

# CQC - Proposed changes to the KLOES

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# Aims of this presentation

- To provide an overview of the proposed changes to the KLOE's as outlined in the CQC consultation 'Our next phase of regulation'.
- To enable you start to identify any gaps in your service provision and make any changes as necessary.
- To be prepared

# One rule



# Domains or key questions

- Safe
- Effective
- Caring
- Responsive
- Well-led

# KLOE's

- KLOE's = Key Lines of Enquiry
  - S1 How are people, including children and families, protected from bullying, harassment, avoidable harm and abuse that may breach their human rights (page 2)
- Or
- S2 How are risks to individuals and the service managed and monitored so that people are protected and their freedom is supported and respected? (page 3)

- Each KLOE is accompanied by a number of questions that inspectors may consider as part of their assessment. CQC refer to these as prompts. The prompts are listed alongside or under each KLOE
- S1.1 Are the systems, policies, processes and practices that are essential to keep people safe identified, implemented and communicated to staff? Is a question or a prompt.

# SAFE

## Proposed changes

- They are proposing to introduce 7 new prompts under the safe domain. These are: S 1.1, S1.6, S2.6, S3.3, S4.6, S 5.4 and S5.5.
- They have proposed to make changes to the wording of prompts: S1.5, S2.1, S2.5, S2.7 and S3.2
- They have moved prompt S2.8 and S2.9 into the Safe domain from the effective domain.



# SAFE

## Proposed new prompts

- **S1.1** Are the systems, policies, processes and practices that are essential to keep people safe identified, implemented and communicated to staff?
- **S1.6** Are people's individual care records, accurate, complete, legible, up to date and securely stored to keep people safe?
- **S2.6** How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?
- **S3.3** Do staff receive effective training for safety issues in systems, processes and practices?
- **S4.6** Do staff assess the risks based on the level of support a person needs to take their medicines safely, including self administration and covert administration?
- **S5.4** Where it is part of its role, how does the service make sure that it alerts the right external agencies to concerns that affect people's health and wellbeing?
- **S5.5** Have all relevant staff completed food hygiene training and are correct procedures in place and followed in the kitchen?



# SAFE

## Proposed changes to wording

- S1.5 How are people supported to understand what keeping safe means, and how are they encouraged **and empowered** to raise any concerns they may have about this? **If people are subject to safeguarding enquiries or an investigation are they offered an advocate?**
- S2.1 What arrangements are there to manage risks appropriately, **including financial risk**, and to make sure that people are involved in decisions about any risks they may take? **This includes risks posed by lone working arrangements.**
- S2.5 What arrangements are there for continually **recording** and reviewing safeguarding concerns, **safety performance**, accidents and incidents to make sure that themes are identified and any necessary action is taken? **Is the learning communicated to all staff and people using the service to prevent future incidents of avoidable harm?**
- S2.7 How is equipment managed to keep people safe? How are the premises **and safety of the communal and personal spaces (such as bedrooms) and living environment checked** and managed to keep people safe?
- S3.2 How does the service **promote safety within its recruitment practices, staff support arrangements and disciplinary procedures?**

# SAFE

Prompts moved into Safe from Effective

## S2.8

- How do staff seek to prevent and manage challenging behaviour if it happens? How are individuals supported?

## S2.9

- What arrangements are there to make sure that decisions about the use of restraint are made appropriately and recorded? Have the appropriate processes been followed?

# EFFECTIVE

## Proposed changes

- They are proposing to introduce 4 new prompts under the Effective domain. These are: E1.1, E1.4, E4.5 and E5.
- They have proposed to change the wording of prompt E4.4.
- They propose to move prompt E5.1 from the Responsive domain into the Effective domain.

# Effective

## Proposed new prompts

### E1.1

- E1.1 Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, such as the NICE Quality Standards, to achieve effective outcomes?
- E1.4 Are staff supported to keep professional standards updated in line with best practice?
- E4.5 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people's independence?
- E5 How well do staff, teams and services work together to deliver care and treatment?

# Effective

## Proposed changes to wording

- E4.4 How does the signage, the decoration and other adaptations to the premises help to meet people's needs and promote their independence? **How are any changes to the environment managed to avoid causing distress to people who live there?**

# EFFECTIVE

Moved from Responsive into Effective

## E5.1

- How are people assured that they will receive consistent coordinated, person-centred care when they use, or move between, different services?



# CARING

## Proposed changes

- They are proposing to introduce 5 new prompts under the Caring domain. These are: C1.3, C2.1, C2.3, C3.5 and C3.9.
- They have proposed to change the wording of prompt, C2.2



# CARING

## Proposed new prompts

- C1.3 Do staff seek alternative ways to communicate with people where necessary?
- C2.1 Do staff recognise when people need support from their families, friends and other carers to help them understand and be involved in their care and treatment? How do staff help people to get this support?
- C2.3 Does the service give staff the time, training and support they need to provide care in a compassionate and personal way? Are rotas, schedules and practical arrangements organised so that staff have time to listen to people, answer their questions, provide information, and involve people in decisions?
- C3.5 How does the service schedule staff to reflect people's preferences and care needs, taking into consideration protected characteristics under the Equality Act, such as gender, and how personal care is delivered?
- C3.9 How does the service make sure that young adults have choice and flexibility about their privacy and the amount of parental involvement in managing their care and support after moving into adult services? Set the slide title in “title case”

# CARING

## Proposed changes to wording

- C2.2 **Do staff make sure** they give information to people, **their families and other carers about external bodies, community organisations and advocacy services that can provide independent support and advice, answer questions about their care and treatment and, where necessary, advocate for them? How does the service support people to contact and use these services?**

# RESPONSIVE

## Proposed changes

- They are proposing to introduce 7 new prompts under the Responsive domain. These are: R1.5, R1.6, R3.3, R3.4, R3.5, R4.2 and R4.7.
- They have proposed to make changes to the wording of prompts, R 1.1, R 1.2 and R 2.
- They propose to move prompts R3, R3.1 R3.2 R3.6 from the Caring domain to the Responsive domain and R4, R4.1, R4.3, R4.4, R4.5 and R4.6 from the Effective domain to the Responsive domain.

