equal access.

Leaders and staff are alert to discrimination and inequality that could disadvantage different groups of people in accessing care, treatment and support, whether this is from wider society, within organisational processes and culture or from individuals.

Providers use people’s feedback and other evidence to improve access for people more likely to experience barriers or delays in accessing their care.

Services are accessible and timely for people who are most likely to have difficulty accessing care.

People have equal access to care, treatment and support because the provider complies with legal equality and human rights requirements, including avoiding discrimination, considering the needs of people with different protected characteristics and making reasonable adjustments.

### 2 - some shortfalls in the standard of care

Most people can access the care, support and treatment they need when they need it

People are not always able to access care, treatment and support in a way that works for them, which promotes equality, removes barriers or delays and protects their rights.

People’s care, treatment and support is not always accessible, timely and in line with best practice, quality standards and legal requirements, including those on equality and human rights. This includes making reasonable adjustments for disabled people, addressing communication barriers and having accessible premises.

Some aspects of the physical premises and equipment are not accessible, but at times people are given support to overcome barriers to ensure equal access.

Leaders and staff have gaps in their understanding of discrimination and inequality that could disadvantage different groups of people in accessing care, treatment and support, and this limits people’s access to services.

### 1 - significant shortfalls in the standard of care

People are routinely unable to access the care, support and treatment they need when they need it.

People are unable to access care, treatment and support in a way that works for them, which promotes equality, removes barriers or delays and protects their rights.

People’s care, treatment and support is not always accessible, timely and in line with best practice, quality standards and legal requirements, including those on equality and human rights. This includes making reasonable adjustments for disabled people, addressing communication barriers and having accessible premises.

The layout of the physical premises and equipment is outdated and makes them inaccessible. There are no alternative arrangements for access, meaning people are not supported to overcome barriers and ensure equal access.

Leaders and staff lack understanding of discrimination and inequality that could disadvantage different groups of people in accessing care, treatment and support, and this limits people’s access to services.

Providers do not use people’s feedback and other evidence to improve access for people more likely to experience barriers or delays in accessing their care.

Services are not accessible and timely for people who are most likely to have difficulty accessing care.

## Equity in experiences and outcomes

### 4 - exceptional standard of care

We actively seek out, listen to and tailor care, support and treatment in response to information about people who are most likely to experience inequality in experience or outcomes.

People’s care, treatment and support promotes equality, removes barriers or delays and protects their rights.

People feel empowered by providers and staff to give their views and understand their rights, including their rights to equality and their human rights.

People know their experiences of discrimination and inequality will be used to inform improvements in care. They are confident their experiences inform wider learning across the organisation.

Leaders and staff prevent discrimination and inequality that could disadvantage different groups of people using their services, whether from wider society, organisational processes and culture or from individuals. They proactively seek out ways to address these barriers to improve people’s experience, act on information about people's experiences and outcomes and allocate resources and opportunities to achieve equity.

We champion legal equality and human rights requirements, including avoiding discrimination, having regard to the needs of people with different protected characteristics and making reasonable adjustments to support equity in experience and outcomes. We share and promote best practice with other organisations.

### 3 - good standard of care

Care, support and treatment are tailored in response to information about people who are most likely to experience inequality in experience or outcomes.

People’s care, treatment and support promotes equality, removes barriers or delays and protects their rights.

People feel empowered by providers and staff to give their views and understand their rights, including their rights to equality and their human rights.

People feel that their experiences of discrimination and inequality are listened to and acted on to improve care.

Leaders and staff are alert to discrimination and inequality that could disadvantage different groups of people using their services, whether from wider society, organisational processes and culture or from individuals. They proactively seek out ways to address these barriers to improve people’s experience, act on information about people's experiences and outcomes and allocate resources and opportunities to achieve equity.

The provider complies with legal equality and human rights requirements, including avoiding discrimination, having regard to the needs of people with different protected characteristics and making reasonable adjustments to support equity in experience and outcomes.

### 2 - some shortfalls in the standard of care

Care, support and treatment are not tailored in response to information about people who are most likely to experience inequality in experience or outcomes.

Care, treatment and support are delivered in ways which lead to inequalities in outcomes and barriers to care, treatment and support.

People are not supported to give their views and understand their rights, including their rights to equality and their human rights.

People are unclear about how their experiences of discrimination and/or inequalities will be acted on to improve care.

