Your guide to the CQC Fundamental Standards
In order to get to the heart of people’s experiences of care and support, the focus of the Care Quality Commission (CQC) Regulatory Framework is on the quality and safety of services, based on the things that matter to people.

The RDaSH Quality Improvement Approach encompasses the CQC Fundamental Standards, these are the standards that everybody has a right to expect when they receive care. This booklet explains the set of standards and prompts called the ‘Key Lines of Enquiry or KLOEs that the CQC will use to answer the 5 key questions about Trust services:

- Are they Safe?
- Are they Effective?
- Are they Caring?
- Are they Responsive?
- Are they Well-led?

The KLOEs will also help you and your service to understand and help staff relate the Fundamental Standards to their day to day roles.

The Trust’s Quality Improvement Approach is focused on enabling our staff to deliver excellent quality and safe services for patients.

This booklet explains the Fundamental Standards which we must meet in order to maintain registration of our services with the Care Quality Commission (CQC). It is based on the CQC Provider Handbooks and has been designed to help staff relate the KLOEs to their day-to-day roles.

By answering the KLOE prompts staff will be able to understand the fundamental standards and will be able to identify what they do well and where improvements need to be made. This will help staff and managers to form a judgment about the quality of their services.
You may wish to answer the questions from your own or a team perspective and then discuss the answer with your line manager or Fundamental Standards Champion to help develop an action plan to take forward any quality improvements that you have identified.

CQC Inspection

The CQC will undertake a comprehensive inspection of Trust services at least once every three years. The inspection team will review core services in relation to the five key questions and rate our services on a four point scale: Outstanding, Good, Requires Improvement or Inadequate. The CQC can also inspect as a follow up to a previous inspection or in response to a particular issue or concern.

During an inspection the CQC gathers information in a number of ways - for example the CQC may:

• Speak with people who use services.
• Hold a public listening event or a series of smaller focused events to gather the public’s views.
• Hold focus groups with separate groups of staff.
• Hold drop in sessions for people who use services and staff.
• Interview individual directors as well as staff of all levels.
• Check that the right systems and processes are in place.

How best can you prepare?

There is a lot you can do to ensure that your services meet the Fundamental Standards which will also help you prepare for a CQC Inspection. Remember an inspection is our time to shine – for our staff to showcase what they do well and what we as a Trust are doing to make improvements to the services we deliver.
General house-keeping for everyone

- Wear your name badge at all times.
- Check notice boards are up-to-date, information leaflet stands are current and stocked – the CQC may ask you about information that is displayed.
- Ensure Alcogel availability and use on entering the premises.
- Make sure all areas including offices/reception areas are clean and tidy.
- Make sure your email inboxes are clear enough to allow for information flow during the visit.
- Replace broken furniture or remove items no longer used.
- Make sure your appraisal and mandatory training are up-to-date.
- Know how to find Trust policies and be aware of the content of those pertinent to your role.
- Ensure your patient care/treatment plans and risk assessments are up-to-date.
- Know how you would raise a concern e.g. like safeguarding or to whistleblow.
- Know your team’s strengths and less strong points and know what work is being done to improve.
- Know how lessons are shared and learned in your team, from complaints or incidents for example.
Is my service _safe_?

Are patients protected from abuse and avoidable harm?

- Is patient safety my main concern?
- Do I know how to raise concerns in relation to an allegation of abuse or safeguarding, patient safety incidents, concerns and near misses?
- Do I know what arrangements are in place to safeguard adults and children using our services? Have I attended safeguarding training specific to the area I work in?
- Do I know how to report an incident, near miss or allegation of abuse/safeguarding issue?
- Do I act promptly to make sure patient/carer concerns are addressed in a timely way?
- Are incidents and lessons learnt regularly discussed within my team/service and are actions taken and improvements made when things go wrong?
- Are staffing levels planned and reviewed?
- Do all staff in my service (including bank, agency and locum) receive a local induction?
- Do effective shift handovers take place?
Is my service safe?

