

Appendix 2b

Community assessment and accreditation system (CAAS) standards

March 2019

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Standard 1: Governance				
Standard: Governance is the systematic approach to maintaining and improving the quality of patient care				
Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6 Cs
Quality indicators which are specific to the service / team are in place (KPI's, CQUINNs)	Ask manager			CQC FS 17 competence, care
Staff can name the top 3 risks on their local risk register	Ask manager/ Ask staff			CQC FS12, 16,17, commitment, communication, competence
All staff attend regular service / team meeting during which governance issues are discussed	Ask manager			CQC FS 17, communication, care, commitment
Patients case notes are in good condition, with the contents filed in the correct sections	Observe patients notes			CQC FS 17, competence
Case notes are stored and transported from area to area according to Trust policy	Observe			CQC FS 15,17 care, competence
Element: Care				
Teams manage caseloads fairly effectively and efficiently	Ask staff / observe			CQC FS 09, 12 care, compassion, courage
Patients consent to treatment in line with the Trust's Consent Policy and the MCA 2005 (in relation to dealing with Best Interest)	Ask staff / observe in documentation			CQC FS 09, 11 care, compassion, competence, communication
Staff are aware of the Trust's Consent Policy	Ask staff			CQC FS 11, 18,19 competence, care
All new staff have completed the Trust / local induction programme/ Local competency assessments	Ask manager/ Observe documentation			CQC FS 12, 18, 19 , commitment, competence
Computers are not left unattended while staff are logged in	Observe practice			CQC FS 12, 15 , competence
Element: Leadership				
Patients are given information about the service i.e. leaflets, posters, access to relevant websites including contact details and times	Ask patients / observe			CQC FS 09, 10, 12, care, communication
Staff are aware of safe guarding procedure	Ask Staff / Observe			CQC FS 09, 12,13, 16, 17,18,20 care, communication, compassion, commitment, courage
Staff are aware of the Inclusion and equality team and their role within the Organisation.	Ask staff			CQC FS 12,13, 17 19, care, compassion, communication
The service / team has a Governance Lead in post offering governance leadership	Ask manager/Ask staff			CQC FS 17, 18, communication, competence, care
Access to patient identifiable information is provided on a strict need to know basis	Ask staff /observe			CQC FS 09, 10, 12, care, communication
Scores				
1 'no' in each element / 50% 'no'	Red			
2 'no' in total 's / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest ' yes' / 100% 'yes'	Green			
Best Practice/Comments				

Standard 2: Person Centred Care				
Standard: Every patient is treated as an individual with compassion all the time				
Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6 Cs
Patient privacy and dignity is maintained either in the patients own home or other venue	Observe			CQC FS 09,10, care, compassion, courage
Staff have easy access to the leaflet – Voice your appreciation complaint or concern and actively give these to patients and service users	Ask staff / observe			CQC FS 09,10,12,16 care, communication, commitment
Patients and carers have the opportunity to feed back about their health care experiences	Ask patients			CQC FS 09,10,16, commitment, care, compassion
Staff are aware of their team/service Patient Experience feedback and act on any comments made	Ask staff			CQC FS 09,12, 16,17,18 care, compassion
Element: Care				
Patients are encouraged to be involved in their own care and contribute to care planning/ goal setting and this is documented	Ask patients / staff			CQC FS 09,10,12 care, communication, commitment
The patient is aware of the name of the member of staff treating them	Ask patient			CQC FS 09,10,12, 18 care, communication
Patients are called by their preferred name and this is documented	Observe documentation			CQC FS 09,10,12, care, compassion, communication
Staff introduce themselves to patients and their relatives (Hello my name is...)	Observe			CQC FS 09,10, communication, care
Staff are aware of current QI change packages and how they relate to their team/service	Ask Manager/Team leader/ Ask staff			CQC FS 09,10, 17,18 care, compassion, commitment, communication
Element: Leadership				
Staff treat patients, relatives and colleagues courteously	Observe			CQC FS 09,10,18 compassion, communication, care
Patients, carers and relatives have access to appropriate condition specific information and leaflets	Observe, ask staff, patients			CQC FS 09,10, care, competence, commitment
Staff are aware of the Trust complaints procedure and PALS service	Observe / ask patients			CQC FS 09,10,16, care, commitment, courage
Staff can name outcomes following their Patient, Family and Carer Experience Collaborative Learning Sessions, tests of changes 'you said. We did'	Ask staff			CQC FS 09,10, 17,18 care, compassion, commitment, communication
Staff can discuss their local interpretations to the Trust's Always Events contained in the Patient Family and Carer Experience Collaborative Change Package - What we have learnt so far?	Ask Manager / Staff			CQC FS09,10,17,18, care, compassion, commitment, communication
Scores				
1 'no' in each element / 50% 'no'	Red			
2 'no' in total 's / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest ' yes' / 100% 'yes'	Green			

