

Good and outstanding care

guide - updated



Online edition



Praise for our first edition

In the first year of the 'Good and outstanding care guide' being available, it's been downloaded more than 7,500 times.

The guide has proved popular with registered managers, care coordinators, owners, operational directors, quality assurance leads, local authority commissioners, business consultants and others.

Feedback includes:

☞ I would highly recommend this guide to all care providers. It's helped us recognise our own good practice that we don't always give ourselves enough credit for. ☞

Susan Wilkinson
Nightingale Court Care Home

☞ This guide is excellent to use to improve your service. It demonstrates examples from all aspects of providers, whether good or bad, which provides valuable learning opportunities for you and your staff. ☞

Jackie Timbers
C&S Care Services Ltd

☞ Practical, concise, bite-sized information have enabled staff to prepare for inspections. ☞

Graham Kennard
Guideposts

☞ A good solid base from which to raise quality and standards, useful as a tool in itself and as a support for planning training and in supervision. ☞

Bernie Mayall
Mayall Management Ltd

☞ I found this very useful to see how other services work and how good and outstanding was achieved. ☞

Alison O'Halloran
Roche Health Care

☞ A must read for new registered managers facing their first inspection. ☞

Laura Smith
Creative Support

Foreword

**Andrea Sutcliffe,
Chief Inspector of Adult Social
Care, Care Quality Commission
(CQC)**

In these challenging times for adult social care, it's really important to encourage providers to improve and learn from what works. I am very glad that Skills for Care has updated this guide to help providers and their staff to do just that.

This new guide reflects the changes the CQC made to the assessment framework and approach in 2017 and introduces new examples of good practice that I hope will inspire and motivate.

We know that providing adult social care in today's environment can be tough with the system at full stretch, coping with staff shortages and strained resources but there is still so much to be proud about and celebrate. You'll find many examples in this guide of services that focus on the needs of the people they support, who value their staff, who listen, who act, and who always try to improve. These are the services that are more likely to deliver the safe, high quality and compassionate care that we would be happy for anyone we love to receive.



In 2017 the adult social care sector came together to make a shared commitment to quality. Inspired by the voice of people using services, their families and carers, 'Quality Matters' highlights the importance of services being human and providing quality, even when no-one is looking. We know it can be done and these examples of good and outstanding services show how it can be achieved. Staff working in good and outstanding services are proud of the care and support they provide. I hope this guide will help all services look at how they can improve to benefit not only the people using adult social care, but also their families and carers.

We have to keep quality firmly on the agenda so that together, we can make good quality care a reliable reality for everyone.

**Quality
matters**

Message from our CEO

It's positive to see that the majority of adult social care services are achieving good and outstanding ratings from their Care Quality Commission (CQC) inspection. This is testament to the dedication and leadership of thousands of managers and colleagues working tirelessly across the sector to provide high standards of person-centred care and support.

Since 2014, the CQC has undertaken thousands of inspections looking at whether services are safe, effective, caring responsive and well-led. Skills for Care has helped services to prepare for inspection so their workforce has the skills, knowledge and confidence to provide high quality care and support. This updated edition reflects the further changes to CQC inspection introduced in November 2017. From our latest review of CQC inspection process and reports, it's clear there's a lot of good practice to share - some of it simple and effective, some more innovative and transformational. One common theme is the vital importance of recruiting and retaining the right managers, leaders and staff who will create effective approaches to providing person-centred care and support.

In our regular discussions with adult social care employers, it's encouraging to see how services with good or outstanding ratings are well prepared and able to evidence what they are doing. This includes knowing when things need to be improved and being on the front foot with plans to do just this.

It's equally impressive to see services that don't get everything right can learn from mistakes and then embed better practice in an open and transparent culture. As the CEO of Skills for Care, it's also particularly gratifying to see the difference a skilled and knowledgeable workforce with access to learning and development opportunities makes to the quality of care and support.



This guide has been produced to share some of the learning already out there and offer practical examples from services who are rated good and outstanding. It also includes some of the factors that regularly contribute to a poor rating to help other services improve and prepare for their inspection.

The guide offers a wealth of knowledge designed to help any employer be a good or outstanding provider.

I hope you'll find these examples useful and will consider how your service can make adaptations to deliver high quality person-centred care and support.

Sharon Allen
CEO, Skills for Care

Introduction

Since the CQC revised their regulation and inspection approach, Skills for Care has been regularly contacted by adult social care services wanting to better understand how they can achieve a good or outstanding rating.

In developing this guide we've reviewed more than 350 CQC inspection reports from across England. We've looked at different service types and identified the common recurring practice that results in a service meeting or failing to meet the fundamental standards of quality and safety – the CQC regulatory framework.

We've also drawn on the expertise and guidance of multiple services rated good and outstanding to develop a consensus view of what really good care and support is, and critically how to make it happen. This includes looking at some of the new and revised areas of inspection from the framework introduced by CQC in November 2017.

Like the first edition, a wide range of different service types are represented in the practical examples. This includes a large number of community service examples alongside residential care, nursing homes, learning disabilities, supported living etc. This edition of the guide doesn't include hospices as these organisations are now inspected by the CQC using their healthcare framework.

The guide includes a combination of recommendations from good and outstanding providers, practical examples, cost effective solutions and tips on what to avoid linked to the CQC's five key questions. It also looks at how services best prepare for inspection to showcase what they're achieving and provide insight into the quality of care provided.

Since the first edition, the CQC have completed their first inspection of every adult social care service in England. Between October 2014 and February 2017 the CQC conducted 33,000 inspections of 24,000 locations. This latest edition looks at the learning from this process, as well as those services that have now been re-inspected.

The good news remains that the majority of adult social care services are meeting the standards and there's much learning and examples to share. But at time of writing this guide almost a fifth of adult social care services were still rated as requires improvement.

Whilst there's been a positive trend of many care providers originally rated as requires improvement progressing to good, some other services have seen quality drop when re-inspected. There have also been instances of services originally rated as outstanding deteriorating in quality, often as a direct result of standards slipping around safety or losing trusted managers and leaders.

The aim of this guide is to help many services rated good and outstanding to maintain high standards or potentially improve them. For those rated as requires improvement and needing to progress to good, the guide can help them to avoid some common mistakes and take a proactive approach to achieving the standards.

For inadequate rated services and those placed in special measures, there is a different journey ahead which will often require significantly more investment and change. Knowing what good (and outstanding) looks like can help these providers to hopefully plan for a more successful future. But they'll also need to draw on wider support (e.g. other services and experts, including improvement agencies such as the Social Care Institute for Excellence (SCIE), the National Institute for Health and Care Excellence (NICE) and Skills for Care).

We hope the guide's insight into good and best practice and examples of how providers deliver high standards of care is useful to your organisation. The next step would be for each employer to think about how they can implement ideas in a way that best fits them.

This second edition of the guide is based on analysis and feedback conducted up until January 2018.



For those familiar with the first edition of this guide, this symbol represents new sections.



Good and outstanding care guide: workbook edition

This free online version of the 'Good and outstanding care guide' is complemented by our printed workbook edition which can be purchased from the Skills for Care [bookshop](#). The workbook edition is priced at £35 or £20 for Skills for Care's [Registered Manager Members](#).

Practical activities for managers, leaders and staff teams

The 'Good and outstanding care guide workbook edition' has over 100 additional pages of exclusive content. This includes over 50 practical activities for leaders, managers and staff teams to complete to help them best prepare for CQC inspection. Each activity helps services to reflect on existing good practice or identify potential weaknesses to implement improvements.

The questions and activities have been designed to help you to reflect on the guide and consider how you would demonstrate similar high standards of care. Whilst they can be undertaken alone, we encourage you to consider how they can be used or adapted into group work exercises with different audiences (senior team, wider staff team, people who need care and support etc.).

Exclusive online content and activity templates

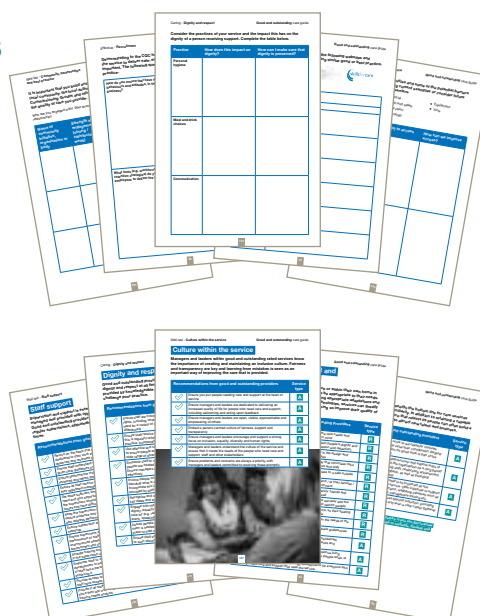
For those purchasing the workbook edition, all activities are also available electronically. As with the free online guide, we've updated the workbook edition and this includes adding 50% more activities reflecting the new and revised areas of CQC inspection.

Self-assessment checklists

We've also included for the first time online self-assessment checklists to help services identify how they may perform in an upcoming inspection. Based on the CQC's characteristics of outstanding, good, requiring improvement and inadequate rated services, this a simple way to honestly reflect on your service.



Available
from the
Skills for Care
bookshop





Who is this guide for?

The guide is aimed at a range of roles primarily within CQC regulated adult social care services including:

- **owners**
- **directors**
- **board members**
- **registered managers**
- **nominated individuals**
- **operational leads**
- **quality and compliance managers**
- **care coordinators**
- **learning and development leads**
- **senior care workers**
- **supervisors**
- **commissioners of care.**



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What the rating means to the owner, manager, senior care worker, care worker, person who needs care and support and their families and those commissioning care.

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What guidance and support is available, as well as recommendations from good and outstanding providers on how to ensure you're fully prepared and able to demonstrate what your service is achieving.

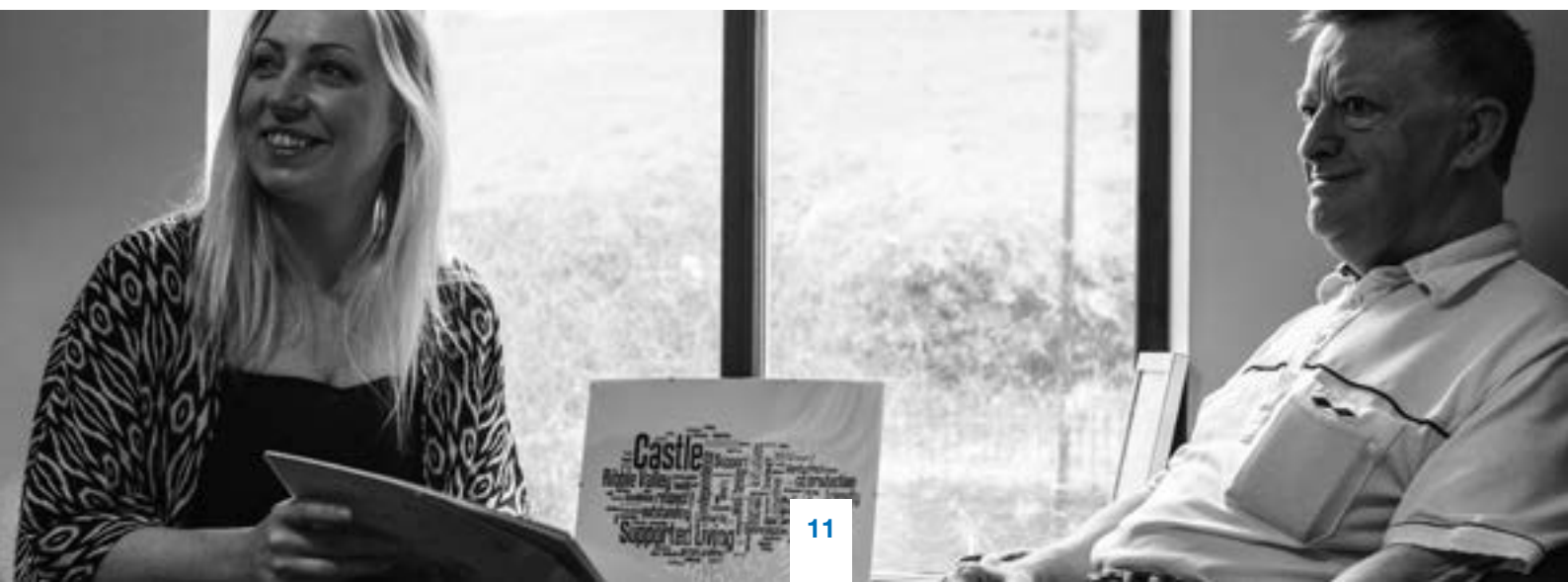
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What are the key characteristics that differentiate services rated between outstanding and inadequate? This section throws light on what you need (or need to avoid) to be good and outstanding.

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From our review of inspection reports and input from good and outstanding rated services, this includes a selection of recommendations, practical examples and tips on what to avoid relating to:

Safe	53
Effective	99
Caring	161
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Celebrating good and outstanding care

Adult social care services rated good or outstanding should be proud of their achievement. In the development of this guide, Skills for Care contacted providers rated good and outstanding to learn what this means to them and the people who need care and support.

“Adult social care needs to shout from the rooftops about good local services, so this is their chance to shine, and have a much deserved turn in the spotlight.”

Sharon Allen
CEO, Skills for Care

“Since achieving outstanding, the care and support teams are even more driven to improve their own practice and enhance life experiences of those they support. They want to strive for excellence in their own practice and be put forward for recognition. Retention rates improved, sickness fell and motivation increased.

Management has been inundated with opportunities to continuously improve through invitations to sit on development boards to information sharing groups. This has given the management a fresh focus, as well as a sense of pride and satisfaction. It also gives us further opportunities to develop knowledge and improve services.

The recognition that the rating reflects each employee’s daily contribution, is pushing them to achieve beyond their self-imposed barriers. They belong to something outstanding and they want to continuously improve, to ensure the reputations of the company and employees are maintained.”

Kevin Hewlett
Director, Hale Place Care Homes

“Without a doubt, achieving outstanding has made the staff extremely proud – it gave formal recognition from the top that they helped make this home outstanding. I think it always holds more weight when praise has come from outside observers of the home.

Following our outstanding rating, we refurbished the staffroom as part of a practical gesture of thanks; there was also a bonus for staff. We purchased new summer polo shirts for all care staff with outstanding embroidered on them.

Staff couldn't quite comprehend the small percentage of homes that had achieved this award and whilst they were shocked and surprised at how low this was – it made them more proud to be a part of it.”

Ann Ambrose
Registered Manager, Nazareth Lodge

“I can well remember the buzz the first time we achieved a top rating: it was everything we set out to do. By the beginning of 2018, of the seven homes we run that have been inspected, two have been rated good and five have achieved outstanding.

Far from becoming complacent, we've found that success breeds success. Everyone who works with us, at every level, shares the achievement. We're proud of what we have done, but we're not standing still.

Living up to outstanding is now our benchmark. We demand more of ourselves and support each other so that we can sustain the effort required to stay at the top of our game.

Doing the best job is never routine, but it does become second nature. Doing the best job becomes a reflex, leaving us free to be more creative, more innovative and more attentive. That all counts towards a good review. But more important, it enriches the lives of the young people in our care.”

Mike Bielanski
Managing Director, London Care Partnership

What works for us

Care Plus Group



The word proud doesn't cover the feeling that swept through Care Plus when we found out about our 'Intermediate Care at Home' service, including our 'Crisis Support Service' had been rated outstanding by the CQC.

This was something we wanted to celebrate and our first priority was ensuring that those who worked for us and engaged with our service knew about this achievement, including the wider community and a visiting MP attending our first conference 'Delivering Outstanding Care in an Age of Austerity' where we also delivered a workshop around our outstanding rating.

We promoted the inspection outcome via our staff intranet, a public blog and news article on our website, our social media channels as well as a press release.

The intranet article included a quote and thanks to staff from our Chief Executive. It was important to recognise our much valued and dedicated staff contribution in helping us to achieve outstanding.

For our public website, we drew on what was in the report to showcase what the service was achieving. For our news story, we included the positive feedback the CQC inspector had highlighted coming from people using our service. We also raised awareness of the kindness and compassion of our staff, alerting the wider community as to what they can expect from Care Plus.

In contrast, our public blog focused on a step by step approach to how we achieved outstanding as this is clearly of interest to others delivering care and support. We presented this in a simple but effective list that spelled out 'outstanding'.

Our press release was picked up by the Grimsby Telegraph and resulted in a very positive story which explained to readers what the service was doing well including dignity and respect, safety, staff training etc. We also ensured a photo of our outstanding team was included in the press.

Jay Sadler
Team Manager, Care Plus Group

What works for us

Welmede Housing Association



With all of our services achieving a good or outstanding rating across each of the key lines of enquiry (KLOEs) the impact on our staff has been huge.

Staff are extremely proud of their achievements and the ratings have made teams even stronger than they were before. There is a sense of “we are really good at what we do” and this has, of course, made staff happy, proud and confident in their work.

To be recognised for their hard work by such an accolade has definitely boosted staff morale across the organisation. We have felt reassured that all of the systems and processes we’ve worked very hard to put into place actually work.

The organisation as a whole has come together even more, with staff at all levels and from all departments celebrating the successes.

There has been a real focus on achieving outstanding and staff motivation has increased with each success. We know it is achievable and so the drive to attain it, and maintain it has risen. This has a direct impact on the quality of support delivered. It’s too early to say whether it has affected retention but certainly our reputation has grown and this can only be good for people who use services, staff, the business, recruitment and retention.

It’s been a pleasure informing the people using our services and their families that we have been rated good or outstanding at inspections and they have been thrilled with our achievements.

Families have been very reassured by the ratings. To know your loved one is being cared for in a service that goes above and beyond the standards expected is of course what we would all want.

Cressida Rapela
Regional Operations Manager,
West Surrey

All services registered with the CQC must display their inspection rating on their website and their premises. There are additional graphics available from the CQC for services rated good and outstanding.

Publishing the CQC rating is one way of raising awareness amongst staff, as well as people who need care and support, their family/advocates and the wider community. Many organisations help to raise the profile of their organisation and their achievements further through a range of initiatives, including the use of social and more traditional media.

With only a very small percentage of regulated services achieving outstanding and much to celebrate within providers rated good, Skills for Care encourages all services to promote your achievements. Increased awareness of a provider's good and outstanding rating can attract new talent and retain existing staff, as well as informing the choice of those needing care and support and those organisations responsible for commissioning care.

“Achieving outstanding has been very positive. Staff feel their hard work has been identified. The team were already proud of the work they do, however to have it identified was a huge boost.

It also gives the team a sense of now we have outstanding we have to keep it and therefore they understand the high standards of care that is required of them. The management team often tell the staff that without their hard work and dedication the home wouldn't be what it is today and that they are truly appreciated for this.

When we informed the residents that we had achieved outstanding we were informed by them saying “well of course” - they weren't surprised at all, but were really proud and happy of the achievement. I don't think it has really impacted on the residents as the service continues as it's always done. We had very positive feedback from families and I believe it gave them some comfort and reassurance that the care their loved one receives is of a high standard.”

Rebecca Elford
Nominated Individual, The Old Vicarage Residential Care Home

“Champion everything that is great about adult social care so more people understand, support and celebrate the fantastic difference care and support makes to people's lives.”

Quality Matters, 2017

Maintaining outstanding

Achieving an outstanding rating is an impressive achievement for any care service. For those providers who continue to evolve their service and achieve this accolade more than once, it's particularly encouraging.



Avenues are one of the organisations who have achieved this and provide some insight below into how they were re-rated as outstanding.

What we do Avenues South East



Avenues South East supported living service was the first of its kind to be rated outstanding in all five areas inspected by the CQC.

“When it came to re-inspection, we were nervous and wanted to make sure we maintained this standard.

We knew the inspector would be looking for continued improvement in our services and better outcomes for the people we support. We wanted to show that we had maintained our services but also that we had innovated them to improve people’s lives. This was a lot of pressure but a few things helped us along the way.

Firstly, we had a continuous improvement plan in place, which is a live document outlining what the service or individual wants to achieve, how they will do it, and whether this has been completed. This is updated regularly, and provides a really good log of the steps and changes that have been made to support people towards their goals.

We also tried to capture positive changes in people’s lives, both big and small. We discussed these at team meetings, making sure we keep a record of good news stories. That way when we wanted to evidence the support provided, and the impact this has had for the people we support, we had it readily available to show to the inspector.

Leadership at all levels was important in terms of making sure that everyone knew what was expected of them and what they needed to be doing to deliver an outstanding service. This included keeping people motivated and making sure everyone was well-trained.

It was also really important that everyone was prepared for the inspection using a CQC workbook we developed. Staff completed this together so they knew what to expect and were more confident.

Finally, we tried to make sure we were always thinking about improvement. We have monthly regional director, area manager and service manager meetings where we give feedback, share ideas and talk about lessons learned. It was about continually thinking beyond one service and considering what we could learn from other services, events, articles and organisations.

We were absolutely delighted to receive our second outstanding rating, and will keep working towards continuous improvement in our services.”

Dan Gower-Smith
Regional Director



Available to help

Accolades - www.skillsforcare.org.uk/accolades

NHS Choices - www.nhs.uk/pages/home.aspx

Learn from others - www.skillsforcare.org.uk/Learnfromothers

Preparing for inspection and providing a true insight into your service

Many good and outstanding rated services will deliver high standards of care whether or not they're inspected. The CQC inspection offers an opportunity to externally benchmark the service but effective quality assurance and an open and transparent culture should mean the rating outcome is not a surprise.

Since 2014, Skills for Care has been delivering seminars to help strengthen adult social care services, including one aimed at registered managers developing their workforce to meet the regulations. One area which surprised our facilitators was the number of registered managers who admitted to being unfamiliar with many of the practical tools and guidance produced by the CQC.

In 2017 the CQC reported significant numbers of new care providers failing to meet the standards in their first inspection. This highlights the importance of new services being better prepared for inspection. The impact of a poor inspection rating for a new service can be particularly damaging, especially if this comes at a time when they are trying to raise their profile, attract new staff and win new contracts.

For existing services, a poor inspection rating can impact the retention of staff, reputation and relationships with other services (including commissioners).

This section features contributions from a number of adult social care services about how they prepare for inspection. This process often involves careful planning including the whole staff team and those that use and engage with the service.

"We use multiple methods to reflect on good practice to prepare us for inspection. This includes; team meetings, job consultations, appraisals within agreed timescales, considerable planning prior, training for managers, standardised documents for supervision and appraisal that are role specific.

Team building and individual service ethos activities are used to encourage staff to consider their day-to-day practice and how this links into the overall organisational and service level aims."

Joseph Hughes and Alex Beales
Registered Managers, City Care Partnership Ltd



“We continually review approaches by others to see whether they could be adapted to suit our organisation. We need to learn from mistakes and poor practice of others and any within our organisation to ensure we are never complacent.

Having the right ethos combined with a clear sense of purpose and knowledge allows all staff to deliver a better life to the young people we support.”

Mike Bielanski
Managing Director, London Care Partnership

Recommendations from good and outstanding providers		Service type
	Read CQC key guidance around the fundamental standards. Ensure managers and leaders understand their responsibilities.	A
	Download and use the adult social care assessment framework with the sources of evidence for the key lines of enquiry from the CQC website.	A
	Maximise the opportunity presented by the CQC ‘provider information collection process’, ensuring that you keep it regularly updated and reflective of the latest practice.	A
	Where you’ve had a previous inspection, review the report and check that any areas for improvement have been successfully addressed.	A
	Review CQC inspection reports from other services to identify good and poor practice. Consider how this insight can help your service to deliver better care.	A
	Engage with other services to see what they’re doing to deliver high standards of care (e.g. by arranging visits or via registered manager networks etc.).	A
	Consider different ways to involve those who work and engage with your service to identify areas of good practice (e.g. team meetings, appraisals, surveys, meeting with healthcare specialists etc) and document these.	A

	When recording good and best practice examples, always consider what the positive outcome is for the people who need care and support.	A
	Plan for mock inspections or robust quality assurance, focusing on all areas that may be looked at as part of the CQC inspection.	A
	Where areas for improvement are identified prior to the CQC inspection, prioritise these and invest time and resource in resolving any issues.	A
	Ensure that documenting, reviewing and reporting is standard practice for everyone working at the service. Be prepared to provide evidence and ensure it's an on-going priority, not something considered as the next inspection nears.	A
	Ensure all those managing the service (even in deputy capacity) can access the evidence and documents at all times (e.g. is not reliant on another member of staff being present when the inspection happens).	A
	Use 'Care Improvement Works' to identify which resources from leading improvement agencies such as Skills for Care, SCIE and NICE and can help around different areas of CQC inspection.	A
	Consider compiling good practice examples, positive feedback and other success stories into a file or resource to share with the CQC inspector.	A
	Regularly check that managers, leaders, staff and those that engage with your service are confident about the CQC inspection process.	A
	Be open and honest in all engagement with the CQC.	A

“Getting ready for inspection is an ongoing task; developing systems to guide care and support, supervising people’s continual professional development and ensuring the people who are supported are satisfied with the standard of their service is how we deliver good services.

When we know the inspection is happening, we make time to get our team together to identify our evidence and talk through it to ensure everyone will be able to provide an honest account of the work we do and how we approach it.”

Carol Toner
Regional Director, Alternative Futures Group

Pre-inspection

The CQC gathers evidence from a wide range of sources to inform their inspection, some of which is reviewed in the lead-up to their visit.

Provider information collection

The CQC expects all regulated services to provide information to them on an on-going basis. This process – called the ‘provider information collection’ (PIC) – helps the CQC to keep track of your service. It can also help them to determine when to inspect.

The CQC is introducing the revised PIC process during 2018. They have highlighted they expect services to keep this information regularly updated. Those that do not update this on an annual basis should not expect to be rated above ‘requires improvement’ for well-led.

Help is at hand(book)

Since the first edition of our ‘Good and outstanding care guide’, the CQC have published new inspection guidance, including greater insight into what evidence they are looking for and what characteristics are likely to result in the different inspection ratings. We encourage everyone to read the CQC guidance.

Key guidance from CQC



The CQC have simplified their guidance about inspection for adult social care providers and produced new resources to help you.

‘How CQC monitors and inspects adult social care services’ is a helpful guide which explains:

- monitoring and information sharing
- inspection
- after inspection.

‘The adult social care key lines of enquiry and prompts: sources of evidence’ helps providers understand what evidence they may need to provide.

‘Key lines of enquiry, prompts and ratings characteristics for adult social care services’ provides an overview of what will be inspected and how the different ratings can differ.

For the latest guidance for providers from the CQC, please refer directly to their website: www.cqc.org.uk.

Evidencing good practice



Receiving a requires improvement or inadequate rating highlights that some providers are falling far short of the statutory standards and regulations. For others, the ratings may be a result of failing to effectively evidence some of the good work that's being delivered.

The organisation may be ineffective in communicating how it's working and supporting people who need care and support, their families, advocates and others. So these people may have no knowledge of what the service is achieving and unable to evidence some of the positive work the managers and leaders may have conveyed to the CQC inspector.

In addition to the provider information collection (PIC) process, other approaches have proved successful for services to share the good and best practice.

How others prepare?

☾ **Be open and honest. View the CQC as your allies and not your enemy, they are there to support and guide you and their aim is the same as yours, to improve the quality of services for people.** ☾

Mary-Jane Hoyle

Registered Manager, Dales House, Westwood Care Group

☾ **As an organisation we have a focus on facilitating managers to network and engage with other services in order to share good practice and get ideas for improvements in our own service. This has included registered managers network, national campaigns such as STOMP, attending awards events.** ☾

Debbie O'Brien

Registered Manager, Castle Supported Living

☾ **We need to view the inspectorate as a partner, value and invite their contribution as another stakeholder 'cog' within the vast mechanism of health and social care, whilst acknowledging their role in regulating our activity.**

We need to promote ownership of our services and therefore ownership of the inspection. This requires confidence during inspection, we should be signposting evidence and showcasing innovation, whilst also retaining and advocating the right to challenge observations and conclusions. ☾

David Morgan

Group Manager of Care and Care Services, Christadelphian Care Homes

☞ A CQC inspection can be daunting; especially for support workers who don't have a lot of direct involvement with the CQC until the day of the inspection. At Avenues we decided to think about how we could change that.

As an organisation, we are proud of our culture of continuous improvement, and we invest a lot in training and supporting our employees. In turn, this means the best possible support for the people we work with.

Therefore, when we identified a need for increased support around preparing for CQC inspections, we created our 'CQC Workbook.' The workbook is a practical tool that can be used by operational teams to help them prepare for a CQC inspection.

It supports teams to gather information and provides guidance and exercises to prepare them so that they feel comfortable and confident when their service is inspected. ☞

Becki Crofts

Head of Practice Development and Assurance, Avenues



On record



“The registered manager ensured that accurate and meaningful records were kept about the care people received and for the purpose of running the business.

Staff completed records with an excellent level of detail that showed the care had been provided, in-line with their care plan, but also that time had been spent with people ensuring their emotional wellbeing.

This meant the registered manager could monitor changes in people’s needs to ensure they continued to receive the right support.”

CQC Inspector
Outstanding rated report



During their inspection, the CQC may choose to look at various policies, procedures and other documentation as part of their evidence gathering used to determine the rating. The CQC ‘Sources of evidence’ list may help services to determine any gaps.

Whether the CQC inspector chooses to review these potential sources of evidence may depend on the issues they’re exploring as a result of their interviews. It’s recommended that you review the latest list published by the CQC online to see which are relevant to your service. If there are gaps in your evidence, this may help you to proactively respond before inspection and lower the risk of not being able to provide the evidence. Embed the CQC ‘Sources of evidence’ list into your quality assurance processes within the service.

Equally important is your ability to easily access these sources of evidence. With an inspection potentially happening at any time, some care providers have sometimes struggled to locate important records if key personnel are on leave when the CQC visit. Documenting where all your records are kept is recommended so they can be easily located.

What works for us

London Care Partnership

LONDON CARE PARTNERSHIP

Any inspection or review of any kind can be daunting. Whether it's an exam, an annual staff appraisal, a visit to the dentist or an MOT. In our line of work, it can be doubly daunting as an inspection can happen at any time.

Our approach at London Care Partnership is not to think about it. At least not as some monolithic hurdle that needs to be overcome. Instead, we prepare to be tested every day and at every turn. By putting in place the kind of infrastructure and skills that help us do our job to the best of our ability, such tests (almost) become routine. By developing good habits and working together to achieve the right outcomes every day for the autistic young people we look after, inspections are not quite so scary.

What's more, we are tested in different ways every day. It's as important to satisfy someone's dietary requirements with a rewarding smile. It's every bit as good to hear and feel a parent's relief that things are going well. It's great to work with fellow professionals and discover new and better ways of doing our job.

Documenting, reviewing and reporting should become part of any care worker's DNA. Not just to satisfy those who judge us but for the benefit of those we care for. Knowing we're doing it right also has the fringe benefit of telling ourselves, "I'm doing a good job".

Just like the driving test, the best drivers are those who make the best job of it every day of their motoring lives, not just on the day they tore up their 'L' plates. Caring is the same as driving. It's not just about the day of inspection. It's about every day. We should absolutely want to be inspected.

Mike Bielanski
Managing Director

What works for us

Simply Care (UK) Ltd



Our management team review CQC reports of other homes so we can give consideration to different practices taking place in other settings and evaluate if our care setting would benefit from implementing the same.

Following this, our management team alert the full staff team to access CQC reviews achieving outstanding or good via a group email system and the team are asked for their input on how they can contribute to improving our service further. This takes place in staff meetings, small group sessions or during supervision exercises. The service users that are able to communicate also have an input when introducing new practices during keyworker sessions or service user meetings.

Some of our care staff also work in other settings and we're always discussing if they can share practices they experience elsewhere to assess and evaluate if these practices could be considered for our setting as appropriate. These discussions take place during supervision sessions, team meetings and the staff are able to anonymously share ideas through the homes suggestion box.

Staff nurses attend the local hospital environments for clinical sessions to refresh their knowledge and practices. This keeps them informed and up-to-date with clinical matters and they return to our setting and share their learning and implement processes if not already in place.

To help us reflect on good practice before inspections, we use 'mock inspection templates' available in our policies and procedures and the management team will conduct an inspection and go through the results with staff, in particular noting where examples of current practice could have been provided against the KLOEs.

In addition, the home uses an independent consultant to conduct a full inspection annually so that we are able to compare the outcome from our own internal mock inspections (for quality control purposes) and also provide staff with exposure to answering questions from someone they are not familiar with.

Pushpa Meghani
Operations Director

What works for us

Future Directions CIC



We use our Future Directions way, our values, our annual plan and our CQC improvement plan to make sure our services to the people we support are the very best they can be. This includes providing staff with information about CQC, the five key questions and the KLOES as well as tools to assess themselves and their colleagues in their daily practice. Staff can do this through reflective practice individually during supervision and with colleagues at team meetings, enabling them to share their knowledge and best practice.

We develop and support staff to demonstrate to the inspectors the following when an inspection takes place.

- The person they are supporting comes first at all times.
- Staff are proud and positive about the excellent support they provide to people and 'blow their own trumpet' to the inspectors.
- Staff are honest, polite and helpful – answering any questions honestly and to the best of their ability.
- Staff are ready and able - staff have knowledge of the people they support demonstrating the good support they provide to individuals and how the person-centred care meets the individual's goals and aspirations.
- Be prompt and responsive – if the inspector raises an issue or wants more information, address it as quickly as possible and keep the inspector informed if there is a delay in responding.
- Show and tell the inspector how you and your team act and live out the values of Future Directions which enable you to provide person-centred support which makes a difference.
- Provide anecdotal evidence i.e. case studies, photographs, audio recordings etc. which you can show the inspector.
- Evidence how you are supporting people to maintain their human rights and live their lives as they would like to, aiming to achieve their own outcomes and goals.

Joanne Brockway
Quality Compliance Lead

“Make sure you document all your good practices, however small. You would be surprised how much you forget as the year progresses so don’t leave this until when you think the inspection will be due. Take photos whenever you can of the good things that happen. Show and tell the CQC inspectors how proud you are of your home and what you achieve with the people who use the service.”

Rebecca Elford

Nominated Individual, The Old Vicarage Residential Care Home

“How do you find the right resources and information to support you?”

With so much information at our fingertips it can be difficult to know where to start. My advice would be to start at the beginning and give yourself time to do your homework. Read the fundamental standards and KLOEs so that you have a good understanding of what’s expected of you as a registered manager. Understand your responsibilities and obligations under the regulatory requirements and attend training seminars/conferences to ensure your knowledge is up-to-date and current.”

Claire Jackson

Registered Manager, Inter-County Nursing and Care Services, Christchurch

“Mock inspections are very useful and provide a fresh pair of eyes to the service, to positively challenge, prepare staff and improve confidence. A structure can be used to ensure that each key aspect of the imminent inspection is considered.

Identify and collate hard evidence which can be proactively shared with inspectors. Each piece of evidence should tell a real story of the positive impact made to the people who use services, and the difference the support has made to the person who uses service's life.

Where people who use service have capacity, many of them have directly inputted into the inspection and have enjoyed telling the story of their support and achievements. The ratings have improved the reputation and strength of the organisation and this gives a further sense of security to families and people who use services.”

Cressida Rapela

Regional Operations Manager West Surrey, Welmede Housing Association

“When recording best practice through feedback forms, compliment slips and in newsletters, it can be easy to forget the reasons why we are gathering this evidence – it's not just about what is typed in a report. Yes, care plans and risk assessments need to be up-to-date and personalised to individual needs, but these are people's lives that we are talking about – they are worth more than a black and white document.

Our scrapbooks show our young people living their lives to the full. Nothing shows best practice more than seeing first-hand the achievements that our young people have made with the best support from our staff.

Hundreds of photos of activities, holidays, friendships and special achievements come to life with every page that you turn – the look of pride on someone's face when they complete a gardening project without support or when they travel by train for the first time is something that cannot be captured in writing. Ticket stubs, programmes and small souvenirs create memories and can prompt conversation for people who at times may not have a voice.”

Jessica Taylor

Registered Manager, London Care Partnership

Telling it like it is

People who use services, their carers and families remain central to all aspects of our work. We will continue to encourage and enable them to tell us about their experiences of care.

Our inspections will involve talking with, and observing, people using the service and staff. Our specialist inspection teams – particularly for services delivering poorer care or where we have concerns – will continue to benefit from ‘experts by experience’ and specialist advisors.

Shaping the future
CQC strategy for 2016 to 2021



CQC ratings are often supported in the report by quotes from those interviewed. In addition to what the inspector observes, these interviews provide insight into what is happening at the service. The experiences of those who work for, use and engage with the service are almost always represented. This is why in the ‘topics’ section of this guidance we use direct quotes from inspection reports to help indicate the difference between services.

Managers and leaders are encouraged to support and help staff understand what the inspector and their team may wish to discuss. The best way to prepare staff is to ensure they know what is going on in the service and have been effectively trained to do their job. The CQC is primarily interested in the experience of people receiving care and how staff support them. Staff need to be confident in telling the inspector what they do, what difference this makes and how they are supported.

In most cases there are likely to be questions about the staff member’s length of service, their role, the recruitment and induction process, how learning is kept up to date, how supported they feel, supervisions and appraisals. Questions may also focus on the staff member’s understanding on safeguarding, dignity and respect, feedback and complaints, recording incidents etc.

The range of questions will closely link through to each key question. Ensuring the staff team is familiar with those and how the service is meeting those expectations is vital to making sure good practice is openly shared.

“We introduced thematic supervisions focused around the different key lines of enquiry. This helped our staff to understand each area of inspection and build confidence in speaking openly about these subject matters. This took the scariness of a CQC inspection away.”

Jacqueline De Sousa
Director
Amber Support Service

As indicated above, the inspector(s) will also interview the people who need care and support, their family members / advocates, and visitors to residential providers, external medical professionals and others in the community who engage with the provider. Making sure that these groups are actively involved and (in the case of people using the service and their loved ones) have a say in how the service works will mean that when they speak with inspectors they are well informed.



Available to help

NMDS-SC (Skills for Care) - www.skillsforcare.org.uk/NMDS-SC

Bespoke support (Skills for Care) - www.skillsforcare.org.uk/contactus

Too little, too late

“We’re due to be inspected in the next few days, how can Skills for Care help?”

The majority of inspections are unannounced but some smaller services are notified in advance. Each week Skills for Care’s Information Team is contacted with similar requests. At this late stage, if the service isn’t already prepared for inspection it’s unlikely that any last minute actions will make a difference.

Whether interviewing people who use or engage with your service, your staff or other managers and leaders, what they say will be based on their longer-term experiences of the service as opposed to any last minute communications.

For services whose policies, procedures and ways of working are not already fit for purpose, these cannot be retrospectively fixed with only hours to spare. So the CQC inspection will provide a snapshot of the service at a moment in time – good or bad.

So when should you start preparing for inspection? The answer is you should already be prepared. But for those care providers who aren’t yet confident, it’s time to prioritise.

To help regulated providers prepare well in advance, familiarisation with the CQC fundamental standards and regulations is key. This should be incorporated into quality assurance processes and time allocated to undertake and review these.

Skills for Care promotes our ‘Making your inspection count seminar’, bespoke support, our online ‘Care Improvement Works’ resource and this ‘Good and outstanding care guide’ to showcase good practice. If you’re concerned your service is not yet prepared for a successful inspection, take a closer look at these resources from Skills for Care.

Rob Hargreaves
Information Service Manager
Skills for Care

Care Improvement Works

‘Care Improvement Works’ is an online tool which provides access to free guides, learning tools and resources that you can use to improve your service.

This one-stop-shop offers a range of resources from Skills for Care, the Social Care Institute for Excellence (SCIE) and the National Institute Health for Care Excellence (NICE). These include toolkits, guidelines, qualifications, videos, e-learning, standards and information about the funding available to support the learning and development of your workers.

Given the amount of specialist resources available from these organisations, one of the challenges for services wishing to maintain or improve the quality of care and support they provide is choosing the ones that are of most benefit.

We’ve identified over 150 products and services that can help employers to address different areas for improvement relating to the CQC’s key lines of enquiry (KLOE) that inspectors look at during visits.

‘Care Improvement Works’ is primarily intended as a way for employers to focus on different areas of inspection and see which Skills for Care, SCIE and NICE resources can help them strengthen their organisation. The tool can also be used following inspection to target specific areas for improvement.

By choosing only the resources that are relevant to where the employer wishes to improve, users of ‘Care Improvement Works’ can generate a report including all their selected products and services.

Since it was introduced in 2015, over 15,000 people have used ‘Care Improvement Works’. The website is particularly valuable to those involved in the managing and leading of adult social care services, including developing the workforce and those in quality compliance roles.

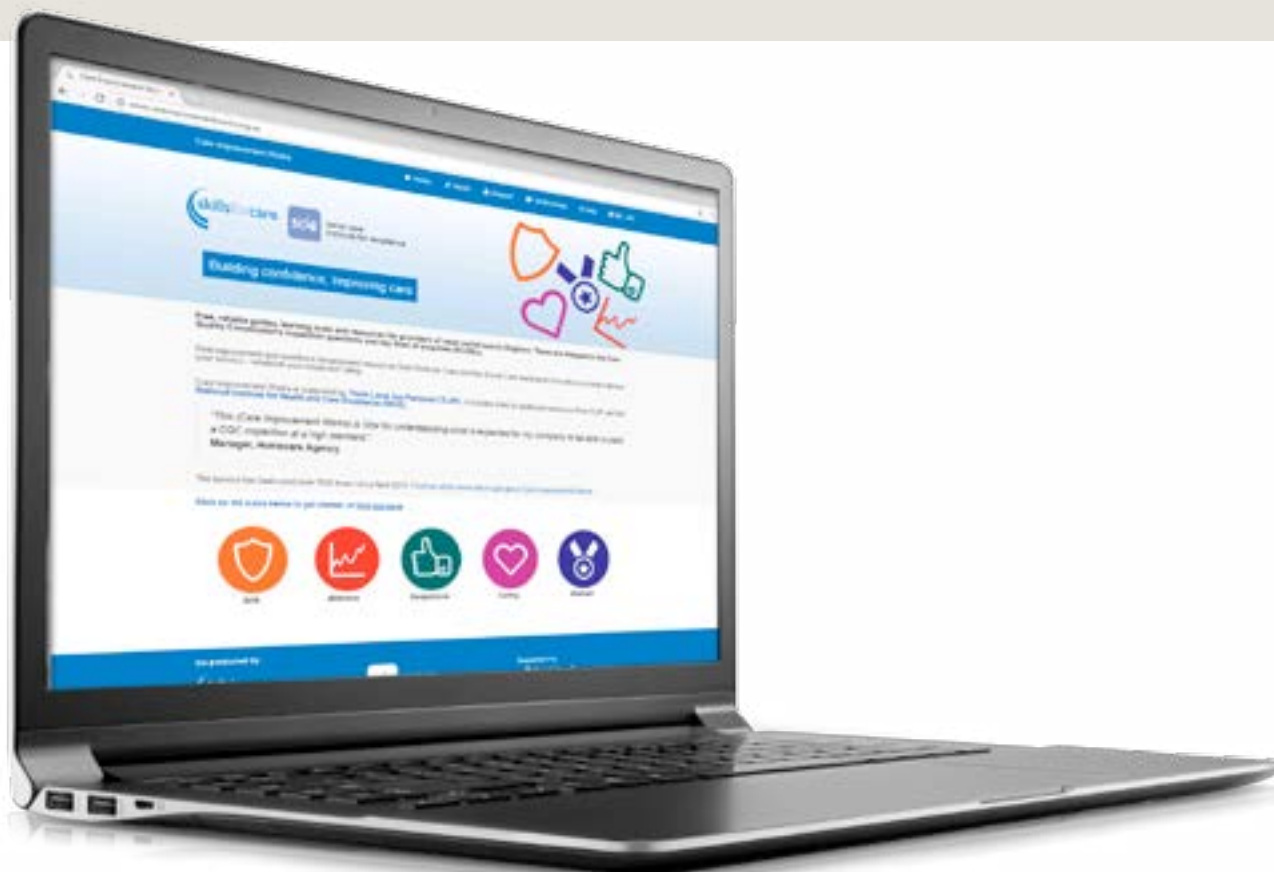
“Care Improvement Works is vital for understanding what is expected for my company to be able to pass a CQC inspection at a high standard.”