Leaders and staff are unclear about how discrimination and inequality could disadvantage different groups of people using their services, whether from wider society, organisational processes and culture or from individuals.

The provider does not always comply with legal equality and human rights requirements, including avoiding discrimination, having regard to the needs of people with different protected characteristics and making reasonable adjustments to support equity in experience and outcomes.

### 1 - significant shortfalls in the standard of care

People who are most likely to experience inequality in experience or outcomes are not considered in the design and planning of care, treatment and support.

Care, treatment and support are delivered in ways which lead to and/or maintain inequalities in outcomes and barriers to care, treatment and support a.

The provider does not comply with legal equality and human rights requirements, including avoiding discrimination, having regard to the needs of people with different protected characteristics and making reasonable adjustments to support equity in experience and outcomes.

## Planning for the future

### 4 - exceptional standard of care

There is exceptional skill and commitment in helping people and their families or carers to explore and record their wishes about care at the end of their life, and to plan how they will be met so that they feel consulted, empowered, listened to, and valued.

People’s needs have been prioritised as part of the end-of-life care plan and this has taken account of language, communication, ability to understand and capacity when decisions are made.

People’s protected characteristics given due regard as part of end-of-life care planning.

There is partnership working with healthcare, care and support professionals that ensures people experience a comfortable, dignified and pain-free death.

There is evidence of innovative practice in providing person-centred end of life care based on best practice, research and innovation.

There is a rapid response to people’s changing care needs and advice on care and support for people and carers at the times they need.

There are members of staff with the specific skills to understand and meet the needs of people and their families in relation to emotional support and the practical assistance they need at the end of the person’s life.

There are strong support arrangements in place for staff impacted by the death of people they care for.

### 3 - good standard of care

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.

People are supported to make informed choices about their care and plan their future care while they have the capacity to do so.

People who may be approaching the end of their life are identified (including those with protected characteristics under the Equality Act and people whose circumstances may make them vulnerable). This information is shared with other services and staff.

People’s decisions and what matters to them are delivered through personalised care plans that are shared with others who may need to be informed.

When people want to express their wishes about cardiopulmonary resuscitation, they are supported to do so and are able to change their mind if they wish.

When any treatment is changed or withdrawn, professionals communicate and manage this openly and sensitively so that people have a comfortable and dignified death.

When people’s future care preferences are for greater independence and fewer care interventions that are likely to benefit them, professionals work together to support them to achieve their goals.

### 2 - some shortfalls in the standard of care

There is a lack of consideration for people’s protected characteristics, their social and cultural diversity or their values and how these may influence wishes and decisions about their end-of-life care, so these are not recorded or acted on.

People’s end-of-life care needs are not re-assessed regularly. Staff do not proactively work closely with relevant professionals involved in the person’s care when people are dying, so palliative care is not always available.

Staff are aware of people’s end of life care needs but may not always appreciate the need for good end of life care and respond in good time. Support, equipment and medicines are not always provided when needed.

There is a lack of support to people’s family, friends and other carers, or staff, before and after a person dies.

### 1 - significant shortfalls in the standard of care

People are not engaged with in planning and recording their wishes, in relation to their end-of-life care.

Staff do not involve health, care and support professionals to help people to have a comfortable, dignified and pain-free death.

The care and treatment provided is task-centred rather than in response to people’s individual end of life needs and preferences.

People’s protected characteristics are not respected and considered as part of their end-of-life care planning.

When someone dies, no support is offered to people’s family, friends and other carers, or to staff who have been impacted by their death.

# WELL LED – key question rating characteristics

### Outstanding

An inclusive, positive learning and improvement culture is well-established and is driving improvements in outcomes for people who use services and wider communities. Learning is shared with and sought from partners.

There are consistent examples of how an inclusive, supportive, and collaborative leadership approach has driven improvements in safety, sustainability, care integration, meeting people’s needs and inequalities for staff and people who use services.

Governance and management systems enable leaders to identify information about risks, performance and outcomes.

Leaders drive continuous efforts to maintain and improve understanding of ways of working, including staff and people’s experience to proactively mitigate risk and improve care delivery. Leaders recognize their role as drivers of a strong safety culture, and this is visible in practice.

### Good

There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this.

Leaders proactively support staff and collaborate with people who use services and partners to deliver care that is safe, integrated and person-centred. Leaders drive efforts to increase sustainability, and design services to reduce inequalities for staff and people who use services.