Standard 3: Safeguarding				
Standard: Patients feel safe, secure and supported with experiences that promote clear pathways to well being				
Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6 Cs
Staff are able to assess safeguarding risks and signs of neglect within the home	Ask staff			CQC FS 9,12,13,18 competence, care
Staff are aware of how to access specialist mental health advice and support i.e. community mental health teams	Ask staff			CQC FS 09,12,13,18 competence, care
Staff are aware of how to respond to concerns around patient care and the policies and procedures to support this	Ask staff			CQC FS 09,12,13 competence, care
Staff are aware of how to access communication aids	Ask staff / observe			CQC FS 09,12, care, compassion, competence
Staff are aware of how to access interpreting services	Ask staff			CQC FS 09,10,12 Care, compassion, commitment, courage, communication, competence
Element: Care				
Staff are aware of the services provided for by Salford Carers Centre/other Voluntary Organisations and promote these to patients if applicable	Ask staff / ask patients			CQC FS 09,10 care, communication
Vulnerable patients are identified and have an individual passport of care / care plan / or health action plan completed and it is in use	Observe / ask staff			CQC FS 09,10,12, care, compassion
Assessments of patients'/service user's needs are completed on admission to the service	Observe documentation			CQC FS 09,12 care, competence, communication
Staff can identify when a mental capacity assessment is necessary and how to document assessment appropriately	Ask staff / observe documentation			CQC FS 09,13 care, competence, courage
Staff are aware of DOLS (Deprivation of Liberties Safeguards) and when it is used in practice	Ask staff			CQC FS 12,13,18 care, compassion, courage, competence
Staff are able to identify any young person (25 and below) who has a SEND - Special Education Needs and Disability and/or ECHP - Educational Care Plan	Ask Manger/ Ask Staff			CQC FS 9,10,12,13,care, competence, communication
Element: Leadership				
Staff are aware of how to contact the SRFT Safeguarding team if they have concerns about patients / service users.	Ask staff			CQC FS 09,12,13,18 care, competence
Staff are aware of the appropriate referral process and assessment form to complete when an allegation of domestic abuse is disclosed (MARAC -DASH)	Ask staff			CQC FS 09,12,13,18 care, compassion, courage
Staff are up to date with MCA, Safeguarding Adults and Childrens Mandatory training	Ask manager			CQC FS 12, 13, 18 competence, commitment
Best Interest Case Conferences are utilised and documented appropriately when a patient may lack capacity in order to develop the most appropriate care plan for	Ask staff, check documentation			CQC FS 09,12, 13 care, communication

the patient			
Staff have attended PREVENT training (80% compliance)	Ask manager		CQC FS 13,17,18 care, competence, communication, courage
Scores			
1 'no' in each element / 50% 'no' / 6 'no's'	Red		
2 'no' in total 's / less than 50% in total and the rest 'yes'	Amber		
1 'no' in total and the rest ' yes' / 100% 'yes'	Green		
Best Practice/Comments			

