The RAG Status of each area of work is defined as follows:

Work behind schedule or not yet commenced or not available	Work in progress and on target	Work complete or concluded or available

CQC KLOE SAFE
By safe, we mean people are protected from abuse and avoidable harm.
Outstanding: People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.

Prompt Detail	Information Gathered	Action to be taken	Update	RAG Status	Comment
S.1 How do systems, processes and practices keep people safe and safeguarded from abuse? • Safety and safeguarding processes including communication with staff • Protect from abuse, neglect, harassment and breaches of dignity and					

respect including how they are monitored and improved • Safety in recruitment processes i.e. DBS • Staff have effective training • Safeguarding processes that reflect legislation in place • Staff know their responsibilities with safeguarding and adhere to policies including agencies working together • Staff can recognise those at risk of significant harm • Standards of cleanliness and are there reliable systems in place to ensure cleanliness • Design, maintenance and use of facilities keep people safe				

• Maintenance and use of equipment keep people safe • Management of waste and clinical specimens keep people safe.				
S.2 How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe? • Staffing levels and skill mix planned and reviewed so that people receive safe care and staff do not work excessive hours. • Actual staffing levels versus planned staffing levels including cover for staff absence. • Comprehensive risk assessments carried out for people who use the service and risk management plans are developed in line with national guidance. • Staff identify and respond to changing risks to people and can seek support from senior				

staff on these situations.				🟧	
S.3 Do staff have all the information they need to deliver safe care and treatment to people? • Individual care records are written and managed so that people are safe. • Information is accessible and can be accessed in a timely way. • People's information is shared regarding their ongoing care in a timely way and in line with relevant protocols • Systems are in place to manage information well and deliver safe care and treatment.				🟩	
S.4 How does the provider ensure the proper and safe use of medicines, where the service is responsible? • Medicines and medicine related stationery is managed				🟧	

• Medicines are prescribed appropriately and in line with legislation • People receives specific advice on their medicines in line with current guidance • Service makes sure that people receive their medicines as intended and that it is recorded appropriately • Medicines are reconciled in line with current national guidance • People are receiving appropriate therapeutic drug and physical health monitoring where appropriate • People's medicines are regularly reviewed • Service makes sure that people's behaviour is not controlled by excessive or inappropriate use of medicines.				🟧	
S.5 What is the track record on safety?				🟩	

• Performance of safety over time and comparison with other similar services • Safety is monitored using information from a range of sources				
S.6 Are lessons learned and improvements made when things go wrong? • Staff understand their responsibilities in reporting, recording and report incidents and near misses • Arrangements are in place for reviewing and investigating safety and safeguarding incidents and events when things go wrong • Lessons are learned and themes identified when things go wrong • Lessons learned are shared • Effective arrangements to respond to external safety alerts, recalls, inquiries, investigations and reviews.				

CQC KLOE EFFECTIVE
By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence
Outstanding: Outcomes for people who use services are consistently better than expected when compared with other similar services

Prompt Detail	Information Gathered	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
E.1 Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes? • People's physical, mental health and social needs are holistically assessed, and their care, treatment and support is delivered in line with legislation, standards and evidence-based guidance, to achieve effective outcomes • Processes are in place to eliminate discrimination		a)					

• Technology and equipment is used to enhance the delivery of effective care and treatment to support independence • Rights of people subject to MHS are protected and staff are aware of this • Person's pain is assessed and managed correctly • People are told to seek further help and advice if their condition deteriorates				
E.2 How are people's care and treatment outcomes monitored and how do they compare with other similar services? • Information about the outcomes of the people's care and treatment is routinely collected and monitored.		•		

• Information shows that the intended outcomes for people are being achieved. • Outcomes for people is compared with similar services and can evidence a change in time. • There is participation in relevant quality improvement initiatives i.e. clinical audits, peer review etc.				
E.3 How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment? • People have their assessed needs, preferences and choices met by staff with the right skills and knowledge • Learnings of staff are identified and delivered.				

• Staff are encouraged and given opportunities to develop • Arrangements are in place to support and manage staff to deliver effective care and treatment – 1-2-1s, appraisals, coaching etc • Poor or variable staff performance is identified and managed • Volunteers are training and supported with their role				
E.4 How well do staff, teams and services work together within and across the organisations to deliver effective care and treatment? • all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment?				

