



In order to help practices navigate their way through the changes to the CQC Inspection Process we have produced a summary of the differences between the March 2015 and November 2017 guidance. The following table only contains the changes and the [November 2017 guidance remains the source document](#) should practices require more detail.

Entries in **blue** show where the KLOE has been amended.

Entries in **red** are new requirements.

SAFE

Code	KLOE	Changes
S1	How do systems, processes and practices keep people safe and safeguarded from abuse?	<p>Partly moved from S3</p> <p>Emphasis on safety and safeguarding systems (processes developed, implemented and communicated)</p> <p>Systems to protect from abuse, neglect, harassment and breaches of dignity/respect</p> <p>Protection from discrimination, which amounts to abuse/psychological harm</p> <p>Safety in recruitment procedures and ongoing checks</p> <p>Identify adults/children at risk/suffering harm including through interagency work</p>
S2	How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?	<p>Staffing levels and skill mix and cover for absence (previously annual leave)</p> <p>Managing changing risks to patients now includes behaviour that challenges</p>
S3	Do staff have all the information they need to deliver safe care and treatment to people?	Includes individual care records (including clinical data) being written in a way that keeps people safe.
S4	How does the provider ensure the proper and safe use of medicines, where the service is	<p>Medicines management now includes medicines-related stationery</p> <p>Appropriate prescribing administration/supply in line with legislation/guidance/evidence. Specific advice to patients on medicines in line with guidance/evidence. Ensuring patients receive medicines as intended and record the process (all expanded wording)</p>

	responsible?	Medicines reconciled in line with guidance on transfer of location or change in level of care Appropriate therapeutic drug and physical health monitoring and follow-up in line with current guidance/evidence Regularly medicines reviews including the use of 'when required' medicines Ensuring people's behaviour is not controlled by excessive or inappropriate use of medicines
S5	What is the track record on safety?	Moved from S1
S6	Are lessons learned and improvements made when things go wrong?	Moved from S2 More emphasis on review/investigation of safety/safeguarding events to include all staff, services and partner organisations Emphasis on sharing learning from lessons to improve safety and participation in reviews/investigations from other organisation's incidents Effective arrangements to respond to external safety alerts, recalls, investigations or reviews.

EFFECTIVE

Code	KLOE	Changes
E1	Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?	Holistic assessment of physical, mental and social needs and care, treatment and support delivered in line with legislation, standards and guidance, (including NICE), to achieve effective outcomes Pain assessment and management, particularly for people who have difficulty communicating Telling people when to seek further help and advice on what to do if condition deteriorates
E2	How are people's care and treatment outcomes monitored and how do they compare with other similar services?	Information about outcomes, care and treatment routinely collected and monitored Change of wording
E3	How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and	Patient needs, preferences and choices met by staff with the right skills and knowledge Identifying staff learning needs and appropriate training for their work and protected learning time (change of wording) When required recruit, train and support volunteers

	treatment?	
E4	How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?	Assurances of consistent, co-ordinated, person centred care and support when moving between services
E5	How are people supported to live healthier lives and, where the service is responsible, how does it improve the health of its population?	Service users empowered and supported to manage their own health, care and wellbeing and to maximise their independence Identify abnormalities/risk factors that require additional support/intervention, and discuss changes to care/treatment and follow up between staff, people and their carers Support to national priorities to improve the health e.g. smoking, obesity, drug/alcohol dependency, dementia and cancer
E6	Is consent to care and treatment always sought in line with legislation and guidance?	Staff understanding of consent and decision making requirements of legislation/guidance, including; Mental Capacity Act 2005, Children's Acts 1989/2004, and other relevant national standards/guidance Supporting decision making in line with legislation and guidance Promote supportive practice to avoid need for physical restraint. If necessary, safe, proportionate and monitored as part of person-centred support plan Staff recognition of over 16's who lack mental capacity being deprived of liberty and seek authorisation when necessary and proportionate.

CARING

Code	KLOE	Changes
C1	How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?	Merged with C3 Understand/respect personal, cultural, social and religious needs of people. How these impact on care needs and way service is delivered. Information recorded and shared with other services/providers Appropriate/timely support/information to allow patients to cope emotionally with care/treatment/condition. Advice on other support services
C2	How does the service support people to express their views and be actively	Staff communication with people for understanding care/treatment/condition and any advice given Accessible ways to communicate when protected equality or other characteristics make this necessary Service users (and those close to them) able to find further information, including community and

	involved in making decisions about their care, treatment and support as far as possible?	advocacy services, or ask questions about their care and treatment, support to access these services Empower/support usage/links with support networks/advocacy. Positive impact on health/care/wellbeing Service users (and those close to them) routinely involved in planning/making shared decisions care and treatment. Listen to/respect/consider views of patients Carers/advocates/representatives, including family members/friends, identified/welcomed/treated as important partners in the delivery of their care
C3	How are people's privacy and dignity respected and promoted?	Respond in compassionate/timely/appropriate way to physical pain/discomfort/emotional distress Assurance about information/confidentiality being handled in accordance with DPA. Staff support making/reviewing decisions about information sharing.