- Are there arrangements in place to respond to major incidents and emergencies? ☐ ☐
- Does every patient have a risk assessment (suicide prevention, ligature risk, preventing violence and aggression, sexual safety)? ☐ ☐
- Do I monitor my patients (for both physical and mental health) and ensure notes, care plans and alerts are updated accordingly and act promptly to make changes? ☐ ☐
- Are patient care records reviewed / audited on a regular basis i.e. accurate, complete, legible, up to date and stored securely? ☐ ☐
- Have I been trained in control and restraint? Do I report incidents and update the MDT notes and have a staff debrief? ☐ ☐
- Do I make sure the clinical environment is safe before seeing a patient? ☐ ☐
- Is the equipment used in my job role regularly checked and maintained? Is this routinely monitored? ☐ ☐
- Am I trained and competent to use equipment required for my job role? ☐ ☐
- Do I always follow the hand hygiene procedures before and after touching a patient? ☐ ☐
Is my service *safe*?

- Do I know who the Infection Prevention and Control Link Champion is for my service and how to contact them for advice on infection control?
  - YES  
  - NO

- Have I had my flu jab?
  - YES  
  - NO

- Do I know where to locate resuscitation equipment and is the equipment routinely checked?
  - YES  
  - NO

- Do I know how to obtain advice on medicines?
  - YES  
  - NO

- Do I know the procedures for controlled drugs? And safe handling/securing of drugs?
  - YES  
  - NO

- Do I always check a patient’s allergy status and note this?
  - YES  
  - NO

- Do I know what to do if a patient has an adverse reaction or if their health deteriorates? Do I know what to do in an emergency?
  - YES  
  - NO

- Do I know how to raise day to day concerns or make a complaint or whistleblow internally?
  - YES  
  - NO

- Is data from audit reports, safety incidents and patient feedback (complaints, survey etc.) discussed at our local team meetings, with lessons shared with colleagues and improvement actions decided and acted upon?
  - YES  
  - NO
Is my service **effective**?

*Do patients receive care, treatment and support that achieves good outcomes, promotes a good quality of life and is based on best available evidence?*

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td>Am I aware of NICE guidance relevant to my work: do I follow it?</td>
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<td></td>
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<tr>
<td>Do I get involved in clinical audits, benchmarking, accreditation, peer review, research or trials and can I show resulting improvements?</td>
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<tr>
<td>Do I always seek patient consent to care and treatment in line with legislation guidance?</td>
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<tr>
<td>Do I assess the patient holistically and consider all their care needs? Are these reflected in care/treatment plans and regularly reviewed?</td>
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<tr>
<td>Do I undertake the necessary risk assessments, keep them current and reflect them in care/treatment plans?</td>
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<tr>
<td>Do I have all the information needed to deliver effective care and treatment e.g. assessments, care plans, notes, test results?</td>
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</tbody>
</table>
# Is my service effective?

- Do I involve patients in the design of their own care/treatment plan and offer them a copy?  
  - [ ] **YES**  
  - [ ] **NO**

- Does the service monitor patient outcomes and take action to make improvements?  
  - [ ] **YES**  
  - [ ] **NO**

- Do I involve and support carers to best be able to care for their loved one?  
  - [ ] **YES**  
  - [ ] **NO**

- Do I ensure multidisciplinary involvement in patient care and participate in handover and multidisciplinary meetings?  
  - [ ] **YES**  
  - [ ] **NO**

- Do I ensure people who are approaching end of life are identified and care delivered according to their care plan?  
  - [ ] **YES**  
  - [ ] **NO**

- Do I support patients with smoking cessation?  
  - [ ] **YES**  
  - [ ] **NO**

- Do I ensure patients’ nutrition and hydration needs are assessed, met and recorded?  
  - [ ] **YES**  
  - [ ] **NO**

- Do all patients have an annual health check (where required)?  
  - [ ] **YES**  
  - [ ] **NO**
Is my service effective?