• care delivered and reviewed in a coordinated way when different teams, services or organisations are involved? • people assured that they will receive consistent, coordinated, person-centred care and support when they use, or move between different services?				
E.5 How are people supported to live healthier lives and where the service is responsible, how does it improve the health of its population? • Are people identified who may need extra support? This includes: • people in the last 12 months of their lives • people at risk of developing a long-term condition • carers • people involved in regularly monitoring their health,				

including health assessments and checks, where appropriate and necessary • people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence? • abnormalities or risk factors are identified that may require additional support or intervention, are changes to people's care or treatment discussed and followed up between staff, people and their carers where necessary • national priorities to improve the population's health supported? (For example, smoking cessation, obesity, drug and				

alcohol dependency, dementia and cancer.)				█
E.6 Is consent to care and treatment always sought in line with legislation and guidance? • staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance? • people supported to make decisions in line with relevant legislation and guidance • possible lack of mental capacity to make a particular decision assessed and recorded?				█

- process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance? - people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation? - service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate and monitored way as part of a wider person-centred support plan? - Do staff recognise when people aged 16 and over				

Prompt Detail					RAG Status
and who lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate					

CQC KLOE CARING

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Outstanding: People are truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.

Prompt Detail	Information Gathered	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
C.1 How does the service ensure that people are treated with							

kindness, respect and compassion and that they are given emotional support when needed? • Staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to their care needs. • Staff take the time to interact with people who use the service and those close to them in a respectful and considerate way. • Staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them. • Staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes				

• Staff understand the impact that a person's care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially • People given appropriate and timely support and information to cope emotionally with their care, treatment or condition and are they advised how to find other support services. •				
C.2 How does the services support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible? • Staff communicate with people so that they understand their care,				

treatment and condition and any advice given. • Staff seek accessible ways to communicate with people when their protected equality or other characteristics make this necessary. • Staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment. • People empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing.				

• Staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment. People feel listened to, respected and have their views considered. • People's carers, advocates and representatives, including family members and friends, identified, welcomed and treated as important partners in the delivery of their care. • Emotional support and information is provided to those close to people who use services, including carers, family and dependants.				

C.3 How are people's privacy and dignity respected and promoted? • The service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care and examinations. • Staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress. • People assured that information about them is treated confidentially in a way that complies with the Data Protection Act and that staff support people to make and review choices about sharing their information.				

CQC KLOE RESPONSIVE
By responsive, we mean that services meet people's needs.
Outstanding: Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.

Prompt Detail	Process – if in place insert link to the procedures	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
R.1 How do people receive personalised care that is responsive to their needs? • Where people's needs and choices are not being met, is this identified and used to							

inform how services are improved and developed. • Facilities and premises appropriate for the services that are delivered. • Service identifies and meets the information and communication needs of people with a disability or sensory loss. It records, highlight and share this information with others when required, and gain people's consent to do so.					
R.2 Do services take account of particular needs and choices of different people? • Services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the					

Equality Act and those in vulnerable circumstances. • Services delivered and coordinated to be accessible and responsive to people with complex needs • People are supported during referral, transfer between services and discharge • Reasonable adjustments made so that people with a disability can access and use services on an equal basis to others • Key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions. • Services delivered and coordinated to ensure that people who may be approaching the end of their life are identified, including those with a protected				

equality characteristic and people whose circumstances may make them vulnerable, and that this information is shared. • People who may be approaching the end of their life are supported to make informed choices about their care. Their decisions are documented and delivered through a personalised care plan and shared with others who may need to be informed. • When treatment is changed or withdrawn, there are processes to ensure that this is managed openly and sensitively so that people have a comfortable and dignified death.				
R.3 Can people access care and treatment in a timely way? • People have timely access to initial assessment, test				

results, diagnosis or treatment? All health • People access care and treatment at a time to suit them. • Action is taken to minimise the length of time people have to wait for care, treatment or advice. • People with the most urgent needs have their care and treatment prioritised • Appointment systems easy to use and do they support people to access appointments • Appointments, care and treatment only cancelled or delayed when necessary and delays or cancellations are explained to people, and people are supported to access care and treatment again as soon as possible?				