Standard 4: Safety and Risk Management				
Standard: Risks and safety are effectively assessed to safeguard staff, patients and carers				
Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6 Cs
Staff are aware of the actions to take in the event of a fire	Ask manager/ observe			CQC FS12,15,18 competence, HTM 0501, RRO 2005
Sharp boxes are signed when assembled and ready for disposal	Observe			CQC FS 12,15, communication
Staff are aware of the procedure after sustaining a sharps injury	Ask staff			CQC FS 12,15,18 care, competence
Equipment is cleaned in between patients using the correct products and PPE- "I am Clean" labels/ cleaning checklists are used	Observe			CQC FS 12,15 Infection control policy, care, commitment
Moving and handling equipment is accessible, clean and maintained	Observe			CQC FS 12,15 Infection control policy, care, competence
Element: Care				
Staff can give examples of when they would check patient identification	Ask staff			CQC FS 09,12, care, communication
Patient's allergy status is recorded on documentation as per Community allergy policy	Observe on documentation			CQC FS 09,12, care, compassion, competence
Staff have completed Advanced Conflict Resolution Training or are booked on the next available course where appropriate	Ask manager			CQC FS 12,18, care, compassion, competence
There is equipment available to ensure safe transfer of patients when needed	Observe documentation			CQC FS 09,12,15, competence, care
The rationale for catheter insertion is in line with TRAPP and this is clearly documented	Ask staff/observe documentation			CQC FS 09,12,15 care, communication
Element: Leadership				
Staff are aware of the top three themes from adverse incident reporting (DATIX)	Ask staff/ Review Governance report			CQC FS 09,12,15,17,18, competence
Staff are aware that Category 2 and above pressure ulcers are recorded as an Adverse Incidence Report (AIR)	Ask staff			CQC FS 09,12,15 communication, competence, care
Staff are aware of the process following an acquired pressure ulcer	Ask staff			CQC FS 09,12,15, 17 communication, competence, care
The Team has a Continence link who attends regular link meetings or ensures a deputy attends	Ask staff/ review link minutes			CQC FS 09,12,18, competence
Staff are trained in the use of medical equipment that is used in the community and have records that demonstrate this	Observe documentation			CQC FS 09,12,15,17,18, competence, care
Scores				
1 'no' in each element / 50% 'no'	Red			
2 'no' in total 's / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest 'yes' / 100% 'yes'	Green			

Standard 5: Meeting nutritional needs				
Standard: Patients are able to consume food and fluids which meets their individual needs				
Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6 Cs
Artificial feeding is recorded as appropriate with batch number (rapid response document in patient notes)	Observe documentation			CQC FS 09,12,14, communication, care
Breast feeding is promoted, assessed and supported	Ask staff /observe			CQC FS 09,12, 14 Communication, care
Patients who use the service have access to facilities for infant feeding, including facilities to support breast feeding if appropriate	Observe			CQC FS 09,10,14,15, care, communication, compassion
A recognised approach to meal delivery is evident i.e. a lead is identified who is responsible for coordinating care	Observe environment / Ask staff			CQC FS 09,12,14 care, compassion
Element: Care				
The patient's Malnutrition Universal Screening Tool (MUST) score has been recorded when appropriate	Observe documentation			CQC FS 09,12,14 care, competence, communication
Staff are aware of and have completed the Malnutrition and Swallowing Difficulties E-Learning module if appropriate	Ask staff			CQC FS 09,12,14,18 care, competence
Patients who need assistance with feeding are fed safely in an appropriate manner	Observe			CQC FS 09,10,12,14 care, compassion
Staff are aware of the process for referring to SALT if they have concerns regarding swallowing of a patient	Ask staff			CQC FS 09,12,14 care, competence
Element: Leadership				
Staff are aware of the process of referring to Dietitians for advice as necessary	Ask staff			CQC FS 09,12,14 competence, care
There is a proactive Nutrition Link Nurse on the team	Ask staff / Observe link file			CQC FS 09,14, 18 care, competence, communication
Patients are weighed or have their weight reviewed as necessary and this is documented	Ask staff / observe			CQC FS 09, 12,14,15 care, compassion, communication
Scores				
1 'no' in each element / 50% 'no'	Red			
2 'no' in total 's' / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest ' yes' / 100% 'yes'	Green			
Best Practice/Comments				