Manager
Homecare Agency



Choose the recommendations from good and outstanding providers and examples relevant to your service with 'Care Improvement Works'

Whilst this guide includes the full list of recommendations from good and outstanding providers and practical examples from our review of CQC inspection reports, services can use [Care Improvement Works](#) to specifically select those of most interest.



CQC inspection seminar - Making your inspection count

This one-day seminar supports regulated adult social care services to understand the CQC latest inspection process.

The seminar is delivered by Skills for Care and reviews the latest changes. It helps services to understand, prepare for and implement what is needed for inspection.

Aimed for registered managers, nominated individuals or those involved in the CQC inspection process within your service, this seminar uses our growing insight into what makes services good and outstanding to deliver key learning outcomes. They include:

- understanding the inspection approach; how this translates into management
- identifying resources to support workforce development and practice
- identifying key aspects which lead to enforcement powers being implemented and workforce practice
- identifying changes to inspection; exploring the impact on management and workforce practice identifying key aspects of good and outstanding care.

You'll also have the chance to network with your peers and discuss your service's specific challenges and issues. During the seminar you will look at the latest best practice across adult social care, helping you to learn from others and also effectively evidence your own successes. You'll be given access to a detailed evidence and action planning tool to support your preparation for inspection.

For more information about this seminar or how Skills for Care can provide bespoke services and make your next CQC inspection count, email us at employer.engagement@skillsforcare.org.uk.



Comparing ratings



Published in 2017, the CQC's 'Key lines of enquiry, prompts and ratings characteristics for adult social care services' has given some insight into what differentiates the ratings.

For each key line of enquiry and associate prompt, the characteristics of ratings aim to show broadly the difference between outstanding, good, requires improvement and inadequate ratings. They help to demonstrate the expertise and innovation being delivered by the best providers, compared with the significant failings around this area of inspection at the poorest organisations.

Inspectors refer to the ratings characteristics for each key question and use their professional judgement to decide on the rating, drawing evidence from four sources of information:

1. our ongoing relationship with the provider
2. ongoing local feedback and concerns
3. pre-inspection planning and evidence gathering
4. evidence from the inspection visit.

How CQC regulates adult social care, 2017
CQC



As we compare the different ratings in this part of the guide, we reflect on the CQC characteristics but also present what we've learnt from our review of over 350 inspection reports.

Using direct extracts from CQC inspection reports, data analysis of terminology regularly included, as well as insight from care providers, helps us to identify what sets services apart when it comes to ratings.

This section starts by looking at the good rating characteristics - the basis of what's expected of all regulated care services. Get this right and you can start working towards outstanding in one of more area of inspection.

Good

Overall, care services are continuing to improve their quality of care, as seen in the ratings we award. However, services rated as good are beginning to deteriorate in quality which suggests that improvements may be difficult to sustain.

**The state of health care and adult social
care in England, 2016 / 2017
CQC**



Providers achieving a good rating are usually delivering an effective and consistent level of care. They're adhering to the national standards and ensuring their services are effectively resourced and staffed to meet people's needs.

Whilst a good rating is reason to celebrate, there can be a significant gap between this and achieving outstanding. Since the CQC introduced the new ratings system in 2014, many regulated providers have highlighted how their ultimate goal is to be rated outstanding. This may be an achievable goal for some, but at the start of 2018, only 2% of all regulated services in England achieved outstanding.

For many, maintaining current care standards and implementing minor improvements to retain their good rating is the priority.

☞ **Compliance isn't an aspiration, it's an expectation. It's extremely difficult to maintain a rating of good throughout a dispersed network of services, but we have managed it by working together as one team. All our managers are aware of our standards.** ☞

Carol Toner
Regional Director, Alternative Futures Group

Good services – characteristics summary*

Safe	<ul style="list-style-type: none"> ■ Have a consistent and preventative approach to keeping people safe. ■ Have sufficient and competent staff who respond to the needs of the service.
Effective	<ul style="list-style-type: none"> ■ Involve people, their families and carers in care planning. Empower them to make choices, remain independent and access activities. ■ Deal with complaints and concerns with transparently. ■ Ensure end of life care is effectively planned and supported, reflecting the needs of the person, their family or carers.
Caring	<ul style="list-style-type: none"> ■ Support and encourage people to build relationships, social networks and community engagement.
Responsive	<ul style="list-style-type: none"> ■ Involve people, their families and carers in care planning and empower them to make choices and remain independent and access activities. ■ Encourage complaints and concerns in confidence and with clarity. ■ Ensure end of life care is effectively planned and supported, reflecting the needs of the person, their family or carers.
Well-led	<ul style="list-style-type: none"> ■ Embed a positive culture and vision which is shaped around the needs of those using the service and understood by all. ■ Ensure your service is led by example by experienced managers and leaders that are regularly visible and who respect, value and support staff. ■ Have effective governance arrangements that help to identify and manage risks and drive forward improvements. ■ Use a robust quality assurance system which helps the service focus on quality, learn lessons and hold staff to account. ■ Work collaboratively with external stakeholders and agencies to deliver joined up care.

*For the full list, please refer to the CQC's 'Key lines of enquiry, prompts and ratings characteristics for adult social care services'.


Outstanding


Outstanding services are innovative and exceptional. These are services that go the extra-mile and deliver care over and above what is expected. An outstanding rating is a major achievement for any adult social care service and should be celebrated.

Whilst the majority of services are providing good care, many would require significant improvements to tip them into the next level. For example, a homecare agency rated good identified one area for improvement was around the consistency of their staffing. This resulted in a team restructure and revisions to the model of care provided, something that had a positive impact on the levels of care provided and was celebrated by the inspectorate.

The CQC advise that 'at least two of the five key questions would normally need to be rated as outstanding and three key questions rated as good before an aggregated rating of outstanding is awarded'.

Language regularly used to describe outstanding providers and how they operate include phrases such as 'without exception', 'highly proactive' and 'exceptional level of detail'.

 **To achieve an outstanding rating, CQC looks for evidence that exceeds expected standards and requirements. Explore and implement ideas that are 'outside of the box' and work in collaboration with others so that people using the service have a better experience overall. Continually monitor and review performance using the 'mum' test as a benchmark - encourage your team to share ideas, best practice and develop quality improvements.**

Effective reporting, recording and auditing will help evidence your achievements and commitment to continuous improvement. Set clear and realistic action plans and review constantly so that you can monitor progress. Above all else, instil passion and commitment for quality care amongst your team and encourage them to be the best that they can be. 

Claire Jackson

Registered Manager, Inter-County Nursing and Care Services, Christchurch

Outstanding providers – characteristics summary*

Safe	<ul style="list-style-type: none"> Promotes creative ways to mitigate risk and support choice.
Effective	<ul style="list-style-type: none"> Use evidence, analysis, learning and external expertise to make improvements. Have a highly skilled, motivated and confident workforce. Actively work to reduce restrictions and maximise choice.
Caring	<ul style="list-style-type: none"> Staff are exceptionally kind and compassionate and the level of care exceeds expectations.
Responsive	<ul style="list-style-type: none"> Use creative, innovative and efficient approaches that go ‘the extra-mile’. Ensure staff build trusting relationships and know people’s preferences. Champion choice, flexibility and control. Act promptly to respond to need. Supports community participation in and out of peoples’ home.
Well-led	<ul style="list-style-type: none"> Have a strong, visible person-centred culture. Employ distinctive leaders who deliver stretching but realistic objectives. Involve people in shaping the service; from recruitment to developments. Strive for excellence, seeking out the latest best practice and new technologies. The service is externally recognised and works collaboratively with other services.

*For the full list, please refer to the CQC’s ‘Key lines of enquiry, prompts and ratings characteristics for adult social care services’.

Requires improvement

Too many people receive fragmented care – care that is built around the priorities or targets of the services, rather than people's needs.

The state of health care and adult social care in England, 2016 / 2017
CQC



Skills for Care's review of CQC inspection reports has found that whilst some services fail to provide good services in the short term, others are consistently underperforming. Similarly, whilst some services have seen a few errors lead to their requires improvement rating, others are failing across multiple areas of care and are on the cusp of an inadequate rating.

The actions needed to help services rated as requires improvement may be significantly different, some may need small refinements and a strengthening of practice, some may require major cultural and staff changes.

It shouldn't be underestimated how minor inconsistencies across a service can contribute towards a requires improvement rating. To achieve good or above, care providers need to ensure there are no variances in the quality of care.

There are various factors pushing services towards requires improvement, including issues that almost guarantee the rating in at least one key line of enquiry. The CQC highlight services without a registered manager in post and who've made no effort to recruit one, would automatically be rated as requires improvement for well-led. The same is true if the care provider hasn't updated their Provider Information Collection (PIC) for more than 12 months.

Failure to submit statutory notifications to the CQC is also a common factor in services not meeting the regulations, with numerous examples of managers and leaders unaware of their responsibility. Again, this highlights the importance of those in senior roles and governance responsibilities to understand what's expected of them by the CQC to comply with the fundamental standards.

Whilst having one 'key line' rated as requires improvement may not impact the overall rating, failings in other areas of the service could result in that outcome.

Quality is variable. While there are many good services, there is also some unacceptable and unreliable care, which has a profound impact on people using those services and undermines public confidence in the sector as a whole.

Quality Matters, 2017

Good and outstanding services will often have identified quality issues in advance of their inspection and rectified these, whereas those rated as requires improvement may have been unaware of some of the issues.

Whilst the CQC will document why they rated a service as requires improvement, it's not the regulator's role to advise the employer how to resolve it - although they will try to signpost to useful resources where possible.

Where improvements are identified, managers and leaders should prioritise and action these in advance of the re-inspection. This should involve the wider staff team, as well as people who use and engage with the service. This helps to identify the root cause of the issue and implement the necessary changes required.

In 2017, the CQC reported over half the services originally rated as requires improvement have improved to good. This shows that services can respond effectively to the rating and drive forward improvement, however many services are still failing to improve.

Services that continue to be re-rated as requires improvement are of particular concern. To avoid this, services must ensure they have a strong leadership and management team who are dedicated to learning and improving the standards of care.

Owners, managers and leaders who don't prioritise areas for improvement are at risk of a downward spiral which could impact the reputation and longer-term sustainability of their service.

A committed registered manager, who is supported by the provider, can drive improvement in a previously failing service.

The state of adult social care services 2014 to 2017
CQC



Requires improvement – characteristics summary*

<p>Safe</p>	<ul style="list-style-type: none"> ■ People aren't always safe and protected, staff may not understand their responsibilities or how to report concerns. ■ Risk management practice is limited, safety concerns aren't always acted upon or unnecessary restrictions may exist. Investigations aren't consistent, improvements aren't always actioned, lessons aren't always learned. ■ Lack of enough skilled staff, recruitment processes and checks are weak, turnover of staff is high, poor performance isn't effectively managed. ■ Medicines aren't always received as prescribed, national guidelines aren't always followed. ■ Infection prevention and control practice and policies are weak, leading to poor hygiene.
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Effective	<ul style="list-style-type: none"> ■ Care isn't provided in-line with latest legislation, guidelines and good practice. ■ Training and development isn't always up to date and staff support is limited or inconsistent. ■ People aren't given enough food and drink, healthy food and wider choice is limited and people's health and nutrition isn't effectively monitored. ■ The service is inconsistent in engaging with other services, including coordinating when people move between services or ensuring timely referrals. ■ The service doesn't always seek people's consent when it should.
Caring	<ul style="list-style-type: none"> ■ Not all staff care and respect people's preferences, the service doesn't allow sufficient time for effective communication or building relationships. ■ Staff don't always recognise when support is needed. ■ Privacy, dignity, confidentiality and comfort isn't consistently respected or seen as a priority.
Responsive	<ul style="list-style-type: none"> ■ People aren't always involved in decisions about their care, reviews are not person-centred and people aren't supported to follow their interests. ■ It's not easy for people to raise concerns and complaints and these aren't always dealt with and responded to. ■ Religious, cultural or social needs aren't suitably supported around end of life care. People's preferences aren't regularly reviewed and needs aren't promptly acted upon.
Well-led	<ul style="list-style-type: none"> ■ Feedback indicates the service isn't always well-led, legal requirements aren't always met and leadership not always consistently available. ■ Staff support is inconsistent, not everyone understands their roles and responsibilities. ■ Systems aren't regularly reviewed, quality assurance isn't always effective and is often reactive, unsafe practice isn't always challenged and the service isn't always collaborative or cooperative.

*For the full list, please refer to the CQC's 'Key lines of enquiry, prompts and ratings characteristics for adult social care services'.

Inadequate

The inadequate rating is given to organisations that have fallen well below the standards of care the public has a right to expect. These are services that may be unsafe, ineffective, uncaring, unresponsive and poorly-led.

An inadequate rating should be an immediate wake-up call to all those delivering sub-standard levels of care. Care providers and owners rated inadequate must be prepared to invest in significant change. This will usually require substantial investment of time and energy to deliver systematic, culture and staff changes necessary.

For providers unable to change, the service is unlikely to sustain itself in the long-term and is likely to drive away clients, existing staff and future recruits.

The (regulation) breaches related to poor identification and management of risks to people's welfare, people's medicines not being managed safely, poor cleanliness of equipment and people's bedding, ineffective governance of the service and unsafe recruitment processes.

CQC inspector

Inadequate rated report where three breaches of regulations had been identified



Despite the seriousness of the situation, the good news is that there is clear evidence from the CQC that many care providers are able to respond to such failing and drive forward improvements.

In 2017, the CQC reported that 82% of adult social care services originally rated as inadequate and then re-inspected had improved their rating. In all but the worst cases, the CQC wants to avoid care providers closing and the inspection process can provide a route map and action plan to help services address fundamental issues.

If we find just one of the characteristics of inadequate, and it has a significant impact on the quality of care and people's experiences, this could lead to an overall rating of inadequate.

**How CQC regulates adult social care, 2017
CQC**



Inadequate services – characteristics summary*

Safe	<ul style="list-style-type: none"> ■ There is a disregard for safety, putting people at risk. ■ People and staff don't know how to raise concerns, or are fearful of doing so. ■ Staffing levels are insufficient, resulting in unresponsive care. ■ Medicines aren't managed safely, mistakes not effectively responded to. ■ The provider has a high staff turnover and finds it difficult to recruit.
Effective	<ul style="list-style-type: none"> ■ Care is based on ill-informed, uninformed or discriminatory decisions. ■ Staff aren't effectively recruited, trained or supported. ■ The service doesn't have effective links with other services. ■ Consent isn't sought, people don't have control over their lives.
Caring	<ul style="list-style-type: none"> ■ People say they're not treated with dignity and respect, and that staff can be unkind. ■ People aren't listened to, communication is poor, confidentiality is breached.
Responsive	<ul style="list-style-type: none"> ■ People aren't actively or regularly involved in their care planning. ■ Activities are weak or non-existent, person-centred care isn't a priority. ■ Adaptive equipment and technology isn't used (or simply not effective).
Well-led	<ul style="list-style-type: none"> ■ Leadership is weak and inexperienced, there is a culture of blame. ■ Openness and transparency is lacking, quality assurance is ineffective. ■ There is poor collaboration and cooperation with external stakeholders.

*For the full list, please refer to the CQC's 'Key lines of enquiry, prompts and ratings characteristics for adult social care services'.

CQC Key questions

Related recommendations and examples from good and outstanding providers

When developing this section, our aim was to identify recurring good practice, innovation and issues that commonly impacted upon the quality of care provided. Following the review, we held focus groups with good and outstanding rated providers and include examples from them in this guide.

What's been most noticeable in our review of over 350 CQC inspection reports is that providers rated outstanding are applying excellence across their service. This is not to say that everything is perfect but these are services that generally have an open culture, learn from mistakes and implement improvements drawing on expertise and good practice.

Whilst each adult social care provider is unique, the CQC inspection process looks at a range of focus to help the regulator determine if the service is safe, effective, responsive, caring and well-led.

The recommendations from good and outstanding providers and examples are listed under a range of focus closely linked to both the 'five key questions' and many of the 'lines of enquiry' that underpin them.

Because there is repetition across the lines of enquiry we've tried to group overarching themes and position these under the 'key lines' where we see the most references and evidence included in the CQC inspection report. For example, how staff are supported may be referenced under any of the 'key lines' but will most commonly be referenced under the 'effective' section.

To keep it brief, this guide doesn't always use the exact language of the CQC but hopefully helps services to recognise some key areas of inspection focus.

All evidence and practical examples in this edition of the guide relate to inspections conducted by the CQC between October 2014 and January 2018.

Are you a good or outstanding provider who'd like to share your own recommendations, examples and top tips?

If your service is rated good or outstanding and you wish to contribute your own insight and examples for inclusions of future editions of this guide, please email employer.engagement@skillsforcare.org.uk



The CQC remains outcome focused. Whilst the recommendations from good and outstanding providers and examples provided here demonstrate what others are doing to achieve good and outstanding care, other services may adopt different approaches.

Each service should consider what will work most effectively for them to meet the fundamental standards of care and deliver the standards of care everyone has the right to expect.

Recommendations included in this guide don't guarantee services a good or outstanding rating but they do demonstrate what others are doing. They may help other services to consider how they would achieve and demonstrate similar points. The practical examples are intended to help generate ideas and show how other services are impressing their CQC inspectors with often very practical and cost effective approaches to achieve success. Whilst the majority of examples included in the guide originate from CQC inspection reports, those attributed to named regulated providers have been voluntarily submitted by the provider as an example of what they're doing to deliver good or outstanding care.



Across each of the key questions, CQC inspection reports include a range of evidence to back up their assessment of quality and safety. One example alone is not enough to justify a particular rating. In many of the reports we have read and services we have met, the examples included are just one of multiple they're able to demonstrate to inspectors to show the levels of care and support available. Importantly CQC inspectors use professional judgement, supported by objective measures and evidence to assess services against the five key questions.

Being able to demonstrate what is being achieved and justify the approach that has been taken can positively impact the CQC rating that's awarded. The CQC inspection goes beyond just interviewing managers and leaders. It involves discussions with the wider staff team, people who need care and support and their families, as well as others who engage with the service. The quotes are often used by inspectors as evidence in the reports. The CQC would naturally not just accept a quote at face value but seek corroboration and probe to find examples to support such statements.

We've included quotes taken from inspection reports to indicate some telling signs of good and poor practice. Hearing similar comments within a service can be an indicator that things are working well or improvements are needed well in advance of the CQC inspection. Each theme also lists some recurring issues that can contribute to a requires improvement or inadequate rating. If any of these are relevant to your service, it should be cause for concern and we would recommend you prioritise addressing them.

With the introduction of the revised assessment framework in November 2017, some key lines of enquiry have moved to different key questions. This means that key question and overall ratings for a service may change at the next inspection, even if no significant changes are found. Any change in a rating is consistent with improvements made to our assessment framework, and provides a better picture of the quality and safety of the service.

When the inspection team has completed their inspection, the lead inspector writes a draft report with the other team members. It includes the draft ratings they have awarded. A copy of the draft report is sent to the nominated individual of the provider and the registered manager of the service, where there is one.

The provider is given the opportunity to comment on the factual accuracy of the draft report. The provider can challenge the accuracy and completeness of the evidence that we've used to reach the findings and decide the ratings. Any factual accuracy comments that are accepted may result in a change to one or more ratings.

Providers have 10 working days to check the factual accuracy of a draft report and submit their comments to CQC.

How CQC regulates adult social care, 2017
CQC



Safe

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Key

Alongside the recommendations from good and outstanding providers and examples included within this guide, we've included a simple key system. The aim is to help providers look at what approaches may be applicable to their services.

Across the guide, the majority of recommendations and examples related to good and outstanding rated practice are areas that any service could deliver. Where something is more explicitly related to a particular type of service, this key can help.

A = All

Recommendations from good and outstanding providers and examples are either applicable or similar approaches could be adapted by all types of adult social care services.

R = Residential

Recommendations from good and outstanding providers and examples are most closely associated with residential and nursing homes, though some may be applicable and adaptable to other services.

C = Community

Recommendations from good and outstanding providers and examples are most closely associated with care at home and other community based care and support, though some may be applicable and adaptable to other services.

Available to help

At the end of each section we highlight products and services that can help services wishing to strengthen this area of care. The majority of the products are produced by Skills for Care and can be accessed from www.skillsforcare.org.uk. Where they have been produced by another organisation, we would recommend contacting them.

Please note: new recommendations and practical examples in this updated second edition are highlighted in this coloured text or by an icon if a completely new section.



Safe



Introduction

Everybody wants to feel safe. Family, friends and advocates want their loved ones to be cared for and protected from harm.

The majority of people receiving regulated adult social care in England are cared for by a service rated good or outstanding. These providers take the time to understand what ‘feeling safe’ means to the individuals using their service, they effectively resource the care they provide and have the systems in place to ensure they’re suitably staffed, effectively trained and committed to keeping people safe from harm.

Managers, leaders and staff clearly understand and prioritise risk assessments and know how to protect people and also when to escalate and report safeguarding concerns. Equally, these are services committed to learning from mistakes and embedding good and best practice to ensure people who need care and support feel safe and supported.

Medicines are effectively managed and administrated, people are protected from harm and restraint and there are high standards of cleanliness, infection and control.

The CQC’s ‘State of adult social care services 2014 to 2017’ highlighted that of the five key areas that CQC assesses, ‘safe’ had the poorest ratings.

For regulated providers that aren’t meeting the standards, other common factors include failures around staffing levels, staff ability, the limited expertise of managers and leaders, risk assessments (equipment, training), safeguarding (failure to notify) and medicine management (dosage, strengths, timings, records).

 **I firmly believe that prevention is better than cure and it’s very important we keep on top of our customers’ welfare and health needs to help prevent unnecessary illness and suffering.** 

Julie McLellan

Director, Bluebird Care North Tyneside

Safe

Key recommendations

S1. Safeguarding

- Train staff, check understanding.
- Discuss safety with the people who need care and support.
- Establish effective relationships with local safeguarding board.
- Report, investigate and review incidents in an open and transparent way.
- Promote whistleblowing.

S2. Managing Risk

- Train staff (including restrictive practice), check understanding.
- Reflect legislation, human rights, equality and capacity.
- Promote positive risks, provide as much freedom and choice as possible.
- Review risks together in meetings, supervisions and handovers.
- Develop robust contingency plans.
- Clearly record findings and actions.

S3. Safe recruitment

- Use values based recruitment.
- Check enthusiasm, core skills and appropriateness for the role.
- Test existing core skills and appropriateness for the role.
- Involve people who need care and support in the recruitment process.
- Follow up DBS checks and references before people start.
- Use probationary periods.

S3. Safe staffing

- Base staffing levels on the needs of people who need care and support.
- Ensure the right mix of skills are available at all times.
- Have robust systems to plan and review staffing levels.
- Have effective contingency plans and avoid over-reliance on temporary workers.
- Performance manage when staff are not good enough.

S4. Medicines

- Train staff, assess competence.
- Use NICE and Royal Pharmaceutical Society guidance.
- Regularly review and update care plans.
- Encourage and support people to manage their own medicines where possible.
- Complete Medication and Administration Records (MAR).
- Regularly audit and investigate incidents.

S6. Learning to improve safety

- Review all accidents and incidents.
- Train staff to use accident and incident forms.
- Consider using technology to review and access reports.
- Ensure there is appropriate management responsibility.
- Clearly communicate (and document) any changes to practice.

S5. Infection and control




- Train staff, assess competence.
- Involve people who need care and support in understanding risks and how to raise issues.
- Communicate good practice and compliance.
- Use infection control specialists or internal champions.
- Escalate issues and alert agencies as appropriate.



S1. Safeguarding

The manager's and leader's own understanding of safeguarding is central. They're responsible for ensuring staff are suitably trained to protect people, know how to recognise potential or actual abuse or neglect, as well as alerting the CQC and local safeguarding teams.

Recommendations from good and outstanding providers		Service type
	Ensure staff are trained how to proactively recognise and report abuse and challenge discrimination. Managers should regularly check staff understanding.	A
	Involve people who need care and support in discussions about their safety. Understand what makes people feel safe and document this in care plans.	A
	Ensure there is a culture of openness and staff are confident that any allegations made would be fully investigated to ensure people are protected.	A
	Include safeguarding discussions in every staff supervision and team meeting.	A
	Ensure all safeguarding incidents are thoroughly investigated in an open and transparent way.	A
	Clearly document evidence of safeguarding incidents, including how they were dealt with, if any agencies were involved and any follow up action and learning.	A
	Review safeguarding incidents collectively to identify trends.	A
	Use on-going assessment to monitor how a person who needs care and support might be at risk of harm and how this could be avoided or minimised.	A
	Ensure staff and people who need care and support know how to 'blow the whistle' on poor practice (both internally and to external agencies) without recrimination.	A
	Display a safeguarding adults policy as well as a clear and up-to-date whistle blowing policy for staff, people who need care and support and visitors.	A

	Have a safeguarding champion, whose role is to be a specialist in this area, researching best practice and providing staff with advice and support.	A
	Ensure safeguarding notifications are sent to CQC as required.	A
	Ensure the registered manager is in regular contact with their local safeguarding team.	A

Empowering and educating people to gain the skills and confidence to maintain their own safety, whether that be personal, financial, environmental etc. is integral to our 'vision and values' and ensures that we're open and transparent to external auditors and also the people using our services.

Megan Tranter

Registered Manager, Thistle Hill Hall (Debdale Specialist Care Ltd)

Practical examples	Service type
<p>The registered manager volunteered to be a representative for local providers on the local authority 'safeguarding adults board'. This board meets quarterly and aims to gather the local provider's 'voice' while considering the 'making safeguarding personal policy'.</p> <p>Being part of the board enabled the registered manager to forge new relationships with partners they wouldn't normally have had the opportunity to meet.</p> <p>Grove Residential Care, Walthamstow</p>	A
<p>Our local authority adult safeguarding teams are sent our incident log on a monthly basis and this clearly outlines details of the incident, action taken, lessons learnt and how it's cascaded to the team.</p> <p>The local authority will continue to support, if necessary, by visiting the setting and discussing how things could be done differently and providing examples of how other settings have dealt with similar situations.</p> <p>We attend safeguarding team forums where incidents/examples are shared and group discussions take place on lessons learnt. Speakers from all expertise attend and give a presentation on their professional area so that we can implement these processes in our setting to further enhance or improve the service.</p> <p>Simply Care (UK) Ltd</p>	A

<p>We always work in a cooperative, open and transparent way during any investigation. Our focus is always person-centred and achieving a positive conclusion for them. We continually liaise with our colleagues in the 'safeguarding adults teams' and 'adult social care' and share any information we have appropriately. We are recognised by professionals as a provider who responds quickly to concerns, investigates thoroughly and takes appropriate action where required.</p> <p>Brunelcare's Deerhurst Care Home (with Nursing)</p>	A
<p>We take a values based recruitment approach. We not only encourage, we expect staff to be aware of what bad practice looks like and also have the confidence and ability to challenge this without fear of any repercussions. If something looks or feels wrong then challenge it regardless of who is doing this.</p> <p>Thistle Hill Hall (Debdale Specialist Care Ltd)</p>	A
<p>As well as the services and local authority safeguarding tools, an additional 'cause for concern form' was also used and promoted in written and alternate formats. This was for people who used the service and staff. The form was used to share any concerns they may have, for example, staff practice. These forms were submitted to the registered manager who would review the information and take appropriate action where this may be required. Any 'cause for concern' raised was taken seriously and promptly investigated.</p>	A
<p>The service used a 'keeping safe' pack, which provided people with information in pictorial, easy read and sign and write format about what keeping safe means. It included individual rights, personal safety, types of abuse, bullying and how to raise concerns, including talking to the police and tips for using public transport. The pack also included a 'safe place' card so each person could carry their details and emergency contacts. Staff took their emergency contact details with them when they went out, either in their phone or on a card.</p>	A
<p>The service developed their own learning materials that included films where management acted out various safeguarding scenarios. This saw the leadership team portraying roles such as people needing care and support, staff and visitors and had showed potential abusive situations for staff to recognise and discuss. The films helped staff learn how to recognise potential abuse and report it in an informal and non-threatening atmosphere.</p>	A
<p>A poster with the local authority and CQC contact details on was placed beside each phone in the setting in case staff or people who needed care and support wished to raise concerns.</p>	R

☾ We believe the safeguarding of clients begins at the recruitment phase and we incorporate the ‘mum test’ to ensure that people joining have the right values to protect the people we care for. Following recruitment, we find that effectively training and supporting staff also helps safeguard against abuse. ☾

Carol Giblin

Community and HR Coordinator, Carefound Home Care

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

“I was frightened to death coming here from home, my house was like my safety zone but every single one of the staff has looked after me.”

Person who needs care and support

“The evidence is there to show all safeguarding routes are followed and we are always informed of any incident and what the service is going to do following this.”

Family member

“It’s our job to protect our residents.”

Care worker

“I would feel able to report abuse. I know who to contact. We talk about it in supervisions and staff meetings.”

Care worker

Inadequate/requires improvement

“Some staff are kind but others don’t care.”

Person who needs care and support

“Don’t tell. They take it out on you.”

Person who needs care and support

“There are some who live here who can be very aggressive. I worry sometimes about those people who can’t move out of their way. I have seen people being hit.”

Family member

What to avoid		Service type
	Staff are not suitably experienced or trained to be able to recognise and report safeguarding issues.	
	Inconsistencies of staff training and awareness (e.g. some staff trained, others not).	
	The understanding that managers and leaders have regarding safeguarding is no more in-depth than care workers, resulting in an inability to deal with escalated concerns.	
	The service fails to report safeguarding incidents to the local authority and Care Quality Commission.	
	There are delays reporting the safeguarding incident as there aren't enough experienced people to know what action to take.	
	Managers and leaders fail to successfully investigate safeguarding concerns.	
	The service fails to effectively document their investigation actions and improvements as a result of a safeguarding concern.	
	The service doesn't have safeguarding and whistleblowing policies or they are not fit for purpose (or they exist and have been ineffectively communicated to staff).	



Available to help

[Safeguarding guide](#)
(Skills for Care)







[Adult safeguarding
practice questions](#)
(SCIE)



[Safeguarding adults:
looking out for each
other to prevent abuse](#)
film (SCIE)

S2. Managing risk

Protecting people from harm should be a priority for adult social care services. Practical and proactive approaches can help services quickly assess risks and regularly review and adjust these.

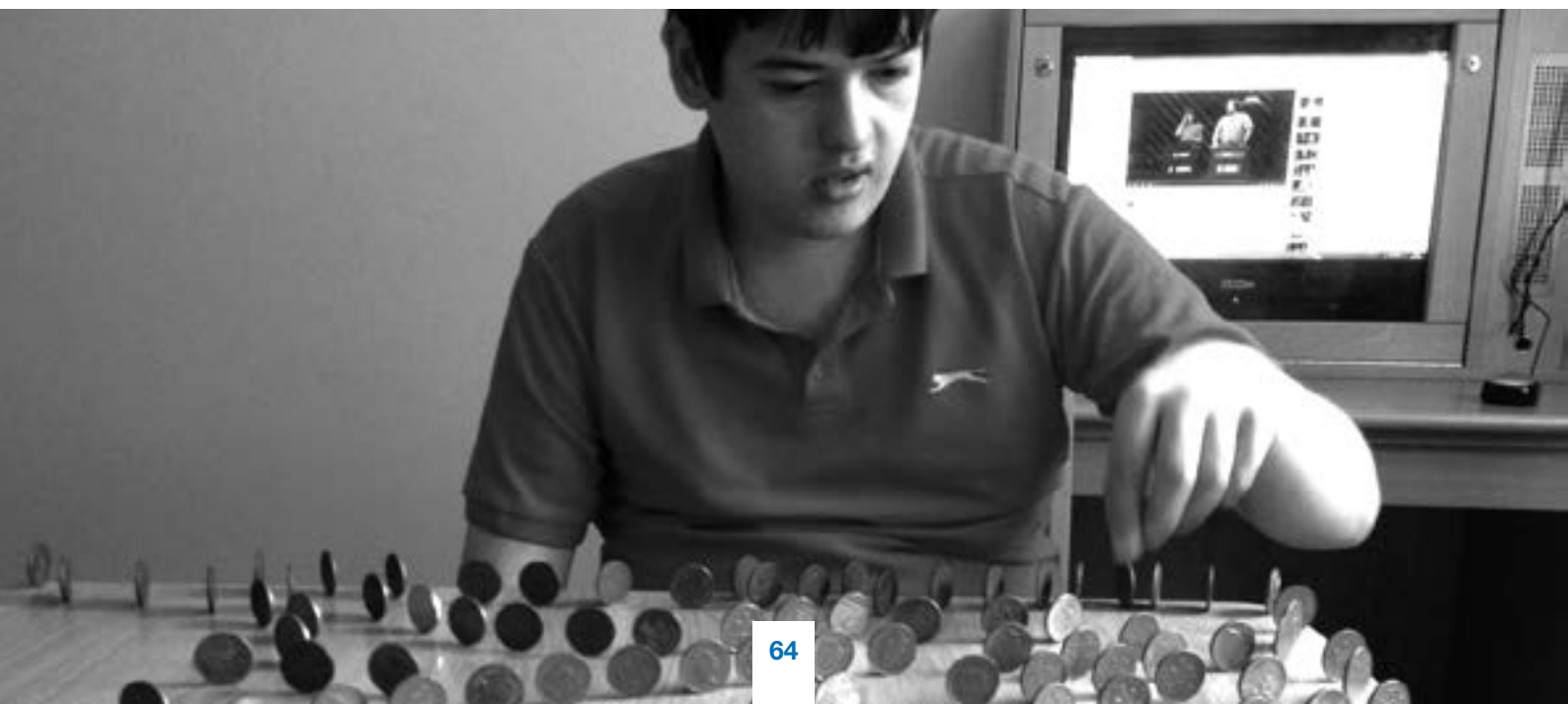
Recommendations from good and outstanding providers		Service type
	Ensure staff are effectively trained and competent to undertake risk assessments and protect people without restrictive practice.	A
	Use risk assessments to support people to have as much freedom, choice and control as possible.	A
	Involve people who need care and support in their own risk assessments and any subsequent revisions. Take into account other risks, including financial.	A
	Encourage people to take positive risks to maximise their control over their care and treatment.	A
	Ensure risk assessments reflect equality and human rights legislation, as well as people's capacity.	A
	Update risk assessments to reflect temporary changes, with any extra support needed clearly documented. This is effectively communicated to all staff in a timely manner.	A
	Ensure staff understand the risks affecting each person needing care and support, including their role in minimising the risk of harm whilst promoting choice and independence.	A
	Empower staff to protect themselves and people who need care and support in challenging situations, whilst ensuring restrictions are minimised.	A
	Use an effective safety management system to manage all safety elements within the organisation, including identifying areas for improvement.	A
	Review risks at staff and management meetings; an opportunity to discuss risks is included in all supervisions and where appropriate in handovers etc.	A

	Use external health care professionals and best practice when developing risks and mitigations (e.g. the service shares their risk assessment with the person's GP for their view).	A
	Plan regular safety reviews of equipment to check and prioritise maintenance / replacement where needed. Ensure maintenance certificates relevant to your service are maintained.	A
	Develop robust contingency plans to ensure the service can continue to operate effectively and safely during incidents (e.g. staff emergencies, heat-waves, flood, fire or loss of services).	A
	Conduct regular fire safety practices at all residential and office environments. Check fire safety of all equipment and effectively train staff to identify and respond to associated risks (whether working in residential environments or in the community).	A
	Clearly record your risk assessment and associated decisions, ensuring that data protection protocol is followed.	A
	Provide accessible information to people who need care and support about how to keep themselves safe and report concerns.	A

 We try very hard to ensure we're able to alleviate risks whilst also supporting dignity and independence. By discretely implementing safety mechanisms for kitchen appliances, we have been able to provide people with independence and also a safety net if needed, in a manner which hasn't left them feeling discriminated against nor 'different'. 

Megan Tranter

Registered Manager, Thistle Hill Hall (Debdale Specialist Care Ltd)



Practical examples	Service type
<p>One person using the service had previously experienced severe social isolation. In order to help the person use community facilities safely, a very detailed risk assessment had been carried out to demonstrate what type of vehicle best suited their needs.</p> <p>The person, their family and staff had carried out extensive tests of different vehicles to ensure the person's needs were met and their preferred venues were accessible. For instance, the staff checked different vehicles were capable of driving over rough terrain to ensure they could access a farm.</p> <p>Detailed risk assessments had also been carried out to ensure appropriate car parking space was available at all venues. This ensured the person could independently get in and out of the vehicle in a dignified way. This approach meant the person's quality of life had significantly improved.</p>	A
<p>The gold 'standards framework' was used as a formal risk management tool. It uses a coding system to help staff understand how to identify increased or decreased risks to people which may affect their care and support.</p>	A
<p>Risk assessments were regularly reviewed alongside input from healthcare professionals and changes made where appropriate. For example, one person was at a greater risk of falling and so the service arranged specialist equipment including a pressure sensor and a crash pad were put in place to help minimise the risk of injury.</p>	A
<p>When complex moving and handling equipment was discussed for a person needing care and support, the homecare agency was pro-active in contacting the supplier and organising staff training to ensure they were familiar with the equipment and aware of the benefits.</p>	A
<p>The homecare agency worked in collaboration with the local fire and rescue service to help improve fire safety for people they supported. People were asked if they would like to receive a free home safety check from the local fire and rescue service. The staff completed and sent the form to the fire service on the person's behalf.</p>	C
<p>When a homecare agency identified risks from wires, frayed carpets and excess furniture, they used this learning to develop guidance to help staff minimise this risk. This helped staff to protect the people they cared for by taking the appropriate action (for example, an electrician was called to make the wiring safe and furniture moved to make the area safe).</p>	C

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

“I could not believe the detail and hard work that went into the risk assessments. The service has made such a difference to all our lives.”

Family member

“I recently came in to chat about my relative’s risk of falling and hitting their head. I am completely relaxed about leaving my relative here and know they are safe.”

Family member

“The provider has shown an ability to forward think about any potential risks.”

Family member

People aren’t told what they can’t do, they’re supported to achieve what they can.”

Care worker

“I have no concerns about the safety of people living here. The home conforms to all fire prevention safety legislation and all fire-fighting equipment is well maintained.”

External fire consultant




Inadequate/requires improvement

“The male staff give me a bit of pain. Before they’ve even finished telling me what to do they’ve grabbed my arm and pulled me.”

Person who needs care and support



What to avoid		Service type
	Risk assessments contain too limited or inadequate information (e.g. no date or time, no associated action plan etc.).	A
	The risk assessments provided no clarity on what action staff would need to undertake.	A
	Risk assessment documents are not fit-for-purpose (e.g. may have been shared from another service but aren't customised to the needs of this service).	A
	Risk assessments are not person-centred (e.g. include copy and pasted information relating to another person).	A
	There is inconsistency between the documented risk assessment, care plan and the care and support that was provided (e.g. the care plan lists the person is at risk of falls, but their fall risk assessment makes no reference to this).	A
	Managers, supervisors and staff know of risks but haven't clearly documented these or detailed how they plan to mitigate them.	A
	Specialist equipment and adaptations that protect people from risks haven't been arranged or staff don't know how to use them (e.g. new hoists in use but staff haven't received additional training).	A
	People aren't protected from known risks (e.g. a person who is known to be at risk of falls isn't supported to live in an uncluttered environment).	A
	The organisation had failed to action improvements identified at the previous CQC inspection or internal/external audit.	A
	Staff have only received theory based training when practical training and assessment of competence is also needed (e.g. assisting and moving and basic life support).	A
	The provider used a lot of verbal guidance but didn't document this.	A

	The organisation doesn't learn from earlier incidents to protect people from reoccurrence.	A
	Emergency plans provide insufficient information to protect people (e.g. little or no clarity around fire safety, gas leaks or equipment breaking down).	A
	Risk assessments and maintenance reviews are limited to only certain areas of the building (e.g. doesn't include people's own rooms).	A



Available to help

[Risk assessment - Good practice resource \(SCIE\)](#)

[Enabling risk, ensuring safety \(SCIE\)](#)

S3. Safe recruitment






Involving people who need care and support in recruitment practice was commonly found in services rated good or outstanding. Services had clear strategies and effective recruitment practices to ensure they appointed people both capable and motivated to provide high standards of care.







☞ If we were to drop recruitment standards to fill vacancies, the person centred culture would become a part time objective and an enormous burden upon the registered manager and person in charge of each shift.



We take our time to recruit care workers who smile and have a humanistic approach to care. The personality qualities (values, attitudes and behaviours) are vital to achieving quality care which is delivered with diligence, empathy, love and care. ☞

Kevin Hewlett

Director, Hale Place Care Homes

Recommendations from good and outstanding providers		Service type
	Use a values based recruitment processes to recruit people with the right behaviours and attitudes to meet the standards of care needed.	A
	Create and promote realistic job descriptions reflective of the role.	A
	Focus on core skills vitally important for care roles; including communication and language, numbers, writing and digital competence. Test these before offering the position.	A
	Ensure those joining the organisation are keen to learn new skills and committed to keeping up with latest good and best practice.	A
	Ensure the selection and interview process is undertaken by more than one person and everyone involved understands the process and can make a positive and objective contribution.	A

	Involve people using the service and / or their family / advocates in the recruitment process (for example; contribution to the job description, choosing interview questions, being part of the interview panel, being consulted before new workers are selected etc).	A
	Have a robust approach to vetting new members of staff, reducing the risk of an unsuitable person being employed (e.g. follow up personal and professional references, look into their training records, focus on gaps in employment history, check how they would respond to certain scenarios).	A
	Obtain Disclosure and Barring Service (DBS) and other identity checks (including rights to work in the UK) prior to the new staff member start date. Ensure a minimum of two references are followed up and all checks are thorough and well documented.	A
	Ensure staff records contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.	A
	Use staff matching tools to ensure new workers can appropriately meet the needs of the people they'll be caring for.	A
	Use probation periods of at least three months so the service can assure themselves that new staff are right for the organisation and their role.	A
	If employing nurses, checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file.	A

 When recruiting, we use questions which ask people about their own experiences, thoughts and feelings. For instance, we might ask them for an example of a time when they've encouraged someone to do something they didn't want to do; or ask "what do you think makes a quality service?" 

Gail Godson

Registered Manager, Home Instead in West Lancashire and Chorley

Practical examples	Service type
As part of the recruitment process, we use various films to provide insight into the service so that they better understand our organisation and what will be expected of them, these videos show people who use services and support staff from across the organisation talking about what we do. Welmede Housing Association	A
People who need care and support are involved in the recruitment process. They meet with the interviewee and ask specific questions e.g. “how will you ensure I feel safe?” A carer documents their response. The interview panel receive this document and also ask the person who needs care and support their view on the candidate. This accounts for a certain percentage of the overall marks in the scoring system we use at interview. Ebury Court Residential Care Home	A
The service made every effort to provide a realistic insight into each role as part of the recruitment process. They ensured the potential new staff member had a good understanding of what their duties would be and how the service operated before they made their decision to join.	A
The service used a screening tool called ‘PeopleClues’ to invite the best candidates to the face-to-face interviews. This tool used an online assessment to help the service recruit the best skills and attitudes for caring, testing attitude and personality.	A
All applicants were subject to a formal recruitment process. Their attitude and demeanour with people was assessed during a tour of the home. After the applicant left the home, the registered manager asked people about their experiences and gained an opinion of whether the applicant should be employed.	R

☞ The people we support are engaged in the recruitment of their staff. Staff matching begins with questions on the application form, and continues through introductions and shared activities that are evaluated. Teams of staff that have been matched and chosen by the individual are established around people – this can include staff selected to support people with specific activities such as football or swimming. This enhances the experience for both the person supported and the staff and provides consistency of support for the activity. ☞

Debbie O’Brien

Registered Manager, Castle Supported Living

“Caring isn’t just a job, it’s a passion and without this passion it’s just a job, I’m passionate about recruiting individuals who show their enthusiasm to work in care and their willingness and enthusiasm to learn more and progress.”

