

Good and outstanding care

guide



Message from our CEO

It is 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 October 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.

We all want all social care provision to be high quality and through this achieve good and outstanding ratings as testament to this. Skills for Care is publishing this guide to share what organisations who are rated as good and outstanding are doing so providers can learn from each other.

From our review of CQC inspection process and reports, it is clear that there is a lot of good practice to share - some of it simple and effective, some more innovative and transformational. One common theme is to 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, and my own shadowing of an inspection visit, it is 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 is equally impressive to see that services that do not 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 is 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 be prepared for their inspection.

I hope you will find what other services do to focus on high quality person centred care and support, thereby achieving ratings of good or outstanding useful, and consider if there are areas where you can improve where some of those approaches could be adopted and adapted to your service.

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 and outstanding rating.

In developing this guide we have reviewed more than 250 CQC inspection reports from across England, looking at different service types and identifying the commonly recurring practice that results in a service meeting or failing to meet the CQC fundamental standards of quality and safety, their regulatory framework.

We have also drawn on the expertise and guidance of dozens of 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.

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

The good news is that the majority of adult social care services are meeting the CQC standards and there is much learning and examples to share. However, as at time of writing almost a quarter of adult social care services were still failing to meet the fundamental standards expected.

The aim of this guide is to help many services rated good and outstanding to maintain high standards or potentially improve upon them. For those requiring 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 more significant investment and change. Knowing what good (and outstanding) looks like can help these providers to hopefully plan for a more successful future. However, they will also need to draw on wider support (e.g. other services and experts, including improvement agencies such as SCIE, NICE and Skills for Care).

This first edition of the guide is based on analysis and feedback conducted up until January 2017. Skills for Care will continue to revise the guide to reflect the new learning and innovative approaches to achieve good and outstanding care.

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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Celebrating good and outstanding care

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.

“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 / Registered manager, 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 the ‘outstanding’ 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 could not 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

What works for us

Care Plus Group



The word 'proud' does not 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 that led to a story in our local paper.

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 has highlighted coming from people who use 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" (see [here](#)).

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 that we have 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 has been a pleasure to inform the people who use 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 need to display their inspection rating on their website and their premises and location. 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. However, many organisations help to raise the profile of their organisation and their achievements 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 would encourage all to promote their 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 told the residents that we had achieved outstanding we were informed by them '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 has 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



Available to help

[Accolades](#)[NHS Choices](#)[Learn from Others](#)

Preparing for inspection

Many good and outstanding rated services will deliver high standards of care whether they would be inspected or not. 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 a range of seminars to help strengthen adult social care services, including one aimed at registered managers developing their workforce to meet CQC 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.

Whether the registered manager is new to the service or previously experienced, ensuring they understand the process can help them best prepare.

Key guidance from CQC

Helping services better understand inspection and the fundamental standards that are required by law to meet:



Regulations for service providers and managers - this includes access to the regulation, related legislation and guidance, glossary of terms etc.

How we inspect and regulate - this provides a helpful overview of the CQC process

What to expect when we inspect - these short and helpful overview from the CQC provide a two page overview of the inspection process. A good introduction to the more detailed provider handbooks

Provider handbooks - the handbooks describe how the CQC register providers, carry out inspections, publish ratings and take enforcement action

Enforcement actions and representations - this explains how the CQC can take action if the Fundamental Standards are not met

Requesting a review of ratings - the section providing further insight into the inspection process and timings

CQC Provider Portal - key information about the CQC Provider Portal and how it can benefit services in sharing data with the CQC

In Skills for Care's review of inspection reports, it was clear that 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 Return

Providers can upload information about their services and workforce onto the free to use National Minimum Data Set for Social Care (NMDS-SC).

By using the NMDS-SC system, providers are able to contribute useful information to the CQC covering staff ratios, staff vacancies, staff turnover, and training. This can save time during the inspection and is a transparent way of ensuring the inspector has a good understanding of the provider.


With the provider's permission, information will be shared with CQC to assist the inspector in preparing for their visit.

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's strategy for 2016 to 2021



A black and white photograph of a person's hands typing on a laptop keyboard. In the background, another person is visible, looking at a laptop screen. The image is slightly blurred, focusing on the foreground hands and keyboard.

“Make sure you document all your good practices, however small. You would be surprised how much you forget as the year progresses so do not 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

“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

“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

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](#)

[Bespoke support](#)

Care Improvement Works

Skills for Care, SCIE (The Social Care Institute for Excellence) and NICE (National Institute for Health and Care Excellence) offer a wide range of guidance, practical tools and other products and services to help adult social care services.

Care Improvement Works is a free online tool that quickly enables services to focus in on an area of CQC regulation and inspection and select products that can help them and their workforce.

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 have identified over 120 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 that employers can 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 pertinent to where the employer wishes to improve, users of Care Improvement Works can generate a report including all their selected products and services.

"I am delighted with the development of this new resource. I hope providers will make full use of this support so that they can make improvements for the benefit of people using services, their families and carers – which is what we all want to see."

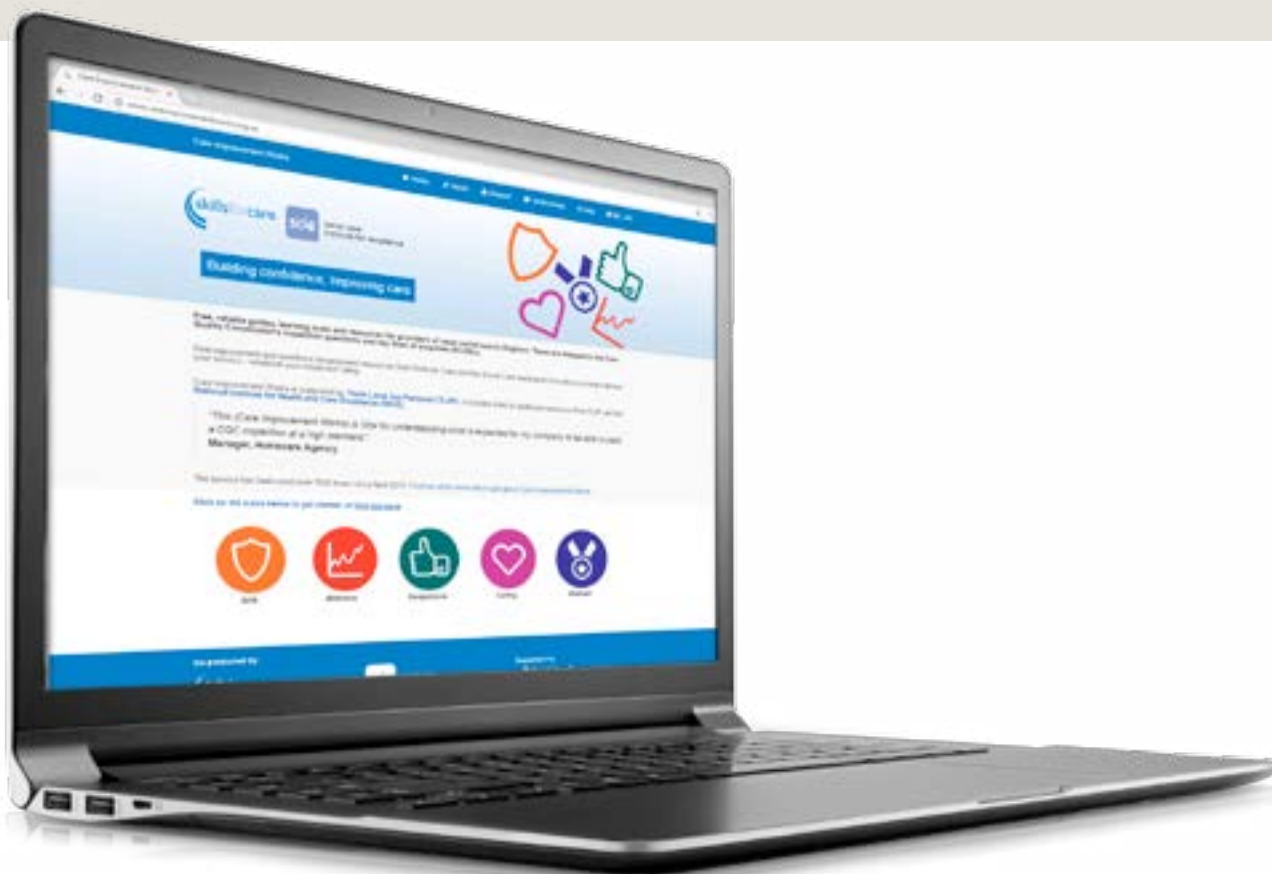
Andrea Sutcliffe
Chief Inspector of Adult Social Care
CQC (2015)

“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.



Care Quality Commission key questions

Recommendations and examples from good and outstanding rated providers

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

What has been most noticeable in our review of 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 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 linked to both the five key questions and many of the lines of enquiry that underpin them. We have decided to group the focus under the five key questions proposed as part of the CQC 2017 consultation which proposes some changes.

All evidence and examples in this first edition of the guide relate to inspections conducted by the CQC between October 2014 and January 2017.

As the CQC periodically refreshes its focus and new lines of enquiry are introduced or altered, this guide will be updated to reflect emerging evidence, recommendations from good and outstanding providers and examples.

Want to share your own recommendations from good and outstanding providers, 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 e-mail information.team@skillsforcare.org.uk



The CQC remains outcome focused and 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 needs to 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 from good and outstanding providers 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.

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 are able to demonstrate to inspectors to show the levels of care and support available.

Being able to demonstrate what is being achieved and justify the approach that has been taken can positively impact the CQC rating that is 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 this statement.

We have included some 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 requiring 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.

Finally, each theme concludes with a small number of recommended products and services available from Skills for Care or other organisations helping services to strengthen the care they provide.

Safe

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Effective

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Caring

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Responsive

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Well-led

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Key

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

Across the guide the majority of recommendations from good and outstanding providers 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 type 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 our [website](#). Where they have been produced by another organisation, we would recommend contacting them.

Safe



Introduction

Everybody wants to feel safe and 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 are suitably staffed, effectively trained and committed to keeping people safe from harm.

Managers, leaders and staff teams clearly understand and prioritise risk assessments and know not only how to protect people but 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 at all times.

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

By January 2017, there was still a need for improvement around safety amongst 29% of adult social care services, including 3% judged as inadequate. Failures around staffing levels, staff ability, the limited expertise of managers and leaders, risk assessments, safeguarding, medicine management are all contributors factors.