• Services run on time, and are people kept informed about any disruption Is technology used to support timely access to care and treatment • The technology (including telephone systems and online/digital services) easy to use.				
R.4 How are people's concerns and complaints listened and responded to and used to improve the quality of care? • People who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way. • People encouraged to make a complaint, and how confident are they to speak up. • It is easy for people to use the complaints process or raise a concern.				

• People are treated compassionately and given help and support, by using accessible information or protection measures, if they need to make a complaint? • Complaints are handled ensuring openness and transparency, confidentiality, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record. • People who raise concerns or complaints are protected from discrimination, harassment or disadvantage • Complaints used as an opportunity to learn and drive continuous improvement.				

CQC KLOE WELL LED

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

Outstanding The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.

Prompt Details	Process – if in place insert link to the procedures	Action to be taken		RAG Status	Comment
W.1 Is there the leadership capacity and capability to deliver high-quality, sustainable care. • Leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis. • Leaders understand the challenges to quality and sustainability, and can they					

identify the actions needed to address them • Leaders are visible and approachable • There are clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning.				🟩
W.2 Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver? • There a clear vision and a set of values, with quality and sustainability as the top priorities • There is a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care?		•		🟨

• The vision, values and strategy has been developed using a structured planning process in collaboration with staff, people who use services, and external partners? • Staff know and understand what the vision, values and strategy are, and their role in achieving them • The strategy is aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population? • Progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this.				
W.3 Is there a culture of high-quality, sustainable care? • Staff feel supported, respected and valued				

• Culture centred on the needs and experience of people who use services • Staff feel positive and proud to work in the organisation? • Action is taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority, • The culture encourage openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? • Leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and appropriate learning and action taken as a result of concerns raised. • There are mechanisms for providing all staff at every				

level with the development they need, including high-quality appraisal and career development conversations. • There a strong emphasis on the safety and wellbeing of staff? • Equality and diversity promoted within and beyond the organisation. • All staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitable • There are cooperative, supportive and appreciative relationships among staff. • Staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?				
W.4 Are there clear responsibilities, roles and systems of accountability to				

support good governance and management? • There are effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. They are regularly reviewed and improved. • All levels of governance and management function effectively and interact with each other appropriately • Staff at all levels are clear about their roles and they understand what they are accountable for, and to whom • Arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care.				

W.5 Are there clear and effective processes for managing risks, issues and performance?				
- There are clear structures and processes and these are regularly reviewed and improved - There processes to manage current and future performance? Are these regularly reviewed and improved - There a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken. - There are robust arrangements for identifying, recording and managing risks, issues and mitigating actions. There is alignment between the recorded risks and what staff say is 'on their worry list'?				

• Potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. • When considering developments to services or efficiency changes, the impact on quality and sustainability is assessed and monitored. There are examples of where financial pressures have compromised care?				
W6 Is appropriate and accurate information being effectively processed, challenged and acted on? • There a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Information is used to				

measure for improvement, not just assurance. • Quality and sustainability both receive sufficient coverage in relevant meetings at all levels. All staff have sufficient access to information, and they challenge it appropriately • There are clear and robust service performance measures, which are reported and monitored • There are effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant. Action is taken when issues are identified. • Information technology systems are used effectively to monitor and improve the quality of care. There are effective arrangements to				

ensure that data or notifications are submitted to external bodies as required.				■	
W.7 Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services? • People's views and experiences gathered and acted on to shape and improve the services and culture and includes people in a range of equality groups. • People who use services, those close to them and their representatives are actively engaged and involved in decision-making to shape services and culture. • Staff are actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture.				■	

• There are positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs • There is transparency and openness with all stakeholders about performance.					
W.8 Are there robust systems and processes for learning, continuous improvement and innovation? • Leaders and staff strive for continuous learning, improvement and innovation including participating in appropriate research projects and recognised accreditation schemes. • There are standardised improvement tools and					

methods, and staff have the skills to use them. • Participation is effective and learning from internal and external reviews, including those related to mortality or the death of a person using the services is learning shared effectively and used to make improvements. • Staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance. • There are systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work				