There are effective governance and management systems. Information and data are used appropriately to monitor risk, performance and quality of care.

### Requires Improvement

Learning and improvement initiatives are seen to be the responsibility of a few staff. They do not always demonstrate impact for people who use services and wider communities.

Leaders have not consistently engaged with or involved staff, partners or people who use services in the design of care delivery. Leaders do not always consider how their decisions have an impact on inequalities for staff and people who use services.

There are gaps in governance and management systems, which prevent leaders from having full sight of information about risks, performance and outcomes. This limits opportunities to identify improvements to care.

Regulations may or may not be met.

### Inadequate

Learning and improvement are not prioritised. Staff are not supported to initiate or become involved with learning and improvement initiatives.

Leaders impose their views on how services should be designed and delivered. Staff, partners and people who use services are not engaged and their needs may not be met by the way services are designed. Inequalities are not addressed.

Governance and management systems are ineffective, and leaders do not have oversight of risks, performance and outcomes.

Normally some regulations are not met.

# WELL LED - quality statements

## Shared direction and culture

### 4 - exceptional standard of care

The vision, strategy and culture are co-produced with staff, partners and people who use services. They closely reflect the challenges and meet the needs of people who use the service and wider communities.

The strategy and supporting objectives are stretching and challenging, but realistic and achievable.

Staff, people and partners are well-informed, supported and collaborative in achieving the vision, values, and strategic objectives.

All staff and people feel psychologically safe and empowered to speak up and raise concerns to help learn and improve. Staff are highly motivated and consistently feel well-supported by leaders.

Equality and diversity and human rights approaches are embedded in everything the organisation does and understood by all staff.

Preventative action is quickly taken and embedded in response to any workforce inequality issues. All staff feel treated equally.

Staff and leaders actively monitor and anticipate current and future risks to delivering the strategy, including relevant local factors. All staff understand these and are actively engaged in action plans to prevent and manage these.

### 3 - good standard of care

There is a shared vision, strategy, and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and wider communities to meet these.

Leaders ensure there is a shared vision and strategy and staff in all areas know, understand, and support this.

The vision, values, and strategy have been developed through a structured planning process in collaboration with people who use the service, staff, and external partners.

Staff and leaders demonstrate a positive, compassionate, listening culture that promotes trust and understanding between them and people using the service. The culture is focused on learning and improvement and there is mutual trust and respect between leadership and staff.

Staff at all levels have a well-developed understanding of equality, diversity, and human rights, and they prioritise safe, high-quality, compassionate care.

Equality and diversity are actively promoted, and the causes of any workforce inequality are identified, and action is taken to address these.

Staff and leaders ensure any risks to delivering the strategy, including relevant local factors, are understood and have an action plan to address them. They monitor and review progress against delivery of the strategy and relevant local plans.

### 2 - some shortfalls in the standard of care

The vision, strategy and culture is not always based on transparency, equity, equality and human rights, diversity, and inclusion. The challenges and needs of people and communities are not always understood or met.

Leaders do not always ensure there is a shared vision and strategy or that staff know their role in helping to achieve these.

People, partners and communities are not always engaged with, or their needs understood to help develop the vision, values and strategy.

Staff and people may be disengaged and lack trust in leaders. The culture does not always support understanding and learning.

Staff and leaders lack sufficient understanding of equality, diversity, and human rights. This may be affecting delivery of safe and compassionate care.

Equality and diversity are not always actively promoted, and the causes of any workforce inequality may not be noticed or acted on quickly. Staff do not always feel they are treated equitably.

Leaders identify some risks to delivering the strategy. Processes do not support staff and leaders to always ensure progress is monitored and reviewed against delivery of the strategy and relevant local plans.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

Leaders and staff have a poor understanding and lack of consideration of the strategic value and importance of equity, equality, human rights, diversity, and inclusion. People’s needs are frequently not understood or are overlooked because of this.

There is not a shared vision, strategy and culture. Leaders are out of touch with what is happening in the service and what people and staff think.

The vision, values, and strategy have not been planned or developed by leaders via engagement and collaboration with people who use the service, staff, and partners.

Staff and people do not feel listened to, or safe to speak up about issues. Concerns are not acted on by leaders. There are low levels of staff satisfaction, and prominent levels of stress and work overload.