Standard 6: Infection Prevention and Control				
Standard: Patients are cared for in an environment where the risk of cross infection is minimised				
Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6 Cs
The environment is cleaned and maintained to prevent infections clinic / Gateway / Health Centres	Observe			CQC FS 12,15, care, competence
Patients with infections are treated according to policy	Observe			CQC FS 12,18 Infection control policy, care, competence
Clean equipment is appropriately labelled in clinics / Gateway / Health Centres	Observe			CQC FS 12,15 infection control policy, competence, care
All staff have alcohol rub available at the point of care	Observe staff			CQC FS 12,15 care
Staff visibly clean all patients clinical equipment used in the patients home	Observe staff			CQC FS 12,15 infection control policy, care, communication
Clinical waste is disposed of as per policy	Observe			CQC12,15 Care, Competence
Element: Care				
All nursing staff clean their hands before and after any patient contact	Observe staff			CQC FS 12,18 care, competence
Disposable gloves and aprons are removed between tasks on the same patient and hands cleaned	Observe staff			CQC FS 12,15 competence, care
Staff are aware of patients with an infection	Ask staff / Observe			CQC FS 09,12, infection control policy, communication, care
Appropriate infection control information is available for patients and carers	Observe			CQC FS 12,15, commitment, care,
Clinical areas have cleaning rotas which are up to date in clinics / Gateway / Health Centres including the cleaning of toys if appropriate	Observe cleaning rotas / ask staff			CQC FS 12,15, infection control policy, competence, care
Element: Leadership				
Staff are aware of their team and Trust performance with regard to MRSA / Clostridium difficile / High Impact Interventions / Audit results	Ask manager/ observe documentation			CQC FS 12,18 competence, communication, care
Staff are aware of Infection Control Policies	Ask staff			CQC FS 12,18 competence
Staff are aware of the procedure for decontamination of commonly used equipment i.e.: examination couches, dressing trolleys, blood pressure monitors, stethoscope's etc.	Ask staff			CQC FS 12,15, Infection Control policy, competence, care
All staff are compliant with ANTT competency/ Hand Hygiene assessments and display this on their ID badge if appropriate to their role.	Observe staff/ observe records			CQC FS 12,17, 18 competence, care
The service/team has a proactive infection Control Link person	Observe link File/ Ask staff			CQC FS 09,14, 18 care, competence, communication
Scores				
1 'no' in each element / 50% 'no'	Red			

2 'no' in total 's / less than 50% in total and the rest 'yes'	Amber		
1 'no' in total and the rest ' yes' / 100% 'yes'	Green		
Best Practice/Comments			

Standard 7: Clinical Effectiveness**Standard: Clinical effectiveness is the goal of improving the effectiveness of clinical practice and service delivery to improve the patient experience**

Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6 Cs
Emergency pocket masks are available for staff as appropriate and are fit for purpose	Observe / ask staff			CQC FS 12,15 care, competence
Anaphylaxis kit which contains adrenaline is checked and in date	Observe			CQC FS 12,15, care
Seasonal advice is given to patients as regards to health promotion i.e. flu jab, warm weather advice	Ask staff / ask patients			CQC FS 09,12, care, compassion, courage, commitment
Staff are actively completing adverse incident reports on the DATIX system	Ask staff/ Review number of AIR's			CQC FS 12,17 competence, communication
Element: Care				
There is evidence of health promotion work ongoing i.e. smoking, exercise, nutrition, sexually transmitted infections	Observe staff/ Ask patients			CQC FS 09, 12 commitment, care, compassion
Staff can describe the process of a patient safety huddle and implement one where appropriate	Observe / ask staff			CQC FS 09,12 competence, communication
There is a coordinated investigation if more than one service is specified in a complaint	Ask Manager			CQC FS 12,16,17 courage, communication
Complaints are managed in a timely manner with response times in accordance with Trust Policy	Ask Manager			CQC FS 09,12,16,17,20 communication, courage
Element: Leadership				
Any complaint action plan is disseminated to the team and is monitored through the Governance meetings	Observe documentation			CQC FS 09,16,17,20 communication
Staff can describe how they have delivered "Better care at lower cost"	Ask Manager/ Ask staff			CQC FS 09,12,17 care, communication, competence
Staff are aware of their management structures including roles so they can escalate issues appropriately (Divisional and Executive structures)	Ask Manager/ Ask staff			CQC FS 12,13, 17 competence, communication
Staff are aware of how to deal with Freedom of Information / Access to Records request	Ask Manager / ask staff			CQC FS 09,12, communication, care, courage, commitment
Scores				
1 'no' in each element / 50% 'no' / 6 'nos'	Red			
2 'no' in total 's / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest ' yes' / 100% 'yes'	Green			
Best Practice/Comments				

Standard 8: Management of medicines
Standard: Avoidable harm in relation to medicines management will be eliminated

Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6 Cs
Adrenaline ampoules are stored securely when not in use	Observe			CQC FS 12,15 care
Medication is stored in a locked patient medication locker, designated locked cupboard or locked fridge	Observe			CQC FS 09,12,15 competence, communication, care
In non-clinical areas medicines are stored safely and only accessible to appropriately trained staff	Observe			CQC FS 12,15 care, competence, commitment
All IV/SC infusions are stored in their original boxes or in appropriately labelled containers, with potassium-containing solutions kept separately from other solutions	Observe			CQC FS12,15 competence, care, competence
The medication fridge has a current temperature log sheet which is completed daily	Observe fridge / Temperature chart			CQC FS 15, 19, competence
The team/ service have a stock rotation system for all medication including refrigerated medications	Observe Medication storage and fridge			CQC FS 15, 19, competence
Element: Care				
Community staff that travel do not carry unnecessary medication or equipment in their vehicles	Observe / ask staff			CQC FS 12, 15 competence,
Staff educate patients and carers on the medication prescribed and ensure that they are fully understanding	Observe / check documentation / ask patients			CQC FS 09,12,15 communication, care, competence, compassion
All medicines in use by the patient are within their expiry date	Observe / ask patients			CQC FS 12,15 communication, care
Staff are aware of the leaflet 'Steroids and High Glucose levels' and have copies available for appropriate patients.	Ask staff/ Observe leaflets			CQC FS 09,12,15 competence, care
Where medication is administered it is documented against the prescription clearly stating date time signature and printed name	Observe prescription and administration charts			CQC FS 12,15 communication, care
Element: Leadership				
Staff that are non-medical prescribers use only one prescription pad at a time	Observe / ask staff			CQC FS 09, 12,15 competence, communication
Prescription pads are securely locked away when not in use	Observe / ask staff			CQC FS 12,15, competence, care
Non-medical prescribers have completed their yearly competency update	Observe documentation			CQC FS 09,12,15 competence, care, communication
Medication Storage keys are held by the Health professional in charge during clinic hours	Ask manager / observe			CQC FS 09,12,15 competence, care
Medication and keys are stored appropriately when staff return to base, out of hours and when department/clinic is closed	Ask manager/ ask staff / observe			CQC FS 09,12,15 competence, care
Scores				
1 'no' in each element / 50% 'no' / 6 'no's'	Red			

:

2 'no' in total 's' / less than 50% in total and the rest 'yes'	Amber		
1 'no' in total and the rest ' yes' / 100% 'yes'	Green		
Best Practice/Comments			

Standard 9: Safety and suitability of premises**Standard: Patients are in safe, accessible surroundings that promote their well being**

Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6 Cs
Evidence available of fire safety checks taking place – Fire alarm testing, extinguishers in date	Ask manager			CQC FS 15,17 SRFT policy. HTM 0501, RRO 2005 care, competence
The environment is fit for purpose and meets the need of everyone receiving care and treatment, including those with disabilities in Clinics / Gateways / Health Centres	Observe			CQC FS 09,12,15 commitment, courage, compassion, care, competence, communication
Staff know where the AED and emergency grab bag is located if provided and that it is clean and checked daily	Observe/Ask manager			CQC FS 09,12,15 care, communication, competence
Health records are stored in a secure cabinet /locked room	Observe			CQC FS 12,15,17 commitment, care
Staff name badges are visible to patients/service users and worn at all times	Observe			CQC FS 15,17,18 care, compassion, competence
Element: Care				
Staff ensure that patient confidential / safe guarding issues are not discussed in open plan offices	Observe / ask staff			CQC FS 09,10,12,13 compassion, care, communication
Staff are aware of PPE (personal protective equipment) that is required and how to obtain it	Ask staff / observe			CQC FS 12,15,17,18 competence, care, compassion, commitment
Staff are aware of the procedure to follow once a building has been evacuated?	Ask staff			CQC FS 12,15,17, 18 competence, communication, care
The beds / trolleys / chairs are clean and well maintained in the clinic /Gateway/ Health Centre	Observe			CQC FS 12,15, care, communication
Staff know the procedure to report maintenance concerns/ issues	Ask staff/ Ask facilities			CQC FS 12,15, care, communication
Medication fridges have an up to date, completed cleaning schedule	Observe			CQC FS 15, 19, competence
Element: Leadership				
Staff adhere to the policy around clinical wastage and sharps removal	Ask staff / observe			CQC FS 12,15 care
Work wear policy is adhered to by all staff on duty	Observe			CQC FS 12,15,18 Work wear policy, care, competence, communication
The property is maintained within the terms of any lease/SLA	Ask Manager/ team leader/ observe premises			CQC FS15, care, competence
Staff are aware of how to access Departmental and Trust clinical guidelines and policies	Ask staff / observe			CQC FS 12,15,17 care, competence, commitment, communication
Staff are aware of the Trusts Quality Improvement Strategy	Ask staff			CQC FS 12,15,17,18 communication
Scores				
1 'no' in each element / 50% 'no' / 6 'no's'	Red			