Beth Cheffings

Registered Manager, Ridge House Residential Home

“We recruit through a local magazine. We offer £100 cash incentives to staff who introduce someone to us – providing they remain for a minimum of 3 months. With most boxed adverts costing around £300 - £500 it can work to our advantage (and that of the staff member) very well. Staff don’t recommend anyone who they wouldn’t be prepared to work with themselves.”

New staff are introduced to a group of residents as part of their interview and we quietly observe how they manage the conversation and general rapport. A small team of residents make up a panel to interview for positions such as deputy manager and chef and activity organiser.”

Ann Ambrose

Registered manager, Nazareth Lodge

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

“They are quite careful who they employ, therefore the carers are very nice people.”

Person who needs care and support

“As well as the professional skills, it’s important to have empathy.”

Family member

“The scenarios and assessment tools mean we can focus on getting staff with the right values. We can give people training but we want to ensure we get people who react in the right way.”

Head of Human Resources

“We are very choosy who we employ and we don’t just take anyone on ... we have high standards.”

Registered manager

“If a new member of staff doesn’t perform to our expectations then I’m afraid we have to let them go.”

Registered manager

Inadequate/requires improvement

“I didn’t have a DBS or provide any references before I started.”

Care worker

“We’re forced to deploy staff without training. There were not enough staff left to deliver the amount of care and support required.”

Managing director

“Most of the time we don’t call to verify professional references.”

Registered manager

What works for us

The Good Care Group



The Good Care Group (TGCG) mainly provides live-in care and employs over 500 care workers. We don't use recruitment agency staff and exclusively employ and train all our care staff. TGCG found that, despite its employment model with a focus on caring for care workers, some were leaving within the first three months as they didn't feel able to cope.

Our recruitment team wanted to find out what separated their highest performing and longer staying care workers from those who left. If we could recruit more of the type of carers that were succeeding, those showing strong levels of resilience, then perhaps we could reduce the number of employees leaving.

To find out what made a good live-in care worker we used psychometric testing and face-to-face interviews. Results showed that their highest-performing care workers scored highly in areas of tenacity, resolve, self-discipline and emotional stability and resilience. All prospective new employees now complete psychometric testing and are asked situational questions at both telephone and face-to-face interview stages designed to reveal these attributes.

If candidates pass these stages, they're put forward for an induction programme which includes a selection day. The day's exercises, tests and scenarios are designed to reveal care workers who are self-assured and emotionally stable.

Since we implemented this new approach in 2012, we've seen turnover reduce by roughly 20% each year.

We're also open and upfront about live-in care for those who've not provided this before. This includes letting them know that they're likely to hit a wall in terms of their own needs and highlighting what support will be available to them (for example buddy support).

TGCG believe that investment at the beginning of the process saves time downstream and prevents unnecessary churn and client dissatisfaction. We take fewer risks and place much more emphasis on ensuring that both the company is right for the individual and that the individual is right for the company.

Dominique Kent
Chief Operating Officer

What works for us

Walnut Care



Walnut Care at Home provide domiciliary care in Lincolnshire. To attract more workers we decided to try something different at their local recruitment events, involving local history, music and a scenario based radio campaign.

During the year we were able to recruit sufficient staff to support a 25% growth in care hours. We also recruited a number of male care staff in an area where they were previously unknown, and a number of retired health care professionals who bring a wealth of expertise and experience to the organisation.

Our recommendations to other services wanting to try new approaches to recruitment are to;













- Spend as much time thinking about your recruitment campaigns as you do about planning a marketing campaign. And monitoring the success of each recruitment campaign is crucial.

- Always try to ask “how did you hear about us?” so that you can repeat successful campaigns again in the future.
- Ask existing staff for their views – why did you join? why do you stay? Also think about the negatives – what might put people off? can we do anything about it? You could gain some extremely useful insights into what you should focus on in future recruitment drives and perhaps also where you can improve.
- Be creative, and have fun. Particularly at careers events, you are the frontline image for your organisation. Bored recruiters are bad recruiters - not just for their own organisation but for the sector.

Melanie Weatherley
CEO

☾ Where staff are seeking progression, and apply for internal vacancies, all internal applicants are invited to attend a formal interview. Where an internal candidate is unsuccessful at interview the member of staff is invited to attend a follow-up meeting where reasons are outlined and explained in great detail, and advice is given around how to achieve the progression they're working towards. ☾

Lara Bywater
Director, LDC Care Company Ltd

What to avoid	Service type
 Pre-employment checks such as references aren't followed up and / or DBS checks not undertaken (or poor record keeping of these procedures).	
 Recruitment processes aren't in line with good practice and / or the service's own policies and procedures (e.g. the service has a practical recruitment checklist but only some steps are followed) .	
 Failure to review criminal record checks every three years as good practice.	
 New staff are entirely reliant on training from a previous employers as the service doesn't have capacity to provide any additional training and support.	
 Staff files have no evidence of interviews, application forms, CVs and health declarations etc.	
 The organisation doesn't have effective recruitment plans and are regularly short staffed.	



Available to help

[Finding and keeping workers online](#)
(Skills for Care)

[Recruiting for values and behaviours in social care](#)
(Skills for Care)

[Learn from Others – Recruitment and Retention](#)
(Skills for Care)

S3. Safe staffing

Effective workforce planning can help ensure that you have enough staff at all times to meet the needs of the service. However, it's not simply about numbers but ensuring the service has managers, leaders and staff with the right skills and experience.

The right staffing levels helps the service maintain safety needs of the people who use the service as well as employees.

Staffing levels were a key factor in providers rated as inadequate or requires improvement for safety. Our inspectors look at safe staffing levels in terms of whether people's needs were being responded to in a timely manner. They do this by talking to people using services and their families and visiting professionals, observing whether people's needs are met and they are safe, checking systems for assessing staffing levels, and talking to a range of staff to hear their views on the staffing at the service.

The State of Adult Social Care Services 2014 to 2017
CQC



Recommendations from good and outstanding providers		Service type
	Ensure staffing levels are based on the needs of people who need care and support, as set out in their care plans.	A
	Use workforce planning tools to ensure they have the right mix and numbers of staff to deliver the care and support needed.	A
	Ensure staff are capable and confident on all safety related training, including fire safety, health and safety, assisting and moving, basic life support etc.	A
	Avoid an over-reliance on the use of temporary workers. Where recruitment agencies are used, ensure their own practices are as robust as your own service.	A
	Have a clear policy on what volunteers can/can't do and involve volunteers in supporting people (e.g. engaging in social and leisure activities).	A
	Ensure staff safety is as important as protecting the people who need care and support.	A
	Schedule and communicate rotas at the earliest opportunity. Make sure people know how/when these are shared	A
	Have effective contingency plans to ensure enough staff are on duty to meet extra care needs that may be required and to cover sickness and other obstacles.	A
	Always risk assess staff doing additional hours. Look at their sickness records and ensure they have always had a minimum of 24 hours (uninterrupted) off during a seven day period.	A
	If staff values aren't appropriate or their quality of care is not good enough, performance manage them to either improve or leave.	A
	Plan for there to be enough staff to always visit people on time. Have effective procedures in place to let people know if their worker is on their way, but will be late.	C
	When scheduling care provided by community services, ensure travel time has been effectively taken into account (and not impact the amount of time spent providing the care needed).	C
	Notify people who need care and support in advance if there is a change of care worker.	C

☾ I review my staffing levels at least every three months and have flexibility built into my budget to increase above normal levels where required. This is about being responsive to changing needs, having proactive care planning approaches, and being clear that you are comfortably meeting the person centred needs of current residents, before admitting new people. ☾

Jason Denny
Registered Home Manager, Old Hastings House

☾ Our priorities in planning staffing are ensuring that continuity is offered to our customers and that people are committed to meeting training requirements and putting the customer first in everything they do, in-line with our values. ☾

Peter Norman
Registered Manager, Belong

☾ We schedule our carers to work within small geographic areas to reduce travel time and maximise client visits. We also recruit locally. Both of these factors reduce the impact of travel delays. ☾

Bernadette Kendall
Registered Manager, Care Concern (Homecare) Ltd

Practical examples	Service type
<p>We take great care when it comes to the make-up of households. For one thing, we don't allocate places based on traditional criteria, such as dementia, nursing or residential, but take a more holistic view to balancing dependency levels and considering people's personalities and compatibility with others living in the household.</p> <p>We work to a higher than average ratio of support workers to residents, with the flexibility to respond to complex and changing needs. We also take a different approach to nursing in a care setting, with the village nurse working throughout the village like a district nurse would in the local community. This has enabled us to support customers throughout their journey and has meant that we haven't needed to move customers if their needs decline, instead bringing the care to them.</p> <p>Belong</p>	R
<p>Staff rotas are communicated to the team weeks in advance so they are fully aware of the shifts they are expected to work in advance. On-call staff are on the rota so everyone is aware who to contact in the event of an emergency. All contact details are easily accessible to senior staff so they can call in support in an emergency for all job roles.</p> <p>Agency staff have induction training with the senior staff before the shift begins. Agency staff always work with a colleague that's familiar with our service user's needs and we ensure sufficient experienced staff are on shift alongside an agency staff to ensure the safety of our service users.</p> <p>Simply Care (UK) Ltd</p>	C
<p>We monitor our company capacity by recording our available staff hours (desired and maximum hours our staff are willing to do) and client contact hours each week. This helps us plan staff recruitment. We record working hours, travel time and break time to ensure we're compliant with the working time directive and minimum wage legislation.</p> <p>Care Concern (Homecare) Ltd</p>	C
<p>Several of the volunteers were relatives and friends of people who either currently or had previously used the service. These volunteers wanted to 'give something back' in exchange for the love and support they'd received.</p>	A
<p>The provider had a policy of never undertaking a care visit of less than one hour. This allowed people time to get to know their carers and feel comprehensively supported.</p>	C

“We don’t use any agency staff to support our young people. Instead, we have a team of regular bank workers who are inducted into our houses in the same way that our full time permanent staff are. They have access to training courses and house meetings which ensures that they fully understand each of our people’s individual needs, and they are kept up-to-date with any changes that may happen. Our bank staff are just as important to the safe running of our homes as our full time staff and we value them in the same way.”

Jessica Taylor

Registered Manager, London Care Partnership

“In five years we have never (yes never) missed a visit.”

Stephen McCoy

Director, Bluebird Care Central Bedfordshire

“Although we have periods of staff sickness and holiday cover most of the work continues to be carried out by our regular staff team. Managers act as back up to the team to cover short falls in the staff cover so that clients always have someone familiar to support them.”

Debbie Clark

Registered Manager, Egalité

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

“There’s always someone around morning, noon or night. Help is always available.”

Person who needs care and support

“I am pleased that no strange face will ever appear at her door without her having been personally introduced by someone she knows from the service.”

Family member

“The agency are open to send carers in for the day if we need respite – they’re very flexible.”

Family member

“There are staff everywhere, in the lounge, in the corridors, always unobtrusive; you just have to think you need help and someone will appear.”

Volunteer visitor

Inadequate/requires improvement

“I cannot understand why they take new clients when they don’t have the staff to deal with it.”

Family member

“The staff are overworked, when they come to you they rush and you get the sense they need to be somewhere else.”

















Person who needs care and support

“There is so many agency staff and half of them don’t seem to know what they are doing.”

Person who needs care and support

“We’re all exhausted and the residents don’t get the care they deserve. We have all asked for more staff and keep getting told the provider won’t allow it.”

Care worker

What to avoid	Service type
 Registered managers who base staffing levels on their own estimation without consulting others.	
 The service pressures staff to cover additional hours and work on days they were originally not scheduled to.	
 Managers and experienced staff are too busy to orientate and support temporary and new workers.	
 Using temporary staff who aren't trained, capable or confident to deliver the care that is needed.	
 Staff who are too busy undertaking tasks to respond to calls for help.	
 Not adapting staffing levels and appropriate allocation of skilled staff as the needs of people has become more complex.	
 Ineffective staff planning systems result in missed or heavily delayed visits.	
 Frequent changes to staffing.	



Available to help

[Practical approaches to workforce planning](#) (Skills for Care)

[Workforce capacity planning tool](#) (Skills for Care)








S4. Medicines







 I've been involved in detailed discussions with the manager as to the appropriateness of this and my thoughts and suggestions have been listened to, and acted upon. It's a credit to the home that it has an ability to react to external suggestion immediately. 



External pharmacist

Outstanding rated service

Medicines has emerged as one of the more common areas of unsafe practice amongst services rated inadequate or requiring improvement. Where good and outstanding rated practice exist, effective training and support is key.

Recommendations from good and outstanding providers		Service type
	Ensure medicines are well managed and in-line with current National Institute for Health and Care Excellence (NICE) and Royal Pharmaceutical Society (RPS) guidelines.	A
	Involve people who need care and support (and/or their families) in regular medicine reviews and risk assessments. Take into account any associated cultural or dietary requirements when planning these.	A
	Be proactive in enabling people to have the autonomy to make decisions around their medication.	A
	With safe risk assessment in place, support people to manage their own medicines and retain independence (including working closely with other agencies and advocates where needed).	A
	Ensure the staff responsible understand the arrangements in place for ordering and disposing of medicines.	A
	Ensure staff have access to detailed information about each type of medicine a person had been prescribed, as well as any possible side effects.	A
	Ensure staff are effective communicators when administering medication, including clearly advising about the possible side effects and explaining what each medicine is for.	A

	Ensure that medication and administration records (MAR) are fully completed and contain the required entry information and signatures.	A
	Consider the use of technology to provide managers and staff with prompt access to the latest information about medicines, side effects etc.	A
	Look to technical solutions to help strengthen record keeping, providing opportunities to instantly update and reduce risks from bad handwriting etc.	A
	Undertake regular medicine management audits to monitor safe practices and stock, complemented by daily audits carried out by staff.	A
	Ensure staff receive clearly documented medication training and what is covered is clearly documented so the employer and staff know exactly what medication tasks they can perform.	A
	Assess competency before these tasks are performed out of sight of a more experienced worker. Ensure refresher training is provided.	A
	Raise awareness with staff about the use of non-prescribed or unlicensed medicines.	A
	Have systems in place to meet the five rights administering medication - right person, right drug, right dose, right route and right time.	A
	Proactively involve health care professionals whenever you believe that medication changes may be required.	A
	Ensure detailed and current information regarding people's medicines and how people prefer these to be administered are recorded in their care plans.	A
	Ensure medicines are stored in a secure area at the correct temperature.	A

 Medication management is an area where we have found people really want to play an active role in their own treatment. We take a person-centred approach to ensure we enable people to be a part of this process, even if in a small way. 

Megan Tranter

Registered Manager, Thistle Hill Hall (Debdale Specialist Care Ltd)

Practical examples	Service type
<p>After any medication related incident, the service responds quickly to arrange a special supervision with the care worker involved. The aim of the supervision is to review the circumstances and identify support needed.</p> <p>Prior to the latest registered manager joining, the service would've simply asked the care worker to refresh their training rather than focus in on the specific issue that caused the incident. However, it was found that with effective supervision, this was not needed and the manager can help correct their practice.</p>	A
<p>People's medicine administration records (MARs) were now documented electronically on the providers' electronic care records system. Care workers have instant access to information about people's medicines and are kept informed of any changes, such as commencing antibiotics. The system reduces the risk of errors by providing up-to-date information.</p>	A
<p>Despite effective management, training, processes and procedures, human error can occur. One provider helped reduce this through a campaign which communicated the importance of medication errors and accidents on the people needing care and support, the staff member responsible and the wider service.</p> <p>The hard hitting campaign helped staff recognise the impact and take extra care when managing and administering medications. The service also introduced formal reflection on any accident and errors as part of staff supervisions.</p>	A
<p>The service ensures that GPs prescribe anticipatory medicines in readiness for when people need them. The service has links to GPs and 24 hour pharmacies.</p>	A
<p>The lead nurse devised a practical assessment tool in-line with NICE guidelines ensuring all staff administering medicines were assessed every three months against all aspects. This included storage and disposal as well as administration.</p>	A
<p>Each person wishing to manage their medicines had a self-medication plan containing information as to "what is important to me regarding medication?", "what do I need to do around medication?" and "how can staff support me with medication?"</p>	A

One person was declining their medicines and the registered manager, with input from the GP, had assessed the person's capacity to see if they understood the risks of not taking their medicines. The assessment detailed the most suitable environment for the conversation and the best time of day had been considered. The person was assessed as not having the capacity. A best interest decision meeting was held with a multidisciplinary team, including the person's family and GP where a decision was reached and recorded.

A

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"I used to have black-outs, my meds needed to be re-assessed. The home and the GP worked together to review my meds, I'm more alive since coming in here."

Person who needs care and support

"I have lots of tablets, and one of the nurses brings them to me. It's always at the same time. I never miss any."

Person who needs care and support

"We take all the steps necessary to make sure people can administer their own medicines safely, if they want to."

Care worker

"We wanted the right medication, administered in the right way, at the right time with care and compassion to help us keep people safe."

Owner









Inadequate/requires improvement

"The staff aren't allowing me to have one of my medicines and I don't know why".

Person who needs care and support



What to avoid		Service type
	There was no managerial oversight of the recording, administering or auditing of people's medicines.	A
	Failure to store medicine securely or safely, including holding medicines that require stricter controls.	A
	Medicine stock levels weren't maintained, resulting in people having to wait for new deliveries.	A
	Medicines not received at the prescribed time or given at regular intervals.	A
	Medication administration records (MAR) weren't always an accurate reflection of the medicines which people had received.	A
	Medication administration records (MAR) did not always provide appropriate guidance on the level of support people required with their medicines.	R
	Medication administration records (MAR) folders were left open in public areas, enabling others residents and visitors to view the content.	A
	There is no evidence of a 'when required' PRN protocol to guide staff in the administration of some medicines.	A
	There is no recorded justification for why some medicines are administered.	A
	The use of covert medicines which haven't been made in the best interest of the person.	A
	People's behaviour is controlled by excessive or inappropriate use of medicines.	A
	Care plans included conflicting information about the support people required with their medicines.	A

	Medicine policy was out of sync with other documentation and practice.	
	Staff with insufficient training and support to administrate medication effectively.	
	Medicines weren't always dated when opened.	
	Medication issues identified in inspection and audits aren't promptly actioned.	



Available to help





[Medication](#)
(Skills for Care)

[NICE Pathway -
Managing medicines in
care homes](#)

[Administration of
medicine in care
homes \(Department
of Health and Social
Care\)](#)















S5. Infection and control

Ensuring residential services are spotlessly clean is a must, whereas community services should support people to be protected from such risks. Appropriate staffing levels and ensuring staff's own standards can help achieve this.

Recommendations from good and outstanding providers		Service type
	Ensure all staff are effectively trained on infection control and clear training records are kept.	A
	Develop and maintain clear policies and procedures for staff to follow that align with good practice.	A
	Involve the people who need care and support (and/or their family/advocates) in identifying and managing risks associated with cleanliness, infection control and hygiene.	A
	Provide infection control training to people who need care and support, not just the staff.	A
	Provide protective clothing and aids to staff and people who use the service (e.g. alcohol gels and hand washes, shoe covers, gloves, aprons and face masks).	A
	Undertake regular deep cleaning and ensure effective records are kept to help inform when further intensive cleaning may be required.	A
	Employ infection control experts and internal champions to help protect from the risk of cross infections.	A
	Proactively promote cleanliness, including ensuring the rooms or homes of people who use the service are safe and hygienic.	A
	Create a culture which encourages concerns about cleanliness, infection control and hygiene and how these can be raised and responded to.	A
	Ensure managers and staff know how to escalate issues and alert appropriate agencies to help control infection and protect others using the service or in the community.	A
	Have a clear cleaning schedule and ensure it's accessible and regularly updated.	R

Practical examples	Service type
The service has an infection control lead who is passionate about their role, and dedicated to providing a high level of cleanliness. They keep up-to-date records detailing spot checks, cleaning rotas and hand hygiene audits. They regularly meet with the staff team to discuss a range of issues, from prevention of common seasonal viruses to good hand hygiene etc. Staff placed importance on preventing the spread of infection, and put their learning into practice.	A
People were cared for in a clean, hygienic environment. Housekeeping staff used suitable cleaning materials and followed clear cleaning schedules. Learning from an environment audit had been promptly actioned (e.g. repair of a kitchen worktop).	R
Staff wear protective clothing such as gloves and aprons when carrying out duties. Hand cleansing gel was strategically placed throughout the service. Infection control information was displayed and there were infection control policies and procedures in place for staff reference. Records showed infection control training was provided.	R
An external environmental health officer had recently awarded the service a maximum five star rating for hygiene.	R

Telling signs Comments used as evidence in CQC inspection reports	
Good/outstanding <p>“They always mop the floor; the house smells lovely.” Person who needs care and support</p> <p>“They like cleaning here, it’s always going on.” Person who needs care and support</p> <p>“This place is always spotless.” Person who needs care and support</p>	Inadequate/requires improvement <p>“Some of the carers are dirty, their uniforms are dirty and their hygiene isn’t good. They never wear gloves, and I worry that they’re preparing my meals.” Person who needs care and support</p> <p>“It’s unhygienic how the staff left my kitchen.” Person who needs care and support</p> <p>“I am surprised by this. We have a good cleaning team.” Registered manager (on being shown dirty conditions by the CQC inspector)</p>

What to avoid		Service type
	Failure to clean to a safe condition, sometimes as a result of limited staffing levels (e.g. not cleaning up food dropped on the floor during a meal or urine on seats not being cleaned after assisting and moving a person).	
	Ineffective facilities and procedures to enable people to clean their hands.	
	Failure to respond to and address causes of strong offensive odours in the property.	
	Care workers not using gloves and protective clothing for some duties (e.g. in the preparation of food).	
	Staff not effectively trained on infection control or training not regularly refreshed.	
	People aren't supported to maintain standards of cleanliness they should expect (e.g. people's clothing was ill-fitting, not well ironed and stained with food).	
	Staff hygiene and cleanliness of their clothing or personal appearance (e.g. permitting long false fingernails when these are known to be an increased risk).	



Available to help

[Care Certificate workbook \(Standard 15\)](#)
(Skills for Care)

[Prevention and control of healthcare-associated infections \(NICE Pathway\)](#)

[On-going learning and development guide in adult social care](#)
(Skills for Care)



S6. Learning from accidents and incidents



With even the most robust risk assessments and best staff, accidents and incidents do occur in care services. How good or outstanding a service is will depend on how they take ownership, investigate, learn and minimise the risk of reoccurrence.

“We learn from every accident and incident which occurs. We look at not only what went wrong, but also what went well and we found that by asking different questions we were able to come up with successful solutions - often the problem and the solution are very simple.”

Megan Tranter

Registered Manager, Thistle Hill Hall (Debdale Specialist Care Ltd)

Recommendations from good and outstanding providers		Service type
	Review all accidents and incidents.	A
	Where people are at risk, make immediate adjustments and improvements to ensure people remain safe.	A
	Ensure accident and incident reports are fit-for-purpose and train staff to effectively use them.	A
	Consider the use of technology to provide instant access to your latest records, helping you to review the current status and promptly access the latest evidence.	A
	Ensure senior managers are alerted to all incidents and at least one has the responsibility to sign them off. Document the outcome and any potential further action needed.	A
	Keep those who work for, use and engage with the service up-to-date on investigations and outcomes.	A
	Effectively communicate and document any changes to practice as a result of incidents and accidents, and the date these changes should be applied from.	A
	Minimise paper records where possible, avoiding increased risks from bad handwriting, omissions and disorderly files.	A
	Empower staff to raise concerns about poor practice.	A

☾ Ensure there is a strong approach to the duty of candour so there is a culture of being open and honest when something goes wrong. ☾

Quality Matters, 2017

Practical examples	Service type
<p>We ensure that our employees learn from previous incidents by completing a 'significant event analysis form'. This allows for reflection on the incident, identifies any appropriate training and forms discussions during staff meetings.</p> <p>The involvement of our employees will depend on the confidentiality of the investigation. Generally though, all employees involved will be notified, provided with the detail of the investigation and asked to write a statement and/or contribute to a discussion. All learning is shared and all complaints are used as a means to improve. The completion of the 'significant event analysis form' enables reflection on what's gone well and what we'd do differently. This helps us to prevent the reoccurrence of events.</p> <p>Our employees are encouraged not to take things personally and to receive any complaint from the perspective of the complainant and empathise with them. This supports them to reflect upon the situation and work out what needs to be done to improve the persons experience and in some cases, their own practice.</p> <p>Providing the team with a debrief of an investigation is also an effective way of enabling employees to gauge an understanding of the issue, recognise the impact and importance of the event and relate it to their own role. This helps them move forward in a way that ensures improvements will be made and sustained and that re-occurrence is prevented or minimised and safety is maintained. Debriefs can also highlight where employees have worked really effectively in a very difficult situation and recognise this will value their input.</p> <p>Brunelcare's Deerhurst Care Home (with Nursing)</p>	<p>A</p>
<p>Following accidents and incidents, reflective meetings and staff meetings are held to discuss such matters and how to do things differently going forward. The team discuss preventative measures to avoid the same reoccurrence. Risks are reassessed and changes are made to care plans where necessary and cascaded to the team.</p> <p>Accidents and incidents experienced in the setting are turned into scenarios and these are taken to group discussions or supervision sessions. They are discussed and reflected on to see what can be learnt and if things could be done differently to achieve a better/different outcome. Using situations that have occurred in the setting make it real and easier for staff to relate to, which makes the exercise more meaningful.</p> <p>Simply Care (UK) Ltd</p>	<p>A</p>

<p>We keep accident and incident records. These include when people become angry or upset and detail events that lead up to the incident so staff can reflect on any triggers and how they could be avoided in the future. People using the service were included in this reflection so they could voice opinions about what had happened. Risk assessments and care plans were reviewed monthly and information from incident analysis added to them to make sure they were up-to-date, live documents and fully focused on the individual.</p> <p>London Care Partnership</p>	A
<p>Following an incident or accident, both the provider and registered manager explained to people what they were going to do to prevent reoccurrences of issues and apologised to people when things had gone wrong.</p>	A
<p>Following each incident report, a member of the management team had reviewed each report, made notes and signed off each one before filing them. This process was complemented by the registered manager who made additional recommendations about how to prevent reoccurrence.</p>	A
<p>In one service, a recent incident resulted in a wrong piece of equipment accidentally being used. Immediate action was taken to ensure appropriate treatment for the person involved. Procedures and protocols were then reviewed and strengthened to minimise the risk of reoccurrence. The staff member and all other staff were given training on the new system put in place. A reflective practice session was held on the incident so all nursing staff could contribute to the improvements.</p>	A
<p>Following any incidents and accidents, the service took actions to minimise the risk of reoccurrence of incidents which could place people at risk of harm. Individual protection plans were implemented. These included increased staff monitoring of the individuals whereabouts to make sure people were kept safe, medical attention being sought for people and staff closely monitoring people's mood and well-being.</p>	A
<p>The service introduced a 'safety cross' system (which is more commonly used in the NHS) alongside their accident/incident reporting, to help staff identify people at increased risk. The 'safety cross' calendar provided a visual prompt which highlighted when a person fell or was unwell. It helped staff spot trends earlier, so they could take proactive action and identify people whose risk had increased.</p>	A

☾ Poor practice can be stopped if everyone takes responsibility for speaking out, with any learnings being shared through appropriate training or detailed within memos as a reminder. We not only learn from events that have happened within our own care home, but the charity will always share learning and changes in practice where a significant event has happened elsewhere. ☾

Lesley Hobbs

Care Home Manager, Brunelcare's Deerhurst Care Home (with Nursing)

☾ We promote an open culture based on information sharing. We provide support when things go wrong to ensure people learn and grow from these experiences, while still having the confidence to be positive risk takers. We believe that, used constructively, these experiences build positive change and strengthen our teams and organisation. Being open and working collaboratively with others, inside and outside of the organisation, has supported us to build an excellent reputation within the community. ☾

Peter Norman

Registered Manager, Belong

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"Incident alerts are analysed with the registered manager so that action could be taken to reduce the risk of people experiencing harm."

Clinical lead











"Accidents and mistakes do happen, the most important thing is to deal with them properly, be open and honest and learn from them so we minimise the reoccurrence and similar things happening again. We also make sure we keep the relatives fully informed."

Deputy manager

Inadequate / requires improvement

"They just move the staff, they don't tackle the problem."

Person who needs care and support

What to avoid	Service type
 Inconsistency (for example, only some of the incidents and accidents were investigated further).	
 Recording only partial information about an incident complicating follow up actions (for example, a service records six missed appointments but no details of which dates or who was involved).	
 Complex records systems leading to increased risk of documents not linking together or being correctly updated.	
 Poor staff guidance and training didn't prepare them to minimise risks, accidents and incidents from occurring.	
 Failure to identify and address root causes and reduce the risk of them reoccurring.	





Available to help

[Why information collection, sharing and storage is important](#)

Effective



Introduction

Effective services train and develop people with the right values to deliver the care that's needed and support longer-term good health and wellbeing.

By January 2018, 83% of adult social care services were rated good or outstanding relating to 'effective'. Organisations often achieved this by ensuring their induction met or exceeded the national standards, as well as ensuring existing staff and volunteers continue to be supported and developed long beyond inductions.

Effective focus also incorporates supporting people's wider health and wellbeing, enabling people to access the support they need from healthcare services. Strong relationships with health professionals and how people are supported as they move between services are key. Food, nutrition and hydration are equally important in helping people maintain a balanced diet through healthy options.

It's rare to find a service rated good or outstanding that doesn't have lower than usual turnover rates. Retention is often achieved not only by ensuring staff are selected by having the right values and who take pride in their work, but also by being supported and supervised by managers and leaders.

Services are also expected to ensure their premises, equipment and apparatus is personalised and helps people to remain as independent as possible. There is increased focus on assistive technologies and how the service has embraced these and other innovations.

'Effective' also includes focus on consent, including how the service ensures that the Mental Capacity Act 2005 is adhered to and how people are protected from restraint. Fundamental to this are managers and leaders that understand good and best practice and ensure their wider staff team are suitably trained and know how to raise and respond to concerns.

For the 17% of adult social care services rated as requiring improvement or inadequate, failures to train and develop their staff, promote healthy options and establish effective links with healthcare providers were often contributing factors.

Effective

Key recommendations

E1. Legislations, standards and evidence

- Look for partnership and learning opportunities to enable the service to deliver best practice.
- Ensure the managers and leaders understand the latest legislation, standards and evidence-based research.
- Deliver care in-line with the latest legislation, standards and evidence-based research.
- Communicate key changes to practice.

E2. Staff skills, knowledge and experience

- Provide the Care Certificate as a minimum to those joining the sector.
- Ensure competency has been assessed before people deliver care.
- Customise your inductions for experienced workers.
- Use technology to keep track of employee training and refreshers.
- Continually develop staff, including qualifications and specialist courses.

E2. Effective retention

- Recognise the benefits of low staff turnover to the continuity of care.
- Recognise the valuable contributions staff make.
- Involve staff in determining appropriate incentives and initiatives.
- Provide regular support and supervision.
- Promote and support staff wellbeing.

E2. Staff Support

- Ensure staff know what is expected of them.
- Provide longer-term supervision and support, don't limit this to inductions or formal meetings.
- Involve people who need care and support or their feedback in supervisions.
- Follow performance management good practice.
- Set aside enough time to help staff develop and ensure support is available at all times.
- Regularly observe performance in the workplace.

E3. Food and nutrition

- Train staff, assess competence.
- Record and review nutritional needs in care plans.
- Involve people in menu setting.
- Offer food choice and healthy options.
- Support people during meal times, offer alternatives where food is declined.

E4. Working together across organisations

- Create and maintain effective relationships across a variety of health support organisations.
- Ensure managers and leaders understand healthcare systems and how to effectively navigate them.
- Be proactive in risk assessing potential healthcare needs of those using the service.
- Embed clear and effective systems.
- Clearly document engagement with healthcare services.

E5. Healthy lives

- Enable and empower people who need care and support to maintain good health.
- Train staff, assess ability to promote healthy lifestyles and support.
- Provide accessible and timely information to people, their families and advocates.
- Support people to access medical support and treatment.

E6. Adaption, design and premises

- Ensure the environment reflects people's needs and protects their dignity.
- Involve people in the decoration of their room.
- Conduct safety checks on premises and equipment.
- Promote and use adaptive and assistive equipment.

E7. Minimising Restraint

- Lead by example in the adoption of good and best practice around positive behaviour support.
- Enable staff to understand and have the confidence to deliver strategies.
- Embed appropriate guidance on restraint and restriction into care plans.
- If restrictions are needed, ensure that these are time-limited and under constant review.

E7. Consent

- Train staff, assess competence.
- Support people to make decisions.
- Ensure consent is an integral part of the care.
- Empower staff to know where people are deprived of their liberty and can act on this.
- Ensure managers and leaders are aware of the correct legal process to follow.
- Invest time in assessing people's changing capacity, which for some people may change on a daily basis.

E1. Legislation, standards and evidence








Ensuring services deliver care which at minimum reflects the latest legislation, standards and evidence is an important part of delivering effective care. Managers and leaders play a crucial part in this process and ensuring the service makes well-informed decisions.

Recommendations from good and outstanding providers		Service type
	Look for partnership and learning opportunities to enable the service to operate the highest levels of care and deliver the latest best practice.	A
	Ensure managers and leaders understand the latest legislation, standards and evidence-based research related to the care they provide.	A
	Adapt care so it's provided in-line with the latest legislation, standards and evidence-based research, revising policies and procedures when needed.	A
	Implement and monitor to ensure the service is delivering care in-line with the latest legislation, standards and evidence-based research.	A
	Ensure key changes to practice as a result of new legislation, standards and evidence-based research are effectively communicated, with training and assessment undertaken.	A
	Ensure the service has effective systems in place to avoid discrimination when making care decisions.	A

We are an active participant within the local community and the National Care Forum. This assists us in remaining up-to-date with all current and proposed legislation and guidance. We receive early information regarding upcoming changes, which gives us time to plan for their introduction and consider the best ways to ensure compliance.

Peter Norman
Registered Manager, Belong

Practical examples	Service type
<p>Our clinical training is reviewed annually to ensure it's current and complies with up-to-date best practice guidance. National Institute for Health and Care Excellence (NICE) guidance, Department of Health and Social Care and other relevant guidelines are sourced and shared by our head of clinical excellence. This information is also available to all employees via our intranet.</p> <p>We have links with local universities such as the University of the West of England and the University of Bristol. We have student nurses at the care home who work alongside mentors. These dedicated mentors have to be up-to-date with all legislation and have to pass a test with the university to ensure that their standards are up to the required role as a mentor.</p> <p>Brunelcare's Deerhurst Care Home (with Nursing)</p>	
<p>In order to benchmark ourselves against other services we use self-assessment tools and benchmarks and quality frameworks. We pride ourselves on the use of quality frameworks to guide our work and business planning. This ensures we're at the forefront of quality initiatives in social care for people with learning disabilities.</p> <p>Frameworks have included; disability confident employer, driving up quality in learning disability services, Think Local Act Personal, 'health charter', Quality Matters, dignity in care, positive behaviour support, 'NICE' guidelines. We try and use creative methods where we can to help everyone (staff, people we support, families) to understand the focus of these frameworks and why they're important for quality.</p> <p>Castle Supported Living</p>	
<p>Registered manager and other members of the senior team maintain their skills and knowledge to ensure care is delivered in-line with good practice guidance by attending training, conferences, provider forums and meetings and being members of organisations that offer regular updates and reading materials. These learnings are then cascaded to the team.</p> <p>Egalité Care Ltd</p>	
<p>The service incorporated expert guidance from the Royal Pharmaceutical Society, The Alzheimer's Society, the Stroke Association and the Parkinson's Society into the care they provided. This included incorporating it into people's care plans for staff to follow.</p>	
<p>Undertaking their own research into ulcer care, the registered manager looked closely at NICE guidance in relation to nutrition, hydration and pressure ulcer care. Through undertaking this analysis, the registered manager led an initiative to increase people's mobility and keep people moving.</p>	

The registered manager and nominated individual worked together to ensure they clearly understood the Health and Social Care Act 2008. They incorporated this learning into policies, procedures and best practice guidance. The service was able to instil confidence in their systems, and processes were useful and effective.

A

☞ We're passionate about evidence-based practice; continually reviewing the IHI's white papers, NICE guidelines and Kings Fund initiatives, whilst attending rehabilitation focused conferences and critically appraising journal articles. Clinical outcomes are then selected and integrated with our individual clinical expertise, then transferred directly into the therapy sessions, interventions and activities. This enabled our service users to receive the very best in evidence-based practice, which resulted in positive outcomes in their rehabilitation. ☞




Helen Cooper

Clinical Therapy Lead, Thistle Hill Hall (Debdale Specialist Care Ltd)

☞ Registering with the individual area of legislation so the management team are immediately updated with changes as they occur and ensure areas that apply are implemented and cascaded to the team of staff in regular meetings held. ☞

Pushpa Meghani

Operations Director, Simply Care (UK) Ltd

What to avoid		Service type
	Managers and leaders demonstrating a lack of understanding or expertise around legislations, standards and research.	A
	Care and support doesn't reflect the current guidance and best practice.	A
	Care and support is based on poor, ill-informed decisions and doesn't reflect the full range of people's diverse needs.	A



Available to help

[Care Improvement Works](#)

[Research evidence
\(Skills for Care\)](#)

E2. Effective retention




“The combination of greater demand and unfilled vacancies means that staff are working even harder to deliver the quality of care that people have a right to expect. However, there is a limit to their resilience.”


**The State of Health Care and Adult Social Care
in England, 2016 / 17, CQC**



The retention of staff not only benefits the bottom line for care services but also helps build trust and familiarity. In addition to retaining a capable and confident workforce, a service that retains its people can often build a strong reputation, helping them to attract new talent and business.

Recommendations from good and outstanding providers		Service type
	Ensure managers and leaders work to successfully motivate staff and demonstrate their contributions are valued.	A
	Regular feedback, praise and recognition for good work is part of the everyday culture.	A
	Recognise the benefits of low staff turnover to the continuity of care.	A
	Explore ways of encouraging staff to remain with the organisation. This may include listening and responding to feedback, as well as providing opportunities to learn and develop.	A
	Consult staff in surveys, team meetings, supervisions and other one-to-one opportunities to understand what is important to them and regularly review this.	A
	Recognise the importance of staff wellbeing and the wellbeing of people who use the service. Initiatives to support staff are available; these are well known and recognised by staff and documented, e.g. flexible working patterns, wellbeing initiatives such as discounts with local gyms and stress management training.	A

	Support staff to develop themselves beyond induction, providing opportunities for additional training and even a clear career pathway for them.	A
	Always conduct interviews when staff leave and invest time and resource in identifying areas for improvement.	A
	Calculate what it costs you to recruit and develop new workers. This can help you to redirect time and funding to initiatives helping to reduce these costs.	A

 Building a team of flexible, reliable and competent staff is key. From the very outset we endeavour to recruit people with the right values, beliefs and attitudes - who share our vision to deliver care that is person-centred, values the individual and respects dignity and independence at all times.

Knowing how to appreciate staff, recognise achievements, support development, address performance issues, and communicate effectively are some of the fundamental skills needed for a good team leader. Taking time to listen to staff and apply these skills during the course of my working day has resulted in people feeling valued in their role and often going above and beyond the call of duty when supporting their clients. 

Claire Jackson

Registered Manager, Inter-County Nursing and Care Services, Christchurch



Practical examples	Service type
<p>The organisation introduced an annual ‘duvet day’ awarded to any colleague who achieved 100% attendance. Other retention related initiatives include ‘wow vouchers’ to thank staff for providing a service above and beyond what is expected. Staff are encouraged to put forward new ideas with additional prizes available.</p> <p>PossAbilities CIC</p>	A
<p>In order to retain very experienced members of staff we created new posts; one of higher carer between carer and senior, and one of care co-ordinator, which is one level beyond senior. This enabled retention of the best quality staff and a feeling of being valued and significant within the organisation.</p> <p>Ebury Court Residential Care Home</p>	A
<p>In response to staff feedback, new contracts were introduced with guaranteed hours in addition to other positive contractual changes. The service also introduced career pathways providing staff with information for career development including the level of qualification required for each role.</p>	A
<p>The service employs care workers originally from other countries. They found that some did not understand the British tax system and associated deductions. By ensuring a new worker knew what their ‘take home’ pay was ensured they could make an informed decision as to whether this would sustain them, reducing the risk of them leaving.</p>	A
<p>A new manager found one of the team to be particularly negative which was impacting the satisfaction of others. They addressed this by performance management and supporting other staff to be confident in dealing with disruptive views and negativity.</p>	A
<p>In a service where some of the residents have challenging behaviour, effective training helped staff retention but some staff were still leaving. The manager arranged for a psychologist to attend, giving staff the opportunity to talk about incidents and the impact this behaviour had on them which helped to build resilience rather than leave the service.</p>	R

It's good practice for companies to develop in-house staff that, in turn, gain confidence and leadership skills. They will then have confidence to apply for progression roles within the company. It allows for insights into best practice and aids staff retention by motivating and inspiring staff.

Tracey Poole

Registered Manager, Premier Care

Our organisation offers staff incentives to reward good practice where staff have gone 'above and beyond'. Our online HR 'kudos' system is available and visible to all employees. We provide positive feedback and incorporate this into supervision pro-forma which are regularly refreshed and revisited.

Joseph Hughes & Alex Beales

Registered Managers, City Care Partnership Ltd

What works for us Hale Place Care Homes



A challenge we all face is how to ensure sufficient numbers of high calibre care workers are working within our homes at all times. Our approach to addressing the revolving door, and quality of personnel, was to improve retention.

Recruiting quality carers is becoming increasingly challenging. We therefore focus on retaining the excellent staff we have invested in, through valuing each person, team building, acknowledgement of achievement, incentives for outstanding contributions and celebrating individual and corporate successes together. The outstanding personnel are recommended for national awards and, if they reach the finals, we celebrate by taking 10-14 staff to the presentation evenings.

We reward our employees who attain the highest marks for their learning throughout the year with trophies and financial bonuses. The employees choose the team building events which we organise throughout the year, for example ten pin bowling, sea side trips, Christmas parties in London and gala evenings.

We support the development of all employees to reach and better their goals; we strive together to be the best we can be. This approach resulted in only a handful of employees moving to another employer, over the past 28 years. We believe this is because they're valued and respected by people who need care and support, their relatives, management and their peers, and they experience the sincerity of our support.

Kevin Hewlett
Director

Knowing why people leave is critical to achieving continued business improvements. We use telephone interviews and anonymous surveys to gather people's reasons for leaving. We're supportive in our approach and encourage real honesty without repercussions. What we learn is reviewed and change is embedded within the organisation when needed.

Dominique Kent

Chief Operating Officer, The Good Care Group

Focusing on the positive aspects of employees roles ensures they feel valued and helps them to think about what they're doing and why. This, in turn, helps them to be able to express this during a CQC inspection.