Equality and diversity are not promoted. There is evidence of workforce inequality that is not being identified or addressed.

There are high levels of workforce bullying, harassment, discrimination or violence, and the organisation is not taking adequate action to reduce this.

Where a strategy is in place, it is not underpinned by shared and realistic objectives. Leaders do not monitor deliver of the strategy.

Normally some regulations are not met.

## Capable, compassionate and inclusive leaders

### 4 - exceptional standard of care

Leaders have exceptional understanding of staff and people’s diverse needs and the context behind their care experiences. These are central to their methods of leading an inclusive and highly effective organisation.

Leaders have high levels of credibility. They consistently do what they say they will and communicate in transparent and accessible ways.

The organisational vision and values are meaningful, and people are at the heart of the service. They are developed, monitored and owned by everyone. Risk management is consistently professional, proactive and preventative.

Leaders at all levels are highly visible. They collaborate with people and staff and gain feedback about their leadership style which they use to improve.

There is substantial investment and support for leadership competency and development. There is a robust framework to ensure equal opportunities for access and benefit from these for all staff, especially those with protected characteristics.

Leaders have insightful and impactful oversight of service quality priorities and risks.

Leaders have access to high-quality resources, support and development in their role

Robust Credible frameworks ensure leaders have a strong awareness and oversight of organisational culture dynamics. All concerns are listened to, and preventative action quickly taken.

### 3 - good standard of care

There are inclusive leaders at all levels who understand the context in which care, treatment and support are delivered. They embody the culture and values of their workforce and organisation.

Leaders have the skills, knowledge, experience, and credibility to lead effectively. They do so with integrity, openness, and honesty. They ensure that the organisational vision can be delivered, and risks are professionally managed.

Leaders at every level are visible and lead by example, modelling inclusive behaviours.

High-quality leadership is sustained through safe, effective, and inclusive recruitment and succession planning.

Leaders are knowledgeable about issues and priorities for the quality of services and can access appropriate support and development in their role.

Leaders are alert to any examples of poor culture that may affect the quality of people’s care and have a detrimental impact on staff. They address this quickly.

### 2 - some shortfalls in the standard of care

Leaders do not understand the context in which care, treatment and support is delivered. Their behaviours are not always inclusive or represent the culture and values of their workforce and organisation.

Leaders lack the required skills or credibility to lead effectively. There are instances where they do not do what they say. Communication can be defensive or lack transparency.

Leaders have not always delivered the organisational vision effectively. Risks are not always professionally managed.

Leaders are often not visible and have not taken steps to ensure they always set examples of inclusive behaviours.

Planning and programmes to ensure high-quality leadership is sustained may not be embedded or fully effective. There may be barriers to equal access to these initiatives for some staff.

Leaders may lack knowledge or insight about issues and priorities for the quality of services. There is a lack of development and support to enable them to overcome these issues.

Leaders have not always identified or acted to address cultural issues in a timely manner.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

Leaders do not demonstrate inclusive behaviours. They do not seek or engage with diverse perspectives and overlook the experiences and needs of staff and people.

Leaders are not credible with people, partners and staff. Leaders do not communicate in accessible ways that demonstrate integrity, openness or honesty. Staff are de-motivated and feel excluded.

There may not be a coherent organisational vision or delivery of its objectives. Risks are not identified or prevented, leading to unsafe and ineffective care outcomes.

Leaders are not visible. Staff and people who use the service may be unaware who leaders are, or that their behaviours are not inclusive.

There is significant lack of investment and support for leadership competency, support and development. There is not equity in access to leadership roles and development for all staff.

Leaders are out of touch with what is happening in the service. There is a significant lack of resource to support leaders carry out or develop in their roles.

There is evidence of a closed culture. There are high levels of bullying and discrimination. Staff do not feel able to be open when things go wrong.

Normally some regulations are not met.

## Freedom to speak up

### 4 - exceptional standard of care

Managers develop, discuss, promote, and implement innovative ways of ensuring people and staff feel safe to speak up and there is a culture of ensuring everyone’s voice is heard.

All staff feel psychologically safe. There are consistently high levels of constructive engagement with staff and people who use services, including all equality groups.

The service finds innovative and creative ways to enable people to be empowered and voice their views, concerns and feedback. Everyone can express their needs and have their voice heard and responded to.

Rigorous and constructive challenge from people who use services, the public and stakeholders is welcomed Lessons are identified and acted on quickly.

