How can my Domiciliary Care service meet the “Responsive’ Quality Statement?

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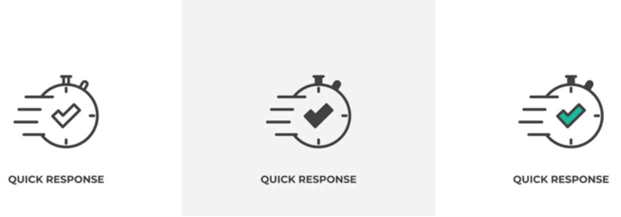
Responsive definition - reacting quickly and positively



The overall aim of this quality statement

People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics.

People, those who support them, and staff can easily access information, advice and advocacy. This supports them in managing and understanding their care and treatment. There is partnership working to make sure that care and treatment meets the diverse needs of communities. People are encouraged to give feedback, which is acted on and used to deliver improvements.

Care Quality Commission

There are 7 Responsive quality statements

Person Centred care

Care provision, integrations and continuity

Providing information

Listening to and involving people

Equity in access

Equity in experience and outcomes

Planning for the future

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Regulations associated with these quality statements

Reg 9 – person centred care
Reg 10- Dignity and respect
Reg 12 – Safe Care and treatment
Reg 13 – Safeguarding service users from abuse and improper treatment
Reg 16 - Receiving and acting on complaints
Reg 17 – good governance

Also consider
Regulation 10: Dignity and respect
Regulation 11: Need for consent
Regulation 14: Meeting nutritional and hydration needs

I statements

I have care and support that is coordinated, and everyone works well together and with me.
I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
I am supported to plan ahead for important changes in my life that I can anticipate.
I know how to access my health and care records and decide which personal information can be shared with other people, including my family, care staff, school or college.
I am encouraged and enabled to feedback about my care in ways that work for me and I know how it was acted on.
I can get information and advice that is accurate, up to date and provided in a way that I can understand.

Quality statement 1-Person-centred care

We expect providers, commissioners and system leaders live up to this statement:

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.

What this quality statement means

- People’s care plans fully reflect their physical, mental, emotional and social needs, including those related to protected characteristics under the Equality Act.
- People who use services and those close to them (including carers and dependants) are regularly involved in planning and making shared decisions about their care and treatment, so it is centred around them and their needs.
- People understand their condition, care and treatment options (including any associated risks and benefits) and any advice provided.
- People can receive the most appropriate care and treatment for them as the service makes reasonable adjustments where necessary.

Quality statement 7 - future goals

We expect providers, commissioners and system leaders live up to this statement:

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.

What this quality statement means

People are supported to make informed choices about their care and plan their future care while they have the capacity to do so.

People who may be approaching the end of their life are identified (including those with protected characteristics under the Equality Act and people whose circumstances may make them vulnerable). This information is shared with other services and staff.

People's decisions and what matters to them are delivered through personalised care plans that are shared with others who may need to be informed.

When people want to express their wishes about cardiopulmonary resuscitation, they are supported to do so and are able to change their mind if they wish.

When any treatment is changed or withdrawn, professionals communicate and manage this openly and sensitively so that people have a comfortable and dignified death.

When people's future care preferences are for greater independence and fewer care interventions that are likely to benefit them, professionals work together to support them to achieve their goals.

Any questions ?

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