2 'no' in total 's / less than 50% in total and the rest 'yes'	Amber		
1 'no' in total and the rest 'yes' / 100% 'yes'	Green		
Best Practice/Comments			

Standard 10: Staff Management**Standard: Staff are managed in accordance to Trust Policy that benefits patients, staff and visitors**

Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6 Cs
Lone Worker Audit is conducted by the team / service lead	Ask manager/staff			CQC FS 15,17,18 communication
All staff ID badges are in date and clearly display the staff members photograph and accurate details	Observe staff			CQC FS 15,17,18 care, communication, compassion
Staff utilise and test the Sky guard system as per policy	Ask manager/ Review compliance report/ Observe/Ask staff			CQC FS 15,17,18, communication, commitment, competence
The team / service follows the Trusts Capability Policy when required when dealing with staff	Ask manager			CQC FS 17,18,19, competence, courage, care, communication
Productive Community Series (PCS) principles have been embedded into the working of the team – such as “Bags to go system”	Observe/ Ask staff			CQC FS 9,12,17 care communication, competence
Element: Care				
NHSP staff have an up to date NHSP ID badge and staff have checked this	observe / ask staff			CQC FS 12, 18, 19, competence, care, communication, courage
There is a system in place to effectively disseminate information to all staff i.e. new policies, memos	Ask staff / review meeting minutes			CQC FS 12,15,17,18, communication
The Service has sufficient number of mentors (45%) to support learners	Ask staff / Ask Manager			CQC FS 19 competence, care,
The team leader has a contingency plan to maintain mentor numbers to keep the ward on green status	Ask manager / ask staff			CQC FS 12, 19 communication, care
There is an identified practice education link/lead, who is aware of her/his responsibilities and ensures the quality of education provided within their ward	Ask staff / Manager			CQC FS 12, 19 competence, communication, commitment
All staff have their yearly Contribution Framework assessment and their training needs are addressed	Ask staff / Manager			CQC FS 17,18 Care, competence, commitment, compassion
Element: Leadership				
Staff are confident in conducting audit processes having received appropriate training (including registering audits with the Clinical Audit Dept)	Ask staff			CQC FS 12,15,17,18, competence, care
The Manager/ Team Leader is aware of the standards on management of off duty, contract hours and budgetary control	Ask manager			CQC FS 17, 18 communication, competence, care
The Manager has a NMC/ professional Revalidation local record which includes revalidation dates for all qualified staff	Ask manager			CQC FS 19, communication, care, competence
Staff sickness and absence is recorded and monitored according to the Capability Policy and Procedure Managing frequent short term sickness absence	Ask Manager			CQC FS 17,18,19, compassion, commitment, communication
Exit interviews are conducted with themes analysed and feedback given to senior team	Ask Manager/ Observe feedback and themes generated			CQC FS 17, 18,19 care, compassion, communication

Scores				
1 'no' in each element / 50% 'no' / 6 'no's'	Red			
2 'no' in total 's' / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest ' yes' / 100% 'yes'	Green			
Best Practice/Comments				