Leaders and staff apologise and respond quickly with humility and candour when things go wrong. People are meaningfully involved in implementing actions to prevent reoccurrence.

### 3 - good standard of care

Staff and leaders act with openness, honesty, and transparency.

Staff and leaders actively promote staff empowerment to drive improvement. They encourage staff to raise concerns and promote the value of doing so. All staff are confident that their voices will be heard.

There is a culture of speaking up where staff actively raise concerns and those who do (including external whistleblowers) are supported, without fear of detriment.

When concerns are raised, leaders investigate sensitively and confidentially, and lessons are shared and acted on.

When something goes wrong, people receive a sincere and timely apology and are told about any actions being taken to prevent the same happening again.

### 2 - some shortfalls in the standard of care

The culture of the service is not always open and transparent. Staff and leaders do not always communicate openly, with honesty or act with integrity.

Leaders do not ensure all staff feel they can speak up or be listened to. Some staff may feel reluctant to voice their views and concerns.

People and staff may be reluctant to challenge unsafe or unacceptable practice because their concerns are not always acted on, or they fear recriminations.

Concerns are reported, but there may be reluctance to deal with them openly or sensitively. Action is not always taken in a timely manner.

Where issues are investigated, people may not always receive an apology, be involved in investigations, or not be told about outcomes. Actions taken in response may be ineffective.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

The culture of the service is not open and transparent. Staff and leaders do not communicate with honesty or act with integrity. These behaviours have created mistrust between staff, people, and partners.

Engagement with people, staff, the public and community is minimal and/or tokenistic. The service does not invite or respond to feedback.

People and staff who raise concerns, including whistleblowers, are not supported. The issues they raise may not be taken seriously and acted on.

Concerns are not dealt with in an open and objective way. Staff and leaders are insensitive and may not respect people’s confidentiality. Lessons are not identified, shared or acted on.

People and staff are not offered apologies when things have gone wrong. Lessons are not learned which may lead to patterns of similar incidents over time.

Normally some regulations are not met.

## Workforce equality, diversity and inclusion

### 4 - exceptional standard of care

Diversity is championed as integral to a positive, inclusive, and high-performing workforce. Leaders have driven improvements in equality and equity for staff.

Leaders work collaboratively with staff, partners and people who use services to monitor, review and improve the culture of the organisation in relation to equality, diversity and inclusion.

Leaders proactively identify and act to prevent new or emerging disparities in the experience of all staff. Collaborative monitoring takes place to prevent reoccurrence.

Leaders have a strong understanding of epistemic justice and recognise and prevent biased practices.

Leaders understand power dynamics and discrimination risks. There are robust polices that promote workplace equality, inclusion and diversity best-practice and staff at all levels are accountable for preventing bullying and harassment.

Leaders use innovative and creative ways to invest, support and make reasonable adjustments for disabled staff to carry out their roles.

There are a wide range of up-to-date policies and procedures including recruitment and staff development and training opportunities that ensure staff and leaders are representative of the population of people using the service.

There is meaningful and creative engagement collaboration between leaders and staff to listen promote and respect all staff voices. Ways of doing this are monitored and owned by everyone.

There is a consensus among all staff of an equitable workplace. Staff are highly motivated. There is evidence of consistent action leading to positive developments that have supported this.

### 3 - good standard of care

Diversity and Inclusion are valued in in the workforce. Leaders support work towards an inclusive and fair culture by improving equality and equity for staff.

Leaders act to continually review and improve the culture of the organisation in the context of equality, diversity, and inclusion.

Leaders take action to improve where there are any disparities in the experience of staff with protected equality characteristics, or those from excluded and marginalised groups. Any interventions are monitored to evaluate their impact.

Leaders take steps to remove bias from practices to ensure equality of opportunity and experience for the workforce within their place of work, and throughout their employment.

Checking accountability includes ongoing review of policies and procedures to tackle structural and institutional discrimination and bias to achieve a fair culture for all.

Leaders take action to prevent and address bullying and harassment at all levels and for all staff, with a clear focus on those with protected characteristics under the Equality Act and those from excluded and marginalised groups.

Leaders make reasonable adjustments to support disabled staff to carry out their roles well.

Leaders take active steps to ensure staff and leaders are representative of the population of people using the service.