Lesley Hobbs

Care Home Manager, Brunelcare's Deerhurst Care Home (with Nursing)

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"We feel safe, absolutely, because we know who is coming and we have developed a relationship."

Person who needs care and support

"There have been very few staff changes over the years; that must say something."

Family member

"Staff retention is really good. I've had virtually the same team for over five years."

Senior care worker

"I've never been proud to work for any company until I worked here. I've never been to work where they received awards for recognition."

Care worker

"We keep staff because we support them and train them well. We tell them when they have done a good job. They need job satisfaction."

Registered manager











Inadequate/requires improvement

"The service is reliant on agency staff. It's difficult to recruit new support workers."

Care worker

"There is a lack of staff. It's very hard as we can't give the level of care that we want to. You just don't get the job satisfaction as it's such a rush."

Care worker

What to avoid	Service type
 The service has a high turnover of managers and leaders, including the registered manager role and poor succession planning.	
 The turnover of staff is above national and area average.	
 There is little or no successful initiatives to help retain and reward staff.	
 Staff feel undervalued, with managers and leaders failing to listen to their needs and appreciate their performance.	
 Staff feeling overworked.	



Available to help

[Finding and keeping workers online](#)
(Skills for Care)

[Finding the right people for your organisation seminars](#)
(Skills for Care)

[Keep your people](#)
(Skills for Care)

E2. Staff skills, knowledge and experience

☞ **Quality means staff are supported to achieve their own qualifications and encourage others to learn and develop.** ☞






Quality Matters, 2017













Good and outstanding rated services invest in the effective development of their workforce. Their induction processes go beyond the minimum standards and the longer-term development utilising best practice and qualifications where appropriate is usually a priority.

☞ **Training must be relevant, there's no point in training just for trainings sake. We discuss as a team what the areas of concern are and we then work with trainers to ensure delivery is bespoke. This ensures effective outcomes and a safer environment.** ☞

Megan Tranter

Registered Manager, Thistle Hill Hall (Debdale Specialist Care Ltd)

Recommendations from good and outstanding providers		Service type
	Provide new staff who are joining the sector for the first time with the training, support and the workplace assessment of competence that at a minimum meets the Care Certificate standards.	A
	Ensure lone working doesn't take place until associated training, supervision and assessment of competence has been satisfactorily completed. Allow sufficient time for this to be possible.	A
	Give new staff enough time to read and discuss key points about all care plans, so that they understand each person's needs and preferences. Include reflective practice as part of inductions.	A
	Actively involve people who need care and support in the induction and further training and development of new and existing staff. Use real life case studies to help demonstrate points in the training.	A
	Assign new staff a mentor, buddy or alternative support to ensure they have someone to turn to and help them throughout their probation period (and potentially beyond).	A

	Ensure staff are appropriately trained and learning is kept up-to-date. All training and development should be well documented and tailored to the meet the needs of people receiving care.	A
	Ensure training is reflective of people's learning styles and flexible to meet different preferences.	A
	Use electronic employee records and HR software to keep track of employee training, with reminders for spot checks, re-training deadlines and other regular activities in care.	A
	Ensure effective systems are in place to identify when staff refresher training is needed. Provide meaningful refresher training and ensure new learning is transferred into practice.	A
	Regularly reassess competence - challenge poor practice but provide constructive feedback and support to correct issues and embed new practice.	A
	Support your trainers, supervisors and senior care workers to continue to develop their own learning. Ensure those involved in delivering the induction, learning and development of others are suitably experienced, trained and up-to-date.	A
	If commissioning some parts of induction and training, select a high quality learning provider(s). Always seek meaningful feedback about staff from these services and plan to observe how the new knowledge and ability are put into practice.	A
	Ensure managers and leaders contribute their experience and expertise in the induction of new staff and continued development of existing workers.	A
	Provide learning and development opportunities beyond just induction and refresher training. Create career pathways for staff, including opportunities provided by specialist courses and qualifications.	A
	Where appropriate, staff should be given the time and space to be able to maintain any relevant professional registration	A
	Be actively involved in the succession planning of leaders and managers, providing opportunities for talent to develop new skills, qualifications, shadowing, secondments etc.	A
	Offer learning and development opportunities to people who need care and support and / or the wider community (e.g. work experience placements, social work students, those seeking work).	A

Once someone's recruited we take the time to find out what they are good at and what they enjoy and we work to nurture this. Staff have the confidence and permission to think autonomously and bounce ideas around. One of the ways I support this is delegation. I think if I can delegate and share my role I empower staff and they can see the service growing. Your culture has to be a team thing, not a manager thing.

Sandra Anderson

Registered Manager, The Millings

We ask for feedback from staff as to how the new team member is developing - things such as attitude and showing dignity and respect. If existing staff aren't comfortable with a member of staff after they've had time to settle in, we reconsider their suitability for the role. We don't tolerate any poor performance.

Ann Ambrose

Registered manager, Nazareth Lodge

During the probation and induction period, how new staff members interact with people who use the service is continuously observed. We take on board feedback and comments from staff, people who use the service and families in order to make a final decision on whether to employ that person.

Hayley Birrell

Care Coordinator, Rosedale Care Home

Practical examples	Service type
In addition to other training and supervision, we use bite-size tests to check our care worker's continued understanding on various subject matters (e.g. safeguarding). This helps us to identify where additional support, supervision and clarity is needed. The Good Care Group	A
Staff received a three-month induction training programme when they began working for the service. The whole induction period was carefully planned and structured to build knowledge and skills steadily using the Care Certificate framework. At the end of this process a meeting was held to decide if the probationary period had been completed successfully or if additional time was required.	A

<p>Inductions were revised to increase the number of times care assistants were required to meet with the care manager (this included additional reviews at four and eight weeks). In addition to ongoing supervision and support, the reviews provided more formal opportunities to review performance and address any areas of concerns. People who used the service benefited from an increase in the level of monitoring and support for new staff.</p>	A
<p>New staff received an induction programme that was very detailed, thought provoking and thorough. The induction covered several weeks and during this time there was a buddy system in place that they found invaluable. By adopting the Care Certificate, the owner and registered manager had regard to industry best practice when delivering training and incorporated updates to best practice when inducting new staff. Staff completing induction had their progress reviewed after one, three and six months to ensure their understanding from the learning and to identify further training.</p>	A
<p>The provider was accredited with the National Autistic Society. This involved an accreditation visit from the society to review the service's practices such as admission plans and how staff supported people, particularly when they were anxious or distressed. To be accredited, the service had to demonstrate staff were appropriately trained to provide effective care based on best practice. For instance, staff were trained in the use of specialist assessment tools and techniques.</p>	A
<p>Training was delivered both in-house and through external training from the local authority, first aid specialists, community pharmacy, local hospice, and through accredited trainers.</p>	A
<p>Staff in the service volunteered to be 'role-specific champions' in subjects they were passionate about. These roles promoted evidenced-based best practice. Champions included end of life care, dignity, dementia, infection control and safeguarding. All the champions undertook additional training and shared their knowledge within the team through championing and raising awareness in their topic area.</p>	A

New members of staff are paired up with exceptionally strong and caring members of the care team to learn the way in which the home operates further and to gain guidance and support from them.

Rebecca Elford

Nominated Individual, The Old Vicarage Residential Care Home

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

“All the staff know what they are doing. There isn’t one of them who isn’t skilled in their job.”

Person who needs care and support

“If we have a new client or a client’s needs change, we are trained.”

Care worker

“I really enjoyed the training on dementia. I obviously come into contact with people all the time and I found it really informative how I can communicate better with people.”

Housekeeping staff member

Inadequate/requires improvement

“I don’t want them anymore. They aren’t trained to do anything properly.”

Person who needs care and support

“Newbies sometimes appear to have no training.”

Person who needs care and support

“Some staff seem well trained but others don’t seem to have a clue.”

Family member

“I had no induction when I joined. I was picked up, taken to a client once and then was asked to work on my own.”

Care worker

“Not much training, not hands on, we used to go to the office – now it’s done by booklet at home.”

Care worker

What to avoid

Service type



New staff joining the sector either don't receive or are rushed through the induction, whilst those with previous experience receive little or no induction.

A



There is no documented evidence of previous training history (e.g. what was completed at a previous employer).

A













The service doesn’t provide any induction to temporary workers/ bank staff.

A



Staff training records imply that training may not have prepared the care worker for the role but there is no documented evidence of further action (e.g. e-learning score of only 52% achieved and no indication of any additional training provided).

A

	Workplace assessments of competence are either not undertaken, too brief or limited to induction periods only.	
	Staff don't receive practical training and there is an over-reliance on online learning or use of films for what should include practical elements.	
	Staff are expected to provide cover even in situations where they've not got the necessary skills and competence to respond to the care needs.	
	Staff don't put into practice the training they've received (e.g. a chef that has received food hygiene training but doesn't apply what was learnt).	
	The service had poor record keeping and was unable to evidence training and when this was last refreshed (e.g. no training matrix in place or records so vague and inaccurate they are meaningless, even to those working in the service).	



Available to help

[Care Certificate
Induction Standards](#)
(Skills for Care)

[Ongoing learning and
development guide](#)
(Skills for Care)

[Adult social care
qualifications](#)
(Skills for Care)

E2. Staff support

“Good managers truly valued their staff, supporting them to maintain their knowledge of best practice and person-centred care through training and establishing ‘champions’ in different areas of care.”

The state of adult social care services, 2014 to 2017
CQC



Supervision and support is essential to ensuring staff are effectively managed and provided with opportunities to strengthen their practice. Good and outstanding providers usually ensure their staff have regular supervisions, appraisals and access to help and assistance at all times.

Recommendations from good and outstanding providers		Service type
	Recruit on the basis that staff are passionate, enthusiastic and dedicated to their work and these behaviours are regularly observed and reviewed in supervisions.	A
	Ensure staff understand what they need to do to achieve and are given clear guidelines on the quality level expected of them.	A
	Ensure performance management processes are regularly reviewed and reflect good or best practice.	A
	Ensure all staff receive regular planned supervisions with either their registered manager or manager.	A
	Set aside sufficient time for supervisions to cover the support staff need and give opportunities for their voice to be heard. Whilst the supervision should be structured, build in flexibility to discuss issues and have difficult conversations if necessary.	A
	Provide opportunities in the supervision to review staff job descriptions to help them understand their role and reflect on how it's evolving.	A
	Keep the supervision professional and use a template to record factual evidence and notes. Provide constructive feedback and address performance issues.	A

	Ensure supervision and support is also provided outside of formal meetings.	A
	Ensure supervisors and managers regularly observe the performance of staff beyond their initial induction, including unannounced assessments and support. This helps to value achievement and challenge any slipping into poor practice.	A
	Arrange training and development opportunities for those involved in the supervision and support of others.	A
	Empower staff to develop their skills through training and personal development to help drive improvement. Ensure every member of staff has a personal development plan and is committed to achieving it.	A
	Provide access to 'out of hours' support and supervision and ensure staff have access to expertise at all times.	A
	In staff appraisals, focus on what's been achieved since their last one, as well as new aims and objectives and a training needs analysis.	A
	Enable staff to set their own goals as part of the appraisal process. Embed this by ensuring supervision provides an opportunity to reflect of these and agree actions.	A
	Ensure the service supports staff through personal challenges, as well as professional ones.	A
	Wherever possible, focus on feedback about the staff member as part of their supervision, including the views of people they support and/or family/advocates.	A

☾ As a registered manager I continually remind my staff of the importance of their role and encourage them with new opportunities to learn - which helps with staff retention.

It helps staff members to remain interested by expanding their knowledge and provides them with more responsibilities, enabling them to feel a sense of achievement and job satisfaction.

There are always best practice and legislation updates that need to be put into practice; encouraging staff development enables me to keep up-to-date with this whilst continuing with an active role within the home. ☾

Beth Cheffings

Registered Manager, Ridge House Residential Home

☾ Maintaining high levels of staff morale is the best antidote to staff sickness levels which are hard to plan for and which could lead to an unsafe situation. It also means goodwill is returned in the form of reasonable overtime or going the extra mile. For example, we've never needed to use agency staff or cut corners in recruitment by taking the chance on people who may not have the right values.

If staff see meaning in what they do, and have control and support, they're more likely to have the resilience to positively respond to any challenging situation; they will also stay with you. Don't let the annual turnover of staff rise above 10%. ☾

Jason Denny

Registered Home Manager, Old Hastings House

Practical examples	Service type
<p>At our home, expectations of both the supervisor and supervisee are made clear through the use of a signed supervision charter or agreement.</p> <p>Staff support extends beyond the care workers. All staff including office workers should be involved in team meetings, know what is going on in the service and have an opportunity to reflect on how their work influences the care people receive and their contribution to the service.</p> <p>Rosedale Care Home</p>	A
<p>Our managers and carers may not be able to regularly meet together for handovers but we use free software such as WhatsApp to keep everyone up-to-date.</p> <p>Amber Support Services</p>	C
<p>Either the registered manager or a deputy manager were on duty seven days a week. This ensured there was managerial support available every day. Relatives of people using the service felt particularly reassured as there was always someone on duty who could give them a full update on their relative's care.</p>	A
<p>Staff knew who to go to for support, seek advice and put forward suggestions and when to refer to the registered manager. Staff knew what was expected of them because enabling processes were in place for them to account for their decisions, actions and performance. The service actively consulted with staff taking on board the suggestions staff made to improve the lives of people who used the service.</p>	A
<p>Each morning office staff had a 'huddle,' a chance to discuss the events of the day before and plans for the day ahead. On Monday mornings senior office staff met to discuss the previous week's concerns and plan for the week ahead.</p>	R
<p>The service promoted internal advancement for staff with offsite training days for managers and supervisors to develop their skills via new managers' toolkit and developing a lead carer role for support staff to aspire to.</p>	A

☞ In addition to completing regular supervisions to support our staff team, we also create specific supervisions to target current themes or topics within the business which need to be addressed or discussed, e.g. the use of social media, staff sickness protocol, or the admission of a new service user. Whilst these are completed on an individual basis, this guarantees the same message is consistently communicated to the wider staff team. ☞

Lara Bywater
Director, LDC Care Company Ltd

☞ Staff are informed that a certain level of training is required of them and without this training they're not 'safe to practice' and therefore action will be taken to address this. Staff have regular supervisions and appraisals, and part of these are to ensure staff are reminded of and acknowledged for their high standards of care. ☞

Rebecca Elford
Nominated Individual, The Old Vicarage Residential Care Home

What works for us

Sense



At Sense, we recognise the importance of supporting our registered managers. Their role is absolutely critical for providing high quality support services and enabling the people we support to achieve positive outcomes.

Registered managers set the culture and quality for the services they manage – from the recruitment and support of person centred teams through to their focus on continuous improvement and development of their services.

However, we should not underestimate the demands and pressure of the role. They will frequently be juggling many competing demands and requests, both from within the service but also from families; commissioners and care managers; and also from head office. How do they fit it all into their working day?

Through our leadership development programme 'growing stronger leaders together', our quality framework and support throughout the registration and inspection process, Sense is championing the role of registered managers and the role they have in delivering effective and responsive support.

We're always evolving and developing the approach to supporting our staff and it's critical to focus on continuous improvement to avoid complacency – we're always thinking about 'what's next' and 'how can we do it better?'

Jonathan Monk
Head of Quality

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

“All the staff know what they’re doing. There isn’t one of them who isn’t skilled in their job.”

Person who needs care and support

“We have regular supervisions but because the managers are so approachable and support each other, there is always something to learn.”

Care worker

“Working here has done wonders for my confidence, I am really happy, I love it.”

Care worker

“Our meetings are also a good time to reflect on what we’ve got right and what we could be better at.”

Care worker

“There’s nothing people are afraid to talk about here. We encourage it from the moment they walk through the door.”

Deputy manager

Inadequate/requires improvement

“Some carers are good and some are bad. They aren’t taught properly.”

Person who needs care and support

“We’ve only had one staff meeting in the past four months.”

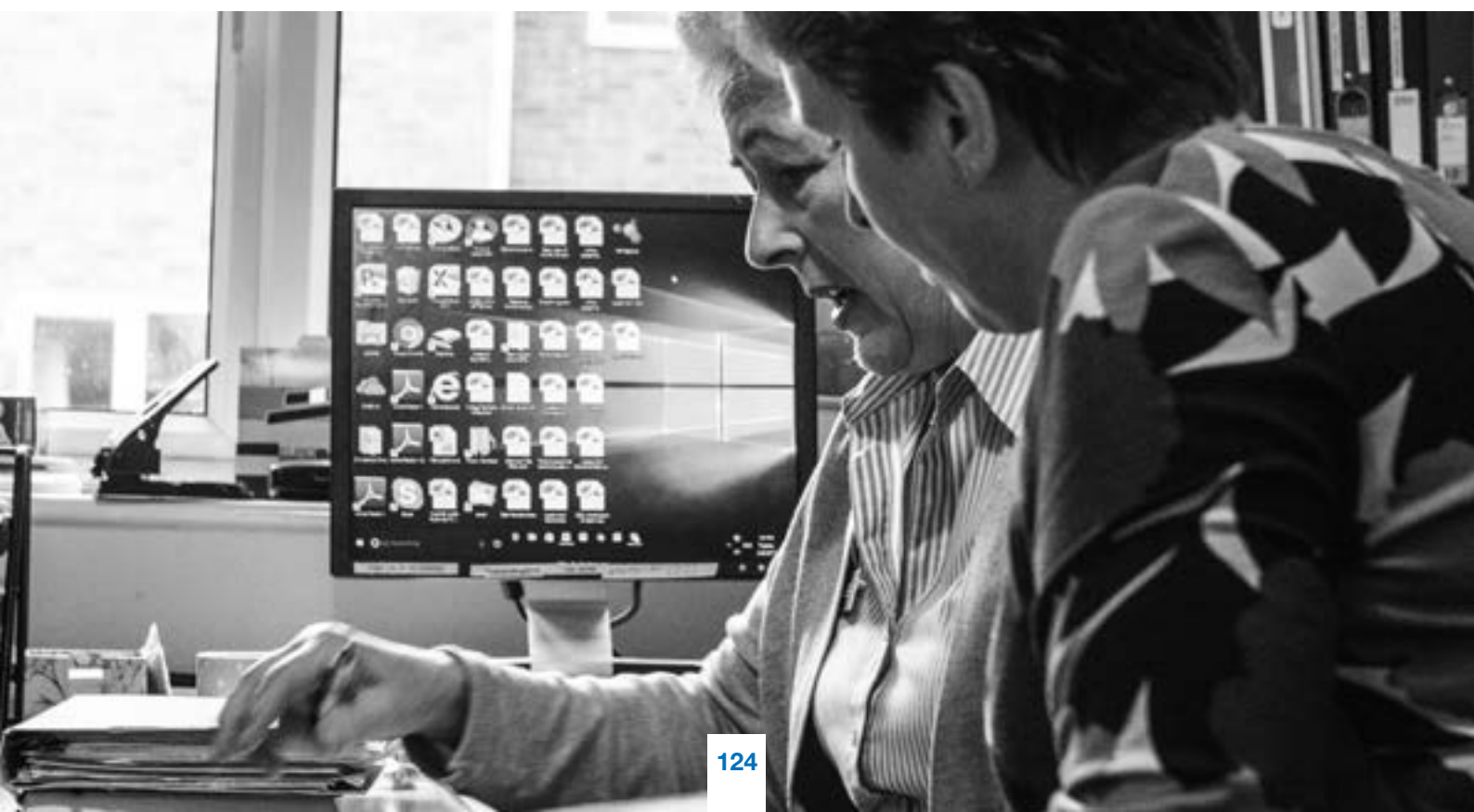
Care worker

















“People die and we’re not told; we’re not given any support with that at all.”

Care worker

“Haven’t had a supervision for months, but I went to get gloves and the manager said while you’re here we’ll do your supervision; but you can’t really say anything because all the office staff are there.”

Care worker



What to avoid		Service type
	Support and supervision to staff is inconsistent (e.g. only some staff receive supervisions or the service can only evidence that some do).	
	There is evidence of bullying and discrimination within the staff team and/or the management of the service.	
	The service provides little or no supervisions and spot checks. There are minimal opportunities for staff to raise issues and concerns.	
	No additional support, supervision and assessment of competence beyond induction meaning slippages into poor practice are not identified.	
	No records of supervisions being undertaken and what support was being provided.	
	Records of staff support is inconsistent with the policies and procedures (e.g. a policy lists that a minimum of four topics would be discussed at each supervision when records contradict this).	
	Staff unwilling to raise issues for fear of being seen as a trouble maker.	
	Staff unwilling to raise issues because they believe managers and supervisors will not act.	



Available to help






[People Performance Management Toolkit](#) (Skills for Care)

[Effective supervision guide](#) (Skills for Care)

E3. Food and nutrition

Good and outstanding care includes the provision of good quality food and drink, including healthy options. Training and effective systems can enable the service to adapt and respond to changing needs, including variances in weight and revisions to dietary requirements.

Recommendations from good and outstanding providers		Service type
	Ensure food, nutrition and hydration training is provided to all staff (including volunteers) involved in the preparation or distribution of food and drink. Refresh training in-line with good practice. Consider formal qualifications where appropriate to the role (i.e. chef).	A
	Assess people's nutritional needs and document these, and include in their care plan. Continue to monitor and refresh these to reflect any changes.	A
	Ensure people's weight is regularly monitored and record the results (if appropriate to their care needs). If issues are identified, change food and nutrition to ensure people receive the correct requirements.	A
	Where appropriate, make referrals to dietitians, diabetes nurses and other healthcare specialists to ensure best practice and food, nutrition and hydration is provided.	A
	Protect people, especially those with complex needs, from the risk of poor nutrition, swallowing problems and other medical conditions.	A
	When food or drink is declined, always seek to provide alternate options.	A
	Ensure or encourage healthy food options to be available. Empower staff confidence in communicating the benefits of a healthy diet.	A
	Actively involve people in menu planning. Consider other opportunities for them to get involved in choosing their meals and drinks (e.g. shopping and food preparation).	A

	Regular audits of food and associated 'use by' dates is undertaken and well documented, ensure only produce in date is used.	A
	Provide regular surveys or feedback opportunities to obtain people's views on the food, nutrition available and hydration options. Seek suggestions for improvements and new meal options.	A
	Ensure food is presented attractively to encourage consumption.	A
	Schedule meal times to meet individual needs, including respecting cultural requirements and celebrating festive occasions.	A
	Always provide a variety of food and communicate these options (the choice should be reflective of people's different cultures and preferences).	R
	Conduct regular checks of kitchen utensils and equipment to ensure that these are safe to use (e.g. take fridge temperature checks).	R
	If the service is responsible for providing food and nutrition, ensure good stock management and don't run out of important produce.	R
	Ensure there are sufficient staff during meal times to serve and support people whilst they eat.	R
	Provide additional support and personalise adapted equipment to help people to be as independent as possible at meal times.	R

Practical examples	Service type
<p>Where one person had been prescribed nutritional supplements (something that was clearly documented in their care plan and medication administration record), the care workers offered a meal first and spent time with the person encouraging and assisting them to eat.</p> <p>The supplement was offered after the meal, which ensured the supplement was not treated as a substitute for food. Records showed the person was weighed every week, as per the dietician's advice.</p>	A
<p>The service worked closely with a nutritional lead who provided specialist support and worked closely with staff to ensure people who used the service maintained a healthy diet. For example; one person was supplementing their food with additional specifically blended food recipes into 'Nutribullet' which is a type of nutritional smoothie. This had boosted this person's nutritional intake and reduced the risk of malnutrition. We saw this person at lunchtime and they told us they enjoyed this food.</p>	A
<p>People were fully involved in decisions about meals served. There was a food forum which enabled people to be part of menu planning. When any changes to the menu were planned a group of people met with the main chef to discuss this. One person said "We go through every meal choice and say whether we want it or not. When the menus have been running a while we ask people what they like and don't like and then meet again to make changes if needed."</p>	R
<p>The registered manager organised for a mobile fish and chip van to park outside the home for those people who said they enjoyed fish and chips. People were able to go out independently and place their own orders.</p>	R
<p>People who use the service had the opportunity to access the kitchen and were supported in helping to prepare meals and cook for others.</p>	R
<p>All refrigerated food was covered and dated. There was sufficient stock of dried foods. Meals were cooked freshly in the kitchen and transferred to heated serving trolleys, one for each unit. The hot trolley included a list of required diets which ensured people received the correct diet. The temperature of the trolleys and food served was regularly monitored.</p>	R

Recognising how daunting meal times may be to somebody who has just moved into the home, each menu is regularly updated with a series of 'conversation starters' encouraging new and existing residents to build relationships on topical items.	R
One person living with a visual impairment as well as learning difficulties was unable to verbally communicate. In order to best support the person's communication, staff learned the person's individual signs, and supported these with smells and taste. For example, if the person signed that they would like a drink, staff then gave them the options through enabling them to taste and smell them. They also did this using taster pots prior to supporting them with meals, to support them to choose.	R

☾ **Good nutrition is key to health, recovery and well-being. We know the provenance of all of our food which is organic and farm assured - even our food colouring is tested!** ☾

Ann Ambrose

Registered manager, Nazareth Lodge

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"I can be picky, but they accommodate me and offer an alternative."

Person who needs care and support

"If they seem like they do not want to eat and drink, the carers will find something that they like."

Family member

"They really understand the role good food plays in maintaining the health and well-being. They have a fabulously creative approach to food that is tailored to the needs of every resident."

External registered dietician

"I want to ensure we do as much as we can to improve people's appetites."

Head Chef

Inadequate/requires improvement

"There's not really a choice about meal times, it just fits in with their schedule."

Person who needs care and support

"I don't get as much to drink as I would like. If you ask for drinks it doesn't always go down well."

Person who needs care and support

"We're told they can't make any fresh food and that everything has to be reheated."

Family member

What to avoid		Service type
	Staff training was poor or not refreshed, care workers did not understand dietary needs and how to handle food safely.	A
	People don't receive enough to drink (e.g. hours in between staff offering people if they want a drink in a residential home).	A
	People at risk of losing weight don't have their dietary needs monitored effectively to meet nutritional needs and/or referrals to healthcare professionals documented.	A
	Care plans related to food and nutrition aren't followed by staff and record keeping was poorly maintained.	A
	There was a poor choice of food and drink available, including healthy options.	A
	Protective covers were put on people who need care and support without staff asking or advising what they were doing.	A
	No food or drink options were provided (e.g. drinks being handed out without asking what somebody wanted).	A
	Where food hadn't been eaten, staff don't offer any alternatives.	A
	Staff who get people ready for meal times a long time before food and drink was served is usually a result of staffing levels rather than care needs.	A
	Insufficient staff or poor culture meant people were not suitably supported at meal times.	R
	There was poor care and attention (e.g. menus of food choices were old and out of date or printed in a format that only some residents could read, no condiments or plate mats were provided).	R



Available to help

[Care Certificate Workbook
\(Standard 8\)](#) **(Skills for Care)**

[Endorsed learning provider courses
\(Skills for Care\)](#)

E4. Working together across organisations







They're good at communicating concerns to the nursing team regarding health issues with patients... this is one of the reasons we're able to prevent hospital admissions by prompt intervention.

External healthcare professional
Outstanding rated service

Supporting people to engage with healthcare and working collaboratively on major events such as hospital admissions, establishing and maintaining relationships between your service and healthcare organisations can hugely benefit the quality of care that's provided.



Recommendations from good and outstanding providers		Service type
	Create and maintain effective relationships across a variety of health support organisations (e.g. speech and language therapy, community psychiatric nurses, dieticians, specialist nurses etc.)	A
	Ensure managers and leaders understand healthcare systems and how to effectively navigate them.	A
	Be proactive in engaging with healthcare services and tracking the progress of people to ensure they access and benefit from the best care and support.	A
	Be proactive in risk assessing potential healthcare needs of those using the service, involving them in the process and incorporate into care plans.	A
	Explore ways in which the service can work collaboratively with the healthcare sector, sharing resources towards a common goal.	A
	Consider the use of 'champions' within your service to take the lead on engaging with specific healthcare services and strengthening wider understanding across them and your service.	A
	Embed clear and effective systems within your service to track engagement with healthcare organisations and ensure timely response.	A

	Recognise the impact that healthcare appointments, treatment and periods in hospital can have on the wellbeing of people. Adapt your service to respond to additional care, comfort and communication that may be needed.	A
	Include details of recent and upcoming health related appointments in care plans (e.g. hospital, GP, dentist, optician). Include referral information and advice from healthcare professionals in care plans and associated documentation, including phone calls about such matters.	A
	Prepare and maintain health passports and transition plans.	A
	Ensure people are supported to attend hospital and other healthcare associated appointments, enabling them to access any treatment they need.	A
	Keep people who need care and support, their families or advocates informed and connected to your service even if they are spending time with healthcare services.	A
	Clearly document engagement with healthcare services and professionals and how this is contributing to the quality of care that's provided.	A
	Involve relevant staff and external healthcare experts in reviews of incidents and significant events (e.g. admission to hospital) to learn from what contributed and how these can be avoided.	A

 **We consider external professionals as part of our extended team. We work hard to form and maintain strong links with external professionals in order to ensure our service users receive any specialised treatment they require.** 

Megan Tranter

Registered Manager, Thistle Hill Hall (Debdale Specialist Care Ltd)

 **Nothing is too much trouble. Any un-met reablement needs are the priority for the service and the individual - navigating systems and processes and negotiating with other health and social care partners to ensure the people who use the service end their journey exactly as they should.** 

Jay Sadler

Team Manager, The Care Plus Group



Practical examples	Service type
<p>A young person with special needs was to be admitted to hospital for in-patient emergency treatment. Our staff ensured their complex needs, communication and eating difficulties would be taken into account by spontaneously building a team to work alongside hospital staff throughout the duration of the hospital stay. This transformed the care experience and ensured a positive outcome.</p> <p>London Care Partnership</p>	A
<p>An extra care housing scheme that provided independent living worked closely with their NHS Foundation and local authority to improve hospital discharge support.</p> <p>Referrals were made via social workers when people are ready to be discharged from hospital but need time to rebuild skills and confidence, or move to more suitable alternative accommodation.</p> <p>The rooms are fitted out with aids, adaptations and technology that the individuals are likely to need when back at home so they can begin to get used to using them.</p> <p>Each person has a keyworker who is their main contact throughout their stay but they also receive the support they need from a multi-disciplinary team, including the local housing association's dedicated care and support team, led by the deputy manager, and community health staff such as occupational therapists, physiotherapists and district nurses.</p>	R
<p>A care home and hospital worked together to link a webcam so that appointments can be carried out virtually. It enabled a hospital doctor to advise on treatment and any suggested medication could be forwarded to the person's GP for prescription.</p>	R
<p>Over Christmas the registered manager had arranged to admit people that were ready for discharge from hospital, but where community care could not be arranged. This enabled the people to be in a 'safe and homely environment' over Christmas and also free beds up in the hospital over a very busy period. The hospital were so impressed with the service, they since contacted the manager to see if further joint work could be organised.</p>	R
<p>When a person was admitted to hospital, the service had a form they used to track the person's progress. Team leaders reviewed people's needs before they returned home by liaising with the person, family, and hospital. This was to make sure any changes to care and support were put in place.</p>	A

Recognising the impact that hospital admission has on people, the registered manager ensured the service regarded any occurrence as a significant event. This would prompt them to carefully review events leading up to the hospital admission to identify ways to learn from these and mitigate future risks. Their investigations involved detailed discussions with the GP.	A
The organisation developed a 'home and settle' service which supported people out of hospital and settle back into their own home. The community based service ensured staff visited people in hospital and assessed their needs and gather information such as when they were likely to be discharged. This enabled the service to best prepare for the person's return home, purchasing food needed and ensuring somebody was there to support them. In one instance where the person had been in hospital for nine months, the service arranged a new bed and appropriate furniture.	C
In partnership with their local authority, a care home was at the forefront of a campaign to raise awareness that people should drink in sufficient quantities to help reduce urinary tract infections. The registered manager reported that staff had taken pride in exploring different ways of promoting hydration with people.	R
People's care plans and care records were kept on computer under a system that was also used by 95% of the GPs in the local area, district nurses and other healthcare professionals. This meant that with the person's consent, external healthcare professionals involved in their care were able to have immediate and up-to-date information about changes in health, treatment and medication.	A
The service utilised the expertise of an occupational therapist (OT) in securing equipment to meet the person's changed needs. This included a specialist bed, a new hoist and adaptations to the shower.	A


"The impact on people is particularly noticeable where sectors come together – or fail to come together. Health and social care services need to work well together so that people have a better experience."


**The State of Health and Adult Social Care in England,
2016/17, CQC**



 **We work closely with social workers and health colleagues, families and clients and ensure we can clearly evidence the care we offer is in the person's best interest. We're looking at creative ways to ensure they can be involved in their care.** 

Debbie Clark
Registered Manager, Egalité Care Ltd

 **We supported a person who needs care and support to move from a secure hospital setting into this service. Our person-centred and positive behaviour support approaches have ensured a smooth transition with no incidents of challenging behaviour since they moved in.**

We co-worked well with the team at the hospital to ensure continuity and consistency of care. This individual's family and other professionals have been astounded by the progress made and he is finally somewhere that he can call home. 

Cressida Rapela
Regional Operations Manager West Surrey, Welmede Housing Association

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"My appointments at the hospital are always arranged with cover to take me no problems, office staff always attentive."

Person who needs care and support

"The team work very closely with any other agencies i.e. health; especially the community nurses to ensure that appropriate support plans are being adhered to and good communication is evident."







External healthcare professional

"We work together as a team ... we know each other and value what we do ... we work together closely and they go over and above."

External healthcare professional

Inadequate/requires improvement

No quotes identified from inspection reports reviewed.

What to avoid	Service type
 Failure to engage with healthcare professionals and establish effective working relationships.	
 Adopting an inconsistent approach to planning and responding to healthcare organisations.	
 Ineffective systems making it difficult to track, evidence and take appropriate actions around healthcare needs.	



Available to help

[Learn from others - health and social care integration](#)
(Skills for Care)

[Moving between hospital and home, including care homes: A quick guide for registered managers of care homes and home care](#)

E5. Healthier lives



Keeping people healthy and supporting them to make informed choices is part of delivering effective care. How a service promotes healthier lives to the people who need care and support can make a significant difference to their wider wellbeing.

Physical health problems significantly increase the risk of poor mental health and visa-versa. Our purpose built gym and tailor made initiatives promoting healthy lives have given us the ability to provide instant access, education and support for all of our service users.

One of the great things about physical activity is that there are endless possibilities, and there will always be an activity or an adapted activity suitable for almost everyone. We continually promote the importance of valuing mental health equally with physical health and educate our service users and staff respectively.

Helen Cooper

Clinical Therapy Lead, Thistle Hill Hall (Debdale Specialist Care Ltd)

Recommendations from good and outstanding providers		Service type
	Enable and empower people needing care and support to maintain good health.	A
	Train and develop staff to ensure their own understanding around health and wellbeing is in-line with the latest best practice.	A
	Provide accessible and timely information to people, their families and advocates enabling them to make choices about their health.	A
	Where needed, empower staff to act as advocates for people when engaging with healthcare organisations and other agencies.	A
	Ensure staff monitor and make prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified.	A
	Provide opportunities for staff to develop their expertise using national qualifications and good/best practice programmes (where applicable for the levels of care needed).	A
	Where possible, use champions to help promote healthy outcomes and act as referral and support to the wider staff team.	A

Practical examples	Service type
<p>The Kings Fund promotes equal access to physical and mental health care. We embraced this by initiating the 'Fit-for-Feb' home-wide initiative, encouraging a collective approach, engaging service users and staff in virtual walking.</p> <p>When planning this we acknowledged the motivation, engagement and ability which varied across our service user group. Knowing some people preferred to work alone, some outdoors, and some would never engage in formal activities we decided to provide people with pedometers to ensure their daily steps were counted to our total giving all involved, regardless of the manner, inclusion and a feeling of achievement in attaining our goal.</p> <p>Thistle Hill Hall (Debdale Specialist Care Ltd)</p>	<p>A</p>
<p>To strengthen healthcare skills within the service, staff had to complete a level 3 qualification and then underwent a comprehensive structured programme to build and enhance clinical skills over a six month programme. These new skills were only signed off when the care practitioner was confident and competent in their ability to complete them and an observation(s) had been completed.</p> <p>This enabled staff to effectively deliver tasks such as clinical observations, basic wound care, taking bloods, administration of medication, care planning and reviewing, risk assessing, care reviews with relatives, manage the shift for the registered nurse, verify death and allocating, supervising and mentoring staff.</p>	<p>R</p>
<p>The service's connection with the local hospital helped them to support people's health and wellbeing. For example; the hospital's epilepsy nurse provided personalised advice on how to support people who experienced seizures, occupational therapists have helped to develop individualised life skills and a local GP visited the home to take blood samples for people who were very anxious about injections.</p>	<p>R</p>
<p>Records clearly demonstrated that an out of hours GP had been contacted after a person communicated they had head pain. Later that day an ambulance had been called when staff observed the same person holding their head. Finally the following morning staff, through their close monitoring of the person and increasing concern for their wellbeing, requested a GP visit. The person underwent a full medication review to assess their needs and provide the necessary medical treatment.</p>	<p>R</p>

When a person's mobility suddenly deteriorated, prompt contact was made with the relevant health professionals. This ensured they received a holistic assessment of their needs from all of the professionals involved in their care. The correct care plan along with assistive equipment and technology was provided quickly to ensure a high quality of life was sustained for that person.	A
Staff supported one person to conserve their energy to ensure they were able to access the things they want and need to. They took the person's bloods before appointments thus reducing the time they needed to spend at the hospital. This meant the person was able to conserve their energy and be able to take part in activities they enjoyed on their return from hospital.	A
The registered manager had begun to liaise with other health care professionals to provide staff with specialised training so that they were able to meet people's unique needs. Staff were trained in specialised tasks, for example, bladder flushing and changing the dressing on a grade 4 pressure sore. This allowed the service to respond quickly to people's specific needs without seeking support for these tasks from health professionals.	A
During a routine visit, the homecare agency care worker recognised signs of a stroke and called an ambulance. The person was soon discharged, much to the family's distress, as they were concerned more healthcare support was needed. The registered manager refused to take the person home as a result and this action is likely to have saved the person's life as they suffered another stroke that evening.	A

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"Staff are quick to identify any decline or signs of possible decline in people's health. All instructions were carried out and the nurses were pro-active in seeking advice and asking for referrals to other health and social care professionals as and when needed."

GP











"If we have any concerns, we contact their GP or ambulance service."

Care worker

Inadequate/requires improvement

"They're not living up to what they say. They're not meeting my clinical needs."
Person who needs care and support

"I have between 10 and 12 different carers, many who are inexperienced. I feel very unsafe with some of them."
Person who needs care and support

What to avoid	Service type
 Failure to involve people in their health and wellbeing and/or promoting good practice and options available.	
 Poor attention to detail, monitoring and support can lead to the health of people who need care and support deteriorating.	
 Choosing an easier option that may not address the root cause (e.g. administering medication rather than investigating what is causing the condition).	
 Poor training fails to prepare staff to be able to recognise and support people's health and wellbeing.	
 The service doesn't make or doesn't act promptly on referrals to appropriate care and treatment (e.g. people with very long toenails wait weeks to be referred to a podiatrist).	



Available to help

[Skills for Care topics](#)
(Skills for Care)

[Learning and development](#)
(Skills for Care)

E6. Adaption and design of premises








“Premises - this is any building or other structure, including any machinery or engineering systems or other objects that are physically affixed and integral to the building or structure, or a vehicle. It includes accommodation provided as part of a person’s care or treatment.”

Guidance for providers
CQC



Whether people live at a residential service or within their own home in the community, the environment needs to be appropriate to their needs. By thoughtfully designing premises, making appropriate adaptations and considering the use of assistive living technologies, services can greatly enhance the environment people live in to improve their quality of life.

Recommendations from good and outstanding providers		Service type
	Ensure the environment is designed with the care needs and conditions of people who use the service in mind.	R
	Design environments to support and maintain people’s dignity and beliefs (e.g. provide areas for private discussion and reflection).	R
	Involve people who need care and support in the design and decoration of their room and communal areas.	R
	Ensure the environment is designed in a way that minimises risks to people who need care and support, visitors and staff.	R
	Where risk assessments permit, provide access to a safe outside space.	R
	Engage people who need care and support and/or their families/ advocates in creating and updating the environment.	R
	Where appropriate, provide guest rooms so family, friends and advocates can be close when a person is unwell.	R

	Ensure sensitive personal information is stored securely and the security systems are in place to protect but not restrict people.	R
	Provide individual controls within people's rooms, so their heating preferences and appropriate lighting is possible.	R
	Allocate rooms based on personal preference or the needs of the people living at the service.	R
	Ensure rooms are personalised to reflect individuals' preferences, cultures and beliefs.	R
	Ensure the environment and equipment is well maintained, including conducting regular cleaning, safety checks and replacement (where needed).	A
	Be proactive in the sourcing and promotion of assistive living technologies and/or adaptive equipment to help people retain or develop their independence.	A
	Conduct assistive living technology assessments for everyone who needs care and support that uses the service.	A

Practical examples	Service type
<p>A service providing dementia care adapted the premises to help promote independence. This involved developing clear dementia friendly pictorial signage to communal areas and bathroom facilities. There were points of interest around the service and 'landmarks' to help support people to navigate their way around, both inside and outside.</p> <p>The environment had a variety of sensory objects available for people to engage with. For example, soft cuddly toys, dolls and prams, a wealth of items of memorabilia from different eras and musical instruments. There were also points of interest that contained objects people could easily recognise and relate to.</p>	

<p>The service consulted specialist advice for the colour scheme, lighting, flooring and furniture. Contrasting colours were used for hand rails and equipment, and the same principle for furniture and flooring, to help reduce the risk of falls and improve people's ability to judge distances. There were many innovative design features, in bedrooms and bathrooms too, such as mirrors with integral blinds which could be used if people became distressed with their reflection.</p>	<div>C</div>
<p>The décor of the home had been designed by staff in conjunction with the person to provide contrasting doorframes and rounded edges to walls to reduce the risk of injury through bumping into things.</p> <p>The service noted the person had been less frustrated since the changes to the décor had been made and they were no longer bumping into walls and furniture.</p>	<div>C</div>
<p>The service carried out health and safety audits to ensure that people and staff were safe when in the person's home. Where repairs were required to the person's home they had been supported by staff to arrange this with their landlord or person responsible for upkeep of the property.</p>	<div>R</div>
<p>To support people who had difficulty sleeping, the home had a night time lounge which provided dimmed lighting, footstools, blankets, calming music and aromatherapy.</p>	<div>R</div>
<p>The service had designed each corridor with a colour theme and all toilet doors were painted bright blue which helped people to orientate themselves and maintain their independence.</p>	<div>R</div>
<p>The provider implemented an environmental quality assurance assessment tool, produced by the Kings Fund, to ensure the homes environment was consistently assessed and developed. The Kings Fund has produced a range of resources to enable hospitals, care homes, primary care premises and specialist housing providers to become more dementia friendly. As a result of this process, the service installed additional lighting and signage helping people who need care and support to understand where they are.</p>	<div>R</div>

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

“Something is always being updated or renewed here.”

Person who needs care and support

“We want to provide people with the help they need, but without constantly invading their space.”

Care worker

“There is on-going investment in the home, anything we need to make life better is provided.”

Registered manager

Inadequate/requires improvement

“They are struggling with assisting and moving.”

External healthcare professional

“We are aiming to fix the wobbly banister soon.”