“I firmly believe that prevention is better than cure and it is very important that 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

Safeguarding

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

Managing Risk

- Train staff (including restrictive practice), check understanding
- Follow 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

Staffing

- Base staffing levels on the need of the people who need care and support
- Ensure the right mix of skills available at all time
- Have robust systems to plan and review staffing levels
- Have effective contingency plans and avoid over-reliance on temporary workers

Medicines

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

Cleanliness, infection control and hygiene

- 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, alert agencies as appropriate

Safeguarding

The manager's and leader's own understanding of safeguarding is central. They are responsible for ensuring staff are suitably trained to protect people and 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 in 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 them feel safe and document this in their 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
	Establish and maintain clearly documented evidence of safeguarding incidents, including how they were dealt with, what 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 that the registered manager is in regular contact with their local safeguarding team	A

Practical examples	Service type
The registered manager had carried out a monitoring visit to a person who required support with a specific piece of equipment. The registered manager found the piece of equipment was not being maintained to an acceptable standard. The registered manager notified the local authority safeguarding team and carried out a full investigation. All staff were retrained in how to clean and maintain the equipment. The care plan had been reviewed and contained detailed guidance, including pictures on the maintenance of the equipment.	A
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 both 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 then 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.	A
The service used a 'keeping safe' pack, which provided people with information in pictorial, easy read and written formats 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.	A

☾ 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.

Good record keeping is also essential. We hold full ledger records itemised by receipt for financial transactions. We also ensure people who use our service and/ or their family members receive and understand our safeguarding policies and know how to raise issues. ☾

Carol Giblin

Community and HR Coordinator, Carefound Home Care

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

"The evidence is there to show that 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 resident."

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 / requiring 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

A



The service fails to report safeguarding incidents to the local authority and Care Quality Commission

A



Managers and leaders fail to successfully investigate safeguarding concerns

A



The service fails to effectively document their investigation actions and improvements as a result of a safeguarding concern

A



The service does not have safeguarding and whistleblowing policies or they are not fit for purpose (or they exist and have been ineffectively communicated to staff)

A



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)

Managing risk

Protecting people from risks should be a priority for the majority of adult social care services. Practical and proactive approaches can help services to 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
	Provide accessible information to people who need care and support about how to keep themselves safe and report concerns	A

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 formal risk management tool. It uses a system of coding areas that the staff have been trained on and can 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>The service went to great lengths to try to ensure that the young people they supported could access activities they wanted to take part in, whilst minimising the risks as much as they could.</p> <p>For example, a young person who used the service wanted to participate in a wheelchair football team. Whilst a risk assessment identified there was an increased risk to their tracheostomy being displaced whilst playing the sport, the service considered the advantages of the young person being enabled to be part of a social activity that they loved.</p> <p>A solution was found whereby the service helped design an adaption to the wheelchair restraint in order to keep them safe from slipping.</p>	A

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

Inadequate / requiring improvement

"The male staff gives me a bit of pain. Before they've even finished telling me what to do they've grabbed my arm and pulled me. This makes my leg hurt."

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.)	
	The risk assessments provided no clarity on what action staff would need to undertake	
	There is inconsistency between the documented risk assessment, care plan and the care and support that was provided	
	Managers, supervisors and staff know of risks but have not clearly documented these	
	The organisation does not have effective systems to mitigate known risks or learn from earlier incidents to protect people from reoccurrence	



Available to help

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

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

[Restrictive practice guidance](#)

Staffing

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

Getting staffing levels right means that the service can help maintain a safe service, meeting the needs of the people who use the service and those who work for it.

Staffing is one driver of the ratings our inspectors have given for safety across all sectors, although this is about much more than just having the right numbers. Having the right number and mix of staff, with the right skills, at all times is integral to providing safe, high-quality care.

CQC does not set standards for staffing levels, and we would never reach a judgement on the basis of number or ratios of staff alone.



We always look at it in the context of the effectiveness of the provider's systems for determining and ensuring a safe level of suitable staff for the needs of the people using their services, and their approach to mitigation of the risks when staffing is not as planned.

The State of Adult Social Care in England 2014 / 2015
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
	Plan that the care staff on duty have the right mix of skills to be able to respond to ensure that the service can respond to unforeseen events	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
	Ensure you use an effective and robust system to plan and review staffing levels to meet CQC Fundamental Standards, ensuring the right mix of skills	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 that 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 have enough staff on duty to meet for 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 that they have always had a minimum of 24 hours (uninterrupted) off during a seven day period	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 that 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

Practical examples	Service type
The provider's innovative use of technology meant they could roster staff with the correct skills for people's visits to ensure they received their care safely.	A
The majority of the bank support available were permanent members of the staff who were able and willing to work additional shifts at short notice. This helped to provide consistent care as the staff were familiar to people and aware of their needs.	A
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 had received.	A
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.	C

 In the current climate of limited resources and staffing challenges their passion to make a positive impact is demonstrated by working flexibly to ensure that people are supported in a consistent way by people that they know. Our team is thrilled to have achieved the outstanding rating. 

Steve Whittingham

Director of Operations, Welmede Housing Association

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"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 are 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 / requiring 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

The staff are so overworked, they work solid, no breaks, and it is they who give so much of themselves to hold it together."

Family member






"I think they could do with more staff."

Person who needs care and support

 In 5-years we have never (yes never) missed a visit 

Stephen McCoy

Director, Bluebird Care Central Bedfordshire

What to avoid		Service type
	Registered managers who base staffing levels on their own estimation without consulting others	A
	The service pressures staff to cover additional hours and work on days they were originally not scheduled to do so	A
	Managers and experienced staff are too busy to orientate and support temporary and new workers	A
	Staff are too busy undertaking tasks to respond to calls for help	R
	Ineffective staff planning systems result in missed or heavily delayed visits	C















Available to help



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

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

Medicines

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











Recommendations from good and outstanding providers		Service type
	Ensure medicines are well managed and in line with current NICE and Royal Pharmaceutical Society (RPS) guidelines	A
	Involve the people who need care and support (and / or their families or advocates) in regular medicine reviews and risk assessments. Take into account any associated cultural or dietary requirements when planning	A
	With safe risk assessment in place, the service supports 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 that Medication and Administration Records (MAR) are fully completed and contain the required entry information and signatures	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 medication administration tasks are performed out of line 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 the 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 peoples medicines and how people preferred these to be administered are recorded in their care plans	A
	Ensure that medicines are stored in a secure area at the correct temperature	A

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 it to review the circumstances and identify what support is needed.</p> <p>Prior to the latest registered manager joining, the service would have 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 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 to staff about the impact of medication errors and accidents on the people who need care and support, the staff member responsible and the wider service.</p> <p>The hard hitting campaign helped staff to recognise the impact and take extra care when managing and administrating medications. The service also introduced formal reflection on any accident and errors as part of staff supervisions.</p>	A
<p>The provider had arranged for the district nurse to train carers how to give eye drops. This has helped reduce the strain on external health service.</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

Medicines is a key element of providing a safe service and any inspection so it is another key element of effective learning and development and also how systems work together. We all know the challenges when people come home from hospital with their medication not correctly provided or accounted for. When accompanying a CQC inspection, it certainly made me think how can we improve the join up between different services to ensure people's medication is managed safely and ensure all staff are confident and competent in the role they play?

Sharon Allen
CEO, Skills for Care

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	A
	Medicines not received at the prescribed time or given at regular intervals	A
	Medication administration records (MAR) are not 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	A
	The use of covert medicines which have not been made in the best interest of the person	A
	People's behaviour is not controlled by excessive or inappropriate use of medicines	A
	Care plans included conflicting information about the support people required with their medicines	A
	Staff with insufficient training and support to administer medication effectively	A
	Medicines were not always dated when opened	A



Available to help

[Learn from Others
\(Learning Materials\)](#)
(Skills for Care)

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

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






Cleanliness, infection control and hygiene

Ensuring residential services are spotlessly clean is a must, whereas community services should support people to be protected from risks. Appropriate staffing levels and ensuring staff's own standards are important contributors to achieving 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
	Protective clothing is provided to staff and people who use the service	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 that 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 is 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 staff team to discuss a range of issues, from prevention of common seasonal viruses, 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 <i>"They always mop the floor; the house smells lovely."</i> Person who needs care and support <i>"This place is always spotless."</i> Person who needs care and support	Inadequate / requiring improvement <i>"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 are preparing my meals."</i> Person who needs care and support <i>"I am surprised by this. We have a good cleaning team."</i> Registered manager (on being shown dirty conditions by the CQC inspector)

What to avoid		Service type
	Failure to clean the premises to a safe condition, sometimes as a result of limited staffing levels	A
	Ineffective facilities and procedures to enable people to clean their hands	R
	Care workers not using gloves and protective clothing for some duties	A
	Staff not effectively trained on infection control or training not regularly refreshed	A
	Staff hygiene and cleanliness of their clothing	A



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)



Effective



Introduction

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

Whilst recruitment and retention is not significant feature of the CQC inspection process, it is rare to find a service rated good or outstanding that does not have effective recruitment practices and the national average 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.

By January 2017, 78% of adult social care services that had been inspected had achieved good or outstanding relating to effective. Organisations 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 care also incorporates supporting people's wider health and wellbeing, enabling people to access the support they need from wider healthcare services. Where services are responsible, food, nutrition and hydration are equally important in helping people maintain a balanced diet through healthy options.

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

For the 22% 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

Recruitment

- Recruit people with the right values, behaviours and attitudes
- Involve people who need care and support in the recruitment process
- Ensure more than one person conducts interviews
- Undertake DBS (Disclosure Barring Service), references and other checks before staff start
- Use probation periods

Retention

- Recognise the valuable contribution staff make
- Involve staff in determining appropriate incentives and initiatives
- Provide regular support and supervision
- Promote and support staff wellbeing

Staff skills, knowledge and experience

- Provide the Care Certificate as a minimum to those joining the sector
- Customise your inductions for experienced workers
- Continually develop staff, including qualifications and specialist courses

Health and wellbeing

- Train staff, assess ability to promote healthy lifestyles and support
- Empower people who need care and support to maintain good health
- Support people to access medical support and treatment
- Maintain effective relationships with healthcare professionals

Food, nutrition and hydration

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

Premises, environment and assistive technologies

- 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

Recruitment

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

☾ The recruitment process is crucial for all providers. Values-based recruitment sets the tone from the start of the employment relationship. Having strong values with personalisation at their core is something that must permeate all of the learning and development and staff support of an employer. Values must inform the approach to supervision, to annual appraisal, to team meetings and peer support sessions as outlined in The Social Care Commitment. ☾

Sharon Allen
Skills for 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, have a humanistic approach to care. The employees' personality qualities (values, attitudes and behaviours) are vital to achieving quality care which is delivered with diligence, empathy, love and care. ☾

Kevin Hewlett
Director/Registered manager
Hale Place Care Homes

☾ Recruit for values, train for skills. ☾

Rachel Law
Chief Executive, PossAbilities CIC

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
	Ensure those joining the organisation are keen to learn new skills and committed to keeping up with latest good and best practice	A
	Ensure that 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 who use 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 etc.)	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 followed up and all checks are thorough and well documented	A
	Use staff matching tools to ensure new workers can appropriately meet the needs of the people they will 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

 **We take the candidate around the home so that they are able to see what the home is about and how we work. We stop and talk to residents to see how the person engages with them.** 

Rebecca Elford
Nominated Individual

Practical examples	Service type
<p>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.</p> <p>Welmede Housing Association</p>	A
<p>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.</p> <p>Ebury Court Residential Care Home</p>	A
<p>The service made every effort to provide 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.</p>	A
<p>All applicants were subject to a formal recruitment process. They were given a tour of the home and their attitude and demeanour with people was assessed. After the applicant had left the home, the registered manager said they asked people about their experiences and gained an opinion of whether the applicant should be employed.</p>	R

☾ 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 three months. With most boxed adverts costing around £300-500 it can work to our advantage (and that of the staff member) very well. Staff do not recommend anyone who they would not 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

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 do not 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 are 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 have seen turnover reduce by roughly 20% each year.