Leaders ensure there are effective and proactive ways to engage with and involve staff, with a focus on hearing the voices of staff with protected equality characteristics and those who are excluded or marginalised, or who may be least heard within their service.

Staff feel able to raise concerns and are confident their concerns and ideas result in positive change to shape services and create a more equitable and inclusive organisation.

### 2 - some shortfalls in the standard of care

Values around diversity and inclusion do not consistently lead to ways of working that support an inclusive and fair culture. Initiatives for improving equality and equity for staff may not be fully implemented or effective.

Cultural challenges related to equality diversity and inclusion are not always recognised or addressed by leaders.

There are disparities in the experience of all staff. Any interventions are not always co-produced or monitored to evaluate their impact.

There is evidence of bias in some workplace practices and leaders are not always able to identify or act to prevent this.

Leaders do not have robust systems for ongoing review of policies and procedures to tackle racism, structural and institutional discrimination and bias. Some policies and procedures may be outdated and/or ineffective.

There is inconsistency in how leaders approach preventing bullying and harassment. Staff may report some negative experiences.

Staff with protected characteristics under the Equality Act and those from excluded and marginalised groups may not always be supported in the best way to carry out their roles.

Policies and procedures that ensure staff and leaders are representative of the population of people using the service are not available or are ineffective.

Leaders do not always have effective mechanisms to hear the voices of staff with protected equality characteristics and those who are excluded or marginalised, or who may be least heard within their service.

When staff share concerns and ideas to drive positive change to shape services and create a more equitable and inclusive organisation, these are not consistently acted or fed back on.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

Diversity and inclusion are not considered. Little or no action is taken to ensure the workforce is representative of the population of people using the service. Staff and people report there is not an inclusive or fair culture.

Leaders are not aware of or do not understand cultural issues related to equality, diversity and inclusion. Racism, discrimination and inequalities are perpetuated.

There is evidence of high levels of discrimination, abuse and bullying reported. Leaders have not acted to address this or built frameworks to monitor and prevent reoccurrence.

Leaders are unaware of bias in workplace practices. This bias creates inequality of opportunity and poor experiences for the workforce.

There are high levels of discrimination, abuse and bullying reported.

Staff report toxic or closed cultures with weak or ineffective leadership that is allowing bullying and harassment to go unchecked.

Leaders have not identified, acted or have ignored the need to support staff with reasonable adjustments. Staff report active discrimination and exclusion.

Leaders and staff are not representative of the population they serve. No action is being taken by leaders to address and resolve this.

Staff report feeling disempowered and not listened to, respected, valued or supported. There are low levels of staff satisfaction, and high levels of stress and work overload.

Leaders have not listened or acted in response to staff feedback, resulting continuing workplace equality and inclusion issues.

Normally some regulations are not met.

## Governance, management and sustainability

### 4 - exceptional standard of care

Governance is well-embedded into the running of the service. There is a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service.

Information about risk and performance is shared securely and proactively when it is appropriate to do so.

Performance management processes are effective, reviewed regularly, and staff consistently perform their roles in line with best practice.

Leaders and managers drive an awareness of positive accountability, support and sustainable improvement across the organisation.

Staff and leaders actively anticipate current and future performance and risks to the quality of the service. There is an informed approach to positive risk taking to support innovative ways of working.

There are robust systems for capturing data to provide excellent quality information for relevant data or notifications submission requirements. These requirements are consistently met.

Data management systems consistently operate to a high standard. Information is analysed and used to drive significant improvements to care quality.

Quality frameworks are designed to be intelligent and responsive to best-practice and applicable standards. They support systems and policies that result in improved equity in care experience and outcomes and reduce known inequalities.

### 3 - good standard of care

There are clear responsibilities, roles, systems of accountability and good governance. These are used to manage and deliver good quality, sustainable care, treatment, and support.

The service acts on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.

There are clear and effective governance, management, and accountability arrangements. Staff understand their role and responsibilities.

Managers can account for the actions, behaviours, and performance of staff.

The systems to manage current and future performance and risks to the quality of the service take a proportionate approach to managing risk that allows new and innovative ideas to be tested within the service.

Data or notifications are consistently submitted to external organisations as required.

There are robust arrangements for the availability, integrity and confidentiality of data, records, and data management systems. Information is used effectively to monitor and improve the quality of care.

Leaders implement relevant or mandatory quality frameworks, recognised standards, best practices, or equivalents to improve equity in experience and outcomes for people using services and tackle known inequalities.