- Do I support pain management in a timely way?  
- Do I maintain my personal knowledge by attending training/conferences or reading guidance and journals?  
- Do I attend regular meaningful clinical supervision (group or individual) and feel supported in my personal development?  
- Does staff supervision include a review of care records and core training?  
- Have all my competencies been assessed and signed-off this year?  
- Do I understand and follow the correct recruitment procedures?
Is my service **caring**?

Are patients involved in their care, is their care tailored to their needs and are patients treated with compassion, kindness, dignity and respect?

- Do I always introduce myself to patients/carers and wear my NHS ID badge at all times? [YES] [NO]
- Do I always give my service contact details to patients/carers, and advise where to get support out-of-hours? [YES] [NO]
- Do I give patients/carers support and information about the services that are available to them, about their treatment or medication, and where to gain further support? [YES] [NO]
- Are notice boards and information leaflets up-to-date and stocked? [YES] [NO]
- Do I promote self-management and independence? [YES] [NO]
- Do I always consider the patients personal, cultural, religious needs? [YES] [NO]
- Do I know how to access additional support for patients such as language interpreters, sign language interpreters, specialist advice or advocates? [YES] [NO]
Is my service *caring*?

- Do I understand equality and diversity within my service?  
- Do I always treat patients/carers with dignity, respect and kindness, provide privacy and confidentiality at all times?  
- Do I always involve and communicate with patients/carers in decisions about their care or treatment so that they understand their care, treatment and condition?  
- Are care plans and treatment interventions personalised?  
- Do I respond in a compassionate, timely and appropriate way when a patient experiences physical pain, discomfort or emotional distress?  
- Do I report any disrespectful, discriminatory or abusive behaviour towards patients?  
- Do patients/carers know how to make a complaint/compliment?  
- Is the environment clean and comfortable?
Is my service **responsive**?

*Patients get the treatment or care at the right time, without excessive delay, and are involved and listened to.*

- Is there an Operational Policy for my services and am I up to date with the contents?  
  - [ ] Yes  
  - [x] No

- Do I always take a personalised approach to care?  
  - [ ] Yes  
  - [x] No

- Do I prioritise patients according to their need?  
  - [ ] Yes  
  - [x] No

- Do I make appropriate arrangements to support special needs like a learning disability?  
  - [ ] Yes  
  - [x] No

- Do I know how to contact an advocate or interpreter for the patient?  
  - [ ] Yes  
  - [x] No

- Do I gain the appropriate consent before proceeding?  
  - [ ] Yes  
  - [x] No

- Do I provide the information (benefits/risks) to gain valid consent? Do I know how to document consent?  
  - [ ] Yes  
  - [x] No

- Am I able to test for capacity (under the Mental Capacity Act) and do I understand DoLS (Deprivation of Liberty Safeguards)?  
  - [ ] Yes  
  - [x] No
Is my service responsive?

- If a patient lacks capacity, do I know how to ensure their best interests are assessed and recorded?  
  - YES  
  - NO

- Are patients’ waiting times kept to a minimum and are these managed?  
  - YES  
  - NO

- If I cancel an appointment, do I give an explanation and provide a follow–up?  
  - YES  
  - NO

- Do I ensure patients are seen as close to their home as possible?  
  - YES  
  - NO

- Are patients kept in hospital for the minimum amount of time needed?  
  - YES  
  - NO

- Are call bells answered promptly?  
  - YES  
  - NO

- Are inpatients able to go outside or have smoke breaks, and not prevented for long periods from doing so?  
  - YES  
  - NO

- Do I encourage patients to feedback their experiences of the service and provide means to do this? Like the friends and family test.  
  - YES  
  - NO

- Do I know what patients are feeding back about the service, and do I act on patient/carer feedback? Do I know what improvements are being made?  
  - YES  
  - NO
Is my service **responsive**?

- Are patients informed about how to make a complaint/compliment? Are complaints dealt with within timescale?  
  
- Does the team share lessons and learn from clinical audits, incidents or complaints/compliments? Can I think of some examples?

- Am I aware of “Quality Reviews” and any outcomes/issues raised? Do I know what actions have resulted?

- Am I aware of any Quality Improvement Plans in my service? Do I know what the issues are and what actions are taking place and progress to date?