We are also open and upfront about live in care for those who have not provided this before. This includes letting them know that they are 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
The Good Care Group

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

"We ask questions like, have you done this work before."

Person who needs care and support (on their involvement in interviewing new staff)

"The application process is very stringent, only the best get through."

Care worker

"If a new member of staff does not perform to our expectations then I am afraid we have to let them go."

Registered manager

Inadequate / requiring improvement

"I didn't have a DBS or give any references back before I started."

Care worker

"We are forced to deploy staff without training. There were not enough staff left to deliver the amount of care and support required."

Managing director

What to avoid**Service type**

Pre-employment checks such as references are not followed up and / or DBS checks not undertaken (or poor record keeping of these procedures)

A



Recruitment processes are not in line with good practice and/or the service's own policies and procedures

A



New staff are entirely reliant on training from a previous employers as the service does not have capacity to provide any additional training and support

A



Staff files have no evidence of interviews, application forms, CVs, health declarations etc.

A



The organisation does not have effective recruitment plans and are regularly short staffed

A



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)

Retention

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 that they value their contribution. Regular feedback, praise and recognition for good work is part of the everyday culture of the service	
	Recognise the benefits of low staff turnover and explore ways of encouraging staff to remain with the organisation for a long period of time. This may include praising staff, celebrating achievement, listening and responding to feedback, as well as providing opportunities to learn and develop	
	Recognise that the wellbeing of staff is as important as the wellbeing of people who use the service. Offer initiatives to support staff such as flexible working patterns, wellbeing initiatives such as discounts with local gyms, stress management training etc.	
	Support staff to develop themselves beyond induction, providing opportunity for additional training and even a clear career pathway for them	

 Find out what your workforce is motivated by. If you can get to know your team, you can identify the best ways to motivate, develop and ultimately keep them. 

Rebecca Elford
Nominated Individual

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, with gifts including bottles of champagne. The service also encourages new ideas to be put forward by staff with additional prizes available.</p> <p>PossAbiliites 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 had also introduced career pathways which provided staff with information for career development and included 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>Where a new manager had found one of the team to be particularly negative and was impacting the satisfaction of others, they addressed this by both performance management but also supporting the other staff to be confident to challenge such disruptive views.</p>	A
<p>In a service where some of the residents have challenging behaviour, effective training helped but some staff were still leaving. The manager arranged for a psychologist to provide staff an opportunity to talk about incidents and how this has impacted them, helping them to build resilience rather than leave the service.</p>	R

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. 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, 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 has resulted in only a handful of employees moving sideways to another employer, over the past 28 years. We believe this is because they are valued and respected by people who need care and support, their relatives, management and their peers, and that they feel the sincerity of our support.

Kevin Hewlett
Director/Registered manager
Hale Place Care Homes

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

Dominique Kent
Chief Operating Officer, The Good Care Group

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

Inadequate / requiring improvement

"The service is reliant on agency staff. It is 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)

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

Staff skills, knowledge, experience

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.

Providers need to consider once the induction has been completed, what opportunities are there for on-going learning and development for the staff team? How many of them have been and are being supported to achieve their Diplomas at Level 2 and 3 and beyond?

Is the training available to them relevant and appropriate to enabling them to provide continuously improving care for the people they support?

Money is so scarce so how can organisations be confident of the quality and the relevance of the learning they buy for their staff? One way is Skills for Care's Endorsement scheme so they can buy with confidence from quality assured provider.

Sharon Allen
Skills for Care

New members of staff are paired up with our 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.

Rebecca Elford
Nominated Individual, The Old Vicarage Residential Care Home

Everyone has unique qualities: every team member can offer their unique knowledge and ability to help improve the service delivered to the individual.

Jay Sadler
Team Manager, Care Plus Group

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.	
 Ensure lone working does not take place until associated training, supervision and assessment of competence has been satisfactorily completed. Allow sufficient time for this to be possible.	
 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.	
 Actively involve people who need care and support in the induction and further training and development of new and existing staff.	
 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).	
 Ensure staff are appropriately trained and learning is kept up to date. All training and development should be well documented and tailored to the needs of the individuals the staff care for.	
 Ensure that training is reflective of people's learning styles and flexible to meet different preferences.	
 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.	
 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.	
 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	
 Ensure managers and leaders contribute their experience and expertise in the induction of new staff and continued development of existing workers.	
 Provide learning and development opportunities beyond just induction and refresher training. Create career pathways for staff, including opportunities provided by specialist courses and qualifications	
 Where appropriate, staff should be given the time and space to be able to maintain any relevant professional registration	
 Be actively involved in the succession planning of leaders and managers, providing opportunities for talent to develop new skills, qualifications, shadowing, secondments etc.	



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

☞ 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 are not comfortable with a member of staff who has had time to settle in then we reconsider their suitability for the role. We do not tolerate any poor performance. ☞

Rebecca Elford
Nominated Individual

☞ 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
<p>In addition to other training and supervision, we use bite size tests to check our care worker's continued understanding on various subject matters (for example safeguarding). This helps us to identify where additional support, supervision and clarity is needed.</p> <p>The Good Care Group</p>	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.</p> <p>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 into its induction of new staff.</p> <p>Staff completing their 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 by 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.</p> <p>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

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

"I get plenty of training. It helps me to do my job with confidence."

Care worker

"We can do a qualification if we want to and they support us."

Care worker

Inadequate / requiring improvement

"I don't want them anymore. They aren't trained to do anything properly."

Person who needs care and support

"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

"Some staff seem well trained but others don't seem to have a clue."

Family member

What to avoid**Service type**

New staff joining the sector either do not receive or are rushed through the induction, whilst those with previous experience receive little or no induction

A



The service does not provide any induction to temporary workers / bank staff

A



Workplace assessment of competence are either not undertaken, too brief or limited to induction periods only

A



Staff do not receive practical training and there is an over-reliance on online learning or use of films for what should include practical elements

A



The service had poor record keeping and unable to evidence training and when this was last refreshed

A



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)

Health and wellbeing

Care services are expected to enable people who need care and support to access and receive the best care possible. Effective relationships with healthcare professionals and local services is essential, as is how well transitions to and from other services is managed.

We encourage service providers to focus their efforts on the following enablers that evidence suggests support people to be effectively involved in their care including coordination of people's involvement in their care as they move between services. For example, through the use of health and care passports and the provision of community and peer support programmes.

Better care in my hands

A review of how people are involved in their care
CQC (May 2016)



Recommendations from good and outstanding providers		Service type
	Enable and empower people who need care and support to maintain good health, engaging with healthcare professionals and other specialists where necessary	A
	Ensure people are supported to attend hospital and other healthcare associated appointments, enabling them to access any treatment they need	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	A
	Prepare and maintain health passports and transition plans	A
	Ensure staff monitor and make prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified	A
	Provide effective training and supervision of staff to ensure that they know about health and wellbeing and can monitor it effectively	A
	Where applicable for the levels of care needed, provide opportunities for staff to develop their expertise further using national qualifications and good / best practice programmes	A
	Where possible, use champions to help promote healthy outcomes and act as referral and support to the wider staff team	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

☾ 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

☾ 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 services ends their journey exactly as it should be. ☾

Jay Sadler

Team Manager, Care Plus Group








Practical examples	Service type
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.	R
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 assessment to assess their needs and provide the necessary medical treatment.	A
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 support 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 service arranged "hospital passports" for people who used the service and these will closely coordinated with their care plans in a key 'at a glance file'. The passport included 'what you need to know about me'. This meant if people needed to go to hospital medical staff had readily available information to support and treat each person.	A
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.	R

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding*"If we have any concerns, we contact their GP or ambulance service."***Care worker***"Staff were knowledgeable about the person I was supporting, they listened and seemed to understand the importance of what I was explaining and what positive impact it could have on the person."***External healthcare professional****Inadequate / requiring improvement***"They are not living up to what they say. They are not meeting my clinical needs."***Person who needs care and support***"I have between 10 and 12 different carers, many who are inexperienced and unable to transfer me I feel very unsafe with some of them."***Person who needs care and support**

What to avoid		Service type
	The service fails to involve people in their health and wellbeing and / or promoting good practice and options available	A
	Poor monitoring and support can lead to the health of people who need care and support deteriorating	A
	Low engagement and limited links to local healthcare services has a detrimental impact on their health and wellbeing	A
	Poor training doesn't prepare staff enough to be able to recognise and support people's health and wellbeing	A
	The service does not make or does not act promptly on referrals to appropriate care and treatment	A







**Available to help**
[Skills for Care topics](#)
 (Skills for Care)

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

Food, nutrition and hydration

The provision and choice of good quality food and drink provided by staff knowing and able to provide healthy options, is for many services part of good and outstanding care. 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, including in their care plan. Continue to monitor and refresh these to reflect any changing personal needs	A
	If appropriate to their care needs, ensure a person's weight is regularly monitored and records the results. If any issues are identified, change food and nutrition to ensure people remain well	A
	Where appropriate, make referrals to the dieticians, diabetes nurse 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
	People who need care and support are actively involved 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 sell 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 as attractively as possible to encourage consumption	A

	Schedule meal times to meet individual needs, including respecting cultural requirements and celebrating festive feast days	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 do not run out of important produce	R
	Ensure that there is sufficient staff during meal times to serve and support people whilst they eat	R
	Provide additional support and personalising 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.</p> <p>For example one person was supplementing their food with additional specifically blended food recipes into 'nutribullett' 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 has been running a while we ask people want 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 be supported to help prepare meals and cook for others.</p>	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 right 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 that 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

Inadequate / requiring 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 like the fact there are not enough cups of tea."

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 do not receive enough to drink

A



People who were at risk of losing weight do not 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 are not followed by staff and record keeping was poorly maintained

A



There was a poor choice of food and drink available, including healthy options

A



Available to help

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

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

Premises, environment and assistive technologies

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 doing so 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>The décor of the person who uses the service 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 had noted that the person had been less frustrated since the changes to the décor had been made and that they were no longer bumping into walls and furniture.</p>	C
<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>	C
<p>The service uses a new care planning and recording system that is entirely electronic and enabled all staff to have immediate access to information input about people's care on smart phones supplied by the provider.</p> <p>Staff have to enter on the system the care they had provided for the person and if an aspect of their care was not delivered. The system generates alerts to the service if the care worker leaves completes a visit without updating.</p> <p>The system enables people's care was being monitored closely and they do not need to await the care worker to return to the office to update. The service was therefore able to be extremely responsive to any issues.</p>	R
<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>	R
<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>	R

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 / requiring improvement

"They are struggling with assisting and moving."