### 2 - some shortfalls in the standard of care

Governance, accountability, and performance management is not always reliable and effective. Systems are not regularly reviewed.

Performance and outcomes risks are not always identified, managed, or acted on – including appropriate information sharing.

Managers and staff do not always understand their roles and accountabilities. Governance frameworks may not always be robust, leading to poor oversight of some areas.

There is a lack of accountability for staff behaviours and actions. Where required, registered persons may not be in post or not consistently fulfilling their responsibilities.

The systems to manage current and future performance and risks to the quality of the service may lead to either heavy-handed or lax oversight of risk. Innovative ways of working are not identified or engaged with within the service.

Legal requirements about data submissions and notifications are not always understood or met. Information shared may be of variable quality.

Data management systems are not always effective. Information is not always protected, available or used well to monitor and improve the quality of care.

Quality frameworks are not always effective or managed well. People may experience inequalities in their care.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

Roles, responsibilities and accountability arrangements are not clear. Staff are not given honest feedback about how they are performing, and where improvement is needed.

Systems for identifying, capturing and managing organisational risks and issues are ineffective.

Staff performance is not managed or supported by their leaders. Managers and staff do not understand the importance and responsibility of their roles, affecting quality and safety of people’s care.

Leaders cannot account for the actions, behaviours, and performance of staff. There may be evidence of repeated failure to comply with relevant statutory requirements.

The systems to manage current and future performance and risks to the quality of the service are ineffective. This is detrimental to the implementation of innovative ideas that could improve the service.

Legal requirements about data submissions and notifications are consistently not understood or met. Quality of information shared is poor.

Records and data are not gathered, stored or shared according to legal requirements. Information is not collected or used to improve people’s care experience.

Quality frameworks are ineffective and not overseen by leaders. People experience consistently poor outcomes and known inequalities are not addressed.

Normally some regulations are not met.

## Partnerships and communities

### 4 - exceptional standard of care

The service works in partnership with others to build seamless experiences for people based on good practice and people’s informed preferences. The service drives a focus on delivering care in a way that supports people’s care pathways.

Leaders, managers and staff strive for excellence through collaboration and shared practice. The service has a track-record of being an excellent role model for others.

The service has a systematic approach to working with other organisations to improve care outcomes. This includes building and maintaining credible, safe and effective data sharing across the system.

Leaders invest in developing diverse networks at local, national and international level. Partnerships support leaders to identify innovative ways of working and priorities. Effective and creative changes are made in response to better meet the needs of local people.

### 3 - good standard of care

Staff and leaders understand their duty to collaborate and work in partnership, so our services work seamlessly for people. They share information and learning with partners and collaborate for improvement.

Staff and leaders are open and transparent, and they collaborate with all relevant external stakeholders and agencies.

Staff and leaders work in partnership with key organisations to support care provision, service development and joined-up care.

Staff and leaders engage with people, communities, and partners to share learning with each other that results in continuous improvements to the service. They use these networks to identify new or innovative ideas that can lead to better outcomes for people.

### 2 - some shortfalls in the standard of care

The service is not always collaborative and cooperative with external stakeholders and other services.

Staff and leaders do always collaborate or communicate openly with all relevant external stakeholders and agencies. Leadership may be inward looking.

There is limited evidence of the service working with other organisations. This impacts people’s experience of moving through the care pathway and may impact flow in the wider system.

Leaders have not invested enough in developing networks with people, communities, and partners. There is a lack of evidence of learning and sharing with others or finding new ways to improve care.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

There is poor or no collaboration or cooperation with external stakeholders and other services and little or no evidence of partnership working.

Leaders are inward-looking, they do not proactively engage with other organisations. There may be evidence of defensiveness and a closed culture.

Leaders and staff lack awareness of developments or views outside of their organisation. They work independently from people, communities and partners. This impacts on people’s experiences of care, leading to disjointed care pathways and contributing to poor flow through the wider system.

Leaders have not developed or maintained engagement opportunities and networks with people, communities, and partners. The organisation does not show learning or share with others or attempt new ways of improving care. Poor care outcomes may perpetuate due to this.

Normally some regulations are not met.

## Learning, improvement and innovation

### 4 - exceptional standard of care

There is an established, significant and sustained culture of continuous and creative learning, innovation and improvement based on evidence and local need. This delivers improved outcomes, equality of access, experience and quality of life for people.