Standard	Indicator	Measurement	Unit of Care	End of Life Care	Standards	Patients	Patients	Carers	Experiences	Effective	Healthcare	Individual	Needs	Preferences	High
Quality	Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6 Cs										
Staff have access to IT & efforts to ensure all care add improve the care environment for patients and families for example Staff are aware of and can access the current Work of Life Care guidance the principle of care for the staff serving patient	Efficiently charged and in working order at all times	Observe	Ask staff		CQC FS 15,17,18 care, communication, competence, commitment, compassion, care										
Staff have a dedicated "End of life box" containing items mobile phones in public areas for patients/families/carers in the last days and after bereavement	Element: Care pump, organza bags, handprint kits	Observe	Ask staff/ review box		CQC FS 09,10,12 care, communication, competence, compassion, communication										
All patient information booklets i.e. Care and Support in last days of life Bereavement/ support and "What to do after a death" of whether treatment has been provided	Element: Care The team has adequate supplies (and staff are aware of the location of) review number of booklets i.e. Care and Support in last days of life	Observe / review documentation	Ask staff/ review box		CQC FS 09,12,17 care, communication, competence, compassion, communication										
All patient Bereavement/ support and "What to do after a death" of whether treatment has been provided	Staff can describe the process of how to access and refer to services/ Bereavement Support, Specialist Palliative Care, Chaplaincy including how to access advice and support 24 hours a day / 7 days a week (including website)	Observe / review documentation	Ask staff		CQC FS 09,12,17 care, communication, competence, compassion, communication, care										
All clinical staff can explain the location and purpose of a Communicable Disease Register EPR or other appropriate Advance Care Planning documents (e.g. Planning my future care)	Element: Care	Observe / review documentation	Ask staff / Observe documentation		CQC FS 9,10,12,19 care, communication, competence, compassion, care										
Staff are up to date with information Governance Mandatory E-Plan	Element: Leadership	Observe / In between	Ask manager	Ask staff	CQC FS 12,17,18 care, communication, competence, compassion, care										
Staff do not leave patient sensitive documentation in their vehicles	Staff are aware of how to coordinate/respond to a rapid discharge from hospital to home	Observe / In between	Ask staff / Observe documentation		CQC FS 12,17,19 care, communication, competence, compassion, care										
There is evidence that staff check the EPR downtime system on a monthly basis (not less than once a month)	Staff are aware of the unified DNACPR policy and can describe the process for creating and reviewing orders (including how patients, with DNACPR orders, in place are identified on the caseload)	Ask manager	Ask staff		CQC FS 12,15,17,19 care, communication, competence, compassion, care										
The team completes an annual audit review including death Health care professional completing 9 deaths of patient records for the documentation policy and	Staff can explain where to access the Care after Death and Death policies an EPR and can describe how families / carers can be involved in the care of the deceased person	Ask manager / Liaise with Clinical Audit Department	Ask staff / Observe documentation		CQC FS 12,17 care, communication, competence, care, compassion, courage										
Scores	Staff can describe how to manage common symptoms at the end of life i.e. nausea/vomiting, pain, agitation, respiratory secretions, breathlessness, including how to access specialist advice and support where to access online resource	Ask staff / Observe	Ask staff / Observe documentation		CQC FS 12,15,17,19 care, communication, competence, care, compassion, courage										
1 'no' in each element / 50% 'no' / 5 'no's		Red	Completed												
2 'no' in total's less than 50% in total and the rest 'yes'		Amber	documentation												
1 'no' in total and the rest 'yes' / 100% 'yes'		Green													
Best Practice/Comments	Staff can describe how to access guidance and manage mouth care, nutrition and hydration in dying patients and where to seek advice or find online resources	Ask staff			CQC FS 9, 10, 12, 14, 19, communication, commitment, compassion, care										

Element: Leadership				
Team Leader/ Manager can provide up to date documentary evidence (i.e. medical equipment competence file) that qualified nursing staff are locally assessed as competent to use the T34 subcutaneous infusion pump in palliative/end of life care and staff can demonstrate the location of the clinical guidelines and how to complete the 24 hour infusion record.	Ask Manager			CQC FS 12, 15, 19 , communication, care, competence
Team Leader/Manager can describe and evidence the process for regularly reviewing deaths on the caseload and provide evidence of actions taken in response	Ask Manager			CQC FS 09,16, 17, care, compassion, courage, communication
Team has Palliative & Bereavement Care Link Nurse(s) who have attended a minimum of two SPLASH events in the last 12 months and maintains an up to date EoLC resource folder. Following attendance at Palliative Care Link meetings (SPLASH) he/she demonstrates evidence of dissemination of Palliative & End of Life information/learning (i.e. newsletter distribution, emailing key messages) The Link Nurse has attended or is booked to attend the identified courses as listed in EoLC Training passport as appropriate to role(s) have attended/booked to attend. N.B. Qualified Link Nurses should be prioritised to receive additional communication skills training within 1 year of commencing the link nurse role	Observe Manager/ Review link folder/ Review SPLASH meeting minutes			CQC FS 12, 19, care, communication, competence, compassion
Team Leader can evidence that staff have attended or are booked to attend the identified courses as listed in EoLC Training passport dependant on role	Ask Manager			CQC FS 12, 19, care, courage, compassion, competence
Scores				
1 'no' in each element / 50% 'no'	Red			
2 'no' in total / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest 'yes' / 100% 'yes'	Green			
Best Practice/Comments				