External healthcare professional

"We are aiming to fix the wobbly banister soon."

Registered manager

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

Registered manager

What to avoid

Service type



Rooms that are poorly maintained and failure to act promptly to resolve known faults

R



Failure to making alternate arrangements when dangers are identified about the environment or equipment

A



Providing equipment that is not suitable to provide safe and / or effective care

A



Failure to train and refresh staff knowledge and understanding about assistive technology and how this can help

A



Inconsiderate practices does not 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)

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 is no room for “*some carers are nicer than others*”, which is a common feedback amongst those rated requiring improvement or inadequate. Variance from good care is not 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 93% of adult social care services inspected up to January 2017 had been rated as either good (91%) or outstanding (2%) 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

Kindness and compassion

- 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

Involving people










- Prioritise understanding people’s needs
- Enable people to express their views
- Ensure staff can effectively communicate with people
- Use communication aids and assistive technologies
- Be proactive in sharing information about wider support and advocacy available

Dignity and respect

- Train staff, 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

Kindness and compassion

The recruitment of people with the right values and giving them the appropriate support and guidance to care for people effectively is key, alongside the ability to effectively communicate with individuals.

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 that they 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 about making sure people do not 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 support them / their loved ones	A
	Know that simply being a caring person is not 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 is not 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 is very important that 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>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 regularly 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 a support worker's car keys as there 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 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>	A

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding*"I get lots of support from my key worker and I trust them."***Person who needs care and support***"We all have down days and it is our job to be present 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 / requiring 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 do not 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



The service does not attempt to provide stimulation or activities to people who use the service



The service employs a mixture of staff, some who care and some who seemingly do not



Staff do not speak to people who need care and support in a respectful or caring way





Available to help

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

[The Social Care
Commitment](#)
(Skills for Care)

[6Cs in social care](#)
(Skills for Care)

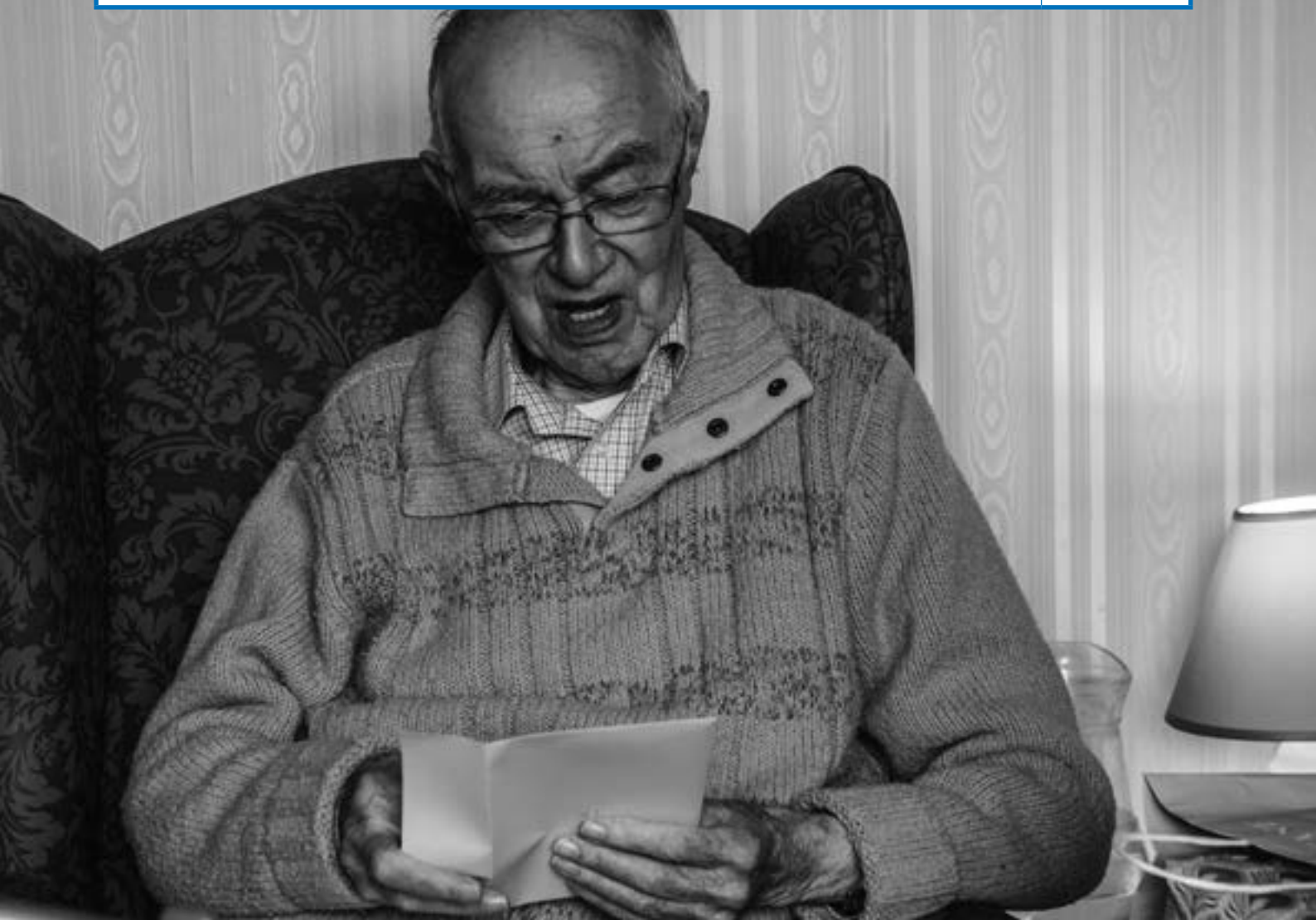
Involving people

The recruitment of people with the right values and giving them the appropriate support and guidance to care for people effectively is key, alongside the ability to effectively communicate with individuals.

Recommendations from good and outstanding providers		Service type
✓	Use a range of communication tools to enable people who need care and support to express their views	A
✓	Recruit staff with the necessary communication skills to engage with the people who need care and support, arranging additional extra training where more specialist communication skills is needed	A
✓	Explore the opportunity to introduce where appropriate communication aids and associated assistive technologies to enable people who need care and support to express their views	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	A
✓	Be proactive in sharing information about wider support and advocacy available to people who need care and support, their family and friends	A



Practical examples	Service type
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 provide them the time and opportunity to express themselves, be heard and discuss things that 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.	A
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 in each person's best interest was recorded in their care records.	A
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.	C
Staff, people and their families were routinely consulted by management seeking areas for improvement and suggestions for new initiatives. One such initiative drawn from a consultation with people who used the service led to this community based organisation providing a bag of activities, encouraging people to be more active and take up new interests.	C
The service encourages feedback from people who need care and support even during the CQC inspection. Whilst the inspectors were visiting the home, management put up posters promoting and encouraging residents to share their views.	R



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

“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

“It’s difficult to imagine how it could be any better.”

External healthcare professional

“I’m very pleased, the staff understand her needs well, and encourage her to be independent, and they keep me up to date.”

Family member

Inadequate / requiring 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

“My relative fell a couple of times and they did not tell us.”

Family member

What to avoid**Service type**

There are little or no effective systems in place to gather people who need care and support (and / or their families) views

A



Feedback mechanisms are poorly promoted, leading to low response rates

A



The service does not help people to access advocates and other supporting organisations that could benefit them

A












The service does not effectively document that they have informed family, friends and advocates about changes to the care and associated incidents

A



Dignity and respect

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 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 are not 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 is appropriate in terms of their dignity and respect. Incorporate this into their care plans and day-to-day support provided by staff	A
	Recognise and celebrate different religions and cultures including key dates and events	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	A
	Ensure staff are able to recognise distress and promptly respond to such discomfort by providing the appropriate support	A

It's important to think about what is 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

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 providing it.

Sharon Allen

CEO, Skills for Care

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 that 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>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 LGBT community and he has established good links that has also provided him 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 and death and dying. We saw people's religious beliefs and practice was recorded and supported.</p>	A

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.	A
The homecare service 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.	A
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.	A
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.	R

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

"Although we are a mixture, we are all treated with respect."

Person who needs care and support

"The carers treat them with such respect."

Family member

"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

Inadequate / requiring 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

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

Care worker

What to avoid		Service type
	Private records being publicly accessible	A
	Managers and staff referring to people who need care and support using derogatory terms	A
	Low staffing levels resulting in the quality of care, including frequency of showers or baths	A
	Staff failing to be discreet when talking about somebody's care, causing others people who need care and support to hear	R
	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)	R



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 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 help 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 reducing 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.

Responsive also includes focus on consent, including how the service ensures that the Mental Capacity Act 2005 is adhered to. 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.

As of January 2017, 83% of adult social care services that had been inspected at that point had been rated as good or outstanding. In contrast, 16% had been rated requiring improvement and 1% were inadequate.

Responsive

Key recommendations

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 describes the care, treatment and support needs
- Keep regularly updated and adjust support as requirements change

Meeting people's individual needs

- 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
- Ensure effective communications between staff
- Involve people in regular reviews of their care

Maximising independence

- 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

Complaints and concerns

- 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

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Train staff, assess competence
- Support people to make decisions
- Ensure consent as 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





Care plans

Care plans need to be clear, up to date and person centred. Most important of all is that the staff providing care and support follow the care plan. The care plan should be easy to follow but 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 describe the care, treatment and support needs of the person who needs care and support. Where appropriate, ensure health action plans are produced	A
	Keep the care plan regularly updated and adjust levels of support as requirements change	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 that care plans are produced in a way that everyone who needs to use or review them understands the resource	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 peoples interests, preferences and things that are/were important to them in the care plan	A

Practical examples	Service type
Care plans are written from the individual's perspective, helping to ensure that care workers understand the individual they are supporting.	A
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.	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
The service ensured that their surveys encouraged feedback about the care plans and whether they met the needs of the people who needed care and support.	R

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

"They listen to me, and always go over everything that is recorded. Once I am satisfied with the content, I sign each plan."

Person who needs care and support

"The manager went through the care plan with me. I am delighted with it."

Family member

"Everything is always easy to follow. They are thorough with their documentation."

External healthcare professional

Inadequate / requiring improvement

"I've never seen a care plan and I'm pretty sure my relative hasn't either."

Family member

"I've not read the care plans yet."

Care worker (after two years at the service)

"Until recently they have been really bad. Some care plans are not updated from four years ago."