Leaders and staff proactively drive contributions and engagement with effective practice and research to improve care quality.

Leaders and staff understand the importance, and consistently incorporate the views, of people using the service and the local community to drive development, adoption and evaluation of improvement and innovation initiatives. Leaders invest considerable resources to enable staff engagement and collaboration with people.

There are proactive processes to holistically apply learning and embed actions in response to concerns and good practice. These result in improved outcomes for people and prevent reoccurrence.

Leaders and staff have dedicated time and resources to learn and develop improvement and innovation skills. There is organisational capacity and capability, with evidence of systematic development and application.

Leaders empower staff to share ideas and make changes. Staying on top of innovations and progressing new innovations is seen as integral to all staff roles.

Leaders and staff proactively foster a wide range of external networks, including by participating in research. They use these to identify and share improvements and innovations.

Learning from external work is applied and embedded so that ways of working are continually evolving to reflect evidence-based best-practice.

### 3 - good standard of care

Leaders support focus on continuous learning, innovation and improvement across the organisation and the local system. They encourage creative ways of delivering equality of access, experience, outcome, and quality of life for people.

Leaders ensure that the service actively contributes to safe, effective practice and research.

Staff and leaders have a good understanding of how to make improvement happen. The approach is consistent and includes measuring outcomes and impact.

Staff and leaders ensure that people using the service, their families and carers are involved in developing and evaluating improvement and innovation initiatives.

There are processes to ensure that learning happens when things go wrong, and from examples of good practice.

Leaders encourage reflection and collective problem-solving.

Staff are supported to prioritise time to develop their skills around improvement and innovation. There is a clear strategy for how to develop these capabilities. Staff are consistently encouraged to contribute to improvement and innovation initiatives.

Leaders encourage staff to speak up with ideas for improvement and innovation and actively invest time to listen and engage. There is a keen sense of trust between leadership and staff.

The service has strong external relationships that support improvement and innovation.

Staff and leaders engage with external work, including research, and embed evidence-based best-practice in the organisation.

### 2 - some shortfalls in the standard of care

The service does not have a culture that supports improvements, and leaders do not consistently drive improvement, innovation and learning across the organisation.

Staff and leaders do not promote or follow a consistent approach to innovation, including effective practice and research.

Identifying and implementing ways to improve is inconsistent. Outcomes and impact of improvement measures are not always effectively monitored and evaluated.

People using the service, their families and carers are not routinely involved in developing and evaluating improvement and innovation initiatives. Necessary improvements may be missed as a result, or outcomes and impact may not always meet people’s needs.

There is some recognition of risk, but this is poorly managed. Action to identify and introduce improvements can be absent, reactive, or focused on the short term.

Improvement and innovation initiatives are seen as the responsibility of a few leaders or staff. Most staff are not supported to prioritise learning, improvement and innovation beyond minimal required training programmes.

Leaders may not always encourage staff to speak up with ideas for improvement and innovation and actively invest time to listen and engage. Some staff mistrust innovation or improvement initiatives as a result, which impacts efficacy.

Any work around learning, improvement and innovation tends to be internally focussed. External relationships that support improvement and innovation are not consistently identified or engaged with.

Opportunities to actively contribute to safe, effective practice and research are inconsistently explored or engaged with.

Regulations may or may not be met.

### 1 - significant shortfalls in the standard of care

There is limited evidence of continuous learning, innovation and improvement

The service lacks drivers for improvement and cannot, or has not, responded to internal and external change factors. This may be impacting care outcomes.

There is little or no input from people, staff or partners in developing and evaluating improvement and innovation initiatives. People’s needs are not met as a result.

There is little or no evidence of learning, reflective practice and service improvement. Information to support performance monitoring and making decisions is inaccurate, invalid, out of date, or not gathered.

Leaders do not involve staff in new ways of working or improvements. Staff mistrust attempts to introduce or use innovative working processes and technology and do not engage with them.

Staff lack encouragement and support to contribute to innovation and improvement. Staff lack understanding of how to develop and use innovative ways of working.

The service is inward looking, there has not been effort to develop external relationships that could support improvement and innovation.

Leaders and staff do not encourage or engage with contributing to wider practice and research. This leads to missed opportunities to adopt evidence-based best-practice within the organisation.

Normally some regulations are not met.