RESPONSIVE

Code	KLOE	Changes
R1	How do people receive personalised care that is responsive to their needs?	Patient choices need to be considered in informing how services are improved/developed Need to identify/meet information/communication needs of patients with disability/sensory loss. Need to record/highlight/share information and obtain consent to share.
R2	Do services take account of the particular needs and choices of different people?	Take account of needs of patients (inc protected characteristics) in delivery accessibility and coordination. Need to support patients during referral, transfer between services and discharge. Need to co-ordinate involvement with families/carers, particularly long-term conditions. Need to deliver and co-ordinate services to those identified as being near end of life and information shared (inc personalised care plan where appropriate) Changes/withdrawal of care, managed openly/sensitively to enable comfortable/dignified death
R3	Can people access care and treatment in a timely way?	Ensure technology is used (and easy to use) to support timely access to care and treatment?
R4	How are people's concerns and complaints listened and responded to and used to improve the quality of care?	People treated compassionately and supported when making complaints Using accessible information or protection measures Protect complainants from discrimination/harassment/disadvantage Complaints used as opportunity to learn and drive continuous improvement

WELL LEAD

Code	KLOE	Changes
W1	Is there the leadership capacity and capability to deliver high-quality, sustainable care?	Leadership skills/knowledge/experience/integrity – on appointment and ongoing
W2	Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?	Strategy aligned to local plans in wider health/social care economy. Services planned to meet needs of the relevant population
W3	Is there a culture of high-quality, sustainable care?	Staff feel positive and proud to work in organisation Address behaviour and performance inconsistent with vision/values regardless of seniority Mechanisms for staff development (all levels) inc appraisal and career development conversations E&D promoted within/beyond organisation. All staff feel they are treated equitably Cooperative/supportive/appreciative staff relationships. Work collaboratively/resolve conflict quickly/constructively
W4	Are there clear responsibilities, roles and systems of accountability to support good governance and management?	Need to view and update systems of accountability Show all levels of governance/management function effectively/interact appropriately Govern/manage arrangements between partners/third-party providers for appropriate interaction and promotion of coordinated person-centred care
W5	Are there clear and effective processes for managing risks, issues and performance?	Regular review/update of assurance systems Need for processes to manage current/future performance. Process regularly reviewed/improved (moved from E3) Clinical Audit needs to include operational and financial processes Risk management of planning services/fluctuations in demand/disruption to staff/facilities (moved from S5) Assessment/monitoring of impact on quality/sustainability (previously safety in S5) when planning service developments/efficiency changes. Financial Pressures compromising care.
W6	Is appropriate and accurate information being effectively processed,	Holistic understanding of performance including financial. Information used to measure improvement and assurance Sufficient coverage of Quality/Sustainability in relevant meetings. Staff access to information and ability

	challenged and acted on?	<p>to challenge.</p> <p>Effective arrangements for information used to monitor/manage/report on quality/performance to ensure information are accurate/valid/reliable/timely/relevant. Actions taken when issues are identified.</p> <p>Effective arrangements for data submission/notification to external bodies</p> <p>Robust arrangements for availability/integrity/confidentiality of identifiable data/records and data management systems. Lessons learned from data security breaches</p>
W7	Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?	<p>People who use services, the public, and staff engaged in planning and decision making about services including people in a range of equality groups and with protected equality characteristics.</p> <p>Understand needs of population and services to meet needs developed through positive/collaborative relationships with external partners</p> <p>Transparency/Openness with all stakeholders about performance.</p>
W8	Are there robust systems and processes for learning, continuous improvement and innovation?	<p>Continuous learning to include participation in appropriate research projects/recognised accreditation schemes</p> <p>Standardised improvement tools and methods/ staff skills to use them</p> <p>Effective participation/learning from internal/external reviews, including those related to mortality/death.</p> <p>Effective shared learning to make improvements.</p> <p>Systems to support improvement/innovation, inc objectives/rewards for staff/data systems and sharing results of improvement work</p>