# RESPONSIVE

## Proposed new prompts

- R1.5 Does the service identify and meet the information and communication needs of people with a disability or sensory loss and does it record, highlight and share this information with others?
- R1.6 How is technology used to support people to receive care and support quickly? Is the technology (including telephone systems and call systems) easy to use?
- R3.3 How are people reassured that their pain and other symptoms will be assessed and managed effectively as they approach the end of their life, including having access to support from specialist palliative care professionals, particularly if they are unable to speak or communicate?
- R3.4 How does the service make sure that it quickly identifies people in the last days of life whose condition may be unpredictable and change rapidly and, where required, that people have rapid access to support, equipment and medicines?
- R3.5 How does the service support people's families, other people using the service and staff when someone dies?
- R4.2 How are people supported to make their own decisions?
- R4.7 Do staff recognise when people aged 16 and over, 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?

# RESPONSIVE

## Proposed changes to wording

- R1.1 How do people, or those acting on their behalf, contribute to planning their care **and how are their strengths and levels of independence, and quality of life taken into account?**
- R1.2 How does the service make sure that a person's care plan fully reflects their **physical, mental, emotional and social needs, including on the grounds of protected characteristics under the Equality Act?** These should include their personal history, individual preferences, interests and aspirations, **and should be understood by staff so people** have as much choice and control as possible.
- R2 How are people's concerns and complaints listened **and responded to and used to improve the quality of care?**



# RESPONSIVE

## Moved from Caring to Responsive

- R3 How are people supported at the end of their life to have a comfortable, dignified and pain-free death?
- R3.1 Are people's preferences, choices and wishes for their end of life care and where they wish to die, including in relation to their protected equality characteristics, spiritual and cultural needs, clearly recorded, communicated, kept under
- R3.2 How are people, and their family, friends and other carers, involved in planning, managing and making decisions about their end of life care?
- R3.6 What arrangements are there for making sure that the body of a person who has died is cared for in a culturally sensitive and dignified way?

# RESPONSIVE

## Moved from Effective to Responsive

- R4 Is people's consent to care and treatment always sought in line with legislation and guidance?
- R4.1 Do 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?
- R4.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded?
- R4.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance?
- R4.5 When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation?
- R4.6 Is any restraint of people who lack mental capacity monitored for necessity and proportionality in line with legislation, and is action taken to minimise its use?



# Well-led

## Proposed changes

- They are proposing to introduce 6 new prompts under the Well-Led domain. These are: WL1.5, WL3, WL3.6, WL 4, WL4.6 and WL5.2.
- They have proposed to make changes to the wording of prompts, WL1, WL1.4, WL2 and WL2.3.

# Well-led

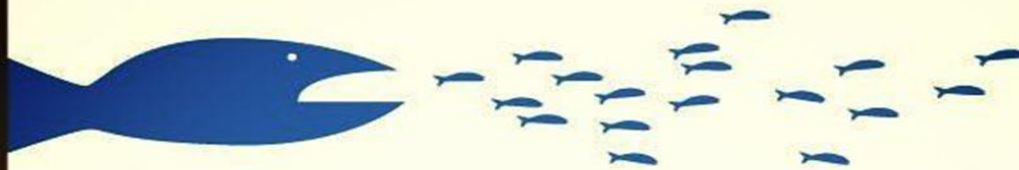
## Proposed new prompts

- W1.5 Do leaders have the skills, knowledge, experience and integrity they need to lead effectively - both when they are appointed and on an ongoing basis?
- W3 How are the people who use the service, the public and staff engaged and involved?
- W3.6 How are people's views and experiences gathered and acted on to shape and improve the services and culture?
- W4 How does the service continuously improve and ensure sustainability?
- W4.6 Are information technology systems used effectively to monitor and improve the quality of care?
- W5.2 Does the service share appropriate information and assessments with other relevant agencies for the benefit of people who use the service?

# Well-led

## Proposed changes to wording

- W1 Is there a clear vision and credible strategy in place, to deliver high-quality care and promote a positive culture that is person-centred, open, inclusive and empowering that achieves good outcomes for people?
- W1.4 Does the service show honesty and transparency from all levels of staff and management following an incident? How is this shared with people using the service and their families in line with the duty of candour, and how does the service support them?
- W2 Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?
- W2.3 Does the registered manager understand their responsibilities, and are they supported by the board/trustees, the provider and other managers to deliver what is required



**DON'T PANIC,**



**ORGANISE!**

# Thankyou for listening

- Any questions?

## References

- The Care Quality commission (December 2016) Our next phase of regulation. A more targeted, responsive and collaborative approach Cross-sector and NHS trusts (consultation)
- The Care Quality commission (March 2015) How CQC regulates Residential adult social care services provider handbook appendices- Appendices to the provider handbook.

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