

Safe

These are examples of the types of evidence we will look at. They are not full lists and we do not expect you to have everything we include here.

For all quality statements

Evidence categories

People's experience

- feedback from people collected by CQC, the provider, local community groups and other stakeholders
- give feedback on care

Feedback from staff and leaders

- feedback from staff collected by CQC and the provider
- feedback from leaders
- whistleblowing

Learning culture

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

Evidence categories

People's experience and feedback from staff and leaders, also these specific categories.

Feedback from partners

- commissioners and other system partners (supported living services)
- health and care professionals working with the service (supported living services)

Processes

- duty of candour records
- evidence of learning and improvement
- incident, near misses and events records

Safe systems, pathways and transitions

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

Evidence categories

People's experience and feedback from staff and leaders, also these specific categories.

Feedback from partners

- commissioners and other system partners

- health and care professionals working in or with the service

Processes

- multidisciplinary team meeting records
- people's care records or clinical records
- records of referral, transfer or transition of care

Safeguarding

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

Evidence categories

People's experience and feedback from staff and leaders, also these specific categories.

Observation

- staff practice (including how they deliver care, staff culture and behaviours)

Processes

- DoLS and Court of Protection (POA) records
- Mental Capacity Act records and training
- people's care records or clinical records
- safeguarding policy, records and training

Involving people to manage risks

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

Evidence categories

People's experience and feedback from staff and leaders, also these specific categories.

Observation

- equipment
- staff practice (including how they deliver care, staff culture and behaviours)
- the care environment

Processes

- DoLS and Court of Protection (POA) records
- people's care records or clinical records
- records of restrictive practice

Safe environments

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

Evidence categories

People's experience and feedback from staff and leaders, also these specific categories.

Observation

- equipment
- staff practice (including how they deliver care, staff culture and behaviours)
- the care environment

Processes

- business continuity plans
- equipment maintenance and calibration records (care homes only)
- risk assessments

Safe and effective staffing

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

Evidence categories

People's experience and feedback from staff and leaders, also these specific categories.

Observation

- staff practice (including how they deliver care, staff culture and behaviours)

Processes

- recruitment records
- staff vacancy and turnover rate
- staff records, including appraisal, training, development and competency
- training in communication with people with a learning disability and autistic people

Infection prevention and control

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

Evidence categories

People's experience and feedback from staff and leaders, also these specific categories.

Observation

- equipment
- staff practice (including how they deliver care, staff culture and behaviours)
- the care environment

Processes

- infection prevention and control policy, audit and action plans

Medicines optimisation

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

Evidence categories

People's experience and feedback from staff and leaders, also these specific categories.

Observation

- equipment

- staff practice (including how they deliver care, staff culture and behaviours)
- the care environment

Processes

- administration of and dispensing medicines, including 'when required' (PRN) medication
- medicines audits, action plans and reviews
- people's care records or clinical records
- STOMP and STAMP records