- Do I receive information from the Trust’s Organisational Learning Forum via team meetings?

- Have I seen the latest version of #LearningMatters on the Trust website?

- Do I know how the team monitors compliance against the CQC Fundamental Standards and Key Lines of Enquiry (KLOEs)?
Is my service **well-led?**

Is there effective leadership, management and governance at all levels that assures the delivery of high quality person-centred care, supports learning and innovation and promotes an open and fair culture?

- Did I have a corporate and local induction when I started work here?  
  - YES  
  - NO
- Does my service have a clear vision and set of values (see back page of this booklet)?  
  - YES  
  - NO
- Am I aware of the Trust’s Quality Improvement Strategy?  
  - YES  
  - NO
- Am I aware of the Trust’s Five Year Strategic Plan and understand my role in achieving it?  
  - YES  
  - NO
- Do I understand my own and others roles and responsibilities?  
  - YES  
  - NO
- Have I had my annual performance appraisal and on-going supervision with my manager?  
  - YES  
  - NO
- Do I have a personal development plan?  
  - YES  
  - NO
- Is my mandatory and statutory training up-to-date?  
  - YES  
  - NO
- Do I have access to reflective practice groups (where relevant)?  
  - YES  
  - NO
- Do I attend team meetings, staff listening events and away days?  
  - YES  
  - NO
Is my service **well-led**?

- Does the culture in my service encourage positive behaviours such as openness, honesty and respect?
- Do I know how to complain, whistleblow or raise a safeguarding alert?
- Do I know how to find support from HR, occupational health or a union?
- Are my leaders visible and approachable?
- Do I know what the current risks are for my team or service?
- Does my service have arrangements in place for identifying, recording and managing risks, issues and to mitigate actions?
- Does my service have mechanisms in place for patient involvement and gathering patient feedback?
- Are lessons shared and learned from incidents/complaints/audit/patient feedback? Do I know what actions are in place?
- Do I have opportunities for continuous learning, improvement and innovation?
Useful staff resources

**Quality Matters** details information about Quality and Standards Reviews, Quality Review Model, Clinical Audit, Quality Improvement Reports
http://nww.intranet.rdash.nhs.uk/support-services/nursing-partnerships/quality-matters/

RDaSH signed up to the National **Sign Up to Safety** campaign and has developed a three year Safety Improvement Plan 2015-18 which focuses on specific clinical areas where local data shows that improvements can be made. For more information go to the [www.rdash.nhs.uk/aboutus/sign-up-to-safety](http://www.rdash.nhs.uk/aboutus/sign-up-to-safety)

**#LearningMatters Newsletter** - this publication has been designed to capture the lessons from across the Trust, where there are examples of excellent practice and also where we have identified that there is an area for improvement following, for example, complaints, serious incidents and surveys etc.
http://nww.intranet.rdash.nhs.uk/support-services/nursing-partnerships/learning-matters/

**Support and Advice Information for patients**

**Patient Information Leaflets**
Information about RDaSH services
www.rdash.nhs.uk/services/our-services/

Have Your Say
Review our services, place your comments, make a complaint or raise a concern - http://www.rdash.nhs.uk/support-and-advice/have-your-say/

RDaSH Procedural Documents
i.e. strategies, policies and procedures
www.rdash.nhs.uk/category/publications/policies

Connections Practice Development Bulletin

For more information contact the:

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ACHIEVING BOARD ASSURANCE

• Leading the way with care.

• Promoting health and quality of life for the people and communities we serve.


• Continuously improve service quality (safety, effectiveness and patient experience) for our service users and carers.

• Nurture the talent, commitment and ideas of our staff in order to deliver excellent services.

• Ensure value for money and increased organisational efficiency whilst maintaining quality.

• Adapt and deliver services to meet agreed commissioned needs through enhanced multi-agency partnerships.

• Maintain excellent performance and governance and a strong market position; and improve further our reputation for quality.

VISION

MISSION STATEMENT

VALUES

STRATEGIC OBJECTIVES

The RDaSH strategic triangle