Care worker

What to avoid**Service type**

People who need care and support (and / or their family / advocates) are not involved in the care plan and did not reflect their needs and preferences

A



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

A



Staff are not provided with the opportunity to read the care plan before they are expected to provide care



Care is not 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 \(Skills for Care\)](#)

Meeting people's individual needs

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 care that they need. Staff see people as individuals, knowing their backgrounds, likes and preferences.

People have a right in law to be involved in their care, as set out in the fundamental standard of 'person-centred care', a standard below which care should never fall. This national standard describes the action that care providers must take to ensure that each person receives appropriate care and treatment based on an assessment of their needs and preferences. CQC can take enforcement action against care providers that do not meet the standard.

The benefits of involving people in their care










A growing body of literature shows that people benefit from being involved in making decisions about their care and in how that care is delivered to meet their needs and wishes. The impacts include:

- improved knowledge of their condition and treatment options
- increased confidence to self-manage aspects of their own care
- increasing the likelihood of keeping to a chosen course of treatment and participating in monitoring and prevention programmes
- improved satisfaction with their care and chosen treatment
- more accurate risk perceptions
- reduced length of hospital stay and readmission rates.

Better care in my hands

**A review of how people are involved in their care
CQC (May 2016)**



Recommendations from good and outstanding providers		Service type
	Uphold and respect people's rights 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 that time is provided to allow staff to get to know people and build relationships. 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 the people who need care and support in advance, ensuring they have chance to prepare what they would like to discuss	A
	Ensure appropriate assistive technology, aids and adaptations are fitted so people can live as independently as possible	A
	Ensure staff provide information clearly and honestly, enabling the person they care for to make an informed decision	A
	When people who need care and support are making decisions, provide sufficient time to allow them to process and make an informed choice	A
	Where caring for people with sensory loss and / or disability, ensure the service complies at the minimum or exceeds where possible with the accessible information standard.	A

☾ The culture of the staff team is one that is passionate and proactive. Working with a number of 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 all the needs of the people we care for, each having complex support needs and a history of presenting challenging behaviour. The team are able to identify potential anxieties and triggers proactively and provide support to ensure that people who need care and support remain calm and comfortable. ☾

Cressida Rapela

Regional Operations Manager West Surrey, Welmede Housing Association

☾ 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

☾ Person centred planning is about creating a narrative about a person to recognise their humanity. ☾

Jonathan Keane

Area Manager, Creative Support Ltd

☾ 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 that 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 each time to smoke, safely away from their oxygen tank.</p> <p>The Good Care Group</p>	A
<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 that they provide.</p> <p>Creative Support Ltd</p>	A
<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>	C
<p>The person who used the service explained that they had 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>	A
<p>Staff and people who need care and support all have short overview profiles about themselves that they can both refer to, helping to raise wider awareness of people as individuals. Doing their own profiles helps staff value other peoples.</p>	A
<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

Relatives had been encouraged to work with the night team to help support behaviour presented around their family member's sleep patterns. They engaged with the staff and provided ideas and historic information on how to help to overcome this. Strategies like different board games before bed time, walks around the local area, star gazing and other interactions to help the individual work through their routines more positively were put in place with positive outcomes.	A
People were supported to maintain their preferred standard of hygiene and appearance. For example, if a person chose to stay in bed, the service still continued to provide a range of service and support to them (for example, the visiting hairdresser would still offer their service etc.)	A
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, the 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.	R

☞ **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 that 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 as to 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, Amber Support Services

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"I am free to make my own decisions and choices and feel these are always respected."

Person who needs care and support

"I am involved in discussions about my care, treatment and daily life as I want to be."

Person who needs care and support

'When I speak I am 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

"Person-centred care is not merely a buzz-word – it is a way of life."

Care worker

Inadequate / requiring improvement

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






Family member

"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 to avoid

Service type

	People who need care and support are not involved in planning or review of their care and support	A
	There is limited understanding, recording and monitoring of people's wishes and preferences	A
	The service has accepted to take on new people to care for despite knowing that they cannot meet their needs	A
	Staff did not know the history or personal preferences of the people they cared for	A
	Assumptions are made about what stimulation somebody needs (e.g. placed in front of a TV without being asked)	R



Available to help

[Care Certificate
Workbook \(Standard 5\)](#)
(Skills for Care)

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

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

Maximising independence

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
	Support and encourage people who need 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)	A
	Provide regular activities for the people who need 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	A
	Encourage and support people who need care and support to achieve their personal goals	A
	Promote a range of activities, including those helping to achieve better health and exercise	A
	Document people's engagement in activities and review these to consider new ways and means to increase involvement	A
	Capture feedback at the end of each activity and review to inform longer-term improvement	A
	Draw on the talent across both staff and people who need 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 (for example encourage and support people to prepare their meals, do their chores, access community facilities and to try new activities)	A
	Encourage people who need care and support to maintain their links with family, friends and external organisations (such as clubs and societies)	A

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, acquired some Rolling Stones music for a person who uses our service etc.

Rhona McClelland

Registered manager, No Place Like Home

Good and outstanding practice included tailoring activities to suit people's wishes, interests and aspirations, and to develop new and existing skills – for example, making best use of the arts to find creative and innovative ways to enable people to have a fuller life.

The State of adult social care in England 2015 / 2016
CQC



Practical examples	Service type
<p>People who use the service, relatives and staff were involved in a new innovative project called, 'People like Me' which brought people together through their experiences, beliefs and interest.</p> <p>People were supported to write something down on a branch about their interests and things they like and place it on the 'Silver Tree'. This would prompt likeminded people, staff and visitors to connect. The project had helped people to develop really strong friendships with others through the connections and relationship building this project evoked.</p>	A
<p>The service uses Google Earth on an iPad 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 have been.</p>	A
<p>People's views on the wider world were encouraged. One activity in the home was a regular session of 'what the papers say' which the activity coordinator facilitated with people who used the service. The service had received positive feedback from family members who stated their relative enjoyed this intellectual stimulation.</p>	A
<p>The provider regularly provides 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
<p>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 that could offer something similar. The staff reviewed the course syllabus and designed and delivered something equivalent.</p>	A
<p>The registered manager promoted a scheme called '3 Wishes' whereby 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 who used the service in order to celebrate the event.</p>	R

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

Inadequate / requiring improvement

"We think we are 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

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

Family member

What to avoid		Service type
	Staff do not make any (or only very limited) attempts to engage people or offer activities	A
	The activities provided are of a poor quality, not person centred and not tailored to the needs and interests of the people who need care and support	A
	Activities are limited to when a specialist member of staff is on duty only	R
	The service excludes people from activities	R
	The service does not monitor engagement in activities and review ways to improve this	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, a 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 & craft, fresh & 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, working on the farm or working 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 had the responsibility of looking after the dogs during the day.

The social inclusion element of the service is very important to the service, the people who use the service, staff and local community. Since the inspection we have continued to develop the service with the involvement of people who need care and support.

A further £150,000 was spent in 2016 developing the wellbeing garden at the Cherwell Centre. 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 to promote social inclusion.

Amanda Higgs
Quality and Performance Manager
PossAbilities CIC













Available to help



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



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

Complaints and concerns

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	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 (for example, 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 that use 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 is an ongoing project.</p> <p>Hale Place Care Homes</p>	A
<p>Each month people who use our service complete a consultation form (which we call a listening form).</p> <p>If they are 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>	A
<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>	A

<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.</p> <p>By 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, ten people were showed 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>	A
<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.</p>	A
<p>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.</p>	R

Telling signs

Comments used as evidence in CQC inspection reports

Good/outstanding

"The management always listen to concerns and try to address them."

Family member

"We have a collaborative relationship."

Family member

"I don't just want to sustain good practice, I strive to continually improve it."

Registered manager

Inadequate / requiring improvement

"Complaining has not changed anything. All I want are regular carers who know me and where things are."











Person who needs care and support

"Its 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 does not listen, it's like a black hole they never tell you what they have done about anything."

Care worker

What to avoid	Service type
 People who need care and support (and / or their family / advocates) do not know how to feedback and complain	
 The service does not have a consistent way to investigate concerns and complaints, analysis cannot be demonstrated	
 The organisation does not record feedback and complaints or their follow up actions	
 People who use the service (and / or their family / advocates), staff and others who engage have no confidence that their concerns will be acted upon	
 People who complain are penalised and excluded	



Available to help

[Workforce redesign people, planning, performance](#)
(Skills for Care)

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 the 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 is 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 that suit someone's changing needs and wishes	A
	Ensure end of life plans take into account the person's language, ability to communicate and capacity to ensure it 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 that 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 continued 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 that 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 do not 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 that the care plan clearly documents religious beliefs and associated actions needed associated with their end of life. For somebody who was not 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 which offered 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
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.	A
The hospice provided placements to a variety of healthcare professionals, with in-house mentorship and training. This included medical students, student nurses and counselling students.	R

Telling signs Comments used as evidence in CQC inspection reports	
Good/outstanding <i>"My observation of the end of life care residents receive seems very dignified and full of love and respect."</i> Volunteer visitor <i>"I did an advanced course in palliative care and it really helped me."</i> Care worker <i>"When a resident is in terminal care we completely envelope the family in the final weeks, days, hours. We offer them food, drink, a hug, somewhere to sleep and we keep in touch."</i> Registered manager	Inadequate / requiring improvement <i>"We have not undertaken training in end of life care."</i> Care worker <i>"There are not enough of us to spend extra time with people (at the end of their life)."</i> Care worker <i>"They are receiving end of life care but we have not had chance yet to update their care plan."</i> Registered manager

What to avoid		Service type
	People at or nearing the end of their life did not have plans in place	A
	Staff had not received training on end of life care (or it is not in line with the latest practice)	A
	Staffing levels limited the opportunity to provide additional care and support	A
	Capacity is not assessed and / or consent is not obtained to end of life care and treatment	A
	Support, medicines and equipment are not promptly available to help people nearing the end of their life	A



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)

Consent, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

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 have seen examples of good practice in all sectors, including individual providers who have improved after we have taken enforcement action. Providers who applied the Deprivation of Liberty Safeguards (DoLS) well had a culture of person-centred care, robust policies and documentation of DoLS procedures, and good leadership in place to provide a focus to staff understanding of DoLS and how to apply it.

Not enough providers are applying capacity assessments effectively. Many providers made assumptions that individuals lacked capacity without having carried out or documented assessments. Some providers used the 'blanket approach' to capacity assessments, which suggests that their focus may be more on managing organisational risk than delivering person-centred care.












**The state of health care and adult social care in
England 2015/ 2016**
CQC



For those wishing to better understand these issues, [NHS Choices](#) provides some useful advice.

