

Community health services and hospices: evidence categories

These services include:

- community health services, including those provided by NHS trusts, community interest companies, social enterprises, local authorities and independent providers
- hospices

To assess services we look at evidence against our quality statements. We have grouped the types into 6 [evidence categories](#).

We're listing these community health services and hospices together as we'll aim to collect evidence in similar categories.

We know there are differences in how services operate. We'll reflect this when we look at individual sources of evidence in our assessments.

› Information about [evidence categories for sector groups of services](#)

Safe

When we assess a quality statement for community health services and hospices we will usually look at evidence in the categories listed.

Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)

Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [feedback from partners](#)
- [processes](#)

Safeguarding

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)

Involving people to manage risks

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [observation](#) (hospices)
- [processes](#)

Safe environments

We detect and control potential risks in the care environment and make sure that the equipment, facilities and technology support the delivery of safe care.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [observation](#)
- [processes](#)

Safe and effective staffing

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development and work together effectively to provide safe care that meets people's individual needs.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [observation](#) (hospices and community health services for inpatients)
- [processes](#)

Infection prevention and control

We assess and manage the risk of infection, detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [observation](#)
- [processes](#)

Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [observation](#)
- [processes](#)

Effective

When we assess a quality statement for community health services and hospices we will usually look at evidence in the categories listed.

Assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)

Delivering evidence-based care and treatment

We plan and deliver people's care and treatment with them, including what is important and matters to them and in line with legislation and current evidence-based good practice and standards.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)

How staff, teams and services work together

We work effectively across teams and services to support people, making sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [feedback from partners](#)
- [observation](#) (community health services only)
- [processes](#)

Supporting people to live healthier lives

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce their future needs for care and support.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)

Monitoring and improving outcomes

We routinely monitor people's care and treatment to continuously improve it and to ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.

Evidence categories

- [people's experience of health and care services](#)

- [feedback from staff and leaders](#)
- [processes](#)

Consent to care and treatment

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)

Caring

When we assess a quality statement for community health services and hospices we will usually look at evidence in the categories listed

Kindness, compassion and dignity

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [feedback from partners](#)
- [observation](#)

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences, taking account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [observation](#)
- [processes](#)

Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment. and wellbeing.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [observation](#) (hospices)

- [processes](#)

Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [observation](#)

Workforce wellbeing and enablement

We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care.

Evidence categories

- [feedback from staff and leaders](#)
- [processes](#)

Responsive

When we assess a quality statement for community services and hospices we will usually look at evidence in the categories listed.

Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [observation](#)
- [processes](#) (community health services)

Care provision, integration and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Evidence categories

- [people's experience of health and care services](#) (hospices)
- [feedback from staff and leaders](#)
- [feedback from partners](#)
- [processes](#)

Providing information

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)

Listening to and involving people

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)

Equity in access

We make sure that everyone can access the care, support and treatment they need when they need it.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)

Equity in experience and outcomes

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)

Planning for the future

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)

Well-led

When we assess a quality statement for community health services and hospices we will usually look at evidence in the categories listed.

Shared direction and culture

We have a shared vision, strategy and culture that is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding and meeting the needs of people and our communities.

Evidence categories

- [feedback from staff and leaders](#)
- [processes](#)

Capable, compassionate and inclusive leaders

We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively and do so with integrity, openness and honesty.

Evidence categories

- [feedback from staff and leaders](#)
- [processes](#)

Freedom to speak up

We create a positive culture where people feel that they can speak up and that their voice will be heard

Evidence categories

- [feedback from staff and leaders](#)

- [processes](#)

Workforce equality, diversity and inclusion

We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.

Evidence categories

- [feedback from staff and leaders](#)
- [processes](#)

Governance management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Evidence categories

- [feedback from staff and leaders](#)
- [processes](#)

Partnership and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [feedback from partners](#)
- [processes](#)

Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Evidence categories

- [feedback from staff and leaders](#)
- [processes](#)

Environmental sustainability – sustainable development

We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.

Evidence categories

- [feedback from staff and leaders](#)
- [processes](#)

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