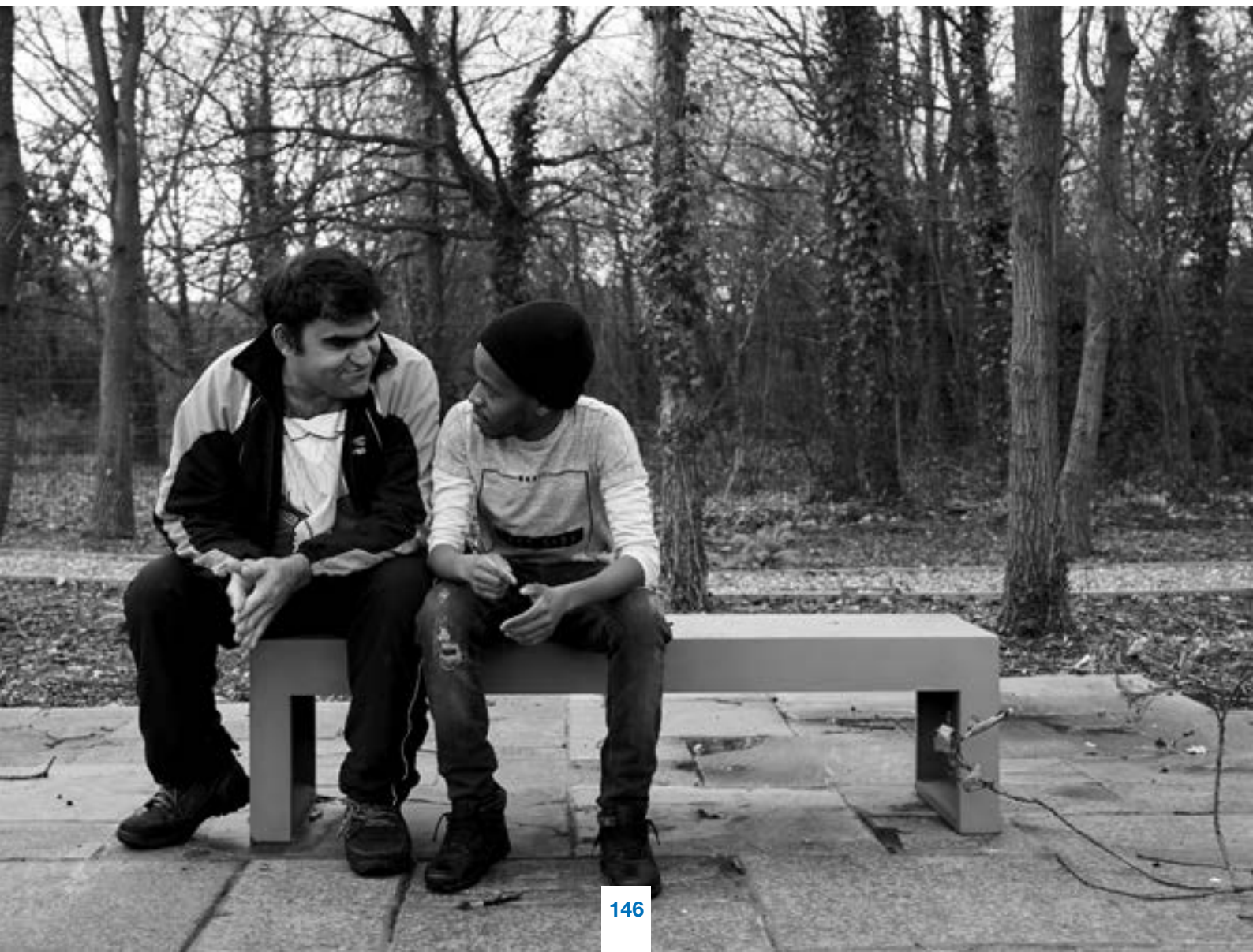
Registered manager









“We don’t have a maintenance person dedicated to the home.”

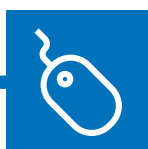
Registered manager

“We cannot find the manufacturers guidance on how to use this equipment.”

Registered manager



What to avoid		Service type
	Rooms are poorly maintained and failure to act promptly to resolve known faults.	R
	Failure of the property to comply with health and safety law or best practice (e.g. windows on the first floor left wide open beyond maximum recommendations, fire doors locked etc.)	R
	No or delayed response to maintenance needs (e.g. a lift where the buttons were no longer readable had not been actioned despite expert advice some months ago).	R
	Failure to make alternate arrangements when dangers are identified about the environment or equipment.	A
	Providing equipment that's not suitable to provide safe and/or effective care.	A
	Design that restricts independence (e.g. lifts with access codes that are withheld from all residents, regardless of condition).	A
	Failure to train and refresh staff knowledge and understanding about assistive technology and how this can help.	A
	Inconsiderate practices that doesn't consider the impact on people who need care and support (e.g. conducting noisy cleaning at night when residents are sleeping).	R





Available to help

[Assistive living technology \(Resource hub\)](#)
(Skills for Care)

[Assistive living technology \(Learning and development framework\)](#)
(Skills for Care)

[Learn from Others \(Assistive living technology section\)](#)
(Skills for Care)

E7. Consent

 The registered manager and care workers had undertaken Mental Capacity Act (MCA) training, had an understanding of the act and how it applied to their practice. They'd involved appropriate health and social care professionals in making best interest decisions. 

CQC Inspector

Outstanding rated service







Managers and leaders play a vital role in good and outstanding rated care services to ensure that consent is sought and the service supports people to make their own decisions. Where people lack mental capacity, best interest decisions are made.

“We continue to see variation in the practical application of the Deprivation of Liberty Safeguards (DoLS) with uneven use across the health and social care sector – this can lead to people being at risk of having their rights and liberty restricted without a lawful process.

DoLS should not be one-size-fits-all – good practice in person-centred care is at the heart of ensuring decisions made around the Mental Capacity Act and DoLS are in the person's best interests.”

The state of health care and adult social care in England,
2016/17
CQC



Recommendations from good and outstanding providers		Service type
	Ensure consent is an integral part of the care provided and work closely with people who need care and support (and/or their families) to obtain it.	
	Where possible, ensure staff routinely ask for people's consent on a day-to-day basis before giving assistance and wait for a response. When people decline, staff are respectful and return to try again later if necessary.	
	Ensure staff receive training about the Mental Capacity Act and Deprivation of Liberties at levels appropriate to their role. Provide regular refresher training.	

	Empower staff to recognise when people needing care and support are being deprived of their liberty. Where deprivation of liberty is needed, ensure staff seek authorisation and actions are both necessary and proportionate.	A
	Ensure managers and leaders are aware of the correct legal process to follow if these assessments of people's needs change.	A
	Provide information in the most accessible format possible to help people with limited capacity to understand their options.	A
	Ensure staff support people to make decisions through various communication methods, e.g. using prompts such as pictures, large print, as well as support from families and advocates where necessary.	A
	Use innovative ways to ensure people are involved in decisions about their care so that their human and legal rights are sustained.	A
	Invest time in assessing people's changing capacity, which for some people may change on a daily basis.	A
	Where needed, ensure best interest decisions are carried out appropriately with the person, their family/advocates and a multidisciplinary team (e.g. a group of health care workers who are members of different professions such as psychiatrists, social workers, etc.)	A
	Ensure care plans clearly detail capacity to make decisions and how this may fluctuate, as well as what support should be provided to help the person make choices and decisions about their care and support.	A
	Ensure the service has effective processes in place to regularly monitor the mental capacity of the people who need care and support, including flexibility to adapt the support provided.	A
	Capture detailed records of mental capacity assessments and best interest decisions. Document other less formal discussions around capacity, including daily notes and handovers. Keep records with the care plan.	A
	Ensure staff know how to apply to the 'court of protection' if people using the service are deprived of their liberty.	A
	Ensure managers regularly audit and review consent and associated good and poor practice with the aim of strengthening processes.	A

☞ All DoLS are continually reviewed - insight can improve and this can impact upon capacity thereby reducing and even removing the need for restrictive measures. We ensure we embrace the ethos of the MCA - we don't assume lack of capacity and we ensure all we do is in the best interest of our service users at all times. ☞

Megan Tranter

Registered Manager, Thistle Hill Hall (Debdale Specialist Care Ltd)

Practical examples	Service type
<p>Effective training and the practical use of an aide memoire (in the form of a Mental Capacity Act 2005 wallet sized resource) helped care workers to identify changes in people's mental capacity and draw on senior carer expertise to support further.</p> <p>Midlands Care UK</p>	A
<p>As part of monthly self-audits one manager used to ask staff to explain the Mental Capacity Act (MCA). Initially this proved difficult for staff and they could not answer clearly even if their training had been recently refreshed. However, the fact that staff began to realise this was part of our internal auditing resulted in staff wanting to retain this knowledge and demonstrate their understanding. Momentum soon built with staff wanting to deepen their understanding around the MCA and put their latest learning into practical use.</p>	A
<p>The service uses pictures, charts or 'objects of reference' to help people understand what is happening and offer choice and control. For example, if someone cannot make the decision about receiving personal care they may still be able to choose between a bath, wash down or shower; or choose who does it or when?</p>	A
<p>Staff had received training on the MCA but this was customised to reflect on examples from within the service.</p>	A
<p>The service met to discuss best interest issues and decide what to do. For example, following a recent incident where the person they were caring for undid their seatbelt whilst the vehicle was moving, the service discussed what practical solutions could be considered to mitigate future risk.</p> <p>After consultation with the person and everyone else involved in their care a best interest decision was made that a 'harness' type of seatbelt would be used, to help to keep the person safe during journeys and to continue with their daily lives.</p> <p>Records were maintained of every occasion the harness was used and regular review meetings held. The person still used the harness but on their own terms and only on occasions when they recognised they felt anxious.</p>	A

The provider had produced a small booklet titled, 'Communicating kindness - How we make decisions on a resident's behalf'. It contained information about what 'lack of capacity' meant, and explained the process in respect of DoLS. It also gave an overview of who should be involved in the process. A family member interviewed by the CQC highlighted how this booklet had answered many of their questions and reassured them of the quality of care being provided.

A

☾ We always assume capacity. By this we believe every individual has the right to make their own decisions if they have capacity to do so. Capacity is not a permanent status and so people should not be described as having or lacking capacity. ☾

Mike Bielanski
Manager Director, London Care Partnership

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"The first time we went in and capacity was discussed we couldn't believe it. No one in previous placements had ever asked us before."

Family member

"They've involved people and their relatives when people didn't have capacity to make a decision for themselves."

Healthcare professional

"Making the wrong decision doesn't mean the service user lacks capacity. People who may help make these decisions are family, friends, advocates and care workers".

Care worker

"If someone has capacity, then they can make an unwise decision if they wish."

Registered Manager

Inadequate/requires improvement

"I've never heard of that."

Care worker (on being asked about the Mental Capacity Act 2005)

"Is it to do with dementia? Not heard about it. Not needed."

Care worker (on being asked about the Mental Capacity Act 2005)

"If I had concerns about mental capacity I'd call the office."

Care worker

What to avoid	Service type
 Staff had either not been trained on MCA and DoLS or their training wasn't sufficient.	
 Staff who are unable to effectively translate their knowledge learning into practice.	
 There had been no capacity assessment, best interest decision meetings and no DoLS application made where necessary.	
 Person who needs care and support and/or their family/advocates weren't involved in making decisions on their care (or the service was unable to evidence this).	
 Excessive gaps between MCA assessments being undertaken (e.g. 18 months).	
 Not keeping clear records of what checks have been done to ascertain legal advocates (e.g. whether power of attorney has been seen or what type of authority does the family member or advocate have).	
 People were at times being unlawfully restrained due to the lack of understanding by staff on the MCA and DoLS.	
 Lack of understanding leads to DoLS (a shower room is locked to stop a resident from using for their own safety but no DoLS application has been made).	
 There were inconsistencies between the care plans and the how the service was acting in relation to MCA.	



Available to help

[Mental Capacity Act
directory \(SCIE\)](#)

[Mental Capacity Act
pocket size guide
\(Skills for Care\)](#)

[Learn from Others
\(learning materials\)
\(Skills for Care\)](#)

E7. Minimising restraint





We found that 90% of people's (challenging) behaviour comes from our mismanagement, so we're always looking to audit ourselves.

Registered Manager
Good rated service

Effective services support practices that minimise restraint and restrictions, promoting positive behaviour and helping people remain as independent as possible.

Recommendations from good and outstanding providers		Service type
	Ensure leaders and managers lead by example in the adoption of good and best practice around positive behaviour support, ensuring it's effectively embedded into the service.	A
	At the first assessment, review people's care needs and consider how best the service can support them.	A
	Involve people, their families or advocates in deciding the most appropriate way to support them.	A
	Ensure any restrictive intervention must be legally and ethically justified, be absolutely necessary to prevent serious harm and be the least restrictive option.	A
	Create positive relationships between the people who deliver services and the people they support.	A
	Where possible, try to identify and understand the root cause of the issues that may result in challenging behaviour, engaging with specialists to understand how best to safely respond to this.	A
	Embed appropriate guidance on restraint and restriction into care plans, looking to minimise these wherever appropriate.	A
	If restrictions are needed, ensure these are time-limited and under constant review.	A
	Enable staff to understand and have the confidence to deliver strategies to positively support people's behaviours that present challenges to themselves and others.	A




	Ensure any specialist training is effectively delivered by experts, with the competency of those delivering care being appropriately assessed.	A
	Demonstrate transparent decision making by clearly documenting decisions and ensuring staff have access to their roles and responsibilities.	A

Where we identify a need for change, we adapt our services so they meet the needs of the person we support. For example, at Avenues we support people with complex needs and behaviour that challenges. Our practice development leads work with services to identify the root cause of behaviour and develop positive behaviour support plans to reduce it.”

Becki Crofts

Head of Practice Development and Assurance, Avenues

Practical examples	Service type
<p>We take a holistic approach to care and identify triggers for behaviours before they reoccur and become unmanageable. We have found that innovative approaches, such as the introduction of Namaste Care™ sensory therapy into our everyday practice, has supported customers to become relaxed through touch, smell and taste, achieving incredible results.</p> <p>This promotes positive wellbeing, a sense of feeling valued, significantly reducing the need for pain relief and antipsychotic medications.</p> <p>This practice has now been adopted throughout the organisation because of the success stories we’ve seen at Belong Crewe.</p> <p>Belong</p>	A
<p>We recognise our staff do a challenging job and have to intervene where a person is a risk to themselves or others. However, with regular training provided to our team, they know restraint should only be used as a last resort, when prevention and de-escalation have not worked. Managers also reinforce that it should be done in a way that avoids pain and reduces fear and distress, with continuing efforts to de-escalate.</p> <p>Practicing positive behaviour strategies and getting to know our service users all contribute to the staff using strategies personalised to the individual service user and learning what defuses a challenging situation with that particular person.</p> <p>Simply Care (UK) Ltd</p>	A

<p>We support a person who has a learning disability compounded by challenging behaviour. Prior to joining our service, she was prescribed a combination of medication to help control her behaviours but the side effects impacted on her ability to communicate effectively.</p> <p>After extensive monitoring, observing and recording we found many of her activities made her anxious, yet she was comfortable in the presence of dogs. Initially we began introducing her to dogs owned by her staff team but then supported her to become a dog owner. This was an amazing success and helped with communication, interaction and relationships.</p> <p>She has since become a volunteer dog walker at a local wildlife and dog rescue centre and helps the centre to find homes by distributing information. She has been supported by the same staff team for years, no longer takes medication and is a valued member of society.</p> <p>Castle Supported Living</p>	
<p>We recognise everyone has the right to liberty and security. Following on from the supreme court judgement in March 2014 we've been looking carefully at guidance coming from this. Most of our clients have a significant learning disability and have high support needs which includes those living in shared supported living. Whilst we work with individuals to maximise their independence and ability to do as much as possible for themselves, we recognise that most need a significant amount of supervision and support in all aspects of their daily life due to their degree of learning disability.</p> <p>Egalité Care Ltd</p>	
<p>Wherever possible we don't use restraint. We adopt different strategies and approaches, enabling us to work with behaviours that may be seen as challenging, in an effective way. Some behaviours that may be seen as challenging can often be an expression by the person of a deeper anxiety that we need to try to understand and support them with.</p> <p>Where we recognise that low levels of physical restraint may be necessary, for example, more than one person is required to deliver personal care where resistance is expressed but the care is essential, we will undertake mental capacity assessments and complete best interest decision documents involving all concerned. This ensures the decision making is evidenced well and any measures that are put in place are proportionate to the person's needs. Any documentation updated on (at least) a monthly basis to ensure that the actions are still appropriate.</p> <p>Brunelcare's Deerpark Care Home (with Nursing)</p>	

<p>In line with the Department of Health and Social Care's guidance for 'Positive and Proactive Care: reducing the need for restrictive interventions', all our service users have bespoke behaviour support plans which enable our staff to implement a variety of person centred approaches to assist with de-escalation and distraction so physical intervention isn't seen as a first resort. We encourage our staff to build therapeutic relationships with our service users as we find it's those relationships which are the key to lowering incidents where physical intervention may be required.</p> <p>Thistle Hill Hall (Debdale Specialist Care Ltd)</p>	<p>A</p>
<p>In a small (six-bed) service for people with autism, the manager had set a positive culture where staff and people using the service treated each other as equals. Staff were empowered to develop alternative ways to deal with complex behaviour.</p> <p>For example, a man living in the service had been restrained daily in a previous care setting. Staff in the new service found that if they picked up cushions when the man became angry, he would hit the cushions rather than the staff. This less restrictive practice resulted in him being restrained only twice in six months.</p>	<p>R</p>
<p>When caring for a person whose behaviour challenged as part of a 24-hour care package, the provider was concerned about delivering safe care to them in a kind and friendly way. The provider tried multiple strategies to promote a calm environment, eventually finding that music helped and enabled them to provide the care needed.</p> <p>Music, dance and singing was then used to diffuse situations and improve the wellbeing of the person, helping staff to work in a safe environment and provide personal care needed in a stress-free environment.</p>	<p>R</p>
<p>One person had a positive behaviour support plan that provided a detailed description of the types of behaviour they sometimes displayed. Potential triggers were recorded along with strategies to minimise behaviours occurring and advice on how to manage a situation before, during and after an incident.</p>	<p>A</p>
<p>The registered manager and nominated individual worked together to ensure they clearly understood the Health and Social Care Act 2008. They incorporated this learning into policies, procedures and best practice guidance. The service was able to instil confidence in their systems, and processes were useful and effective.</p>	<p>A</p>

☞ To ensure the safe, proportionate approach to the use of any physical restraint necessary, we as an organisation used the Mental Capacity Act and Best Interest Framework to determine the most appropriate approach. ☞

Tracy Cox

Consultant Learning Disability Nurse, Community Therapeutic Services

☞ We avoid physical restraint techniques wherever possible, supporting people in other ways. When they become agitated, we talk to them about how they feel and give them options to decide what they will do next. This normally leads to a positive outcome without the need for any physical intervention from staff. ☞

Mike Bielanski

Managing Director, London Care Partnership

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

“If someone is displaying what we used to call ‘challenging behaviour’, we assume we (staff) are doing something wrong and see what we can do to change it and help them.”

Registered manager

Inadequate/requires improvement















“People’s needs have got worse, it’s got difficult, you lose patience quicker and you need to keep your patience in this job.”

Care worker

“Where you off to? Just sit down!”

Care worker (observed in a CQC inspection shouting at a person who needed care and support).



What to avoid	Service type
 Blanket restrictions based on people with similar conditions (e.g. people being locked in a communal living area).	
 Use of restrictive practice without related risk assessment being undertaken.	
 Limited expertise within the service fails to identify that restrictive practice is being undertaken.	
 Plans that don't clarify which approaches to use depending on the circumstances, potentially leading to staff using the wrong approach.	
 Staff ignoring care plans leading to restricting practice (e.g. refusing to allow a person to use the stairs alone despite this not being identified as a risk).	
 Failure to protect staff and people who need care and support by not providing restrictive practice related training and support.	
 Managers and senior staff unaware of what restrictive practice is being provided by their care workers.	



Available to help

[A positive and proactive workplace](#)
(Skills for Care)

[Positive behaviour support](#)
(Skills for Care)

Caring



Introduction

Good and outstanding rated services develop positive relationships by involving people in their care, providing high and consistent levels kindness and compassion and treating them with dignity and respect.

Managers and leaders with the right values, care and compassion are fundamental to setting the culture of the service and recruiting and retaining those able to meet these standards.

Caring standards need to be maintained across the entire staff team, there's no room for "some carers are nicer than others", which is common feedback amongst those rated as requires improvement or inadequate. Variance from good care isn't tolerated by any member of staff and associated issues are always reported and promptly resolved.

Staffing levels ensure that staff have time to get to know the people they care for and build meaningful relationships. They have time to listen to the needs of these individuals and have the right skills and practical abilities to communicate effectively with them.

Good and outstanding rated services also help people and their families to access external advocacy and support and be actively involved in choosing the care they need. People and their families are also encouraged and have practical access to a range of ways to feedback about the care they receive.

Promoting and providing dignity and respect is essential for people's wellbeing and to achieve a good or outstanding rating. Respecting gender, equality and human rights remain a key deliverable for good and outstanding rated services, ensuring people are protected from harm and in receipt of culturally appropriate care.

The impressive news is that 94% of adult social care services inspected up to January 2018 had been rated as either good or outstanding under the 'caring' key question. However, for those not yet meeting these standards or those wishing to improve further, this section of the guide should prove helpful.

Caring

Key recommendations

C1. Kindness, compassion and emotional support

- Apply the 'mum test', ensuring the service is good enough for your own friends and family.
- Ensure all staff treat people with kindness and compassion ... but are equally competent in the support they provide.
- Provide time to listen and build relationships.
- Create a culture where the people are proud of the service.

C2. Involving people, providing information and accessing support

- Create a culture where staff are actively seeking to support people with their care needs.
- Be proactive in sharing information about wider support and advocacy available.
- Empower and support staff to deliver the care that's needed, including in response to new care needs.

C3. Privacy, dignity and independence

- Put equality and human rights principles into action to improve the quality of care.
- Train staff and check understanding.
- Check what is appropriate for the person needing care and support.
- Document beliefs and associated needs in the care plan.
- Honour and celebrate different beliefs.
- Embed practical policies and procedures to avoid discrimination.







C1. Kindness, compassion and emotional support






Recruiting people with the right values and giving them appropriate support and guidance to provide effective care is key, alongside the ability to effectively communicate with individuals.



When you spend time with an individual that has no known family members, but has lived with you in the home for 30 years, you get to know them like a family member. You see them come alive when they are participating in activities that are meaningful, for example in music sessions, reminiscence activities or going shopping. Watching this interaction and knowing they are participating in society in a meaningful way is heart-warming. I recognise that being a part of their journey is a privilege.

Averil Waton

Registered Manager, Grove Residential Care, Walthamstow

Recommendations from good and outstanding providers		Service type
	Apply the 'mum test' to your own service (e.g. consider whether they would be happy to place their own mother or close family member in the care of this service).	A
	Ensure all staff treat people with kindness, sensitivity and compassion, recognising their differences and individuality.	A
	Ensure there is a person-centred culture where all staff are attentive and listen and respond to people, applying empathy and support (e.g. laughing and joking with them where appropriate and giving reassurance and comfort where needed).	A
	Be proactive in making sure people don't experience loneliness.	A
	In order to support people to manage their own worries and anxieties, ensure staff dedicate extra time to provide such support.	A
	Build effective relationships between staff and people who need care and support, their families, friends and advocates. Ensure they know who is supporting them/their loved ones.	A

	Know that simply being a caring person isn't enough. The service has a responsibility to ensure suitably skilled care staff are provided.	A
	Empower staff to promote respectful and compassionate behaviour from their colleagues, challenging and escalating where this isn't the case.	A
	Ensure staff are able to recognise distress and promptly respond to such discomfort by providing the appropriate support.	A
	Create an empowering culture where people who need care and support are confident and comfortable around those who care for them.	A
	Create an environment where people who need care and support feel that they belong to and are proud about the service.	R

 Giving people a service that we believe would be absolutely acceptable for our loved ones is the simple yardstick this service prides itself on apart from always wanting to be the provider of choice simply because we are great at what we do. 

Jay Sadler
Team Manager, Care Plus Group



Practical examples	Service type
<p>During self-care week we visited every customer with a mug and a sachet of hot chocolate or latte. This was done by our supervisors and during the visit we carried out a winter warmth check.</p> <p>The weather has become much colder and it's very important customers are kept warm by wearing warm clothing, eating hot food and drink and have their heating switched on. The supervisors simply checked on these things and advised customers on the best way to keep warm and healthy. We backed this up with a newsletter giving customers advice on keeping warm and getting a flu jab.</p> <p>Bluebird Care North Tyneside</p>	C
<p>People's moods and emotions aren't scheduled by a 9-5 routine therefore we ensure our supportive interventions aren't either. We employed a restorative therapist and in addition a member of care staff was trained as a therapy assistant to enable the service to respond to people's needs. One person often became agitated and unsettled at night. The therapy assistant was able to intervene to offer the person massages at night which calmed the person and reduced their distress.</p> <p>We found by employing someone on a 24/7 shift basis we were able to provide interventions which soothe and calm and have lowered incidents in the night where staffing levels are lowered, ensuring a safe environment for others and effective and responsive support for those distressed.</p> <p>Thistle Hill Hall (Debdale Specialist Care Ltd)</p>	R
<p>The service has focused on ensuring that examples of caring are regularly recorded and shared with staff. From managers observing good caring practice and documenting it to regular discussions with care workers in supervisions, the service ensures that they reflect on this, evidence it and raise wider awareness. This means that all are then prepared with practical examples to share with the CQC inspectors and others.</p>	A
<p>Staff consider innovative ways to support people during difficult times. For example, staff had been aware of one person's anxiety about their parent's health. The staff had considered how they could support this person at the time and to help them cope in the future.</p> <p>The staff used some aspects of autism training to support the person to communicate with their parents and to share their feelings. This was supported with the use of a 'talking tin'. The person's relatives would record messages and these would be in the tin when they wanted to listen to them. The staff said this had been really successful particularly when visits home had become less frequent.</p>	A

<p>One care worker observed a person enjoying holding and playing with car keys. It was not possible however for this person to safely be in possession of support worker car keys as it was a risk they would be damaged. The care worker spent time contacting local car dealerships to enquire if they had any spare key fobs they did not need which they could provide to this person to enable them to seek enjoyment. One was sought and the person now could often be found carrying it around with them and playing with it in the home.</p>	<p>A</p>
<p>When the care worker identified that the person's internet was not working, they knew how this would impact their social isolation as it was used to communicate with family and friends. With the internet provider indicating the response time was six weeks, the homecare agency wrote to the chief executive and helped ensure the person was connected again within the week.</p>	<p>C</p>

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"I get lots of support from my keyworker and I trust them."

Person who needs care and support

"People ask me 'is this your daughter' and I reply, 'I wish'. They might as well be all the help they give me."

Person who needs care and support

"I was particularly impressed when a different care worker was allocated. On each occasion the area supervisor came as well to introduce the newcomer. This demonstrated to me great attention to detail."

Family member

"We all have down days and it's our job to be pleasant with people in whatever mood they are, showing them that we care, being with them whether they are sad or happy and sharing those feelings with them."

Care worker















Inadequate/requires improvement

"There's nothing much to like, you just sit here and behave yourself."

Person who uses the service

"Most of the carers don't bother with my relative. There's one carer who does pay attention but I've been told that I can't pick and choose so I have to deal with whoever comes in."

Family member

What to avoid		Service type
	Avoid staffing levels that mean staff don't have time to do anything more than care duties.	
	Failure to respond to requests for help and assistance or visits to people's homes are missed or heavily delayed due to staffing issues.	
	Inconsistencies about the caring and compassionate nature of staff (e.g. the care workers care but the office staff seemingly do not).	
	Failure to performance manage care staff that don't care.	
	A service doesn't attempt to provide stimulation or activities to people who use the service.	
	A service employs a mixture of staff, some who care and some who seemingly do not.	
	Staff don't speak to people who need care and support in a respectful or caring way.	



Available to help







[Code of Conduct](#) (Skills for Care)



C2. Involving people, providing information and accessing support


Look at what's important to each individual and then have a personalised programme of relevant and meaningful interaction and dedicated time to do this. This is facilitated by staff who are given the time to meet with family members and their relatives to create the profile and then dedicated time to ensure that identified wishes are met. The emphasis is, if at all possible, to facilitate time outside the home (for the person) to pursue an interest.

Registered Manager
Outstanding rated service

Good and outstanding care and support happens when managers and care workers involve people and/or their family, friends and advocates. How people are supported to understand what's available to them and who can help them further is important but requires time.

Recommendations from good and outstanding providers		Service type
	Create a culture where staff are actively seeking to support people with their care needs.	A
	Prioritise the understanding of what people who need care and support prefer and regard as important, including in relation to personal and family/advocate support.	A
	Involve families, friends and advocates who are important to those people needing care and support in helping to make decisions about their care.	A
	Encourage people who need care and support to consider their care and treatment options based on the latest information and advice.	A
	Empower and support staff to deliver the care that's needed, including in response to new care needs.	A
	Be proactive in sharing information about wider support and advocacy available to people who need care and support, their family and friends.	A

	Ensure managers and leaders create an open, relaxed environment where people, relatives and advocates can talk comfortably together.	A
	Where there are different views about a person's care, ensure staff try to help understand different perspectives but respect the person's decision.	A

 **Each customer is assigned a companion (support worker), who's chosen based on relationships and personality rather than a random allocation. We create an atmosphere that ensures the customers feel at home and many conversations will take place naturally. Those who are less likely to converse or contribute views in this context are offered regular support and time over a cup of tea to discuss anything of choice.** 

Peter Norman
Registered Manager, **Belong**

Practical examples	Service type
<p>We work in partnership with care management to identify situations and scenarios which would benefit the person supported to receive an advocate.</p> <p>Example 1 – A person supported has no known family members therefore an advocate was requested to attend his reassessment/review meeting. Due to the person being deemed to lack capacity in most areas, the advocate has maintained contact and remained involved in the person's life providing an additional level of protection and support.</p> <p>Example 2 – A person supported was estranged from his family at the time a decision regarding where he wanted to live was needed. Due to the importance and complexity of the decision, an advocate was requested to support the individual through the process, from the capacity assessment to moving home. The individual was supported to understand the legal process, his rights as well as supporting his decision making once it had been determined that he had the capacity to choose where he wanted to live.</p> <p>City Care Partnership Ltd</p>	A
<p>Each staff member is trained to support and review the best interests of each customer. Being aware and open to issues relating to care and support enables us to actively participate in multidisciplinary meetings. Should the customer lack capacity or where we feel that additional support is required, we will request this from an advocacy service. We will gain this support via the local authority or a secondary source such as Age UK. Every customer has the right to make choices and staff are trained to promote and evidence this throughout all aspects of daily living.</p> <p>Belong</p>	A

<p>We ask staff to evaluate how they made a difference to their service users' life and we ask them to give us an example to share with others. This is because we identify that we don't always observe all the good practice that is done and this highlights these moments. The findings are discussed with the team and this inspires/motivates others to complete the same practices for their service users.</p> <p>Simply Care (UK) Ltd</p>	<p>A</p>
<p>The addition of the homemaker role to the care home team is vital in being able to provide quality time to our residents. The role itself focuses on making time for the residents and listening to them, addressing their wellbeing as a priority. They are available to our residents 10 hours a day, seven days a week. By ensuring the care isn't rushed and that there are enough staff on duty, we're able to focus on individuals and their needs.</p> <p>Brunelcare's Deerpark Care Home (with Nursing)</p>	<p>R</p>
<p>The service had found success using volunteers to support the gathering of feedback from people who needed care and support. The volunteer would visit people and give them time and the opportunity to express themselves, be heard and discuss things the person may not have shared with the care staff supporting them. The feedback was then shared back with the service to reflect and act upon.</p>	<p>A</p>
<p>Where a person had no close relatives, the staff arranged for an independent mental health advocate to represent them. A register of significant decisions made in each person's best interest was recorded in their care records.</p>	<p>A</p>
<p>The service aimed to ensure all of the interactions were positive and staff took the time to engage with each person, including when undertaking types of interactions where we would normally see just a quick change of information. For example, asking people if they would like a drink became a much more lengthy exchange with staff taking their time to sit with people.</p>	<p>A</p>
<p>Area managers undertook monthly visits to seek feedback from people who needed care and support and their family members. This approach also encouraged direct and regular feedback being provided to the service's registered managers.</p>	<p>C</p>
<p>The cook at the service is given time to build relationships, sitting with residents and finding out what they would like for their tea and to chat about old local recipes that many people could identify with. This had led to a lively conversation where people became animated and engaged.</p>	<p>R</p>

What works for us

Linsell House -

Central Bedfordshire Council



One of the challenges the staff team set itself was how to provide advocacy support for people with profound and multiple learning disabilities (PMLD). The aim was to provide a voice for people who are unable to communicate verbally that was not led by staff. The service did this by introducing peer advocacy support.

The first step was to offer the opportunity to a group of individuals with learning disabilities from a local college to become peer advocates and then invite them on a number of introduction, induction and training events. Although these individuals did not have PMLD, their experience of prejudice and exclusion was invaluable in speaking up for our service users, which is the essence of what advocacy is all about.

The way we linked a service user to a peer advocate was via sessions which involved thinking about and sharing interests. For example one advocate found they shared an interest in Elvis with a service user. Simply put match.com was an organic way of supporting the development of the relationship between the service user and the advocate.

Once the training was complete the peer advocates have been encouraged to drop in any time, unannounced, and undertake a range of exercises, including being in and around the service users and using skills they acquired on the peer advocacy events to observe interaction between service users and staff. They give their own views on the environment and culture within the home and how this impacted on the service users who lived there.

Since the introduction of the peer advocate support a wide range of issues have been raised by the advocates, from the complex “why does this service user display certain behaviours and are these behaviours linked to communication?” to the more straightforward “why haven’t the curtains got enough hooks in that service user’s bedroom?”

I would recommend the introduction of peer advocacy support into other PMLD services as it positively challenges staff teams to strive to provide the best outcomes they can for the service user group, whilst at the same time supporting the empowerment of the individuals who have volunteered to become peer advocates.

Mark Edmunds
Registered Manager

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

When I speak I'm listened to and my views are respected. Some of my freedoms are restricted, but I know they are there to keep me safe.

Person who needs care and support

"Residents are always asked by staff about their needs, choices and preferences, which the home tries to think outside of the box to achieve."

External healthcare professional

"People have such interesting life stories it is great to be able to chat about them."

Care worker

"You have such a laugh with people, and they want to be here and to be included. You share a joke with them and you develop that bond."

Care worker

Inadequate/requires improvement

"All I want is to feel safe and sure that staff know how to care for me. I am quite capable of advocating for myself but my voice is not being heard."

Person who needs care and support

"I don't think the staff involve me in their care at all."

Family member

"People's needs have got harder, there is not enough time to chat with people as much as I'd like."

Care worker

What to avoid

Service type



Failure to identify when people need or want help.

A



People, their families or advocates are excluded from decisions about their care, and don't feel listened to.

A



Inconsistent approach to sharing information to help people make informed decisions.

A



The service doesn't help people to access advocates and other supporting organisations that could benefit them.

A



The service doesn't effectively document they have informed family, friends and advocates about changes to the care and associated incidents.

A



C3. Privacy, dignity and independence

Outstanding care providers build on strong person-centred care and inclusive leadership. Attention to equality and human rights at a service level is also needed to tackle specific quality improvement issues.

Equally outstanding
Equality and human rights – good practice resource
CQC



Values like humanity, inclusion, dignity and celebrating and promoting diversity are the bedrock of good social care. These are vital for people needing care and support and for the staff that provide it.

Sharon Allen
CEO, Skills for Care

Good and outstanding providers ensure that people are treated with dignity and respect at all times. Privacy is respected and space is provided by knowledgeable and supportive staff confident and capable to challenge poor practice.

Recommendations from good and outstanding providers		Service type
	Ensure the leadership of the organisation is committed to putting equality and human rights principles into action to improve the quality of care.	A
	Develop a culture of equality amongst staff, from recruitment to continued development, ensuring the staff team work effectively together.	A
	Ensure staff are knowledgeable about dignity, diversity and human rights, including what to do to ensure people receive the care they need for a variety of diverse needs (including spiritual and cultural differences).	A
	Ensure staff receive training in dignity, equality and diversity and this is regularly refreshed so they know about the latest good practice. Incorporate reflective practice.	A

	Use effective and clearly communicated policies and procedures to ensure people aren't discriminated against on the grounds of a wide range of diverse needs.	A
	Empower staff to notice and challenge any issues related to how people are treated by others using or working at the service. Ensure managers can support staff in addressing these issues effectively.	A
	Involve people who need care and support and/or their families in deciding what's appropriate in terms of their dignity and respect. Incorporate this into their care plans and day-to-day support provided by staff.	A
	Engage with the wider community to help raise awareness of the dignity, equality and diversity needs of the people they provide care for (e.g. raising awareness of disability issues at an open day event, speaking out about hate crime in the local press).	A
	Assure people who need care and support that information about them is treated confidentially by all staff. Have robust systems in place to hold confidential information, ensuring compliance with the General Data Protection Regulations (GDPR).	A
	Take people's preferences and needs and their protected and other characteristics under the Equality Act into account when selecting and scheduling staff to support them.	A
	Where relevant to the service, make sure that young adults have choice and flexibility about their privacy and the amount of parental involvement in managing their care.	A
	Raise awareness to avoid staff discussing care and support in public areas and ensure telephone calls or meetings are conducted 'behind closed doors.'	R

Services need to move beyond having an equality and diversity policy into actively ensuring equality for people using their services. Many organisations could learn from outstanding services that have a strong focus on equality.

A common factor that we found in outstanding services using equality and human rights approaches in their development, was that they had a focus on equality for staff as well as for people who used their services.

**The state of health care and adult social care in
England, 2016/2017
CQC**



It's important to think about what's appropriate to somebody's beliefs. I have heard of examples from other services, such as where a Jewish resident was given a pork casserole for lunch and no alternative had been offered. Menus should always reflect personal preferences - such mistakes should be easy to avoid.

Cressida Rapela

Regional Operations Manager West Surrey, Welmede Housing Association

Diversity is essential in any team that is to succeed long term. The willingness to diversify and be innovative is also a much needed criteria to ensure the diverse needs of every individual the team works with can be met and the appropriate member of staff can be matched to the people who use services.

Jay Sadler

Team Manager, Care Plus Group

Practical examples	Service type
<p>We found our service users were often unaware of situations where they were being discriminated against. By building knowledge and confidence we've been able to build upon self-esteem, increase safety, promote social inclusion and encourage an environment where we are all equals who, despite differences, are all valued the same.</p> <p>Thistle Hill Hall (Debdale Specialist Care Ltd)</p>	A
<p>The service was caring for a person at the end of their life. The person requested to be buried within 24 hours of dying due to their religion. The service liaised with the local Mosque and developed a step-by-step guide for staff to honour the request and kept in regular contact with the person's family and GP to ensure all went to plan.</p> <p>Eden Mansion Nursing Home (Cedar Care)</p>	A
<p>The service has supported a man who wanted to explore his sexuality and being gay despite his family being opposed. The service helped connect the man to the local lesbian, gay, bisexual and transgender (LGBT) community where he established good links and provided him with new opportunities into voluntary work.</p> <p>Creative Support Ltd</p>	A
<p>All staff members had access to a minority and ethnicity file which contained detailed information about a wide range of religious and cultural beliefs and traditions. It gave information about diet and food preparation, personal care needs, language and communication, death and dying. We saw people's religious beliefs and practice was recorded and supported.</p>	A

<p>The service visited a local Sikh temple to learn more about the local Sikh community and to raise awareness of the role and services provided at the hospice. Following the initial visit a Sikh book of writings had been donated for the hospice's reflection room and a faith leader contact had been established to call upon for people using the service from the Sikh community if needed. The provider also hoped the new links would encourage the recruitment of additional staff members and volunteers from different faith groups.</p>	<p>A</p>
<p>The homecare agency was caring for a man with dementia who had previously been held in a German prisoner of war camp. As the man's condition regularly caused him to believe he was still in the camp, the service avoided providing care using their German member of staff.</p>	<p>A</p>
<p>The service has established dignity champions to support the wider staff team. Champions help raise awareness, promote resources and ensure dignity is regularly part of meetings and creative solutions.</p>	<p>A</p>
<p>When personal care was in progress, a light outside the bedroom door or a notice was placed on the door to prevent interruptions and ensured people's privacy and dignity was maintained. At other times, staff still knocked and announced themselves before entering.</p>	<p>R</p>
<p>A national care organisation and a university worked together on a project to create more LGBT inclusive environments in six care homes they ran in London. The provider arranged staff training, cultural safety and outreach support amongst other assistance. The success of the project contributed to the provider winning a community impact award.</p>	
<p>The registered manager organised a 'dating night' where people could meet each other in the usual way, and start relationships if they wished and staff would support them with this. The agenda had identified actions needed for people's lives to improve in this way, such as supporting the safe use of social media, sexual awareness training, and networking with other organisations to seek advice and information.</p>	<p>A</p>

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"Sometimes my priest is here when the carer is here. The carer is very respectful of the priest and of my faith and religion."

Person who needs care and support

"The do help me with the bath, do exactly what I want and leave me in privacy."

Person who needs care and support

"Dignity is about noticing the little things, like making sure people have enough of what they need so they are not embarrassed or have to keep asking for things."

Care worker

"Visitors can come at any time day or night. There are no restrictions on visiting."

Registered manager

Inadequate/requires improvement

"I sometimes wee myself which I can't help. This is because carers are late."

Person who needs care and support

"Sometimes the people who use the service's clothes are dirty and they have an odour. That's not very dignified."

Family member

"We like the conservatory but it's very cold in there now. We like to sit in there to talk to our relatives about personal things you don't want them to hear. There is a heater in there but they never turn it on."

Family member















"To be honest I think it's disgusting the way they're treated. Staff aren't treated with any respect but people aren't either."

Care worker

"We need to improve staff saying things they shouldn't - such as when a person is wet in front of everybody else."

Care worker



What to avoid	Service type
 Private records being publicly accessible.	
 Managers and staff referring to people who need care and support using derogatory terms.	
 Low staffing levels impacting on the quality of care, including frequency of showers or baths.	
 Staff failing to be discreet when talking about somebody's care, causing others people who need care and support to hear.	
 People's privacy being compromised or ignored (e.g. entering a person's room without knocking or conducting a private meetings in view of others).	
 People not being treated with dignity and respect (e.g. left to sit in a cold part of the building without the appropriate clothing or being told to go rather than shown to the dining room).	
 Visiting restrictions have been put in place and visitors feeling unwelcome. People using services have been asked to leave if they have raised concerns.	



Available to help

[Common core principles for dignity toolkit](#) (Skills for Care)

[Common core strategic principles for equality and diversity](#) (Skills for Care)

Responsive



Introduction

“The staff go over and above in responding to my relative’s needs. Nothing is too much trouble.”

Family member

Outstanding rated service

The responsive key question encompasses a wide range of focus with person-centred care at the heart of what is expected of regulated services.

Effective practice around care planning underpins consistent and tailored care and support that meets people’s changing needs. Care plans should be practical and regularly updated resources which helps to ensure an individual’s physical, mental, emotional and social needs are met.

Where the service is responsive, people are supported to engage in meaningful and appropriate activities to maximise their independence. Common factors amongst many good and outstanding services is their ability to actively involve people in maintaining relationships in their local community, helping to reduce social isolation and loneliness.

Services are also expected to have systems in place to enable people, their families and others to raise concerns and complaints. From providing multiple feedback opportunities to effectively prioritising and resourcing follow up actions, those achieving the standards benefit from an open and transparent approach to celebrating successes and acting on needs for improvement.