Recommendations from good and outstanding providers		Service type
	Ensure consent as an integral part of the care provided and work closely with people who need care and support (and / or their families) to obtain it	A
	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	A
	Ensure staff receive training about the Mental Capacity Act and Deprivation of Liberties at levels appropriate to their role. Provide regular refresher training	A
	Empower staff to recognise when people needing care and support are being deprived of their liberty. Where deprivation of liberty is needed, ensure that staff seek authorisation and actions are both necessary and proportionate	A

Good and outstanding care guide

	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 as accessible format as possible to help people with limited capacity to understand their options	A
	Staff support people to make decisions through various communication methods such as 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
	If restrictions are needed, ensure that these are time-limited and in constant review	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
	Record detailed records of mental capacity assessments and note document other less formal discussions around capacity, including daily notes and handovers	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

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) had helped care workers know how 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>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

Staff had received training on the Mental Capacity Act but this was customised to reflect on examples from within the service. For example, sufficient time was allocated for a more in depth discussion on obtaining people's verbal consent and recording the response.	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 service had supported a person to attend a tribunal hearing and due to their positive progress they had the restrictions that had been in place for 25 years lifted.	A

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

"We always assume people have capacity first and everyone here is able to make decisions for themselves on different levels, like choosing what they want to wear or eat."

Care worker

"I had MCA and DoLS training. It made sense. It is about people's choice and respecting their choices."

Care worker

Inadequate / requiring improvement

"I've never heard of that."











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

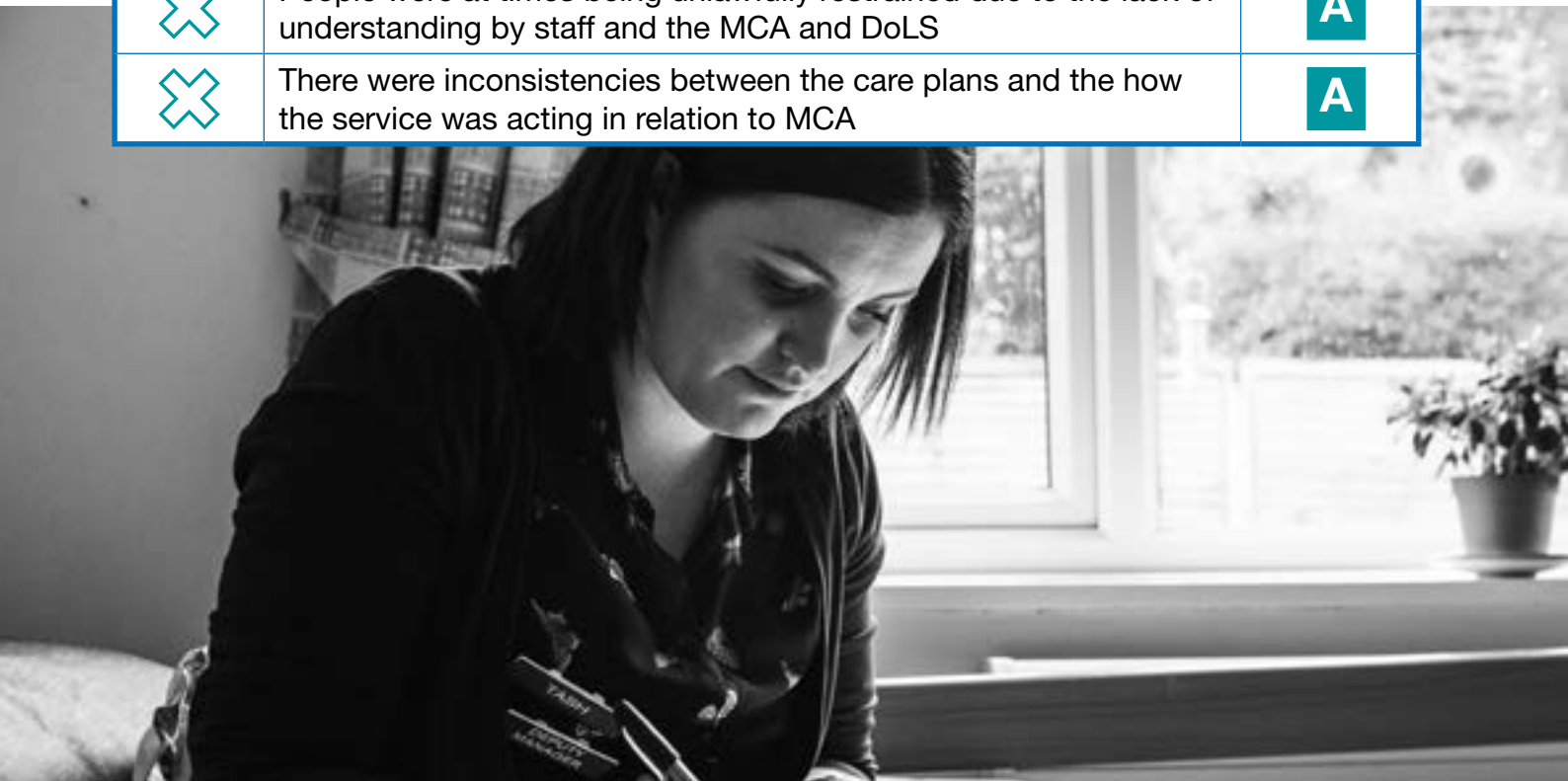
"Is it to do with dementia? Not heard about it. Not needed."

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 was not sufficient	
	There had been no capacity assessment, best interest's decision meetings and no DoLS application made where necessary	
	Person who needs care and support and / or their family / advocates were not involved in making decisions on their care (or the service was unable to evidence this)	
	People were at times being unlawfully restrained due to the lack of understanding by staff and the MCA and DoLS	
	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 \(learning materials\) \(Skills for Care\)](#)

Well-led



Introduction

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 2017, only 73% of adult social care services inspected until that point 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 – these 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 are 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 of key managers and leaders and actively aims to retain them but also develop talent.

Good and outstanding managers and leaders know what is 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.

In outstanding services there is 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 requiring improvement or inadequate are often let down by poor cultures, lack of leadership, expertise or investment, weak quality assurance practice and do not partner with others to ensure good or best practice.

Well-led

Key recommendations

Culture within the service

- 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

Leadership of the service

- 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

Vision, values and strategy

- 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

Staff support

- Ensure staff know what is expected of them
- Provide longer-term supervision and support, do not 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, ensure support is available at all times
- Regularly observe performance in the workplace

Community and partnerships

- 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

Improvement and sustainability

- 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



Over the first two years of the new inspection approach, more than 90% of services that were rated 'good' or 'outstanding' for being 'well-led' by the Care Quality Commission (CQC) were also rated 'good' or 'outstanding' overall. This is a very strong indicator that if you have the right managers and leaders, other standards of care are likely to be equally good (and outstanding). Conversely 84% of services rated as inadequate overall were Inadequately led, and management churn and change is strongly associated with Inadequate services.

Skills for Care firmly believes that registered managers are uniquely placed to lead and influence the culture of the service, to improve and maintain care quality, and to achieve efficiencies within the system. The realisation of integrated, personalised services will be incumbent on their insight and expertise on the ground.

Our own analysis of inspection reports and engagement with registered managers has highlighted the importance of their experience, skills, abilities and continued development as well as their focus on seeking out best practice, leading by example and being visible and engaged with staff, those who need care and support, their families and the wider community.

Andy Tilden

Director of Sector Development - Skills, Standards, Learning, Qualifications and Apprenticeships, Skills for Care

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 as independent as they can be. Their staff will be knowledgeable, inspiring, reflective and compassionate.

Raymond J Corry

Head of Engagement & Learning, Creative Support Ltd

Culture within the 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 care that is provided.

Recommendations from good and outstanding providers		Service type
✓	Ensure you put people needing care and support at the heart of service	A
✓	Ensure managers and leaders are dedicated to delivering an increased quality of life for people who need care and support, including welcoming and acting upon feedback	A
✓	Ensure managers and leaders are open, visible, approachable and empowering of 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 understand the culture of the service and ensure that 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 that the culture of the service was “open and very person centred.” The clearly embedded ethos of the service was to recognise all people had individual needs and preferences and for staff to support them in the ways they wanted to be supported, so they had a good quality of life.	A
The providers have developed their values for ‘active co-existence’ included 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 did not 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 Return (PIR) stated that the provider values, such as integrity, excellence and respect were promoted with the staff frequently. This included discussing values before each training session, so that they were embedded in everything that the staff did.	C
The staff were clear about the provider values and that people were what mattered and their interactions with people and each other further supported the fact that these values were lived by the staff.	A
<p>The service’s motto was, “Adding Life to Years” and the registered manager encapsulated their beliefs and ideals. In their Provider Information Return 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 has also realised their ambition to become the Guinness World record holders for The Oldest Choir in the world. There is an atmosphere of fun and love within the home and laughter is regularly heard.</p>	A

☾ **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 that they knew what care that was kind, comforting and respectful looked like in practice, not just in theory. ☾

Julia Clinton, CEO
Sonnet Care Homes

“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 & Learning, Creative Support Ltd

“Creating an open culture begins with the management team demonstrating that they too are ‘only human’ and that they own up to mistakes and apologise when they are wrong. This is followed up by demonstrating what will be put in place to stop or reduce an occurrence of the mistake. We do not like a ‘blame’ culture and it is important that staff are not made to feel belittled in any way.”

Ann Ambrose

Registered manager, Nazareth Lodge

“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

“The manager is a very approachable, a near constant presence and largely responsible for the positive outlook of staff.”

Family member

“I know everyone and they all know me.”

Registered manager

Inadequate / requiring improvement

“I couldn’t even tell you the manager’s name to be honest. I don’t know who’s in charge.”

