

COMMUNITY CHECKLIST

The Care Quality Commission will be inspecting our organisation w/c 7 December and the areas below are some of the things which the inspectors will look for when they come to your service. To help you present your service as you would want, the checklist below may be a useful tool to use.

SAFE	Yes	No	Action required
Are staff aware of the incidents policy? Do they know how to report incidents or near misses and how are lessons learned shared with staff?			
How are risks recorded and what process is in place for the escalation of risks?			
Check that staff are aware of the Duty of Candour and do they understand the requirements of duty of candour?			
Is there a policy in place relating to duty of candour and are staff aware of it?			
How are staff informed of safety alerts and who reviews them for relevance? How is the information disseminated to staff and where are actions taken recorded?			
How is patient safety or patient harm data is collected and shared with staff? E.g. pressure ulcers, falls etc.			
Are safety issues discussed at handover and/or team meetings?			
What is the staff compliance for mandatory training?			
Are Managers aware of the status of each member of staff with regards to mandatory training?			
Do staff understand their responsibilities and adhere to safeguarding policies and procedures			
Are care bundles in use and how are these audited?			
How do actual staffing levels compare o the planned levels?			
Does the skill mix comply with expectation?			
Is there an induction pack for new staff as well as agency/bank?			
Has all new staff completed a Trust induction and job shadowing?			
Where agency staff are used, do Managers use them on a block basis to maintain consistency of care?			
Are risk assessments completed on all patients in line with Trust policy?			
Is there a complexity tool (or equivalent) to measure the complexity of caseloads?			
Is there a system in place for caseload allocation and how frequent is this reviewed e.g. Appropriateness of visits for patients with LTC?			
Are people's individual care records written and managed in a way that keeps people safe? E.g. records are accurate, complete, legible, up to date and stored securely			
Is there a lone worker policy in place and are staff aware of it?			
Are there lone worker devices in use for staff working in higher risk areas?			
Are community staff provided hand gel for use in patient's homes?			
Check that all locations adhere to cleaning schedules. Do the locations appear visibly clean, tidy with sharps boxes available?			
Do the arrangements for managing waste and clinical specimens keep people safe? (e.g. classification, segregation, storage, labelling and treatment and disposal of waste)			
Have audits been undertaken on the completeness of patient records? e.g. risk assessment tools completed, care plans, initial assessments etc.			
Check that all equipment has been regularly cleaned, had electrical testing and service records of equipment available.			
Check that resuscitation trolleys are well stocked and all equipment is within date (applicable to walk in centres etc.)			
Are staff aware of major incidents and business continuity plans?			

EFFECTIVE	Yes	No	Action required
How does the service area check if staff are following NICE guidelines, policies and best practice guidelines to support care and treatment provided to patients? E.g. Home enteral feeding and NICE Guideline Pressure Ulcer CG029, NICE COPD guidelines for pulmonary rehabilitation etc.			
Is there participation in local audits, benchmarking, accreditation, peer review, research and trials?			
What model has been brought in to replace the Liverpool Care pathway?			
Is there a recognised assessment tool supported by national guidance in place for pain assessment in End of Life Care?			
Are community staff such as Health Visitors meeting the healthy Child targets?			
Check that staff are aware of the Mental capacity Act (2005) and Deprivation of Liberty (DoLs) and that they have a clear understanding of their responsibilities			
When people lack the mental capacity to make decisions, do staff make 'best interest' decisions in accordance with legislation?			
Are best interest meetings held for patients that do not have the capacity to consent?			
How are the learning needs of staff identified?			
Are staff up to date with Appraisals/PDRs, training etc.?			
What are the arrangements for supporting and managing staff? E.g. one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation			
Do staff understand the difference between lawful and unlawful restraint practices, including how to seek authorisation for a DoLs?			
Is there a system in place for identifying poor and variable practice?			
CARING	Yes	No	Action required
Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes?			
Do staff recognise when people who use services and those close to them need additional support to help them understand and be involved in their care and treatment and enable them to access this. E.g. language interpreters, sign language, specialist advice or advocates.			
Is patient information delivered in a suitable format for the patients and relatives?			
Is there evidence to show that patient confidentiality is maintained at all times?			
Are any patient surveys carried out and if so what changes have been made as a result?			
Do community staff promote patient self-care to patients with LTC and how is this demonstrated?			
Are there dedicated areas for private conversations with patients?			
How do staff make sure that people's privacy and dignity is always respected, including during physical or intimate care?			

RESPONSIVE	Yes	No	Action required
Are the facilities and premises appropriate for the services that are planned and delivered?			
Are reasonable adjustments made so that disabled people can access and use services on an equal basis to others?			
How do staff identify patients with a mental health need and are they aware of supporting services to signpost patients to?			
What action is taken to minimise the time people have to wait for treatment and care?			
Where there is an appointments system, is it easy to use and does it support people to access appointments?			
Are Urgent care centres meeting the 4 hour wait target?			
Do services run on time, and are people kept informed about any disruptions?			
What patient feedback systems are in place and are these advertised?			
Do people who use the service know how to make a complaint or raise concerns?			
Are complaints handled effectively and confidentially, with regular update for the complainant and a formal record kept?			
How are lessons learned from concerns and complaints and is action taken as a result to improve the quality of care?			
Have there been any service improvements as a result of complaints?			
How are lessons learned from complaints shared with staff?			

WELL-LED	Yes	No	Action required
Do staff feel that there is a culture of openness and honesty in the Trust?			
What are the governance structures in the community services? Who attends the meetings and how is information fed back to staff?			
Are there comprehensive assurance system and service performance measures, which are reported and monitored, and is action taken to improve performance?			
Is there a clinical audit programme in place and is this up to date?			
Are community staff aware of the senior management team of the organisation and have they seen them?			
Do staff take part in staff surveys and are they aware of the results?			
How are people's views and experiences gathered and acted on to shape and improve the services and culture?			
Are patient surveys carried out and if so what changes have been made as a result?			
Are individual and team objectives set?			
When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored?			
Are there examples of where financial pressures have compromised care?			
How is information used proactively to improve care?			