Where relevant, how a service manages and responds to end of life care needs is one of the most important areas of care. From adjusting care and support to meet changing needs to engagement with palliative care professionals, flexible approaches that draw on best practice are key.

As of January 2018, 85% of adult social care services that had been inspected at that point had been rated as good or outstanding. In contrast, 14% had been rated requiring improvement and 1% were inadequate.

Responsive

Key recommendations

R1. Care plans

- Train staff, check competence.
- Plan care with the person, not for the person.
- Include information about people's capacity and detail how they should be involved in their care and lifestyle choices.
- Ensure the care plan is detailed, person-centred and clearly describe the care, treatment and support needs.
- Keep regularly updated and adjust support as requirements change.

R1. Maximising independence

- Ensure all staff understand the importance of stimulation and activities.
- Encourage and support hobbies, activities and interests.
- Provide regular and meaningful activities, including those supporting health and wellbeing.
- Support and empower people to achieve personal goals.
- Record engagement, consider new and innovative ways to involve people.

R1. Person-centred care

- Work closely with people (or their families / advocates) to understand what is important to them.
- Uphold and respect people's right to be involved in decisions about their own care.
- Provide consistent levels of person-centred care.
- Retain staff and use the same carers to deepen relationships over time.
- Involve people in regular reviews of their care.

R1. Using technology

- Create a culture where technology is identified and selected based on how it will benefit the people who need care and support.
- Ensure appropriate assistive technology, aids and adaptations are fitted so people can live as independently as possible.
- Consider using technology and electronic records to track outcomes.
- Introduce technology and ways of working that enable the service to effectively engage with others.

R2. Compliments, comments and complaints

- Provide multiple ways to raise concerns and provide feedback.
- Create a transparent culture encouraging issues to be raised.
- Investigate and respond to concerns and complaints promptly.
- Where needed, involve external agencies and professionals.
- Be prepared to evidence how the service has acted upon concerns and complaints.

R1. Communication

- Recruit staff with the necessary communication skills.
- Focus on finding the most effective ways to communicate with people.
- Use creative ways to make sure each person was able to express their thoughts in accessible, tailored and inclusive means of communication.
- Use communication aids and assistive technologies.
- Be prepared to evidence how you've communicated with others.

R3 End of life care

- Train staff, assess competence.
- Create and maintain advanced end of life care plans.
- Ensure end of life plans take into account the person's language, capacity and protected equality characteristics.
- Establish close links with end of life care professionals.
- Ensure people's religious and personal beliefs are respected before and after death.



R1. Care plans







“The service was highly individualised, and people’s records contained an exceptional level of detail about them. We saw that they contained contributing information and input from families and healthcare professionals involved with the person’s care.”

CQC Inspector
Outstanding rated service



Care plans should be clear, up-to-date and person-centred. Most important of all is that the staff providing care and support follow the care plan. It should be easy to follow and contain all the information someone new will need to absorb quickly.

Recommendations from good and outstanding providers		Service type
	Ensure staff are effectively inducted, trained and supervised so they understand their responsibilities around completing, using, reviewing and updating the care plan.	A
	Provide staff – including volunteers and temporary workers - with enough time to read and ask questions about an individual’s care plan before they visit.	A
	Ensure care is planned with the people who need care and support (and/or their families) rather than for them.	A
	Record how all contributors to the care plan are involved in the process.	A
	Ensure every care plan is detailed, person-centred and clearly describes the care, treatment and support needs of the person who needs care and support. Where appropriate, ensure health action plans are produced.	A
	Ensure the care plan is clearly laid out, ensuring staff and others using it can easily find the relevant information.	A

	Keep the care plan regularly updated and adjust levels of support as requirements change. Clearly document any changes that have been made and ensure these are signed off by person (and/or their families).	A
	Include information about people's capacity in their care plan and detail how they should be involved in their care and lifestyle choices (including making decisions for themselves or where best interest discussions may be needed).	A
	Check care plans are produced in a way that everyone who needs to use or review them understands the resource.	A
	Consider using technology and electronic forms to support care planning and enable staff to update and review changes. Additional benefits include setting automatic alerts and prompts to update.	A
	Ensure risk management and mitigation is effectively reflected in the care plan. Document clear procedures for staff to follow to minimise risk.	A
	Include people's interests, preferences and things that are/were important to them in the care plan.	A

 **A care plan is a fluid document, devised through collaboration, if possible with the person who receives the care support, and a true reflection of what the person needs, wants and wishes.** 

Louise Joslin

Registered Manager, The Good Care Group

Practical examples	Service type
<p>We created a system called 'MyPlan'. This allows us to tailor support to each individual and adjust according to their needs. This process begins when we receive a referral, at which point we meet with the individual and get to know them so we understand what they like and their support needs.</p> <p>We can then develop their support and where applicable, tenancy, around them. We then create a plan for the person, outlining their support, activities they would like to do and goals they would like to achieve. Their plan is reviewed and adjusted on an ongoing basis to ensure we are consistently supporting people in a way that suits them while supporting them to do the things they want.</p> <p>Avenues</p>	A
<p>Care packages are set up at the client's pace, and clients and their family have the opportunity to review the first care plan before care commences so that changes can be made to get it exactly right. During the first few weeks of care, we liaise frequently with the client and their family to make tweaks and adjustments to the care plan as needed.</p> <p>Care Concern (Homecare) Ltd</p>	A
<p>The care plans contained information about preferences for care support including the gender of care support workers and how people wished to be cared for. Care plans described how people communicated their needs, complemented by daily communication records which demonstrated the levels of engagement and support both needed and delivered.</p>	A
<p>The service actively involved people in the assessment of their care needs which enabled them to make choices about the support they needed to help them back to independence.</p> <p>People's care plans detailed the type of reablement support they should receive. They contained agreed goals that people wished to achieve, which were reviewed and updated as support progressed. People had good access to a range of equipment to support their return to independence.</p>	A
<p>Care plans viewed were individualised and detailed with people's preferences, such as sleeping arrangements, their backgrounds, likes and dislikes and behaviours.</p> <p>These care files also included specific individual information to ensure medical needs were responded to in a timely way. Care plan associated assessments were reviewed monthly or more frequently by the registered manager to ensure they reflected people's changing needs.</p>	A

<p>Where healthcare professionals provided advice about people's care, this was incorporated into people's care plans and risk assessments.</p> <p>One person had been seen by the speech and language therapist and a pureed diet had been recommended. Within the persons care file there was clear guidance to staff of how to manage nutrition and actions to take if food was declined or the person experienced choking.</p>	A
<p>Where healthcare professionals provided advice about people's care, this was incorporated into people's care plans and risk assessments.</p> <p>One person had been seen by the speech and language therapist and a pureed diet had been recommended. Within the persons care file there was clear guidance to staff of how to manage nutrition and actions to take if food was declined or the person experienced choking.</p>	A
<p>The electronic care plan had a calendar that listed the person's upcoming healthcare appointments as well as care plan review dates, medication reviews, their birthday and the birthdays of others special to them.</p> <p>This was automatically populated by information put into the care plan in other areas. This was a useful tool to help staff ensure they didn't miss important appointments and reviews of care plans and risk assessments were not missed. There was a reminder which stayed 'live' until the task was actioned, so the task couldn't be ignored.</p>	A
<p>People's confidential personal information was always securely protected. Mobile phone technology was used to record care notes. This included call arrival and departure times, care or support provided, and any problems or issues the care coordinators needed to be aware of.</p>	A
<p>There were care planning strategies providing detailed guidance for staff on how to steer people towards personal objectives. For example. a person living with a dementia related illness was at risk of social isolation and there were clear strategies for staff to guide the person towards integration and a more fulfilling life.</p>	A

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

“They listen to me, and always go over everything that’s recorded. Once I’m satisfied with the content, I sign each plan.”

Person who needs care and support

“The manager went through the care plan with me. I’m delighted with it.”

Family member

“Everything is always easy to follow. They’re thorough with their documentation.”

External healthcare professional

Inadequate/requires improvement

“When I first got a care plan, I refused to sign it, because it wasn’t what we’d agreed.”

Person who needs care and support

“I’ve never seen a care plan and I’m pretty sure my relative hasn’t either.”

Family member

“One person needs more care now but half the stuff isn’t in the care plan. If you’re a new person you wouldn’t know.”

Care worker

“I’ve not read the care plans yet.”

Care worker (after two years at the service)

“Until recently they’ve been really bad. Some care plans aren’t updated from four years ago.”

Care worker

What to avoid

Service type



People who need care and support (and/or their family/advocates) aren’t involved in the care plan and didn’t reflect their needs and preferences.

A



Care plans are incomplete or inconsistent, out of date and infrequently reviewed.

A



Care plans aren’t easily accessible, depriving staff from being able to review and update.

A



Staff aren’t provided with the opportunity to read the care plan before they are expected to provide care.

A



Care isn’t provided in-line with what is stated within the care plan.

A



Care plans for new users of the service take too long to develop.

A



Available to help

[Mental Capacity Act \(MCA\) and care planning \(SCIE\)](#)

[Endorsed learning provider courses \(Skills for Care\)](#)

R1. Person-centred care

Person-centred care and effective and responsive care planning are key features of good and outstanding services. The involvement of people who need care and support or their family/advocates is central to shaping the care that they need. Staff see people as individuals, knowing their backgrounds, likes and preferences.

“Putting the person using the service at the centre of their care, treatment and support, ensuring that everything is done based on what is important to that person from their own perspective.”











Guidance for providers
CQC



☞ **Person-centred planning is about creating a narrative about a person to recognise their humanity.** ☞

Jonathan Keane
Area Manager, Creative Support Ltd



Recommendations from good and outstanding providers		Service type
	Work closely with people you provide care and support to (or their families/advocates) to understand what's important to them.	A
	Uphold and respect people's right to be involved in decisions about their own care.	A
	Provide consistent levels of person-centred care with everyone being able to live as independently as possible. Look to external endorsement and recognition for this (e.g. from local healthcare professionals, award schemes).	A
	Ensure time is provided to allow staff to get to know people and build relationships (including those not directly in care support roles). Focus on retaining staff and using the same carers to provide support to deepen relationships over time.	A
	Enable handover meetings to ensure staff have accurate and up-to-date information about people's needs. Where handover meetings are not possible, ensure documentation is available to inform the next care worker.	A
	Plan review meetings with people needing care and support in advance, ensuring they've had chance to prepare what they'd like to discuss.	A
	Ensure staff provide information clearly and honestly, enabling the person they care for to make an informed decision.	A
	When people needing care and support are making decisions, provide sufficient time to allow them to process and make informed choices.	A
	Where caring for people with sensory loss and/or disability, ensure the service complies at a minimum with the accessible information standard or exceeds where possible.	A
	Recognise and celebrate different religions and cultures, including key dates and events.	A

☾ I use the 'toast analogy' when I take new groups of staff through induction. In short – "how do you like your toast? I like mine burnt." Everyone has a different preference (even the ones who don't like toast). I use this discussion to bring people back to the value and importance of knowing our clients preferences; it makes thinking about peoples choices real to new staff. ☾

Gail Godson

Registered Manager, Home Instead in West Lancashire and Chorley

☾ The culture of the staff team is one that is passionate and proactive. When working with people who need care and support who are unable to communicate verbally, the staff team have ensured choices, empowerment and active support are at the centre of what they do.

The team are experienced and knowledgeable of the needs of all the people we care for, each having complex support needs and a history of presenting challenging behaviour. The team are proactive and supportive in identifying potential anxieties and triggers to ensure that people needing care and support remain calm and comfortable. ☾

Cressida Rapela

Regional Operations Manager - West Surrey, Welmede Housing Association

☾ At Carefound Home Care we understand that delivering outstanding care at home involves teams thinking about much more than simply a client's physical or medical needs. Services should be shaped around all aspects of a client's daily life and how they wish to achieve well-being. This not only requires well-trained, consistent carers, but also extensive support for staff, clients and their families from a highly skilled care management team. ☾

Lorna Dawber

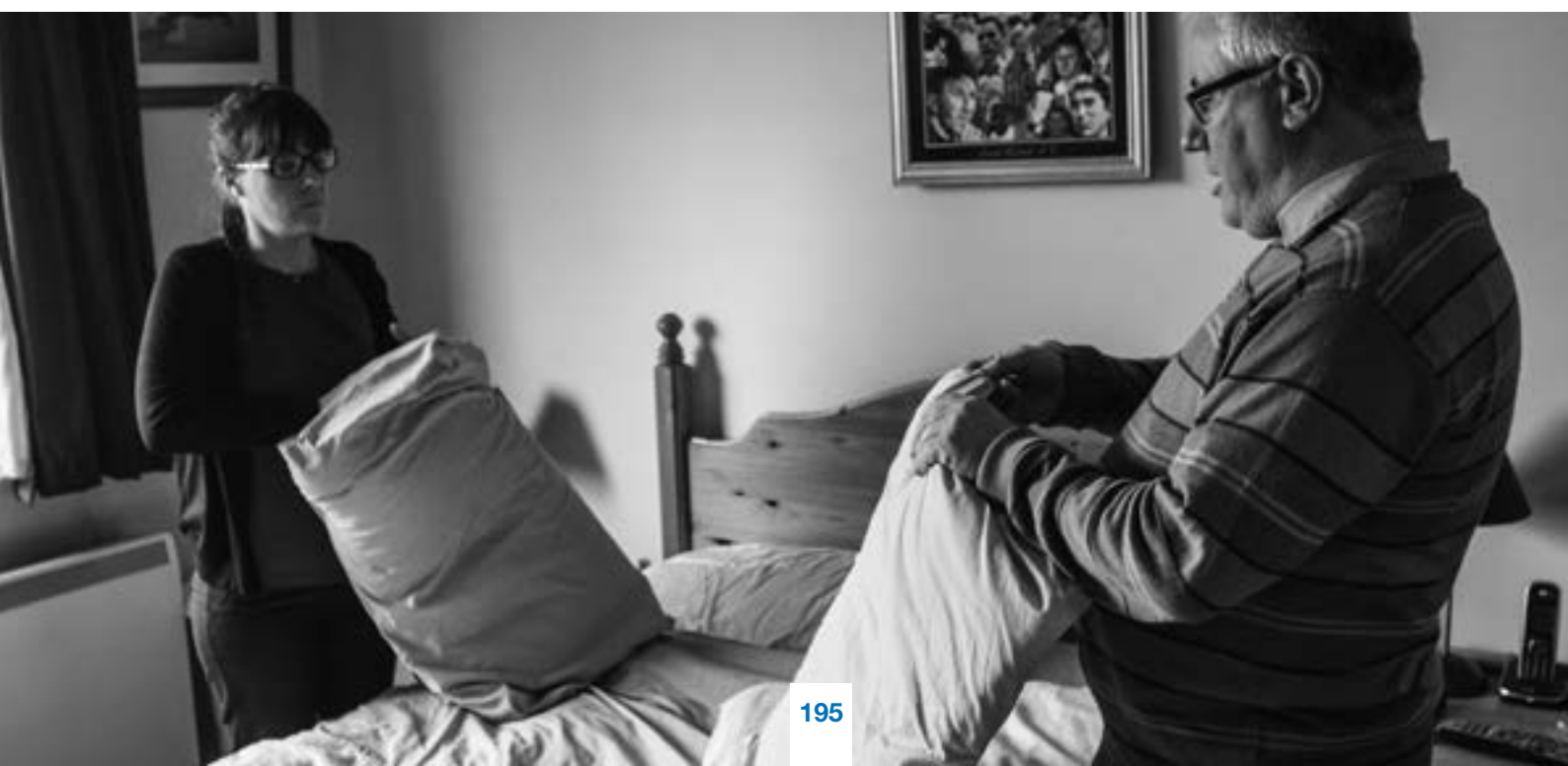
Home Care Manager, Carefound Home Care

Practical examples	Service type
<p>An elderly person who was dying of lung cancer explained to the service that one of their only pleasures was smoking. However, the fact that they were reliant on oxygen meant this presented a major risk and so far this pleasure had been denied.</p> <p>The service listened to be views of the individual and discussed with their GP this possibility. They formed an agreement between all parties that the individual would be permitted a short period of time to smoke, safely away from her oxygen tank.</p> <p>The Good Care Group</p>	<p>A</p>
<p>We have employed a SURE (people who use services representative for excellence). He delivers training and explains his needs to his staff team, as well as chairing a steering group of other people who use the service. This helps our staff understand different needs and respond to this in the care they provide.</p> <p>Creative Support Ltd</p>	<p>A</p>
<p>Our hourly home care and live-in care services are fully tailored to each individual client and family we support. This starts with developing a bespoke care plan with the client which covers all aspects of their daily life and is shaped around how they wish to achieve well-being – not simply what their physical or medical needs are. Home carers are matched to clients according to personality, interests, skills etc. and they are always introduced before care commences.</p> <p>Carefound Home Care</p>	<p>C</p>
<p>We use the 'recovery star' with our service users to allow them to identify goals which are meaningful and purposeful to them and also show them their growth and development.</p> <p>Recovery can be a slow process, but by using the 'recovery star' to map progress we're able to clearly see progress even when it appears things have been stagnant - this gives people a great sense of achievement which in turn encourages them to continue on their pathway even if it feels like things have slowed.</p> <p>Thistle Hill Hall (Debdale Specialist Care Ltd)</p>	<p>A</p>
<p>The person who used the service explained they'd been very lonely since their wife died. Whilst they felt they were too old to have their own pet, they wanted some company. The service therefore used a rent a dog scheme to help the individual through a period of extra care.</p>	<p>A</p>

<p>People's care and support was planned proactively in partnership with them. Staff used inclusive and individual ways of involving people so that they felt consulted, empowered, listened to and valued.</p> <p>The provider used the tool, 'My good life' as a means of measuring people's achievements. 'My good life' was based on six outcomes: having friends and relationships, making choices – being in control, sharing my gifts and talents, sharing ordinary places, being respected for who I am, being healthy and staying safe.</p> <p>In order to meet the outcomes listed in 'My good life' people were supported to complete the 'Big Plan.' In the 'Big Plan' people got together with their family, friends and staff to plan for a good life. People who used the provider's services also joined in to undertake their big plans at the same time.</p>	A
<p>The service uses various practical ways to help people with learning disabilities and sensory deprivation understand the care that they need. For example to help people prepare for medication, care workers roll an empty tablet jar in their hands, before each meal time a scented candle is lit and before waking people up, fresh coffee is brewed and the aroma can be smelt around the home.</p>	A

☞ **Communication is key. Typically our care teams have mobile phones which helps us to keep them regularly informed. Care plans are accessible via an app on their phones and can be instantly updated.** ☞

Joanne Charnley
National Care Advisor, Bluebird Care



What works for us

Amber Support Services



We do the simple things well – we go back to basics, we listen to clients and in doing so came up with our company motto ‘Because You Can’ which every day reminds our staff team of the power of a positive attitude, willing to try new things and push boundaries.

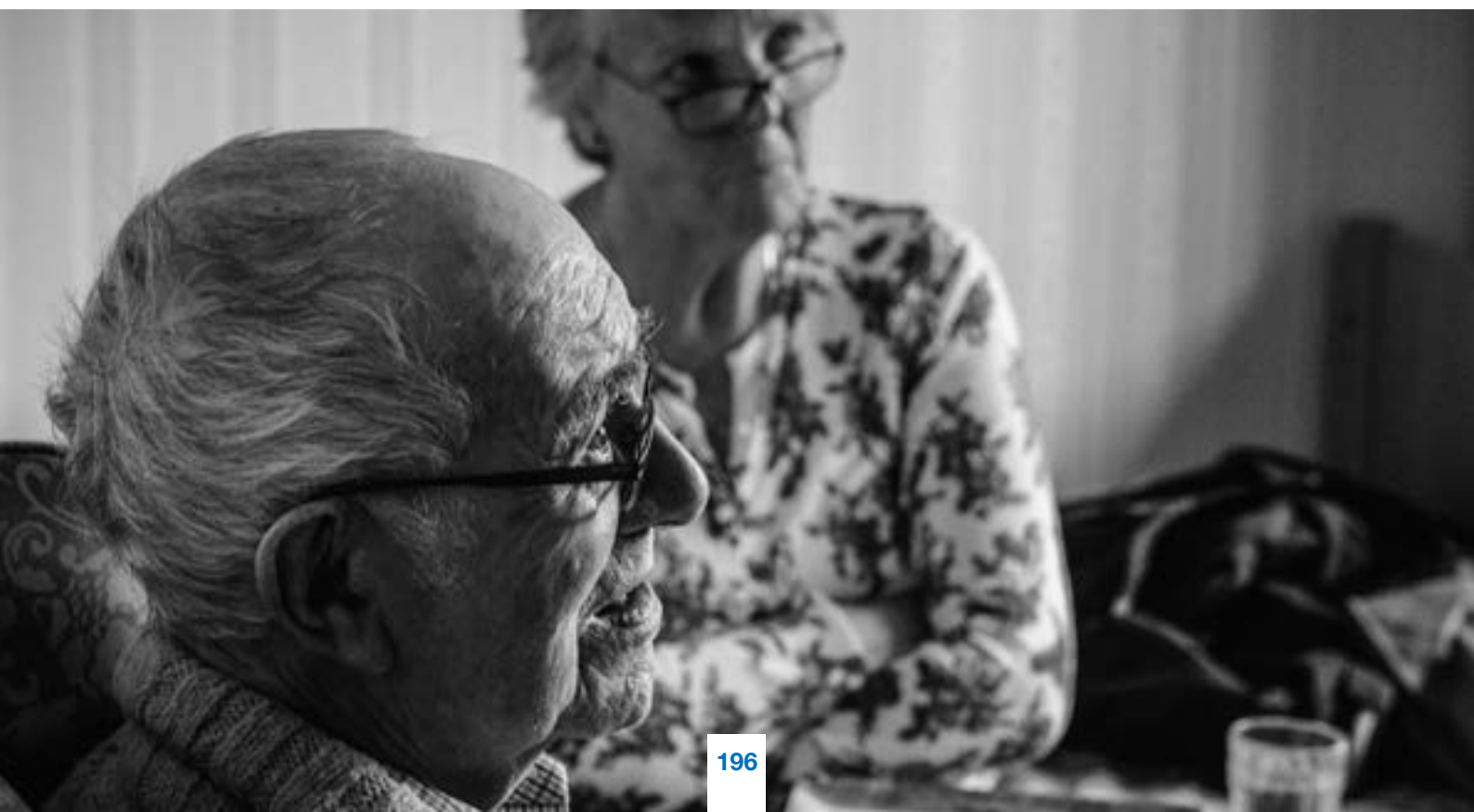
From this we developed ‘Our Promise’ which was designed with clients so they set the expectation levels in co-producing their support and demonstrated the commitment to our philosophy of person-centred support; asking clients and their families for their opinions and outputs because they have all the answers.

We would encourage any organisation to have a philosophy which is powerful in its simplicity and that the staff team believe in and work on every day.

Branding was the turning point for our organisation as it gave us a strong identity that clients associated with and staff were proud to work for. ‘Because You Can’ and ‘Our Promise’ formed part of this process; it clearly and simply states what clients can expect from us and also reminds staff of the level of support they should be delivering each and every day.

We believe it makes us unique; a modern organisation that embraces change, an organisation that places its customers first, strengthens communities and adopts a consistent ‘Because You Can’ attitude.

Jacqueline de Sousa
Director



Telling signs**Comments used as evidence in CQC inspection reports****Good/outstanding**

“I’m free to make my own decisions and choices and feel these are always respected.”

Person who needs care and support

“As my mother’s needs have changed the staff have changed the way they look after her. Nothing seems to faze them and they always keep us informed about what’s happening.”

Family member**Inadequate/requires improvement**

“I think I’m supposed to be in charge of my care, but I’m not and I’m not stupid. I get the feeling that you’ll do as we tell you and that they think you’ll eventually give up and give in”.

Person who needs care and support

“I could walk up to the town but they worry and don’t like it in case you escape. They are not encouraging.”

Person who needs care and support

“The staff don’t like you staying in your room. I do go to my room and if they see me go they bring me back because they want me in the lounge where they can see me”.

Person who needs care and support

“We can’t communicate with them and they get upset. They have no activities and spend all their time in their room.”

Care worker















☞ (What’s important to me is) having the autonomy to create a model of care that I believe in, one that is person-centred and focused on the outcomes for our members.

We are a home based upon the principles of family life, there is no staff room as we all eat together to reduce the risk of a staff/client divide. Members are encouraged to be involved in all activities of daily living from cleaning their rooms to laundering their clothes.

Disability shouldn’t be a barrier to anything. Everyone can be included and can make choices in some way despite the severity of the disability. I’m passionate about promoting acceptance and positivity in people’s attitude towards the disabled community. ☞

Mary-Jane Hoyle

Registered Manager, Dales House, Westwood Care Group

What to avoid	Service type
 People who need care and support aren't involved in the planning or review of their care and support.	
 There is limited understanding, recording and monitoring of people's wishes and preferences.	
 Decisions that are made for people based on the provider's convenience (e.g. people received bed baths because they were easier to manage than a shower or bath).	
 The service has accepted to take on new people to care for despite knowing they cannot meet their needs.	
 Staff didn't know the history or personal preferences of the people they cared for.	
 Handovers are ineffective and information is either not provided, too limited or not recorded.	
 Assumptions are made about what stimulation somebody needs (e.g. placed in front of a TV without being asked).	





Available to help

[Care Certificate workbook \(standard 5\)](#)
(Skills for Care)

[Endorsed learning provider courses](#)
(Skills for Care)

[Better Care in My Hands \(CQC\)](#)

R1. Maximising independence





 All staff also were involved in providing meaningful engagement with people and the staff all worked together to make positive memories for people and their families. 

CQC Inspector

Outstanding rated service

Good and outstanding providers help people to remain independent, often providing ways and means for them to achieve personal goals, maintain existing links or establish new links within the community. Whether delivering residential or community based care, the service helps to reduce social isolation and help people live meaningful lives.

Recommendations from good and outstanding providers		Service type
	Ensure all staff understand the importance of stimulation and that activities are an important part of motivating and engaging people.	
	Empower people needing care and support to identify and undertake a range of hobbies, activities and interests (e.g. involvement in a local choir, computer course, running club).	
	Provide regular activities for people needing care and support that are meaningful and fulfilling (e.g. ensure the activities are reflective of the diverse interests of those who need care and support). Understand their backgrounds and determine what is possible.	
	Encourage and support people needing care and support to achieve their personal goals.	
	Consider membership of the National Activity Providers Association (NAPA) who promote person-centred, meaningful and creative engagement supported by skilled staff.	
	Promote a range of activities, including those helping to achieve better health and exercise.	
	Document people's engagement in activities and review these to consider new ways and means to increase involvement.	
	Capture feedback at the end of each activity and review to inform longer-term improvement.	

	Draw on the talent across both staff and people needing care and support to offer a range of different activities (e.g. a staff member can play the piano / a person who needs care and support used to be an art teacher).	A
	Ensure those involved in activity provision are suitably experienced and trained. Consider the use of activity leads and champions to coordinate what is offered.	A
	Ensure staff respect people's own space and empower them (e.g. encourage and support people to prepare their meals, do their chores, access community facilities and to try new activities).	A
	Encourage people needing care and support to maintain their links with family, friends and external organisations (such as clubs and societies).	A

☾ It's easy for our service users to forget their achievements made during the course of the week; often something small that we may take for granted. The concept of the reflective diaries enables our service users to spend structured time with staff celebrating the highs and supporting the lows, whilst planning for the week ahead. It's important to celebrate even the smallest steps, as it's these that contribute to the overall maintenance of recovery. ☾

Helen Cooper

Clinical Therapy Lead, Thistle Hill Hall (Debdale Specialist Care Ltd)

☾ Our care at home service provides opportunities for the people we care for to be actively engaged in things that meet their individual needs. We have supported people to reminisce through 1940s cookery classes, organised Thai Chi sessions and also acquired some Rolling Stones music for a person who uses our service etc. ☾

Rhona McClelland

Registered Manager, No Place Like Home

Practical examples	Service type
<p>Following feedback, we identified our service users felt self-conscious when supported by staff in the community. We introduced a trial of non-uniform, which we have now fully adopted. Service users provided feedback to us that this simple change helped them feel normal when out in their community. This in turn increased their community involvement, assisted in reducing stigma and labelling and gave people a new sense of self identity. Now when our service users are out in public with staff they merely look like two people out and about just as we all do.</p> <p>Thistle Hill Hall (Debdale Specialist Care Ltd)</p>	A
<p>People who use the service, relatives and staff were all involved in a new innovative project called 'People like Me' which brought people together through their experiences, beliefs and interests.</p>	A
<p>People were supported to write something down on a branch about their interests and things they like and place it on a silver tree. This prompted likeminded people, staff and visitors to connect. The project helped people to develop really strong friendships with others through the connections and evoked relationship building.</p>	A
<p>The service uses Google Earth on an i-pad to look at places from someone's life that are significant to them, like previous addresses or holiday destinations. This gives people a chance to talk about their life and where they've been.</p>	A
<p>Staff at a homecare agency supported people to access the community and achieve social and leisure goals, engaging in meaningful activity. The staff created effective 'social stories' providing staff with guidance on what worked with people and how to support them with social engagements.</p>	A
<p>A homecare agency created their own private hire car service exclusively for people who need care and support, using fully wheelchair equipped vehicles staffed by carers who can provide support on trips if needed. This has improved the independence, life quality and safety of the people they support, and of people in the wider community.</p>	R
<p>The provider regularly delivers opportunities for residents to go out for lunch at another care home in the provider's group of homes. These days out often invigorate the people who use the service.</p>	A

When a local college cancelled a craft course that a resident was due to attend, the registered manager asked staff if they had the skills to offer something similar. The staff reviewed the course syllabus and designed and delivered something equivalent.	A
The registered manager promoted a scheme called '3 Wishes' where people who used the service were asked what three things they would like to achieve during the year. For example, one person had wished they could see Elvis, so the registered manager ensured an Elvis impersonator performed at the service. Photographs had been produced following the event and shared with people using the service in order to celebrate the event.	A
All staff at the residential home wore activity belts which contained items of interest. The belts included things to inspire people to talk or interact, i.e. photographs, sparkly things, etc. These helped to provide comfort and joy to some of the residents.	A



What works for us

PossAbilities CIC



PossAbilities CIC provide supported living, day services, family based support, dementia care, employment services, home share, respite and supported holidays. The head office is at the Cherwell Farm and Wellbeing Centre in Heywood which is open to everyone and provides the opportunity for people to access a social lounge, farm and a one acre wellbeing garden.

The social lounge within the Cherwell Centre is a hub of activity and is often filled with many people spending time socialising with their friends, using the café or to undertake activities. Many people use the social lounge on a regular basis. Activities at the service include arts and crafts, fresh and fruity flower arranging workshops, music, cooking and voluntary work. Some people who use the service have also been given jobs at the Cherwell Centre through their employment scheme. These range from working in the kitchen, on the farm or in the gardening group.

We have a range of animals including a St Bernard dog, goats, rabbits, guinea-pigs, chickens, hedgehogs, ducks, snakes, lizards, spiders and birds. Some people have a job on the farm, such as caring for the rabbits and other people have the responsibility of looking after dogs during the day.

The social inclusion element is very important to the service, the people using the service, staff and local community.

Since the inspection we've continued to develop the service with the involvement of people needing care and support. A further £150,000 was spent in 2016 developing the wellbeing garden. With kind support from partners, the new development comprises of an outdoor kitchen and eating area, a performance space, dipping pond, sensory garden, mud kitchen, growing zone, bee hotel and wildlife corridors. The service holds regular events such as fun days, barbeques and car boot sales where members of the community are invited which promotes social inclusion.

Amanda Higgs
Quality and Performance Manager

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"I've started a hobby I haven't been able to enjoy for years. They got me all the equipment."

Person who needs care and support

"The staff are really keen and want to make people's lives interesting."

Family member

"The staff provide a brilliant level of care, continuing to encourage and support independence whilst providing an interesting range of activities and experiences for people."

Visitor

"We focus on what people would be doing at home. People wouldn't have been playing bingo with their husbands. We prepare meals, we dance, peel spuds, wash the car, make a cup of tea. We make it as normal to day to day living as we can."

Care worker

Inadequate/requires improvement

"We think we're having events but nothing has happened yet. I would like things to do as we sit a lot".

Person who needs care and support

"Nothing happens here. Let's face it, we're all just waiting for God."

Person who needs care and support

"I sit in here all day. It's absolutely boring. I want to get out and about."

















Person who needs care and support

"Activities are non-existent. There should have been three activity co-ordinators on yesterday, not one turned up."

Family member

"The activities lady usually does colouring and sticking, some staff think it's childish."

Care worker

What to avoid		Service type
	Staff don't make any (or only very limited) attempts to engage people or offer activities (e.g. staff sit watching TV beside residents but make no attempt to interact with them).	
	The activities provided are of a poor quality, not person-centred and not tailored to the needs and interests of the people needing care and support.	
	Poor or meaningless records related to activities that have been provided (e.g. "she watched TV, walked around a bit, had a family visit, ate shortbread").	
	Activities are limited to when a specialist member of staff is on duty only.	
	Activities are related to the skills of the people delivering them rather than the needs of the people needing care and support (e.g. a staff member who previously worked in childcare promoted similar activities).	
	The service excludes people from activities.	
	The service doesn't monitor engagement in activities or review ways to improve this.	
	The service fails to act upon scheduled activities (i.e. a published board of activities doesn't reflect what was actually delivered).	



Available to help

[Activities worker/co-ordinator role](#)
(Skills for Care)

[Learn from Others \(Dementia care section\)](#) (Skills for Care)

R1. Communication








Communication is key to any successful relationship. There is focus on the importance of communication across many areas of CQC inspection, including responsive care. Ensuring staff have the skills to effectively engage and respond to the needs of people who use the service and others who engage is vital.

Recommendations from good and outstanding providers		Service type
	Recruit staff with the necessary communication skills to engage with people who need care and support, arranging additional extra training where more specialist communication skills are needed.	A
	Focus on finding the most effective ways to communicate with people who need care and support, aiming to empower people, establish boundaries and alleviate distress and to reassure when needed.	A
	Use creative ways to make sure each person can express their thoughts in accessible, tailored and inclusive means of communication.	A
	Use a range of communication tools to enable people who need care and support to express their views.	A
	Include information about how to effectively communicate with the person in their care plans, revising as and when required.	A
	Be prepared to evidence how you've communicated to others (i.e. file emails to family members, healthcare professionals etc.).	A

Identifying the understood method of communication can take time and patience, but continuing to support and encourage effective communication is where the hard work really begins – something our staff are not afraid of.

Greg Anstead
Head of Operations, London Care Partnership

Practical examples	Service type
<p>Having been through the accreditation process with The National Autistic Society, all our staff fully understand the different approaches people need to enable them to understand or to be understood.</p> <p>We've created a total communication environment to meet the needs of all our young adults with autism and special needs. Information is presented in ways suitable for each individual so they can communicate to the best of their abilities. We use tools and systems tailored to each person – body language, eye contact, facial expressions, Makaton, hand gestures, symbols, activity boards, objects of reference, social stories, photographs, IT technologies, communication passports, intensive interaction and other sensory materials.</p> <p>London Care Partnership</p>	
<p>We've invested in a website design that give prospective clients, who have access to the internet, a clear understanding of the services we provide. There's a profile for each of the management team, so people know who they're speaking to when they call us. For clients who don't have access to the internet, we've a comprehensive print brochure outlining everything about our service.</p> <p>Care Concern (Homecare) Ltd</p>	
<p>The provider used the 'Abbey Pain Scale' for people living with dementia or for people with communication difficulties. The pain scale is an instrument designed to assist in the assessment of pain in people who are unable to clearly articulate their needs. It enables the care worker to observe changes in facial expression, behavioural changes and psychological changes. By building pain assessment into existing care plans, it helps staff to recognise when pain occurs. For people who experienced pain, their needs could be met in a proactive way and ensured as far as was possible that pain and discomfort was reduced and increased their wellbeing.</p>	
<p>The service matched one person with a care worker who was able to use sign language. Another person had signs and pictures added to their care plan to aid communication between them and their carer.</p>	
<p>When one person needing care and support began to lose their voice, staff encouraged him to use other forms of communication. Initially they taught him to click his tongue to attract attention but when they began to use a ventilator, a touch-sensitive buzzer was set up that he could use for the same purpose. For end of life care, staff would regularly support the person to angle their hand to use the buzzer when needed.</p>	

A person who couldn't process what had been provided to them by speech, was quickly supported by care workers who used pictures and tick boxes for them to make their choice.	A
When supporting a person living with autism who found it difficult to express themselves at times, staff introduced a way of giving the person a tangible object when they were disappointed. This represented an emotion and helped them to resolve the disappointment without acute distress.	A
Some people using the service used communication support through a handheld computer device, and shared their own support plan on this. The service believed that by providing such options they'd been able to significantly decrease distress and unsafe behaviours.	A
The homecare agency which supported many people for whom English was not their first language, introduced a bilingual hotline for English speaking staff to phone and relay what they wish to say and vice versa.	A

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"Our mother has very limited communication skills but the staff ensure her decisions are respected by reading her expressions and body language".

Family member

"Over time the staff have learnt how to anticipate her needs by working tirelessly to understand her body language, facial expressions and her limited comprehensive speech."

Family member

"The staff here are outstanding when it comes to assessing people who are potentially in pain, they tell us as GP's what they believe to be the problem and almost all the time they are correct".

External healthcare professional

Inadequate/requires improvement

"At weekends the office is closed, someone has a mobile phone. I have had to ring sometimes at the weekend which goes to voicemail. The person who had the mobile didn't get back for several hours, so I was left in the dark."

Person who needs care and support

"You have to ring and ask, they don't tell you anything."











Person who needs care and support

"My relative misses speaking in their own language and gets very upset they cannot be understood properly."

Family member

"I've thought about putting something together (so we can communicate with the person) but just haven't got around to it."

Care worker

What to avoid	Service type
 Staff too busy to have meaningful communications with people needing care and support.	
 Perform care duties without communicating with the person and explaining what you're doing (e.g. moving somebody into a wheelchair without talking to them).	
 Failing to clearly explain in training or records if a person has a particular communication method.	
 If the service offers out of hours support, do not turn off or fail to respond to out of hours requests.	
 When people needing care and support speak a different language, the staff team avoid this and don't respond to the persons need by using communication aids or developing skills amongst the workforce.	



Available to help

[Developing core skills in the workplace](#)
(Skills for Care)

[Using the core skills learning activities](#)
(Skills for Care)

R1. Using technology



Technology can lead to better and more responsive delivery of care, helping to empower staff whilst providing managers with up to the minute information about their service.



With digital skills continuing to improve and many care workers using smartphones for personal use, the challenge for some providers is to recognise the opportunity that technology presents them.



“New technology is influencing the way health and care services are delivered – and it is transforming care for some people. This change inevitably presents challenges for the way we approach regulation for new kinds of services; in future, we will also focus on examples that show where providers are successfully harnessing new technology to improve outcomes for people.”

Celebrating good care, championing outstanding care, 2017, CQC



Recommendations from good and outstanding providers		Service type
	Create a culture where technology is primarily identified and selected based on how it will benefit the people who need care and support and their outcomes, and their consent is sought.	A
	Ensure appropriate assistive technology, aids and adaptations are fitted so people can live as independently as possible.	A
	Empower staff to respond to people's changing needs, ensuring new assistive technology, aids and adaptations are accessed in a timely manner.	A
	Consider using technology and electronic records to track outcomes. This helps managers and the wider staff team to easily access and promptly review the progress of people they care for and triggers to prompt further support.	A
	Regularly introduce new technology and ways of working that enable the service to effectively engage with others (e.g. video conferencing with healthcare professionals or family/relatives/friends).	A

	Ensure staff understanding about technology enables them to promote practical options to access information and minimise risks from social isolation.	A
	Before implementing new technologies and aids, ensure all appropriate staff are fully capable and confident to use them.	A

 We were able to evidence commitment to introducing new technologies where we believe they will enhance the provision of care. For example, we're currently introducing EMAR (electronic medication system) to minimise scope for human error in the administration of medicines. 

Peter Norman

Registered Manager, Belong

Practical examples	Service type
<p>We're preparing for the introduction of PCS (person centred planning software for care plans), following its successful implementation at other Belong villages. This has been shown to enable us to be more responsive to a customer's needs and wishes, with information being shared instantly but securely. Evidence and information relating to customer records is more easily accessible, facilitating a timely response to all areas of a customer's support.</p> <p>Belong</p>	A
<p>Our systems are designed to be user friendly, and with the focus that mobile technology is easy to use. Most staff can use a mobile phone, therefore they can use a mobile tablet. Mobile tablets use custom-built and enhanced native applications, which simplify the user interface.</p> <p>Over the course of the next 12 months, most laptop computers in our services will be replaced by mobile tablets, taking away the issues some staff have with technology and complicated programs. Our digital programme is user-focussed, making record keeping and data capture as easy as possible. This allows our staff to concentrate on service user care, recording information in real time without the need to wait for a free laptop or help from other staff members.</p> <p>LDC Care Company Ltd</p>	A

<p>Learning how new technology can be used and how that may offer creative solutions to evolve our care and support is constantly being explored. For example, more and more apps are being developed that may be beneficial at helping us engage or support clients, particularly those with a diagnosis of autism.</p> <p>We also use telecare to help balance the need to keep people safe whilst maximising their independence so a range of options such as door alarms, epilepsy monitors and PECS, voice, or eyegaze technology are used to support clients with communication and minimise the need for staff to be constantly present, alongside low tech options such as TEACCH systems and social stories to help clients understand and cope/communicate.</p> <p>Egalité Care Ltd</p>	<p>A</p>
<p>The service used Remind Me (an electronic computer program for promoting reminiscence) during support calls and the digital hospital passport (emergency information available about the person before they arrived at hospital). The Remind Me system helps reduce social isolation that people with dementia can suffer by providing personally related content and matching them with relevant localised activities, services and support.</p>	<p>A</p>
<p>The homecare agency was actively promoting using mobile phones, tablet computers and the use of text messaging and email. To help raise awareness and confidence amongst the people who needed care and support, they found a local mobile telephone store which provided a room and equipment for free lessons to older adults for 'discovering' technology. Staff would accompany people to these sessions to help build their confidence in communication methods they weren't previously using.</p>	<p>A</p>

☾ We host sessions with local groups and schools who provide training and support to our residents, enabling them to use the technology. Our most recent project, 'i-Pals' with Alive! Activities is a fantastic example of a local school coming into the home and helping our residents to engage with technology. In addition, all of our employees are trained on how to use each of the different means of technology we provide access to so that they too can assist our residents in using the devices. ☾

Lesley Hobbs

Care Home Manager, Brunelcare's Deerpark Care Home (with Nursing)

What works for us

WCS Care



Traditional night care involves hourly resident checks, knocking on doors (often disturbing people) to check they're okay. Acoustic technology discretely monitors every room, sending an alert to a monitoring station, where a night manager listens to the event to decide if a carer is needed.

WCS Care decided to trial the technology in one home and have now opened our second home using the technology. As the first provider in the UK to adopt the technology, we recognised there were inherent risks such as lack of experience of the technology and its installation, warranties and maintenance. But we believed it could improve care and took the plunge, breaking down each barrier we came across until installation was successfully achieved in just three days.

However, at WCS Care we ask: what will make people's lives better? And our real objective was to improve our night-time care and by association sleep quality for residents. We've achieved much more.











The technology has enabled us to hear the softest noises from residents which we wouldn't have heard from outside the room; crying and breathing problems, and have been able to provide emotional and medical support. We provide comfort by talking some residents to sleep (through the room's speaker), and can be responsive even if it's just a request for morning coffee.