Care worker

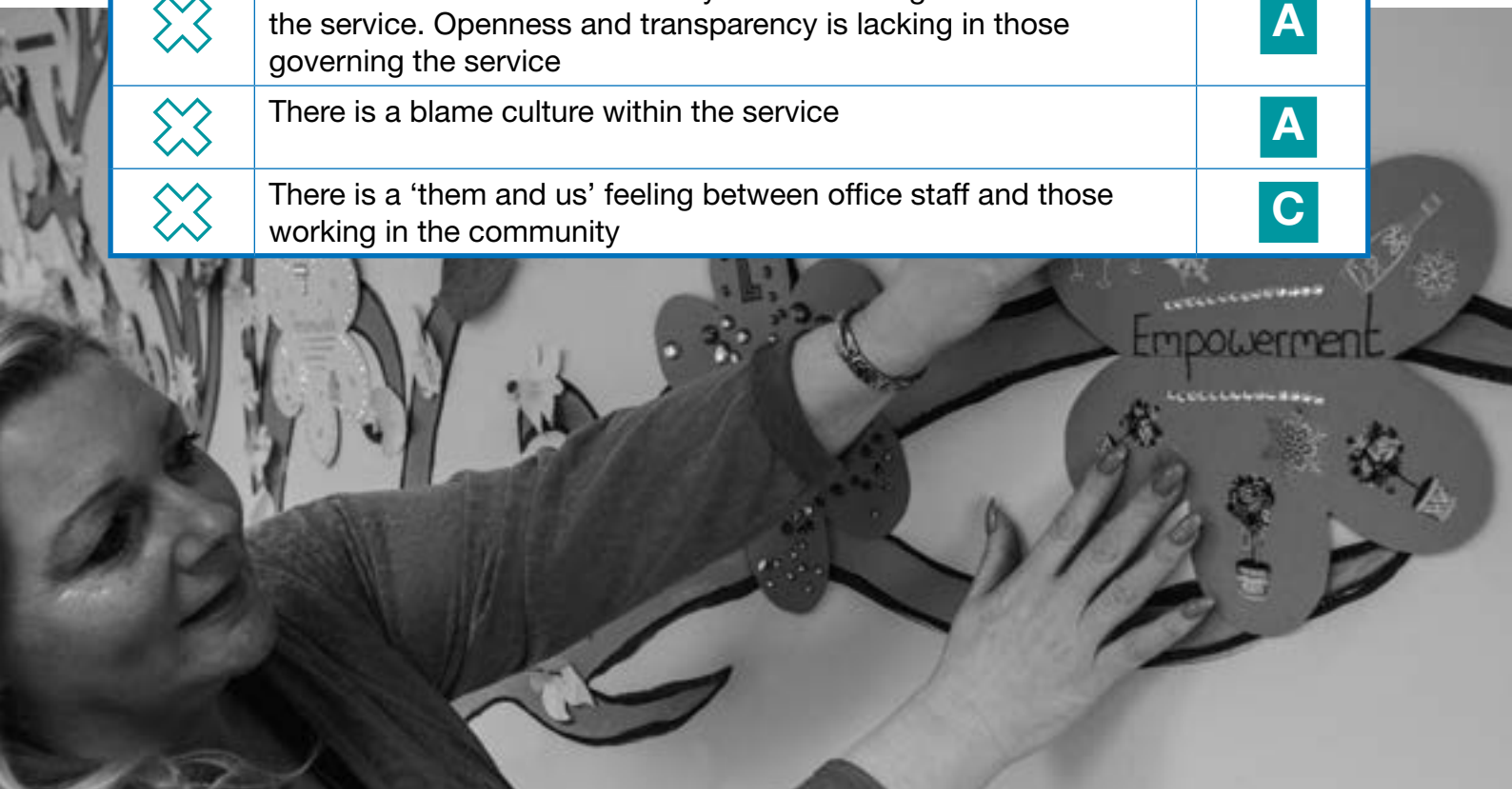
“I haven’t seen the manager for a long time, there’s no real communication from the office.”

Care worker

“Don’t believe all the posters or promises.”

Care worker

What to avoid		Service type
✗	Managers and leaders are not visible or approachable	A
✗	The culture is not conducive for delivering care reflective of people's equality, dignity, respect and human rights	A
✗	Managers and leaders make decisions in isolation, without engaging with staff and people who need care and support	A
✗	There is little or no accountability and effective governance within the service. Openness and transparency is lacking in those governing the service	A
✗	There is a blame culture within the service	A
✗	There is a 'them and us' feeling between office staff and those working in the community	C



Available to help







[Positive workplace culture toolkit](#)
(Skills for Care)

[Leadership Qualities Framework](#)
(Skills for Care)

[Well-led programme](#)
(Skills for Care)

Leadership within the service

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.

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	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 as comfortable and relaxed when managers and leaders are working alongside them as at any other time	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
	Ensure managers and leaders understand CQC regulations and associated legal requirements and implications	A
	Ensure managers and leaders understand their role and responsibilities and are accountable for ensuring effective governance	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 are not 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
	Ensure managers and leaders have the experience and capacity to deliver upon 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 actions, behaviours and actions of staff	A

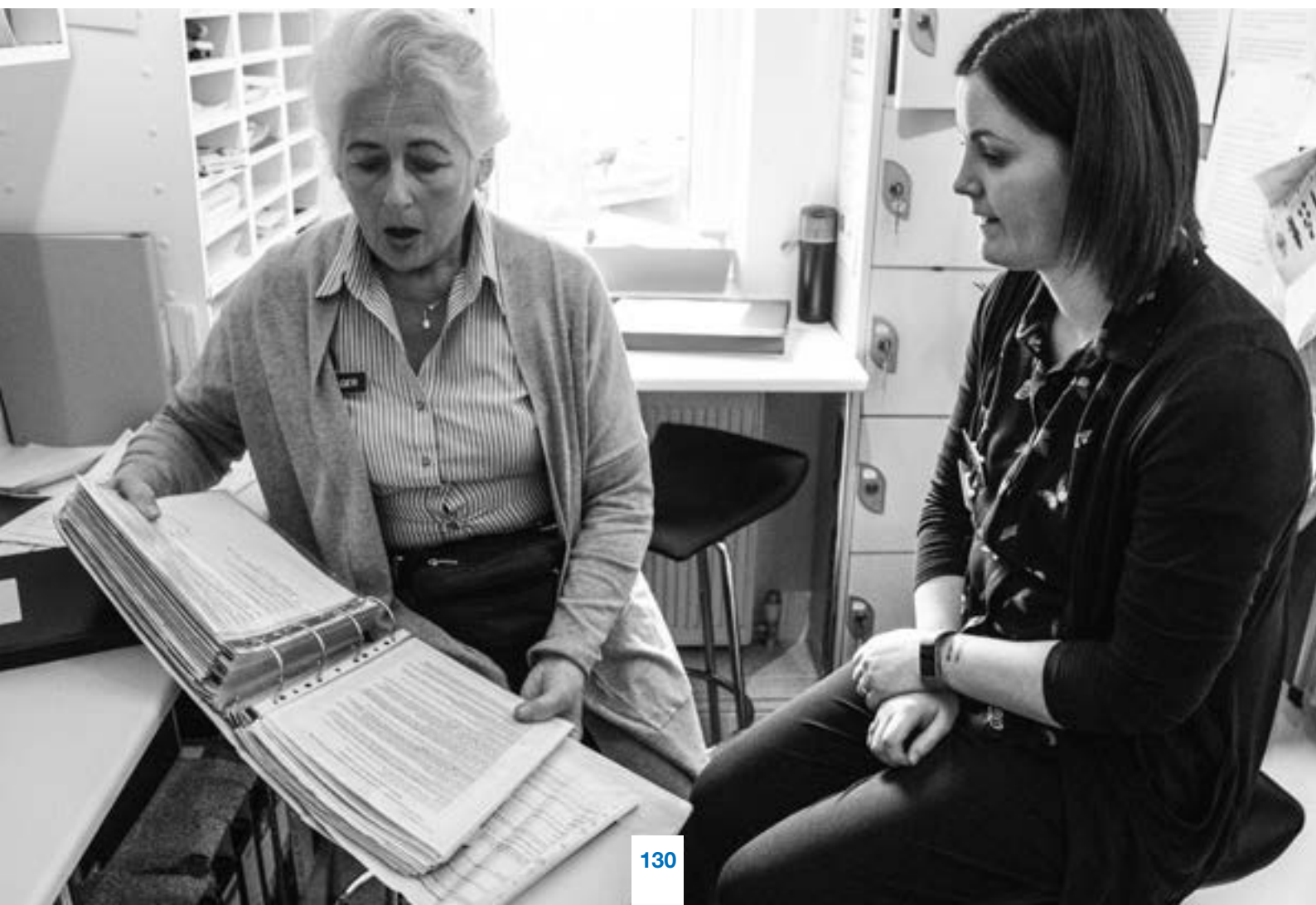
✓	Ensure managers and leaders deliver care that meets national standards (e.g. the Care Certificate, NICE standards etc.)	A
✓	Provide time for managers to get to know staff, the people who need care and support and others (including family / advocates, healthcare professionals and community links)	A
✓	Actively seek best practice from across the sector (including membership and alignment with leading health and care organisations) and use this knowledge to help challenge poor practice wherever it may occur	A

☾ 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 ensures 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 are 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



Practical examples	Service type
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 that provided by external training companies.	A
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.	A
<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>	C
The registered manager was not afraid to challenge other agencies or partners on behalf of the people who used the service where they felt necessary. For example, the service had 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.	A
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 could not find a person's personal alarm. The registered manager listed a number of places the person was known to put the alarm.	A

☾ The move from support worker to team leader and then to manager is a clear career pathway available in our sector. The move from being supervised to supervisor is an important but sometimes tricky one but is there sufficient support available to help people make this significant step. ☾

Sharon Allen, CEO
Skills for Care

☾ The relationship between managers and their own leaders & managers is critical. Good managers can only be effective in an environment where their values are shared and upheld, and they are listened to and supported.

My advice to owners and leaders: invest in developing your managers to be fantastic, support them so they stick with you, and when they move on, celebrate their contribution - and make sure you have someone ready and able to step into their shoes. ☾

Georgina Turner
Programme Head Employer Engagement, Skills for Care

☾ 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 skill people, create opportunities to develop in their role and support them to achieve high competency levels. ☾

Kevin Hewlett
Director/Registered manager, Hale Place Care Homes

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

"I cannot speak highly enough about the manager."

Person who needs care and support

"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 with the boss and the care manager, who are the best carers among us, still going out on visits."

Care worker**Inadequate / requiring improvement**

"We're satisfied with the carers, its leadership and management that are needed."

Family member

"There is 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 is not well-led



The service record keeping is poorly managed



Cover for absent managers does not ensure consistent leadership



Managers and leaders are not recruited with the appropriate experience and skills



Managers and leaders do not understand or act upon advice from external healthcare professionals





Available to help





Manager Induction Standards (Skills for Care)	Registered manager networks (Skills for Care)	Registered manager membership (Skills for Care)
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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 is achieved.

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 is delivered	A
✓	Ensure the visions 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.</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 being supported, for families and for 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>	
<p>The mission and values of the organisation involved people who use services, and staff from every level in their creation. Manager’s objectives are set in line with the values of the organisation and we recruit in line with them, so that they are always “live”. By doing this we can also evidence that we strive to meet them.</p> <p>Welmede Housing Association</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 ten 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>	
<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>	

“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 visions 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 / requiring 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 did not 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 does not have credible vision and values	A
	People who need care and support and / or staff do not know or believe in the visions and values	A
	Managers and leaders do not have an effective or realistic strategy to achieve the visions and values	A
	The vision and values are not reflective of a service that should be delivering effective care and compassion	A



Available to help

[Well-led programme](#)
(Skills for Care)

[Registered manager networks](#)
(Skills for Care)

[Registered manager membership](#)
(Skills for Care)

Staff support

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 that 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
	Keep the supervision professional and use a template to record factual evidence and notes. Provide constructive feedback but also 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 ensuring staff have access to expertise at all times the service is operating	A
	Include in all staff appraisals a focus on what has 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 the 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

When I shadowed a CQC inspection, it was interesting to see how the inspection team focused on how often supervisions took place, what people learned from their annual appraisals, what relationships are like between support staff and the manager and the wider organisation.

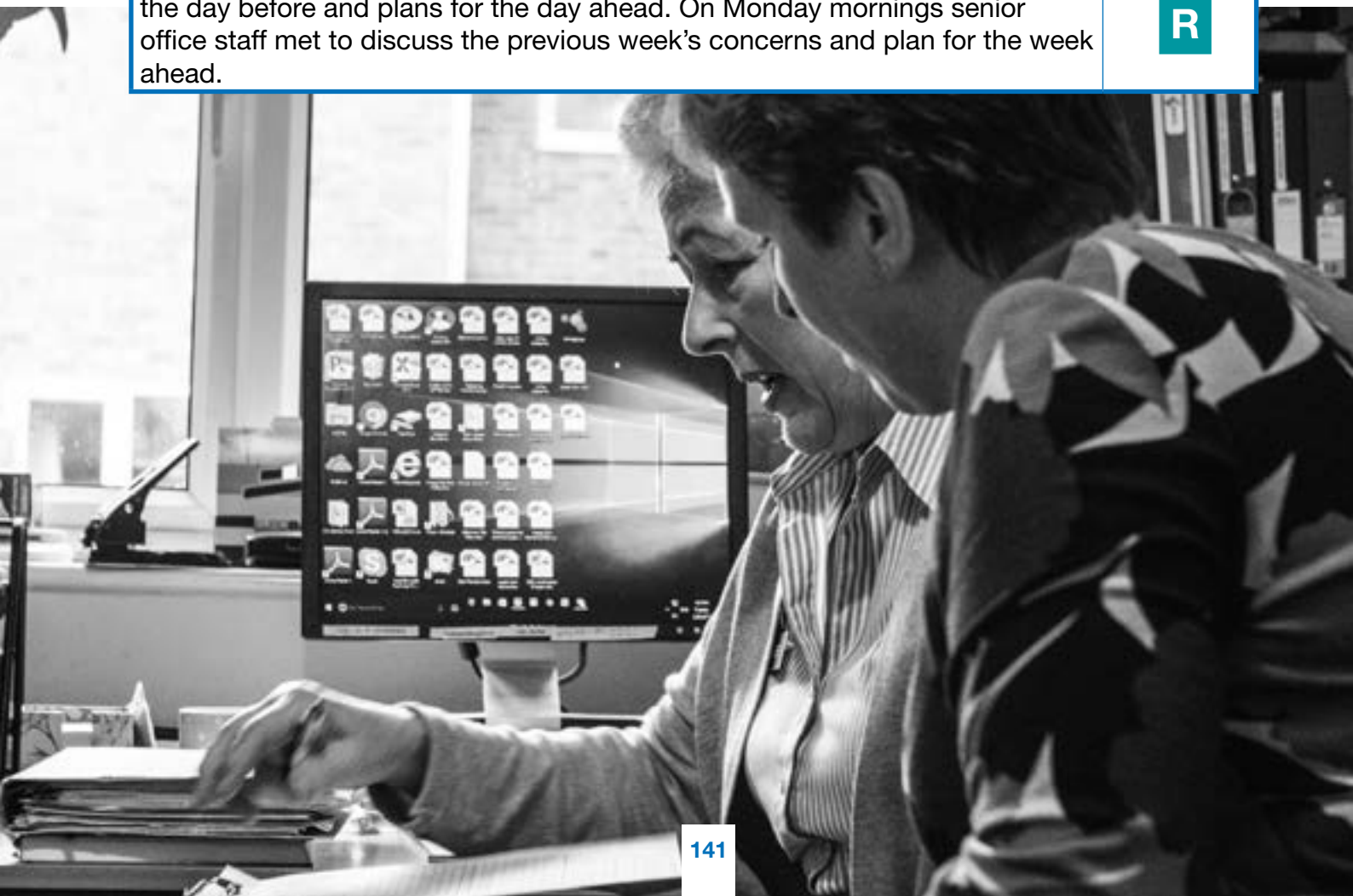
Sharon Allen
CEO, Skills for Care

Good leaders support each of the members of their teams to be the best that they can be. They encourage professional development, inspire reflection and demonstrate compassion.

Raymond J Corry
Head of Engagement & Learning, Creative Support Ltd



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 all 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, ensuring there was managerial support to the staff every day. Family of people who used the service felt this was particularly reassuring if they could only visit at the weekend because 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 that 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



☾ We have an 'open door policy' to our offices so staff feel able to approach the management team with ease – of course there are times when this has to be managed around sensitive issues. ☾

Ann Ambrose
Registered manager, Nazareth Lodge

☾ On Christmas day, all staff working receive a special call from a senior manager to thank them for being away from their own families. ☾

Louise Joslin
Registered manager, The Good Care Group

☾ We believe if you support your staff well they will support our customers - whatever and whenever our staff have a problem we will support them. ☾

Stephen McCoy
Director, Bluebird Care Central Bedfordshire

☾ Our team all receive regular supervisions and appraisals, and are encouraged to go on to achieve diploma qualifications and supplementary training in areas of particular interest. ☾

Lorna Dawber
Home Care Manager, Carefound Home Care

☾ Staff are informed that a certain level of training is required of them and that without this training they are 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

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

"They support you to develop confidence and skills."

Care worker

"The manager is always available and we have regular supervision. We talk regularly about what we are doing and reflect on our practice."

Care worker

Inadequate / requiring improvement

"Some carers are good and some are bad. They are not 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

What to avoid**Service type**

Support and supervision to staff is inconsistent

A



There is evidence of bullying and discrimination within the staff team and / or the management of the service

A



The service provides little or no supervisions and spot checks. There are minimal opportunities for staff to raise issues and concerns

A



No additional support, supervision and assessment of competence beyond induction meaning slippages into poor practice not identified

A



No records of supervisions being undertaken and what support was being provided

A



Staff unwilling to raise issues for fear of being seen as a trouble maker

A



Staff unwilling to raise issues because they believe managers and supervisors will not act

A



Available to help

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

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

Community, partnerships and best practice

Good and outstanding services will often have strong links into the local community. They have established and mutually beneficial relationships with the local authority, safeguarding teams, Clinical Commissioning Groups (CCGs) etc. and work together to ensure more joined up care.

During our inspections, we will increasingly focus on how well providers are working together to deliver a good experience of care for people.

**Celebrating Good Care,
Championing Outstanding Care (March 2015)
CQC**



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
	Ensure the service promotes support available from independent 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

🌟 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

Practical examples	Service type
One of the people who needed care and support who 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 is that the local pool has introduced swimming periods for other people with dementia where small adaptations such as dimmed lights and more lifeguards are provided. Communities Integrated Care	A
The service has taken a local lead in the development of a <i>Safety in Town</i> campaign. This works with local shop keepers to provide safe places and assistance for people who may feel vulnerable. Castle Supported Living Ltd	A
We invest a huge amount of time in ensuring that each client's individual needs and health and social outcomes are being met. This not only involves the home carer directly but 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.	A
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. PossAbilities CIC	A
The young person's team had 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.	A
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.	A

The owner also 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.	A
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 had not considered such as 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 what they learnt from the service has now been applied in other organisations.	A
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. This was due to commence in a few weeks and staff were consulting with the residents about who would like to participate in these teaching sessions.	A

Engaging key staff, not just the registered manager, in local and national forums, conferences and development groups is an important part of valuing and developing staff, as well as gathering best practice knowledge to support improvements in our service.

Kevin Hewlett

Director/Registered manager, Hale Place Care Homes

We need to maintain quality and ensure that we work collaboratively with other organisations so that there is cross pollination of good practice, strong values and effective education.

Raymond J Corry

Head of Engagement & Learning, Creative Support Ltd

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

"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 / requiring 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 does not 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 type services	A
	The service does not promote community engagement opportunities for their staff and the people they care for	A
	The organisation does not review the impact of community engagement activities to inform continuous improvement	A
	The service does not 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)

Improvement 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 have become 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 is 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	A
	Ensure the monitoring and quality improvement system are easy to manage and quick to demonstrate to others, as the CQC may wish to look at as part of inspections	A
	Coordinate regular meetings across the service involving managers, leaders and staff to share good practice ideas and problem solve	A
	Learn from incidents, feedback, complaints and concerns to drive continuous improvement. In organisations with more than one service, ensure learning from one site is shared and implemented with others	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 used the service	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 SMART measures to gauge the success and impact of improvements	A
	Enable managers and leaders to attend external forums or networks to learn from peers and hear about best practice beyond their own organisation (e.g. they are aware and engaged with local healthcare, housing and aware of the changing priorities)	A

- 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

Practical examples	Service type
<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 that there is no cherry picking on who we speak to about their views on the service and how these can be improved.</p> <p>Bluebird Care</p>	A
<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 an action plan to inform further improvements.</p> <p>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. Monitoring for trends, driving change in the business and having a focus on positive outcomes for our clients.</p> <p>We have 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 be across any issues and to become involved if necessary.</p> <p>The Good Care Group</p>	C
<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>	A

<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 a themed monthly CQC bulletins e.g. 'safe', which might include 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.</p> <p>For example one team member was responsible for overseeing training and others for medicines, health and safety and fire safety. Two staff 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's focussed on tailoring care to the individual, care visits of a longer duration, continuity of care and promoting independence 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 to focus on continuous improvement by regular assessment and monitoring of the quality of service provided.</p>	<p>A</p>
<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 such 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.</p>	<p>R</p>

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

We have been finalists for 21 awards and won 10 ranging from person centred care, quality care to life time achievement awards.

Submitting entries covering a wide range of national and local awards presents us with opportunities to review how sector professionals view our service provision in relation to other providers. The submission process presents us with occasions to review our service against entry criteria, the interview process presents us with a chance to be questioned by specialists and we can see where we sit with regard to current thinking and other excellent providers.

Kevin Hewlett
Director/Registered manager, Hale Place Care Homes

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 / requiring 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 are not consulting staff."

Care worker

"We are not 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	A
	The focus on improvement is almost entirely reactive on a day to day basis	A
	The service does not effectively plan for improvements and ensure they are suitably resourced	A
	The service has not actioned improvements identified at their last CQC inspection or external audit	A
	The records fail to indicate how the service has learned from past mistakes and strengthened the care as a result	A



Available to help

[NMDS-SC Dashboards](#)
(Skills for Care)

[The Social Care Commitment](#)
(Skills for Care)

Acknowledgements

Skills for Care would like to extend thanks to the following organisations that supported the development of this guide:

Amber Support Services	Estuary Housing Association
Anchor	The Good Care Group
Bluebird Care	Hale Place Care Homes
Care Plus Group	Midlands Care UK
Carefound Home Care	Nazareth Lodge Residential Care Home
Castle Supported Living Ltd	No Place Like Home
Community Integrated Care	The Old Vicarage Residential Care Home
Creative Support Ltd	PossAbilities CIC
Ebury Court Residential Care Home	Rosedale Care Home
Eden Mansion Nursing Home (Cedar Care)	Telford and Wrekin Council
Egalite Care Ltd	Welmede Housing Association



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