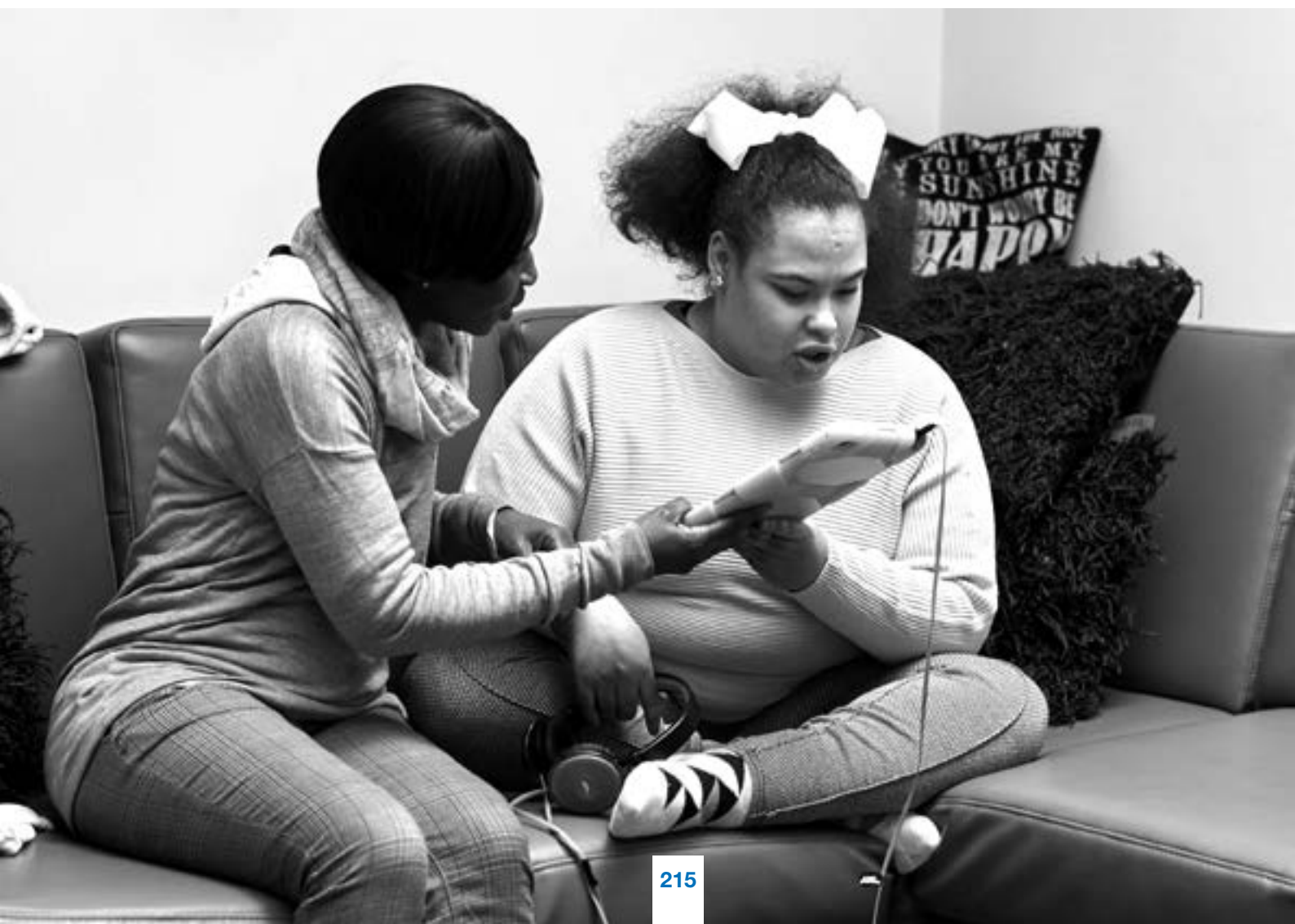
We discovered we had more residents awake at night than we thought, but instead of ushering them back to bed, so staff could continue with hourly checks, we established the 'wide awake club' and brought them to the home's café where they had food, played games and chatted with carers. When they showed signs of tiredness we coaxed them back to bed. The club has reduced from 16 residents to three as we've helped to reset people's body clocks into healthy wake/sleep rhythms which has improved alertness, appetite and wellbeing during the day.

Because we're not knocking on residents' doors every hour, we're no longer disturbing people, meaning everyone sleeps better which impacts on mental and physical wellbeing. And we've seen a reduction of night-time falls of 34%, saving injury, hospital admissions and distress.

We're working with CLB, who provide the acoustic monitoring system, to add a visual alert to the acoustics, giving carers more information with which to make timely and appropriate care interventions.

Christine Asbury
Chief Executive

What to avoid	Service type
 Technology is used only to benefit the service or efficiencies rather than the quality of care that is provided or outcomes for people using services.	
 Technology and aids that don't work (e.g. sensor mats that no longer function).	
 Technology and aids that staff or people who need care and support do not know how to use.	
 Assistive aids have been identified but the provider refuses to pay for them to be used.	
 Implementing new technologies without consultation and consent of staff, people using services, their relatives and friends.	





Available to help









[Assisted living technology](#)
(Skills for Care)






[Digital working, learning and information sharing](#)
(Skills for Care)



[Management assessment: digital skills](#)
(Skills for Care)

R2. Comments, compliments and complaints





The ability to encourage and promptly respond to feedback, complaints and concerns is found with all good and outstanding services. These services actively seek feedback (whether good or bad) and effectively prioritise and resource changes that are needed.

Recommendations from good and outstanding providers		Service type
	Provide opportunities to give feedback in the form of regular meetings and forums with multiple audiences (including users of the service and/or families/advocates, external community links, healthcare professionals etc.).	A
	Ensure there is an emphasis on listening to people's feedback and reviewing their comments, as part of an open and transparent culture.	A
	Build confidence in those who use and engage with your service so that they know if complaints and concerns are raised, they will be effectively dealt with.	A
	Ensure you act on feedback and complaints in a prompt manner.	A
	Conduct comprehensive investigations into complaints and concerns, involving additional independent external professionals to assist where needed.	A
	Record the outcome of all feedback whether a change is made or not and ensure records are easily accessible. Consider using electronic records to track progress, review recurring issues and promptly evidence.	A
	Clearly demonstrate where improvements have been made as a result of complaints and concerns. Ensure staff know about these improvements and what prompted them to be introduced.	A
	Communicate the response to feedback to those who have contributed.	A

	Provide multiple ways for people who need care and support to contribute their views and have their voice heard (e.g. open door policies, comments books, social media, surveys).	A
	Ensure people who have difficulty communicating are enabled to give their views through support provided by all staff (e.g. spending time with them, understanding their body language and/or consulting with those who were close to them). Use communication aids as appropriate in this process.	A
	Have and share a formal complaints procedure which everyone has a copy of, including all staff and people who need care and support and/or their families.	A
	Effectively resource those responsible for investigating concerns and complaints. Ensure managers and leaders are actively involved where appropriate with dealing with concerns and complaints.	A
	Encourage staff to raise concerns and complaints within a culture of improvement and strengthening of the service.	A

 **The management of information is key to a successful home care service and we have leading cloud-based systems in place to support this, ensuring that issues, events and successes are shared amongst the appropriate people and responded to efficiently.** 

Lorna Dawber
Home Care Manager, Carefound Home Care

Practical examples	Service type
<p>Creating and maintaining an open culture with everyone connected to a service ensures our foundation for positive improvement is solid. Naturally occurring dialogue between those using our service and our employees/ management enables early interventions which allay concerns before complaints are ever considered.</p> <p>When a person highlights a concern or suggestion we listen attentively, then respond in a timely manner, usually by email, to generate a paper trail and record. People need to see we resolve any issues immediately and consider suggestions seriously. Responses are always from the manager and updates are regularly sent if it's an ongoing project.</p> <p>Hale Place Care Homes</p>	
<p>Each month people who use our service complete a consultation form (which we call a listening form).</p> <p>If they're unable to complete this due to physical problems, a carer writes down their views in quote form. If someone has a cognitive impairment then a carer completes it with them using evidence e.g. "do you enjoy the food?" – "(resident) eats well and appears to enjoy their food. They have gained/ maintained a weight of..."</p> <p>Ebury Court Residential Care Home</p>	
<p>The service provided multiple opportunities for people to provide feedback and for their voices to be heard through meetings arranged for people using the service and their relatives. This included one-to-one meetings with key workers and other staff, as well as weekly coffee mornings with bigger groups which generated lots of discussion and feedback.</p>	
<p>To support people living with dementia who were unable to complete the provider's survey, the registered manager considered alternate ways their voices were heard. This involved using 'photo-elicitation' technique where conversation and views are triggered by using photographs. Using a photograph to represent the area of the service they wanted people's views on enabled them to gain feedback. For example in the 2015 survey, 10 people were shown a photograph of a care worker, and asked what this person meant to them. Their comments included; "They are the carers and they are very good," "They are really helpful," and "[care worker] rings the doorbell before [care worker] comes in." etc.</p>	

The service had invited 'Your Voice Advocacy' to provide a weekly session where people who used the service could attend. This enabled people to gain independent advice and support if they required it as well as encouraging people to speak out about things that matter to them.	R
Feedback from people had been an integral part of the re-design of the day centre, along with best practice recommendations from good and outstanding providers from Hospice UK. Details of other improvements made following feedback were displayed around the hospice so people could see their views were taken seriously, listened to and acted upon.	R
The service survey report used different headings to categorise people's feedback. These included celebrate success, what are our customers saying about us and opportunities for improvement. The survey included comments from the questionnaires.	A

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"If you ask something, they take on board what you have said."

Person who needs care and support

"I feel I am listened to and where action is needed the staff have demonstrated this by their actions. They may not always get it right but they have the ability to listen and turn things around and develop further good practice. They're good at reflective practice."

Person who needs care and support

"If there were any issues, they've always listened and they react. They're not afraid to say they got things wrong, which I find very reassuring."

Family Member

"We feel involved and they have asked us about what works well, what is needed and what isn't needed. It's a good idea to get us involved."

Family member

Inadequate/requires improvement

"Complaining hasn't changed anything. All I want are regular carers who know me and where things are."

Person who needs care and support

It's only after I complained, this improved for a short time but then went back to the old way again."

Person who needs care and support

The office doesn't listen, it's like a black hole they never tell you what they've done about anything."

Care worker

What to avoid		Service type
✗	People who need care and support (and/or their family/advocates) don't know how to feedback and complain.	A
✗	The service doesn't have a consistent way to investigate concerns and complaints, analysis cannot be demonstrated.	A
✗	The organisation doesn't record feedback and complaints or their follow up actions.	A
✗	People using the service (and/or their family/advocates), staff and others who engage have no confidence that their concerns will be acted upon.	A
✗	The service fails to respond to complaints that have been submitted.	A
✗	People who complain are penalised and excluded, or complaining relatives/friends are discouraged from visiting.	A





Available to help

[Workforce redesign people, planning, performance](#)
(Skills for Care)

R3. End of life care

Supporting people at the end of their life is something many good and outstanding services see as a privilege. From adapting care to meet changing and spiritual needs to effectively managing comfort, the service should prioritise a dignified death that draws on expertise available from within and outside of the service.

Good end of life care supports people and those important to them to have a good quality of life, with pain and other symptoms well-managed up to and including the last days and hours of life. Dignity and choice are central to this, as what's important to each individual in the last phase of their life will be different.

A different ending – addressing inequalities in end of life care (May 2016)
CQC



Recommendations from good and outstanding providers		Service type
	Ensure advanced plans, which record people's preferences when they near the end of their lives, are in place, well documented and regularly reviewed. These include adaptable activities suiting someone's changing needs and wishes.	A
	Where appropriate, involve the person's family, friends, power of attorney and advocates to discuss decisions about their end of life care.	A
	Ensure end of life plans take into account the person's language, ability to communicate and capacity to ensure it's as accessible to the person who needs care and support (and/or their family/ advocates) as possible.	A
	Ensure end of life care plans take into account people's protected equality characteristics.	A
	Where appropriate, ensure all staff, including managers and leaders, are trained in appropriate levels of end of life care and resilience. These skills are refreshed to reflect latest practice.	A

	Establish close links with end of life care professionals to ensure the support reflects good and best practice. If the organisation has had an end of life care programme, use an expert external organisation to review this.	A
	As people approach the end of their life, regularly monitor people who need care and support and assist them with symptom and/or pain management.	A
	Ensure the service is appropriately staffed to ensure people at the end of life receive additional support and accompaniment.	A
	Ensure specialist equipment and medicines are consistently available at short notice.	A
	Expand care during this difficult time to include support needed by family, friends and advocates of those at the end of their lives and following their passing.	A
	Provide opportunities for people nearing the end of their life to engage in adaptable activities that suit their changing needs and wishes.	A
	Provide opportunities for people's religious beliefs and associated priorities to be respected and adhered to as part of their end of life care.	A
	Regularly review your end of life care approach as part of staff supervisions, team meetings and document what went well and plans for any areas of improvement.	A
	After the person has passed, ensure the body is cared for in a dignified and culturally sensitive way.	A
	In addition to caring for the person at the end of their life, the provider also supports other people who need care and support, staff, family, friends and advocates to deal with the death of a loved one.	A
	Consider offering innovative new approaches to end of life care drawing on best practice and external expertise where needed.	A

Practical examples	Service type
Where people don't have capacity to make decisions we involve, family, advocates and carers in completing end of life plans to ensure that we never miss likes, dislikes and preferences. Welmede Housing Association	A
Where appropriate, the service ensures the care plan clearly documents religious beliefs and related actions needed associated with their end of life. For somebody who wasn't able to talk, this was documented in picture form to ensure they could review and approve their end of life care.	A
The service has established end of life care champions to support the development of others. Champions ensure that everyone in the organisation is involved and committed to delivering great end of life care.	A
The service had established a training facility on site offering a wide and comprehensive education and training programme including specialist palliative care delivery. The training and associated study days was open to staff, volunteers, external health and social care professionals and carers. The facility also included a library of books covering a wide range of palliative care topics, as well as research and education were available.	A
When the mother of a person who needed care and support passed away, the registered manager and staff worked tirelessly to support the individual through their grief and helped to arrange the funeral. The service also ensured that the person didn't withdraw from community engagement, something they were at risk of as a result of the trauma.	A
The homecare agency supported people to remain at home through illness and at the end of their lives. One person whose health had deteriorated quickly following a death of a family member was provided with emotional and spiritual support during their grieving process. The person was unable to attend the funeral so the service arranged for one of their regular care workers to sit with them for the day to provide emotional support for them during this difficult time.	C
The homecare agency liaised with district nurses for another person to arrange appropriate pain relief and equipment and ensured that the communication between the multi-disciplinary team was working well as it helped the service to provide good and effective end of life care.	C

<p>The home care provider was available on the on-call phone throughout the night to offer support to the family. During the person's final days, care workers put flowers in their room and pretty pillows around to make the person feel as comfortable and at ease as possible. It also gave comfort and re-assurance to the family that the person was cared for and also listened and understood the family's feelings.</p>	<p>C</p>
<p>As part of providing emotional support for staff Schwartz Centre Rounds had recently been introduced. These were a forum for staff from all backgrounds and levels of the organisation to come together once a month and explore the impact that their job had on their feelings and emotions. The aim was to offer staff a safe environment in which to share their stories and offer support to one another.</p>	<p>A</p>

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"They are committed to providing exceptional end of life care putting the person at the centre of everything. They communicate well."

Clinical nurse

"I've worked in other care homes where people who pass away have their belongings put into bin bags. This would never ever happen here. We respect people right to the end and their memory too."

Care worker

"When a resident is in terminal care we completely involve the family in the final weeks, days, hours. We offer them food, drink, a hug, somewhere to sleep and we keep in touch."

Registered manager

Inadequate/requires improvement

"We've not undertaken training in end of life care."











Care worker

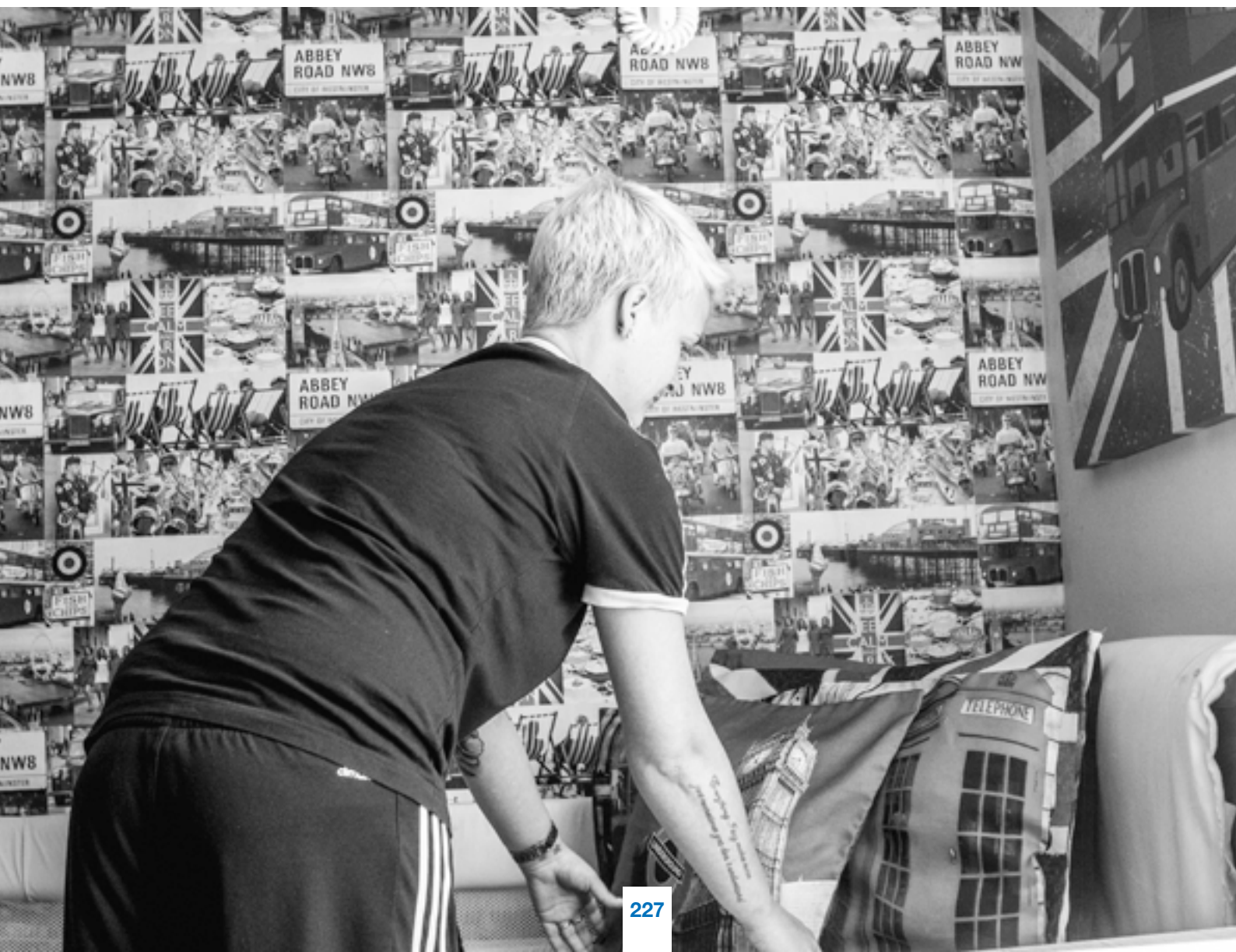
"There aren't enough of us to spend extra time with people (at the end of their life)."

Care worker

"They're receiving end of life care but we've not had chance yet to update their care plan."

Registered manager

What to avoid	Service type
 People at, or nearing the end of their life didn't have plans in place.	
 Staff hadn't received training on end of life care (or it's not in-line with the latest practice).	
 Staffing levels limited the opportunity to provide additional care and support.	
 Capacity isn't assessed and/or consent isn't obtained to end of life care and treatment.	
 Support, medicines and equipment aren't promptly available to help people nearing the end of their life.	





Available to help

[Common core principles and competences for social care and health workers working with adults at the end of life](#)
(Skills for Care)

[Working together to improve end of life care training pack](#)
(Skills for Care)

[Training on end of life care for domiciliary care staff](#)
(Skills for Care)

Well-led



Introduction

☾ The registered manager and the wider management team provided clear leadership and used systems effectively to monitor the culture of the service. This included the consistent presence of the registered manager in the service, working alongside staff as an effective and caring role model. ☾

CQC inspector

Outstanding rated service

Those achieving good and outstanding rated care have the managers, leaders and effective governance arrangements to meet and exceed CQC expectations. These are services with the right culture, values, expertise, support and investment, and effective partnerships to continually improve the care they provide.

As of January 2018, 74% of adult social care services inspected had met the CQC standards in relation to this area of inspection. Therefore, for over a quarter of adult social care services there was a need to strengthen who managed the organisation and how.

With open cultures and clear vision and values – almost always shaped by the views of people who need care and support and the wider staff team – well-led services are professionally run and motivated by the need to succeed.

Good and outstanding services are transparent organisations where incidents are acknowledged, promptly responded to and used to learn how the service can avoid reoccurrence.

Managers and leaders are appropriately qualified, experienced and dedicated to providing the support that is needed. They're passionate about meeting the standards of care and often visible in the day-to-day running of the service. The service also recognises the risks of losing key managers and leaders and actively aims to retain them whilst also developing talent.

Good and outstanding managers and leaders know what's expected of them and effectively monitor quality performance. They ensure their service not only identifies areas for improvement but has the ability and resources to act upon this. These are also services where managers and leaders know how to effectively engage their staff, people and the wider public, seeking to learn from this and feedback.

In outstanding services there's a keen focus on best practice and innovation. These managers and leaders share their own expertise but equally ensure they and other staff establish effective peer to peer relationships with networks, health specialists and others in the community.

In contrast, services rated as requiring improvement or inadequate are often let down by poor cultures, lack of leadership, expertise or investment, weak quality assurance practice and don't partner with others to ensure good or best practice.

Our data shows that if a service is rated as good or outstanding in well-led, it's more likely to be rated as good or outstanding overall, compared with any other key question.

The state of adult social care services 2014 to 2017
CQC



☾ **Good leadership in health and social care is the foundation for the sustainment of safe, effective and compassionate services for the most vulnerable people in our communities.**

It's easy to spot a good leader. Their customers will be happy, involved in their care as much as possible, and be as independent as they can be. Their staff will be knowledgeable, inspiring, reflective and compassionate. ☾

Raymond J Corry

Head of Engagement and Learning, Creative Support Ltd

Well-led

Key recommendations

W1. A positive culture

- Put people who need care and support at the heart of the service.
- Ensure managers and leaders are dedicated to delivering better quality of life.
- Ensure managers and leaders are open, visible and approachable.
- Support a strong focus on inclusion, equality, diversity and human rights.
- Avoid creating a blame culture.

W1. Vision, values and strategies

- Ensure that person-centred vision and values are at the heart of the service.
- Involve people in creating and reviewing vision and values.
- Decide on aspirational but achievable vision and values, realistically resource the strategy to achieve them.
- Support staff to understand and embed the vision and values.
- Monitor progress.

W1. Knowledge, experience and integrity

- Appoint managers and leaders with the experience and ability to run a successful care service.
- Ensure managers and leaders understand the CQC standards.
- Ensure managers and leaders lead by example and are well known by the people who need care and support.
- Succession plan, developing talent to become your future managers and leaders.

W2. Governance

- Ensure managers and leaders understand CQC regulations and associated legal requirements and implications.
- Ensure managers and leaders understand their role and responsibilities.
- Ensure leadership at all levels of the organisation should be of the highest standards.
- Deliver timely and effective communications and feedback across the organisation.
- Ensure there is a clear, documented management structure at all levels.

W3. Engaging staff, people and the public

- Position the organisation as an important part of the community.
- Encourage everyone to contribute a diverse range of views about the service.
- Ensure everyone working for the service are receptive and listen to feedback.
- Invest time in developing and promoting open communication channels.
- Document all meetings and meaningful engagements.

W4. Quality improvement and innovation

- Use an effective quality assurance system to monitor the standards of the service.
- Learn from incidents, feedback, complaints and concerns to drive continuous improvement.
- Undertake unannounced inspections and audits.
- Ensure findings from audits, inspections and assessments are clearly documented, actioned, identified and acted upon.
- Use external accreditation teams and experts.

W5. Working in partnership, sharing best practice

- Ensure people who need care and support play a key role in the local community (and vice-versa).
- Ensure managers and leaders are well known within the local community, sharing their experience and expertise.
- Establish relationships with best practice organisations and use research to deliver high quality care.
- Promote the support available from independent advocates.
- Engage with volunteers.








W1. A positive culture

“This home stands out a mile. It’s not regimented, not clinical, it’s well-managed and the staff are really well trained.”

Family member

Outstanding rated service

Managers and leaders within good and outstanding rated services know the importance of creating and maintaining an inclusive culture. Fairness and transparency are key and learning from mistakes is seen as an important way of improving the standards of care.

Recommendations from good and outstanding providers		Service type
	Put people who need care and support at the heart of the service.	A
	Ensure managers and leaders are dedicated to delivering an increased quality of life for people who need care and support, including receiving and acting upon feedback.	A
	Ensure managers and leaders are open, visible, approachable and empower others.	A
	Embed a person-centred culture of fairness, support and transparency.	A
	Ensure managers and leaders encourage and support a strong focus on inclusion, equality, diversity and human rights.	A
	Managers and leaders should understand the culture of the service and ensure it meets the needs of the people who need care and support, staff and other stakeholders.	A
	Ensure problems and concerns are always a priority, with managers and leaders committed to resolving these promptly.	A

Practical examples	Service type
All staff believed the culture of the service was open and very person-centred. The ethos embedded in the service was that staff recognised all people had individual needs and preferences. Staff offered support based on how people wanted to be supported, which helped to ensure a good quality of life.	A
The care provider developed their values for 'active co-existence' - involving people, dignity, respect, independence and equality and safety. A key aspect of this philosophy was to break down barriers between staff and people who lived at the home. This meant staff didn't wear uniforms, there were no separate staff facilities, and staff ate with people who lived at the home.	A
The registered manager explained that her core value was that "people came first". The Provider Information Collection (PIC) stated the provider values, such as integrity, excellence and respect, and were promoted to staff frequently. This included discussing values before each training session, so that they were embedded in everything the staff did.	C
The staff were clear about the provider values that people mattered. Their interactions with people and each other further supported the fact that these values were lived by the staff.	A
The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. For example, they understood the importance of ensuring all staff worked to a consistent standard of care and had introduced a system to monitor this. This was a sense check through observations which provided the registered manager assurance about how staff interacted with people when providing care and support.	A
<p>The service's motto was, "Adding Life to Years" and the registered manager encapsulated their beliefs and ideals. In their Provider Information Collection (PIC) the registered manager stated: "residents are listened to and their wishes met if possible".</p> <p>Residents were actively involved in the service introducing a rescue dog, chickens, bar, minibus and swing seat. The service also became the Guinness World record holders for the oldest choir in the world. There's an atmosphere of fun and love within the home and laughter is regularly heard.</p>	R
The service held a daily head of department meeting, which was inclusive, e.g. involving the kitchen and maintenance staff etc. The CQC inspector saw that everyone in the meeting knew the individuals using the service well and together discussed the most effective ways to involve them in activities.	R

“Sweeping away all barriers to communication creates a culture of openness that has to be present if you want care to be the best that it can be. It’s the thousand little things that happen every day that make the difference.”

Our first step was to develop a set of values that would be at the core of everything that came next. Kindness, comfort and respect became our mantra. We worked with staff so they knew what sort of care was kind, comforting and respectful in practice, not just in theory. ”

CEO

Good rated service

“The professionalisation of our sector starts with the individual. Good leaders influence organisational culture, sustain quality and support teams to deliver the highest standards of care. Good leadership changes people’s lives. ”

Raymond J Corry

Head of Engagement and Learning, Creative Support Ltd

“Lead by example, ensure everything you do is the best it possibly can be within the time available...if you strive to do a great job your staff will follow your lead. ”

Stephen McCoy

Director, Bluebird Care Central Bedfordshire



Telling signs**Comments used as evidence in CQC inspection reports****Good/outstanding**

“The registered manager is always walking around. They join in with all the activities and really care about the staff.”

Person who needs care and support

“In over 100 visits, we have repeatedly been impressed with the patience, kindness, good humour and respect with which the staff treat all the residents.”

Family member

“The leadership from the management team has always emphasised the need to treat each resident as the individual they are; to keep them safe and ensure they have the best possible and happiest life they can”.

Healthcare professional

“I know everyone and they all know me.”

Registered manager**Inadequate/requires improvement**

“No, I don’t think the management of the service is good. They make excuses.”

Person who needs care and support

“I couldn’t even tell you the manager’s name to be honest. I don’t know who’s in charge.”

Care worker

“I haven’t seen the manager for a long time, there’s no real communication from the office.”

Care worker













“Don’t believe all the posters or promises.”

Care worker

“I feel strongly that managers should take an active role in the day-to-day care of residents, and make every effort to be approachable to residents, staff and relatives on a daily basis. We all help each other within our roles, I work alongside the carers with care shifts, cooking and cleaning.”

Beth Cheffings

Registered Manager, Ridge House Residential Home

What to avoid	Service type
 Managers and leaders aren't visible or approachable.	
 The culture isn't conducive for delivering care reflective of people's equality, dignity, respect and human rights.	
 Managers and leaders make decisions in isolation, without engaging with staff and people who need care and support.	
 There is a blame culture within the service.	
 There is an uncaring culture where poor performance is tolerated (e.g. staff ignoring safety notices).	
 There is a 'them and us' feeling between office staff and those working in the community.	





Available to help

[Leadership Qualities Framework](#) (Skills for Care)

[Well-led programme](#) (Skills for Care)








W1. Knowledge, experience and integrity

Managers and leaders within good and outstanding services have the appropriate skills, knowledge and experience to effectively run the organisation and support staff. Leaders are visible at all levels, inspiring others to deliver the care needed.

“Being a registered manager isn’t just a job, it’s a dedication and as such you’re in a unique position to make a positive impact.”

Mary-Jane Hoyle

Registered Manager, Dales House, Westwood Care Group

Recommendations from good and outstanding providers		Service type
	Ensure managers and leaders always lead by example and act as role models for the wider staff team, supporting them on some of the more challenging aspects of the role (e.g. how to manage challenging behaviour).	A
	Ensure people who need care and support and their family/ advocates know the managers and leaders of the service (e.g. the manager has an open door policy and/or visits people in their own homes).	A
	Deliver a service where staff are comfortable and relaxed when managers and leaders are working alongside them.	A
	Deliver a service where relationships across the entire staff team is strong and productive. Ensure staff are proud of both the service and its managers and leaders.	A
	Celebrate achievements, including those attained by staff and the people who need care and support (e.g. achievement of qualifications, local awards, sharing positive feedback).	A
	Ensure managers and leaders are able to challenge and change policies and procedures and aren’t tied to doing things how they’ve always been done.	A
	Recruit and develop managers and leaders to have the required qualifications and sector experience to run the service effectively.	A

	Consider using personality profiling assessments (for example the 'Judgement Index') to measure new and aspiring manager's capacity relating to strategic thinking, problem-solving and stress management.	A
	Ensure managers and leaders have the experience and capacity to deliver the aims and objectives of the organisation. Succession plan to ensure there are no gap periods between new and old registered managers.	A
	Where appropriate, ensure the registered manager has the ability to take an active role in directly delivering care and keeps such abilities up-to-date with latest practice.	A
	Ensure managers and leaders can account for the behaviours and actions of staff.	A
	Ensure managers and leaders deliver care that meets national standards (e.g. the Care Certificate, NICE standards etc.)	A
	Provide time for managers to get to know staff, the people who need care and support and others (including family/advocates, healthcare professionals and community links).	A
	Encourage managers and leaders to use and provide mentoring to develop themselves and others.	A
	Ensure managers and leaders empower others through effective delegation and opportunities to develop skills and expertise across the staff team.	A



☾ The managers are continually developed to ensure they've the skills, competencies and confidence to provide the highest quality of care and support. This development is through extensive mentoring and constructive feedback and participation in the management academy. Managers always feel they're part of the team and can call on others at any time. ☾

Mike Bielanski

Managing Director, London Care Partnership

☾ I believe involving managers and leaders in the day-to-day running of the business is a huge benefit to the delivery of our service. Good leadership practices ensure that good practice is cascaded through the care team.

The management team are visible on the care floor and will assist when needed. This enables the management team to monitor standards as well as acting as support to the care team. They're also there as points of advice and guidance. It gives members of the care team somebody to go to if they have questions, queries or concerns. ☾

Rebecca Elford

Nominated Individual, The Old Vicarage Residential Care Home

☾ The demands placed upon registered managers define the necessity for registered managers not to become blinkered by the challenges of the day-to-day role.

It's incumbent that we look outside of our own service, keeping our focus on our personal continuous development. We need to seek out every opportunity and methodology to update our knowledge, our skill set and our practice. ☾

David Morgan

Group Manager of Care and Care Services, Christadelphian Care Homes

Currently all managers are completing Skills for Care's 'Becoming a Manager'. The registered manager is undertaking the 'Well-led' Skills for Care leadership programme.

CQC Inspector
Outstanding rated service



Practical examples	Service type
<p>In addition to nursing and social care qualifications, the registered manager had obtained a teaching qualification in order that she could provide flexible training to staff throughout the year in addition to training provided by external training companies.</p>	<p>A</p>
<p>The registered manager had recently visited a person who used the service after they had been admitted to hospital. The registered manager had not been satisfied with the levels of care at the hospital and had liaised with community nursing professionals and family/advocates to ensure the person could be brought back to the service sooner than anticipated.</p>	<p>A</p>
<p>The provider was committed to driving improvement through nurturing staff and developing their managerial and leadership skills. They introduced a leadership academy which ran three management development programmes suitable for beginners to more senior staff.</p> <p>The academy is run by managers within the provider organisation and the registered manager was a trainer at this academy. Some of the successes from this programme have included one member of staff undergoing several promotions, eventually achieving a management position.</p>	<p>C</p>
<p>The registered manager wasn't afraid to challenge other agencies or partners on behalf of the people who used the service where they felt necessary. For example, the service managed to secure funding for an adapted bed for a young person who used the service. The application had originally been refused as the bed was extremely expensive. However, this was challenged by the service, as the bed helped the individual to be independent and autonomous and this was felt to be hugely important in enabling the person's self-reliance for the future. The challenge was successful, helping enable the young person to continue to live as independent a life as possible.</p>	<p>A</p>
<p>The registered manager was exceedingly knowledgeable about every aspect of the service. This included knowledge of people, relatives and staff. For example, a member of staff telephoned the office as they couldn't find a person's personal alarm. The registered manager listed a number of places the person was known to put the alarm.</p>	<p>A</p>

“We’re investing in our managers – to support and share their thinking and rationale. With strong leadership that’s grounded in the care and support we offer, focussed on the people who receive our services, we’re achieving a level of resilience that enables us to successfully manage the varied and diverse demands that make up care support and treatment.”

Carol Toner
Regional Director, Alternative Futures Group

“Effective leadership is the essential ingredient to drive standards and change which is why we have three exceptional registered managers who have varying competencies, skills and experiences to drive our quality agenda.”

Our management team are qualified to teach, train, assess and verify, so we can up-skill people, create opportunities to develop in their role and support them to achieve high competency levels.”

Kevin Hewlett
Director, Hale Place Care Homes

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

“The managers are fantastic. Immediately I saw a difference. I saw professionalism.”

Family member

“The wonderful care dad received is a product of the leadership and direction given by the staff and management team whose complimentary skills were much in evidence.”

Family member

“I feel part of a wonderful, meticulous, exciting team, including the boss and care manager who are the best carers among us and still go out on visits.”

Care worker

Inadequate/requires improvement

“What leadership?”

Person who needs care and support

“The management is affecting the home. Some of the managers are awful.”







Person who needs care and support

We’re satisfied with the carers, it’s leadership and management that are needed”.

Family member

“There’s no organisation. It stops us from doing our job properly.”

Care worker

What to avoid		Service type
	There is a lack of clear leadership. Feedback from those who use, engage or work for the service is that it's not well-led.	A
	The service record keeping is poorly managed.	A
	Cover for absent managers doesn't ensure consistent leadership.	A
	Managers and leaders aren't recruited with the appropriate experience and skills.	A
	Poor quality of care from staff isn't effectively addressed and performance managed.	A
	Managers and leaders don't understand or act upon advice from external healthcare professionals.	A



Available to help



[Manager Induction Standards](#)
(Skills for Care)

[Registered manager networks](#)
(Skills for Care)

[Registered manager membership](#)
(Skills for Care)

W1. Vision, values and strategy

Good and outstanding services not only have a clear vision but also embed these into practice. People who need care and support and the wider staff team usually help shape the vision and strategy and have a vested interest in ensuring it's achieved.

 **We believe embedding values at every level of the organisation is crucial in achieving good and outstanding. Because of the work we undertook to embed our values, we believe that's why we were rated as outstanding in well-led.** 

Paula Braynion

Managing Director, Future Directions CIC

Recommendations from good and outstanding providers		Service type
	Ensure that person-centred vision and values are at the heart of the service. Back these up with appropriate policies and procedures and practical staff handbooks or equivalent.	A
	Strive for innovative and imaginative visions and values building upon existing good or best practice.	A
	Actively involve people who need care and support (and/or their families) and staff in creating the vision and reviewing these to ensure they continue to reflect their needs.	A
	Agree on visions and values that are stretching but achievable. Develop and implement a realistic and realistically resourced strategy that will ensure these are achieved.	A
	Ensure managers and leaders help set and demonstrate vision and values for the service which are imaginative, person-centred and enthusiastically communicated.	A
	Ensure managers and leaders support staff to fully understand and believe in the vision and values and reflect it in the care that's delivered.	A
	Ensure the vision and values are clearly communicated and effectively used in their recruitment processes.	A
	Monitor performance against the vision and values of the service.	A

Practical examples	Service type
<p>The service began working on its vision and values by asking people supported, families and staff to describe the service in a word. These were used to make a 'wordle' (word collage).</p> <p>Further joint work resulted in the main principle 'people at the centre of everything we do', with six key values. The values spell 'Castle' – the name of the service. A booklet of commitments explains how these are put into practice for the people supported, for families and staff. This year further work is underway to explore what the values mean for practice using our ideas tree.</p> <p>Castle Supported Living Ltd</p>	A
<p>Service users and staff were involved in setting the mission and values of the organisation. Manager's objectives are set in line with the values of the organisation and we recruit in line with them, so they are always live. This also helps us to evidence that we strive to meet them.</p> <p>Welmede Housing Association</p>	A
<p>Our 'Vision and Values' ethos is key for all new employees, which is covered during our seven day induction. Our CEO attends day one of each induction, welcoming each new employee and reinforcing our charity's vision and values.</p> <p>Leadership is key to the success of each employee understanding what's required of them in their role with managers becoming role models and attending training sessions to reinforce not only their responsibility as a manager, but how to cascade this ethos down to the teams.</p> <p>Brunelcare's Deerpark Care Home (with Nursing)</p>	
<p>The service had also adopted their own vision statement aimed at ensuring they delivered person centred care in every situation. "No decision about me-without me" set out 10 customer standards. In discussions with people who used the service, staff and in records written about people we saw all these values and standards working in practice.</p>	C
<p>The organisation's values were captured by the acronym CARE (collaboration, accountability, responsive and excellence). Using the Investors in People process, the registered manager, service directors, and staff demonstrated a shared vision, ethos and clear goals and worked collaboratively to continuously improve the service. This was evident throughout the inspection and also the creation of a core behaviours framework. The framework was used to identify the kind of behaviours, knowledge and skills needed to bring the organisation's values 'to life'. For example, the value of 'excellence' was linked to continuous personal development and team development. In practice we noted staff were encouraged to utilise external and internal sources to come up with new ideas and approaches for supporting people.</p>	A

“Our vision guides us, along with our values, to provide good quality care, support and treatment. We make a promise to each person we support about the standards we will achieve, and we incorporate good practice guidance from expert organisations too.”

Nathan Duran

[Acting] Regional Head of Quality and Operations, Alternative Futures Group

“In the interview with new staff, we explain our ethos at the home and that we expect our residents to receive a high standard of care. We inform them that standards are monitored on a daily basis by various people working in the home i.e. care supervisors, managers.”

Rebecca Elford

Nominated Individual, The Old Vicarage Residential Care Home

“Good and outstanding can only be achieved when the entire organisation is on board and where the organisational values reflect the KLOE’s at the heart of all we do. This means having the right people drive the organisation forward. It must be well-led by people who understand that organisation culture must be right in order to provide outstanding support.”

Cressida Rapela

Regional Operations Manager West Surrey, Welmede Housing Association

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

“This is the nicest place, with the nicest people and the nicest ethos and values.”

External healthcare professional

“The management team as a whole are constantly working towards improving our vision as a team and our values as care providers, always with our clients’ best interests at the heart of what we do.”

Senior care worker









“We strive to be open and honest and always put the person first. We promote independence and support people to live the life they want.”

Care worker

Inadequate/requires improvement

NB: In the majority of CQC inspection reports reviewed from services rated requiring improvement or inadequate, there was little or no evidence of the organisation vision and values.

In comparison, it was rare to find a CQC inspection rated good or outstanding that didn’t include some positive evidence of how visions and values have helped the service to achieve high standards of care.

What to avoid	Service type
 The service doesn't have credible vision and values.	
 People who need care and support and/or staff don't know or believe in the visions and values.	
 Managers and leaders don't have an effective or realistic strategy to achieve the vision and values.	
 The vision and values aren't reflective of a service that should be delivering effective care and compassion.	



Available to help

[Well-led programme](#)
(Skills for Care)

[Registered manager networks](#)
(Skills for Care)

[Registered manager membership](#)
(Skills for Care)

W2. Governance






Governance has been identified as an increasingly important area for well-led services to get right. Without good governance and related systems, many care services wouldn't be able to effectively continue to deliver high standards of care.



Poor performance for safety is often due to problems with a provider's overarching systems and governance, which results in safety being a low priority and a culture that doesn't value ongoing learning from safety incidents.

The State of Health care and adult social care 2016 / 2017
CQC




Recommendations from good and outstanding providers		Service type
	Ensure managers and leaders understand CQC regulations and associated legal requirements and implications.	A
	Ensure managers and leaders understand the impact of a good or poor inspection on the reputation of the service, so they suitably resource the organisation to meet the standards.	A
	Ensure managers and leaders understand their role and responsibilities and are accountable for ensuring effective governance.	A
	Ensure there is a clear, documented management structure at all levels.	A
	Deliver timely and effective communications and feedback across the organisation.	A
	Where a board and/or directors exist, ensure they are proactively engaged and support managers to deliver high standards of care.	A
	Ensure leadership at all levels of the organisation is of the highest standards. All appointed should be fit and proper persons for the role they are responsible for.	A
	Regularly review performance and manage people effectively to maintain high standards of care.	A


	Where improvements are needed but existing managers and leaders are resistant to change, consider changing senior personnel to strengthen the service.	A
	Clearly document all decisions related to decisions, actions, behaviours and performance.	A
	Maintain all records in strict compliance with the General Data Protection Regulations (GDPR).	A

 It's so important to update your knowledge as new ideas and legislation comes to light. As a manager of an independently privately run home I became a registered manager member of Skills for Care for support and to develop my knowledge, to keep up-to-date with current best practice and to engage with other managers, as I don't have this opportunity otherwise. 

Beth Cheffings

Registered Manager, Ridge House Residential Home

 We've achieved significant results from supporting all our team leaders to work together as one team, so everyone providing services gets the same information at the same time, with the same expectations being made of them... so that everyone understands their role in delivering good care and support services.

We see the team leaders as our agents to deliver the fundamental standards. We link the fundamental standards to our quality assurance process ensuring a synergy of activity and compliance. 




Carol Toner

Regional Director, Alternative Futures Group

In well-led organisations leaders would ensure these systems and processes were embedded across the organisation, with clear lines of accountability.

The State of Health care and adult social care 2016 / 2017
CQC



Practical examples	Service type
<p>Within our service, the registered manager receives management supervision which enables the nominated individual to discuss all aspects of the services. This is one of the ways to be assured that services are being delivered to a good quality standard. This also provides information about a range of indicators that may show areas of possible concern such as high sickness levels, high staff turnover and an increase in complaints.</p> <p>The registered manager also receives professional supervision which provides regular contact between a supervisor and a registered manager in which to monitor and reflect on practice, review and prioritise work, provide guidance and support and identify areas of professional development. It's an accountable, two-way process that supports, motivates and enables the development of good practice for individual registered managers. As a result, good professional supervision improves the quality of service provided by the organisation.</p> <p>Simply Care (UK) Ltd</p>	
<p>Our CEO attends some of our care home meetings, engaging with employees and offering insight and support when and where required. Members from each of our head office teams come out to visit us and ensure they're in regular contact with us via telephone and email.</p> <p>Our trustees visit the care home on an annual basis. They ensure that they communicate with us directly to congratulate us on any successes we have. Our trustees are also involved in the budget setting of future developments and contracts.</p> <p>There are two Brunelcare manager away days held a year. These are held externally and are hosted by our senior management team. It's an opportunity for all managers from across the organisation to come together.</p> <p>Brunelcare's Deerhurst Care Home (with Nursing)</p>	
<p>We believe a key to our success is led by our co-production approach to business planning. The cycle begins in October of each year preparing the objectives for the following calendar year.</p> <p>Everyone is involved and our comprehensive process ensures the business plan is built upon legal requirements, business needs, quality frameworks, making lives better and views and ideas from people supported, staff and families.</p> <p>Castle Supported Living</p>	

Our management team use native applications on their mobile devices, and have a real-time view of every service. They receive alerts from the services directly, as and when data is captured. Our systems are very reactive, and are programmed to inform managers of any information that falls outside the parameters of the benchmark defined. Managers are able to trust that the applications can be relied upon to notify them of any concerning information which is inputted onto the application by staff in our satellite services. LDC Care Company Ltd	A
The home had a residents' group and residents were also committee members on the charitable board that runs the home. The deputy chairperson is currently one of the residents. The board has all the minutes from the residents' meetings and the most recent request had been to offer people wine on a daily basis as standard.	A

Strong leadership wasn't restricted to registered manager level. Managers were supported by providers to communicate a strong vision and values to all staff, encouraging a culture of openness and transparency.

The State of Health care and adult social care 2016 / 2017
CQC



☾ One of our biggest strengths is the investment and support the provider gives us. Nothing is too big, the general rule is 'if it will benefit our service users then buy/do it'. This is rare and the impact this has on service users and staff cannot be expressed but can be measured. ☾

Megan Tranter

Registered Manager, Thistle Hill Hall (Debdale Specialist Care Ltd)

Telling signs**Comments used as evidence in CQC inspection reports****Good/outstanding**

“We all like the fact that the owner always takes the time to talk to visitors.”

Family member

“The upper management obviously strive for continuous improvement and this is reflected in the care that our relative receives.”

Family member

“Those that live here, that can, are involved in their care plan. They can access it, they are involved in the planning process. The family of people are very involved. We like to get as many views as possible in the care plan”.

Care worker

“The directors are in here all the time and are really supportive; it feels like a big family here.”

Care worker

“One of our directors came in and explored our meetings and the validity of them. We then established a system that each week from the top, key messages would trickle down and it has really made our communication more effective.”

Registered manager

Inadequate / requires improvement

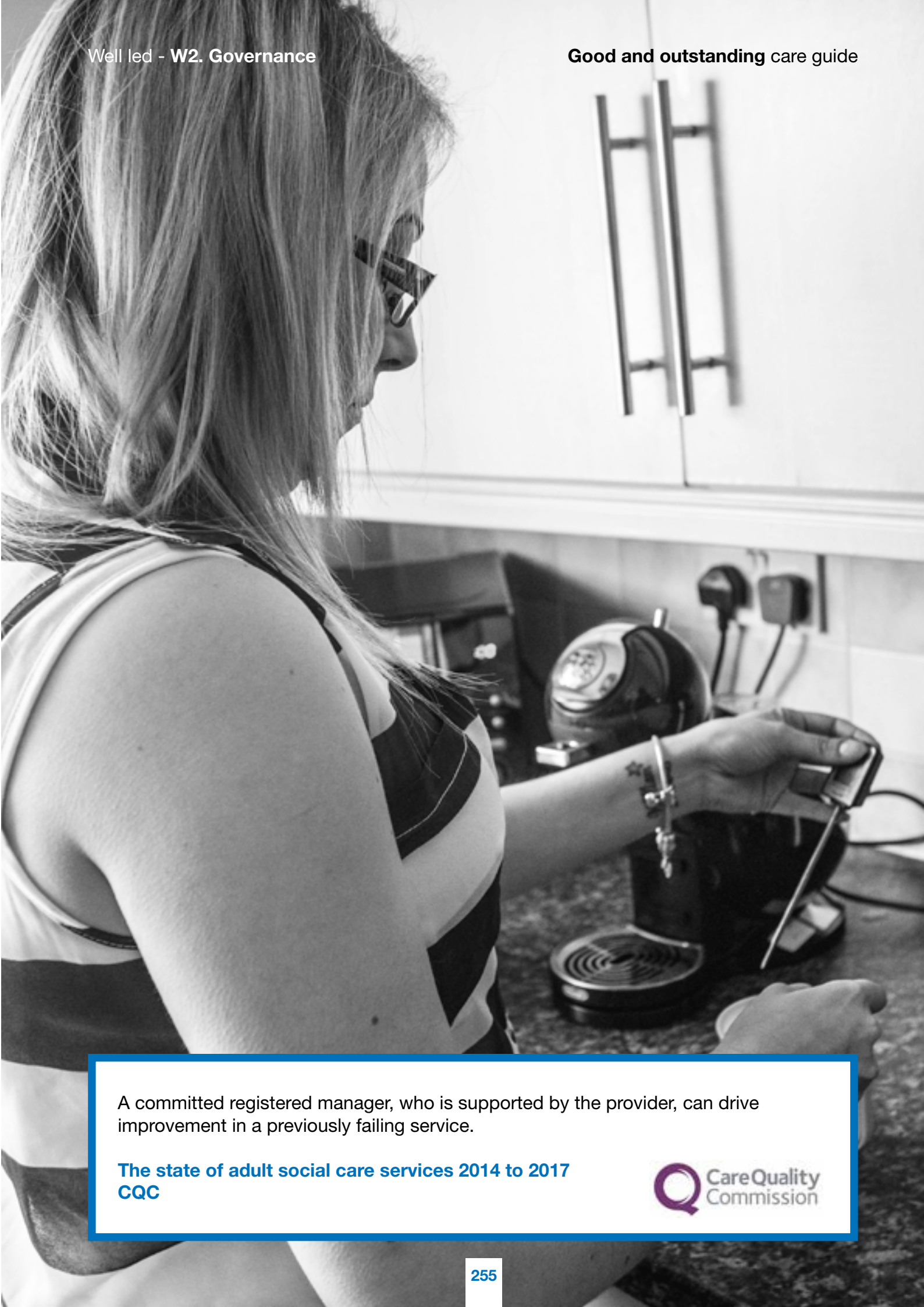
“We’ve had three or four different managers in. When the administrators took over the place it just nose-dived.”

Person who needs care and support

“I’ll hold my hands up, we’ve been very lapse.”

Registered manager

What to avoid	Service type
 The management don't have an effective overview of the service.	
 Failure of the provider to suitably resource the service (e.g. stained beds not being replaced due to costs involved) and identify and manage risk.	
 There is little or no accountability and effective governance within the service. Openness and transparency is lacking in those governing the service.	
 Poor record management and inability to provide documented proof across different parts of the business (recruitment, training, supervision, care plans, audits, etc.).	
 Poor record management being excused on other factors (e.g. previous staff at the service or "it was a very busy time for us") or inaccurate/misleading or potentially falsified information.	
 New management systems had been introduced without appropriate care and attention (e.g. paper based care plans archived before new system was ready for transition).	
 Failure to support the service to schedule and undertake regular meetings needing to deliver standards of care required (e.g. staff meetings, audit and risk meetings, resident and family meetings).	
 Performance management records and actions are poorly documented, failing to clearly demonstrate what has been undertaken and protecting people who use or work for the service.	
 Managers and leaders are unable to back-up what is stated in inspections and audits with any clear evidence or are contradicted by others interviewed.	
 Where no registered manager was in post, failure to proactively progress recruitment and application to the CQC.	



A committed registered manager, who is supported by the provider, can drive improvement in a previously failing service.

The state of adult social care services 2014 to 2017
CQC





Available to help

[Leadership Qualities Framework \(Guide for those in governance roles\)](#) (Skills for Care)

[Nominated individuals](#) (Skills for Care)

[NICE auditing tools](#)

W3. Engaging people, staff and the public



For me a sense of collaboration is extremely important in helping to create a homely atmosphere for our residents and achieving the goal of making the home a pleasant place to live, work and visit. As a manager, I place a very strong emphasis on team working and what this actually means, and continually provide my staff with the positive feedback they deserve.

Beth Cheffings

Registered Manager, Ridge House Residential Home

Well-led services know the benefits of engaging with people, staff and the wider community to deliver the care that is needed. They actively seek new ideas and challenges to existing practice to help strengthen the service.

Recommendations from good and outstanding providers		Service type
	Position the organisation as an important part of the community.	A
	Prioritise giving staff, people who need care and support, their families, advocates, stakeholders and the wider community a voice in the shaping and effective delivery of your service.	A
	Encourage all to contribute a diverse range of views about the service (including challenging practice and performance).	A
	Ensure all working for the service are receptive and listen to feedback, sharing and escalating this to the appropriate level.	A
	Consider multiple and flexible approaches to draw on staff expertise to engage them in the shaping of the service.	A
	Invest time in developing and promoting open communication channels (e.g. newsletter contributions, website, social media).	A
	Regularly review how you engage with people, looking for the most effective ways for them to contribute to the continued development of the service.	A
	Document all meetings and meaningful engagements with staff, people and the wider community.	A

Whilst we have a fantastic mix of professionals, we strongly feel our biggest asset is our full staff team. We share ideas, we eat together, we encourage individuals to build therapeutic relationships all with the common goal of facilitating our service users' recovery. No idea is too big, too small or too strange for us to consider or implement.

Megan Tranter

Registered Manager, Thistle Hill Hall (Debdale Specialist Care Ltd)

Practical examples	Service type
<p>Each quarter we produce 'Maxlife' magazine. The magazine includes interviews, stories and features about the people we support and staff as well as documenting initiatives and organisational events. This is shared with families. Involvement in a range of reviews for the people we support including transition, annual, health and education reviews. We hold family catch up meetings, family satisfaction surveys and feedback, family consultation on projects and proposed changes.</p> <p>We share the CQC inspection reports shared with families, people we support and other professional's key stakeholders.</p> <p>City Care Partnership Ltd</p>	A
<p>We have monthly staff meetings and we're able to share examples of best practice during these times, but we found that sometimes the moment is lost after waiting three weeks to share and discuss it together. To help us to ensure these examples are not lost, we've found that a carefully managed and monitored 'Whatsapp' group that all our staff are connected to is a fantastic way to share some of these examples as they happen.</p> <p>Our staff feel a great sense of pride when they are given recognition from their manager about a great job that they have done, and other staff will remember the story that went with it. It's a simple yet highly effective way of getting a message across to everyone at the same time, and it encourages discussions with the staff team as a whole.</p> <p>London Care Partnership</p>	A
<p>A tenants voice group was well established which sought to encourage people to have a greater involvement in their lives and a real voice in the service they received. To ensure the process was accessible to all people, information at the meetings was presented in a variety of formats, including written, verbal and pictorial based interactive materials.</p> <p>Staff had continued to look at more engaging ways to understand the views of people with non-verbal communication skills. The tenants voice had now evolved into its third phase of development and sessions were held with people on a one-to-one basis. These sessions were completed every six weeks. Topics included 'I want to talk about', 'what I don't like' and 'things I'm worried about'. Documentation was in easy-to-read format with good visual prompts.</p> <p>City Care Partnership Ltd</p>	A

<p>We firmly believe in providing our service users with a strong voice. We found that the traditional ‘service user survey’ approach, for our client group, became a ‘tick box’ exercise, often due to the complexity of the issues experienced by the people using our service. By providing a variety of forums both formal and informal to allow them to give feedback, we’ve found that our service users feel more valued and respected. By gaining feedback daily, even briefly, we also found that things weren’t allowed to ‘build up’ and we were able to provide an effective and responsive service to meet people’s needs and wants.</p> <p>Thistle Hill Hall (Debdale Specialist Care Ltd)</p>	<p>A</p>
<p>The home had a structured approach to obtaining feedback from people. The person was contacted after their first day of service provision regarding the care they had received; then a visit took place after four weeks and further on-going visits every three months. This approach ensured a person-centred response to people’s needs and the identification of when those needs changed.</p> <p>The service arranged alternative days of each week for staff meetings to be held so that all staff had the opportunity to attend and contribute to the discussions and ideas supporting the continued development of the service.</p>	<p>A</p>
<p>In an effort to raise wider awareness of the service within the local community, the organisation involved people who needed care and support in the development of the public website. They encouraged those who wanted to highlight on the website what life was like for those using the service.</p>	<p>A</p>
<p>The service kept orderly and comprehensive records detailing when management, staff and office staff meetings took place every month and what was covered in each session (e.g. discussions around CQC, safeguarding and the duties and responsibilities of the service). Records clearly cross-referenced other meetings and actions being undertaken by the service.</p>	<p>A</p>

☞ We’re constantly looking for new ways to communicate with and provide feedback to both staff on an individual basis, and as a whole team, ensuring it’s as accurate and constructive as possible.

LDC also communicate with staff via social media in order to share good news, e.g. the result of CQC inspections. LDC also have our own monthly newsletter which is disseminated to staff, service users and families of those we support. It features company news, announcements about staff and training opportunities, competitions, activities, adverts for local events, and stories of what our service users have been doing that month. Staff are regularly informed of their ability to submit stories to be featured, and service users are encouraged to give their consent to also be a part of it.

Lara Bywater
Director, LDC Care Company Ltd

What works for us

Brunelcare's Deerhurst Care Home (with nursing)



Through training and observational opportunities, our employees get the chance to reflect on what we do well and what we can improve on. Our teams really enjoy the opportunity to witness first-hand what our resident's experience, for example, how mealtimes look and feel.

We ask them to find five good practices and five things that we could do better. We then set them the goal of sharing this information with their teams and achieving their own successes. This enables our employees to feel empowered within their roles and gives them the opportunity to improve, without being instructed to do so, but by making this improvement themselves.

Any feedback provided can be received in the following ways: verbally (and then documented), thank you letters, surveys and case studies.

We involve everyone as part of the Deerhurst team including the residents, their families, our volunteers and the employees in everything that's going on through various different means.

- We have regular face-to-face contact with everyone who visits the home.
- Managers walk around the home twice a day, communicating with everyone.
- We have monthly 'keeping-in-touch' letters and notices around the home.
- We have an events diary as well as monthly diary hand-outs.
- We have regular meetings and where appropriate invite involvement from various stakeholders.
- Folders are available detailing news articles within which the home is mentioned.
- Awards and certificates are on display around the home.

We have a duty of candour board in our reception area that details information about all aspects of care in the home including, for example, clinical governance information and residents and relatives' survey feedback. This board is kept up-to-date to ensure that all are able to get an immediate and transparent overview of the service.

Lesley Hobbs
Care Home Manager

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

“We feel involved in [our relative’s] care. We do a Skype meeting with the home.”

Family member

“We are always told to question things, ‘Why are things done this way?’ ‘How do we know we are getting it right?’ It makes us stop and think.”

Care worker

“We’re putting in a lot of resources for staff to spend time with people and we want staff to be meaningfully engaged.”

Registered manager

“We have a variety of meetings, these include operational meetings, and general staff meetings. The management also meet to ensure we all know what is happening.”

Registered manager

Inadequate/requires improvement

“Don’t feel the management tell us everything, I saw something on the news that this service was in trouble a couple of months ago, we shouldn’t have to find out on the news, it’s very worrying.”

Person who needs care and support

“They used to send surveys, but we’ve not had one for a long time.”

Person who needs care and support















“I don’t think I filled the last survey in because you never hear anything about it again.”

Person who needs care and support

“We need to get the team together and discuss what works best and how to improve communication.”

Care worker



What to avoid		Service type
	A culture where feedback is discouraged and/or ignored.	
	Failure to effectively engage staff, people, stakeholders and the wider community in your service.	
	Isolated staff with limited or no opportunities to discuss best practice and learning.	
	Inconsistent approaches to sharing information both internally and externally.	
	There are little or no effective systems in place to gather people who need care and support (and/or their families) views.	
	Feedback mechanisms are poorly promoted, leading to low response rates.	
	Failure to act on a timely manner to feedback.	

W4. Quality improvement, innovation and sustainability

Good and outstanding rated services encourage and effectively resource the drive for improvement. From effective quality assurance practices to the ability to research and act upon innovation, these services are committed to providing the best care possible and can implement the changes needed.

Our quality assurance systems enable teams to meet all requirements. Local quality management promotes an understanding of values and expectations as well as creating opportunities for staff to take individual responsibilities and supports their development.





Corporate support is provided through quality auditing and feedback on the service's quality status. Our quality assurance team ensure that staff are regularly observed in practise and are actively involved in the audit process. The staff are used to being observed and questioned, preparing them for unplanned inspections such as those by the CQC. Staff are more confident and prepared to evidence what they do on a day-to-day basis.












This service has maintained 100% provision for almost two years and the staff support each other to maintain this and are proud of their achievement.

There is a culture of continuous improvement and organisational learning that's now embedded throughout the organisation.

Cressida Rapela

Regional Operations Manager West Surrey, Welmede Housing Association

Recommendations from good and outstanding providers		Service type
	Use an effective quality assurance system to monitor the standards of the service and inform organisational learning and improvement.	
	Ensure the monitoring and quality improvement systems are easy to manage and quick to demonstrate to others, as the CQC may wish to look at as part of inspections.	

	Where appropriate, use a short observational framework for inspection (SOFI) to observe care to help us understand the experiences of people who are unable to talk with us (the CQC may use this same tool in their own inspections).	A
	Ensure findings from audits, inspections, assessments and other reviews are clearly documented and actioned. Enable this information to be fed into the services continuous improvement plan.	A
	Follow a regular cycle of planning, action and review to assess, set, meet and reflect on achieving positive outcomes for people who use the service.	A
	Consider using technology and software that provides a real time view of care delivery as it's happening, including dashboard overviews, incisive reporting functionality and performance triggers.	A
	Regularly undertake unannounced inspections/audits, ensure staff become comfortable to be a part of such processes.	A
	Involve specialists and advisors in the monitoring and continual improvement of the service (e.g. quality assurance teams, Healthwatch, experts-by-experience).	A
	Involve people who need care and support and/or family/advocates in the quality assurance process.	A
	Ensure staff are fully engaged and supportive of the approach to continual improvement (e.g. links are made to this in supervision and the services improvement plan is shared with all staff and discussed in supervision).	A
	Publish and share findings from consultations and surveys with those who contributed, including staff, people who need care and support, their families and other stakeholders.	A
	Ensure the business plan clearly documents work associated with continual improvement of the service.	A
	Prioritise continuous improvement and make available realistic resources to ensure these can be achieved. The people who need care and support, and include SMART measures to gauge the success and impact of improvements.	A

“Providers can update their Provider Information Collection (PIC) at any time. We ask them to do so at least every three months. They must do so at least annually. PIC information is then made available to inspectors.

Providers must update the PIC at least annually. If they don’t, their rating for the well-led key question will be no better than requires improvement at the next inspection.”

How CQC regulates adult social care services, 2017
CQC



“Even though we have outstanding we are still developing to make our service better. For those services wishing to improve we would advise they:

- look to develop - stagnation doesn’t drive the business forward
- look to the future and how you wish the home to develop and provide an even better service
- be involved with your local community – it is a valuable asset to our home, we do a lot for our community and in response they get involved with the home. It is a tremendous relationship to have.”

Rebecca Elford

Nominated Individual, The Old Vicarage Residential Care Home

“Often problems and solutions are simple if you change the way you look at them and change the questions you ask. Instead of asking ‘what had’ we ask ‘what could’. By looking at issues differently we have been able to implement creative and successful approaches. We’ve also learnt that a flexible approach is needed. Sometimes solutions need to be worked upon and improved and sometimes they just may not work, so stop and start again. This is okay, it’s all trial and error, the mistake is to think there is a one size fits all approach.”

Megan Tranter

Registered Manager, Thistle Hill Hall (Debdale Specialist Care Ltd)

Practical examples	Service type
<p>At a registered managers network meeting in summer 2017, it became clear that there was a 'gap' in sharing information and support for people in the position of quality lead for their organisation. Skills for Care helped coordinate a quality leads meeting.</p> <p>From a group of four quality leads there are now 15 people who have responsibility for quality within their role attending from different care providers, all pooling their knowledge and experience openly and honestly to improve services. The main focus is quality compliance which is always first on the agenda with quality assurance as second focus.</p> <p>The agenda includes information on recent inspections of providers which can be shared, recent information from CQC, CQC KLOES, benchmarking services, CQC plans, as well as other items i.e. STOMP, Time to Change, engagement – how to talk to families etc.</p> <p>We share information from training, events and conferences attended, all with a focus to improve quality. The meetings are held monthly and are excellent evidence for working in partnership with others under the well-led key question.</p> <p>Future Directions CIC</p>	
<p>Understanding that a CQC inspector can choose to contact anybody who uses the service (and/or their family members), we have applied the same principle to our own internal audits. This ensures there is no cherry picking who we speak to about their views on the service and how these can be improved.</p> <p>Bluebird Care</p>	<p>A</p>
<p>Recognising the importance of how the service needed to be able to evidence each area of a CQC inspection, we mapped every key line of enquiry to all the elements of our service. This helped us to identify the things we do really well and create an action plan to inform further improvements. We developed a quality assurance function separate to our operations team - supporting with an independent lens, auditing and giving constructive feedback, working collaboratively on solutions for any area for improvement; and monitoring for trends, driving change in the business and having a focus on positive outcomes for our clients.</p> <p>We've also implemented practical approaches to review and respond to new and emerging issues. For example, everything that has happened over the weekend with our on call team forms part of a meeting on Mondays. This enables operational managers to take any additional actions needed and discuss within a clinical supervision/multidisciplinary forum, ensuring best practice and raising any areas for focus or resolution during the week to come. This robust process also supports the registered manager to know about any issues and to become involved if necessary.</p> <p>The Good Care Group</p>	<p>C</p>

<p>Our compliments book includes various different sections about our service, helping us to easily review these areas as part of our continuous improvement plans.</p> <p>No Place Like Home</p>	<p>A</p>
<p>We use key performance indicators that are based around the CQC key lines of enquiry. We are then able to track progress and an associated quality score for each area of work and monitor improvements, including via the use of spot checks. This practical approach is good for staff as they can see where they are improving. It has helped to generate healthy competition across our services and managers.</p> <p>Creative Support Ltd</p>	<p>A</p>
<p>Each service has a CQC file with a section for each KLOE. Support workers and managers contribute to this file via staff meetings and supervisions, giving examples of what they do and prioritise to make people safe, show they are effective, responsive, caring and well-led.</p> <p>The organisation sends out to each member of staff themed monthly CQC bulletins e.g. 'safe', which includes items such as risk assessment and recruitment processes or 'responsive' which have included active support, and responding to feedback from people who use services and families.</p> <p>Welmede Housing Association</p>	<p>A</p>
<p>The service was very effectively monitored, through robust systems of governance. Members of the staff team had delegated responsibility for specific areas of monitoring the service, something they took seriously. For example, one team member was responsible for overseeing training and other team members for medicines, health and safety and fire safety. Two staff members monitored the quality and completion of documents, including care records and reviews.</p> <p>This system helped ensure ownership of the service's performance by every member of the team. Staff felt involved, consulted and that their views were genuinely valued and acted upon.</p>	<p>A</p>
<p>The service was part of a national franchise which produced guidance on quality assurance and continuous improvement. The guidance focussed on tailoring care to the individual, care visits of a longer duration, continuity of care and promoting independence. These were already embedded in the policies and day-to-day interactions of the service. The owner and registered manager work closely together to review in-line with this and ensure the service meets sector best practice.</p>	<p>A</p>
<p>The annual business plan clearly summarised the organisation's aims and objectives, with well-defined forward planning strategies being implemented. This helped the provider focus on continuous improvement by regular assessment and monitoring of the quality of service provided.</p>	<p>A</p>

There was a system to report and learn from incidents. For example, following a fall, the registered managers arranged a 'lessons learnt' exercise to assess how to prevent recurrence. In one situation, specialist advice was sought from an occupational therapist. Grab rails were provided and, as the incidents continued, a mat to monitor the person's movement was supplied so that staff were alerted quickly.	R
The homecare agency used a combination of announced and unannounced monitoring visits, where, with the agreement of the person using the service, staff were observed as they provided personal care. The member of staff's appearance, timekeeping, reference to the care plan, completion of practical tasks such as meal preparation, use of equipment, medicine management skills and record keeping were also assessed. Staff were provided with written feedback, with comments about what they'd done well and with areas for improvement identified.	C
The homecare agency conducted regular quality visits assessing staff competencies and checking records such as care plans and medication records. They also conducted a thorough two-day audit of all systems and processes in the service to check compliance and pointed the service towards new areas for improvement.	C
The homecare agency recruited people with experience of using the service into quality assurance roles. Involving such people in the quality team had a profound impact on looking at the care they were delivering which helped them recognise the importance of connecting with external initiatives and best practice.	A
A dedicated team was responsible for auditing care plans. Each care plan would be awarded a rating of red, amber or green, depending on the amount of information missing or if they'd been updated. This created healthy competition within the workforce to ensure they could achieve as many green ratings as possible.	A

When updating others about areas for improvement and associated plans, always remember to include good news too. Create a celebratory atmosphere in your service.

Jacqueline De Sousa
Director, Amber Support Services

Having good systems in place to plan and monitor quality assurance and setting realistic goals for improvement within the organisation allows you to be confident in the results you receive which ensures the information you share is open and honest.

Nathan Duran

[Acting] Regional Head of Quality and Operations, Alternative Futures Group

We use a periodic service review (PSR) which is part of our quality assurance approach. PSR is non-bureaucratic, staff led and designed to highlight areas of opportunity but also areas of success and achievement. PSR provides a monthly percentage score for teams to track progress and plan service improvement.

Joseph Hughes and Alex Beales

Registered Manager, City Care Partnership Ltd

What works for us Future Directions CIC

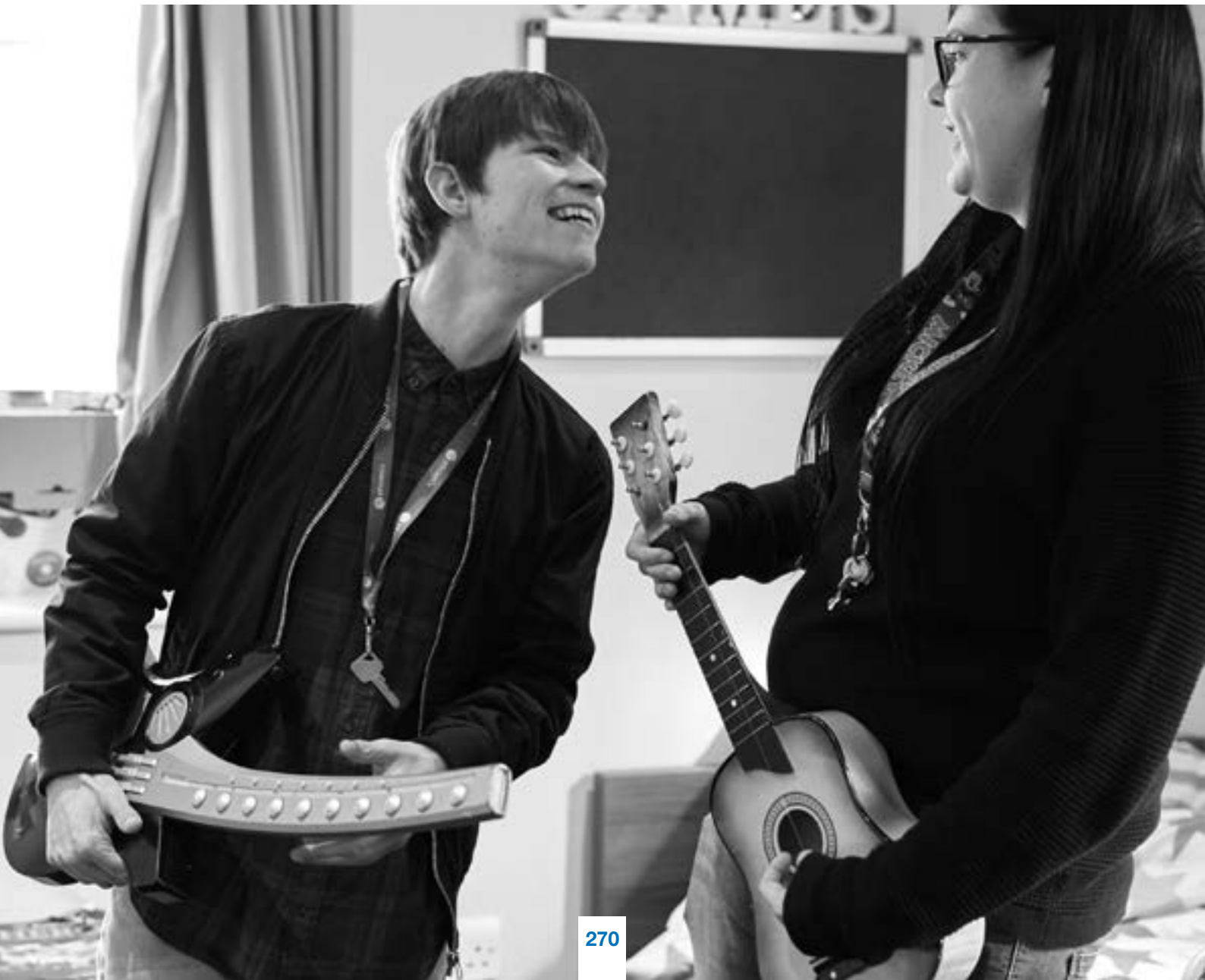














We believe quality is more than CQC regulations hence the quality plan is linked to regulations, NICE guidance, SCIE and Skills for Care, Future Directions Values, the annual plan and Good Governance by:

- developing a quality plan linked to governance that creates a framework and set of quality measures that can be used to benchmark performance
- producing aids and tools that can be adapted and used in varied situations and environments to improve on quality i.e. inspections of services using CQC methodology linked to NICE guidance etc.
- effective compliance management
 - to meet legal, regulatory, societal and standards related compliance requirements i.e. human rights law, Equality Act, employment law, health and safety regulations, fire safety regulations etc.
- Care Quality Commission:
 - to continually improve services to maintain and increase CQC ratings demonstrating robustness at all levels
 - update on CQC guidance and changes to regulations
- documenting and reviewing current performance in a variety of areas in order to identify targeted areas for improvement and to chart progress
- developing staff at all levels, in all aspects of quality management including audits and inspections
- building on our expertise and quality already identified and recognised by CQC throughout the organisation at the recent inspections.

Joanne Brockway
Quality Compliance Lead

Telling signs Comments used as evidence in CQC inspection reports	
Good/outstanding “The manager is open to concerns and how these can be addressed by them to improve the service in any way.” Family member “Mistakes are openly shared and used as learning points. There is definitely not a blame culture here.” Senior care worker “There is always learning, we don’t stand still, we always challenge ourselves.” Registered manager	Inadequate/requires improvement The company threatened me when I asked that a carer be removed from my calls, the office said I would not get a call at all.” Person who needs care and support “Managers come in and do their thing but don’t ask for our suggestions. They aren’t consulting staff.” Care worker “We aren’t involved in the running of this service.” Care worker



What to avoid		Service type
	There was no consistent system for the service to identify, address and monitor any concerns or risks relating to care.	
	The service focus on improvement is almost entirely reactive on a day-to-day basis.	
	The service doesn't effectively plan for improvements and ensure they're suitably resourced.	
	The service hasn't actioned improvements identified at their last CQC inspection or external audit.	
	Audits weren't accurate or completed by competent people (e.g. an internal audit identified eight medication errors, whilst the CQC inspector identified 41 errors).	
	The records fail to indicate how the service has learned from past mistakes and strengthened the care as a result.	



Available to help

[NMDS-SC Dashboards](#) (Skills for Care)

W5. Working in partnership, sharing best practice

☞ The industry changes constantly and you need to be able to meet the standards required by the governing bodies, CQC and you need to deliver good practice.

Being able to work with other professionals is key. It's important to develop relationships across the industry to share best practice and support your continued learning and improvements. ☞





Tracey Poole
Registered Manager, Premier Care


Good and outstanding services will often have strong links into the local community. They have established mutually beneficial relationships with the local authority, safeguarding teams, clinical commissioning groups (CCGs) etc. and work together to ensure more joined up care.


☞ Adult social care is seen as a vital 'connector' to other public services, especially the NHS but also local housing, community services and the voluntary sector as a source of information and expertise. ☞

Quality Matters, 2017

Recommendations from good and outstanding providers		Service type
	Ensure people who need care and support play a key role in the local community (and vice-versa). Actively work to establish new links.	A
	Ensure people who need care and support benefit from their engagement with the wider community and are able to live fulfilling and meaningful lives.	A
	Proactively seek guidance and involvement from healthcare professionals, local experts, agencies and advocates.	A
	Create a culture where managers, leaders and staff are well known within the local community, sharing their experience and expertise to benefit others.	A
	Work in partnership with other organisations and use research to improve practice and provide high quality care.	A



	Ensure managers and leaders engage with other agencies (including other social care services, local authority etc.) for peer-to-peer support.	A
	Establish mutually beneficial relationships within the local community (including alliances and networks), enabling them to share good practice, expertise and/or resources.	A
	Engage with volunteers who can make meaningful contributions to the service.	A
	Assess and understand the benefits of community engagement. Regularly review the impact and seek to continually improve.	A

 Our company is more than just a business; we want to be an example of excellence that other companies can look to for inspiration. Due to this ethos I work closely with other community groups and organisations to raise the profile of the disabled community and improve access to services and activities.

Networking and creating contacts in other areas helps to keep your finger on the pulse regarding issues that affect your client group. It also helps to keep your knowledge up-to-date and leads to further opportunities to learn and improve. To be an effective manager you need to look for ways to continually improve your service. 



Mary-Jane Hoyle

Registered Manager, Dales House, Westwood Care Group

 Fundamental to our vision is the goal of making the service a genuine hub of the community, where we share our talents and resources with local people and encourage their participation too. We do this to help overcome the isolation that many who live with dementia experience, reach out to people who need support or advice, and fulfil our commitment to delivering a positive social impact. 

Liz Williams

Project Lead for Older People's Service, Community Integrated Care

 As a specialist provider we have knowledge and understanding of autism that consistently informs policy and practice throughout our organisation. We collaborate with leading professionals and share best practice within the sector. 

Mike Bielanski

Managing Director, London Care Partnership

Practical examples	Service type
<p>One of the people who needed care and support and had dementia was also an avid swimmer. Whilst some of the family was opposed to them swimming, the service risk assessed the health benefits and supported the person to start swimming again. An additional benefit was that the local pool introduced swimming periods for other people with dementia where small adaptations such as dimmed lights and more lifeguards were provided.</p> <p>Communities Integrated Care</p>	A
<p>The service has taken a local lead in the development of a safety in town campaign. This works with local shop keepers to provide safe places and assistance for people who may feel vulnerable.</p> <p>Castle Supported Living Ltd</p>	A
<p>We invest a huge amount of time in ensuring that each client's individual needs and health and social outcomes are being met. This involves the home carer directly and also our office-based care management team who spend many hours a day communicating with the client's 'circle of care' which might include relatives, neighbours, GPs, district nurses, mental health teams, occupational therapists, physiotherapists etc. It also includes extensive quality assurance processes such as a consultation with the client's GP at commencement of care, an initial review after the first four weeks, weekly support visits for live-in carers, formal reviews at least every six months, annual feedback questionnaires and ongoing monitoring of any concerns, events or issues.</p>	A
<p>The service arranged a wellbeing walk for local primary school children. The route included a visit to the service's social lounge where the children could meet and learn more about those who use the service.</p> <p>PossAbilities CIC</p>	A
<p>We attend provider forums to link in with other professionals to discuss sector issues and to share best practice and participation in new initiatives. We attend Skills for Care registered manager network meetings to keep-up-to-date with relevant issues and any sector changes and build relationships with other registered managers. In addition, we attend Skills for Care workshops on issues such as the implementation of the Care Certificate and CQC regulations.</p> <p>We are involved in events that share specific autism related best practice, attend BILD conferences and work in collaboration with Redstone PBS, an external organisation whose 'aim is to provide high quality behaviour solutions, supervision and training in positive behavioural support (PBS) for individuals and organisations.'</p> <p>City Care Partnership Ltd</p>	A

<p>One of the ways our care home manager stays up-to-date is by working on a consultancy basis to help other organisations achieve a better CQC rating and share the best practice which has helped us to achieve an outstanding rating. Our care home manager is currently working with another organisation outside of Bristol to achieve a good rating (they are currently rated as requires improvement).</p> <p>Brunelcare's Deerhurst Care Home (with Nursing)</p>	<p>A</p>
<p>The young person's team helped a person find work experience at a web design agency. The person had identified flaws in the security systems at the agency and the agency made changes based on the person's recommendations. In return the person was provided with funding for IT tuition and went on to secure employment.</p>	<p>A</p>
<p>Some people had been supported to work as mystery shoppers to provide feedback on customer services and the business environment on behalf of various disability groups. Recent customers included the National Trust, leisure centres, libraries and a local football club. This enabled people to contribute to making community and leisure services more accessible to people with disabilities.</p>	<p>A</p>
<p>The owner held regular free dementia awareness sessions in the local community and as a result of positive relationships formed with other community groups, such as the Women's Institute, the owner has been invited to speak at a conference on the subject.</p>	<p>A</p>
<p>The registered manager attended a Parkinson's forum and shared what they were doing to support people using tablet computers. Other care providers in attendance hadn't considered such an approach to aid communications. Having been impressed by this example at point of inspection, the CQC contacted the other services who had attended who confirmed their learnings from the service had now been applied in other organisations.</p>	<p>A</p>
<p>The provider looked at innovative ways to engage with the local community. For example, they were about to work with the local university to teach and promote dignity and respect for the aging population to prospective care and nursing students. This was going to include people that lived there talking with students about life experiences and the importance of dignity and respect.</p>	<p>A</p>

The service held regular free social events at the location that people who used the service attended. These included Christmas parties and morning teas for people who used the service that were socially isolated from the community. This increased the positive relationships between people and staff who provided care and office-based support. In addition, the service completed regular fundraising events that had collected more than £10,000 which was then donated to charities associated with the care of older adults (including cancer, dementia and Parkinson's disease organisations).

A

☞ **Alongside our training, we regularly arrange expert-by-experience speakers linked to national awareness days or weeks. We've heard from local community teams, nurses, occupational therapists and others. These links don't just help us; they mean that these teams and services better understand us.** ☞

Gail Godson

Registered Manager, Home Instead in West Lancashire and Chorley

☞ **Be open and willing to work with everyone – not just individuals in your care and his or her relatives. Find ways to partner with lots of different professionals or groups outside of your setting.**

For example, speak to the practice manager at your local GP surgery; schedule a meeting to find ways to partner and deliver more effective care to individuals in your care. Ask for a meeting with your local authority contracts management team; understand their strategy and inspection and monitoring tools.

Be involved in local authority provider forums or Skills for Care's registered manager networks. These forums and networks can be free opportunities that are vital in keeping you abreast of information.

I'm actively involved with the local authority contracts monitoring team, which also facilitates the quarterly local provider forum. I've found this network very helpful for the reasons I outlined above, but also, and importantly, to help foster new relationships with partners within my local authority contracts team. ☞

Averil Waton

Registered Manager, Grove Residential Care, Walthamstow

☞ **We need to maintain quality and ensure we work collaboratively with other organisations so that there's cross pollination of good practice, strong values and effective education.** ☞

Raymond J Corry

Head of Engagement and Learning, Creative Support Ltd

What works for us

Inter-County Nursing and Care Services, Christchurch



To be an effective leader and motivator it's important to have extensive knowledge and appropriate resources to steer your team in the right direction.

I feel it's extremely important to access information and support through a number of different avenues, so I regularly network with local dementia action groups, manager forums, local authority meetings, sector conferences and training events.

Having membership with professional organisations such as Skills for Care (registered manager membership), The United Kingdom Homecare Association and our local Partners in Care to name but a few, enables me to receive regular updates and develop ideas for innovation and improvement within our service. It also means that I can ensure we are working in-line with current best practice and legislative requirements.

I'm passionate about what I do and am always keen to get feedback through active listening and proactive networking. Every manager should remember that talking to people costs nothing and at a time when services are under so much pressure, collaborative working is definitely the way forward.

I have developed my management style through ongoing training, personal experiences and networking within my peer group – all of which have had a direct influence on the way I manage my team. I believe that with forward planning, positive action, working together and learning to collaborate with other agencies, we're better placed to meet the demand for services and provide a quality service to the client.

Claire Jackson
Registered Manager



Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

“They are always accommodating in trying out new ways of working for the benefit of the individual.”

External community professional

“They are a first class model of what a well-managed, consultative, community care service provider can and should be.”

External community professional

“We also work hard to pull the community in.”

Registered Manager

“Some people think we should be asking what can the community offer us, but it should be what can we offer the community, we are equally as important.”

Project officer

Inadequate/requires improvement

“I’ve been told that staff will take me out for a walk if I pay £7 per hour.”

Person who needs care and support

“I would like things to do as we sit a lot”

Person who needs care and support

“We don’t have any links with any community activities or clubs.”

Care worker

What to avoid

Service type



The service doesn’t actively seek to engage people who need care and support in activities within the local community.

A



There is low awareness of the service within the local community, including with external healthcare professionals and similar types of services.

A



The service doesn’t promote community engagement opportunities for their staff and the people they care for.

A



The organisation doesn’t review the impact of community engagement activities to inform continuous improvement.

A



The service doesn’t engage in good and best practice opportunities within the community.

A



Available to help

[Community skills development](#)
(Skills for Care)

[Building caring communities](#)
(Skills for Care)

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Care Concern (Homecare) Ltd	No Place Like Home
Care Plus Group	Old Hastings House
Carefound Home Care	Possibilities CIC
Castle Supported Living Ltd	Premier Care
Christadelphian Care Homes	Ridge House Residential Home
City Care Partnership Ltd	Rosedale Care Home
Community Integrated Care	Sense
Community Therapeutic Services	Simply Care (UK) Ltd

Creative Support Ltd	Telford and Wrekin Council
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Egalité Care Ltd	Thistle Hill Hall (Debdale Specialist Care Ltd)
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Future Directions CIC	Walnut Care
Grove Residential Care, Walthamstow	WCS Care
Hale Place Care Homes	Welmede Housing Association
Home Instead in West Lancashire and Chorley	



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Skills for Care
West Gate
6 Grace Street
Leeds
LS1 2RP

T: 0113 245 1716
E: info@skillsforcare.org.uk

skillsforcare.org.uk