

CQC Feedback

A Summary. June 2017

Abstract

A summary of positive comments
from a selection of CQC Compliance Inspection Reports
up to June 2017

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CQC Feedback – A Summary. June 2017

Continuing our support of our social care partners, we produce this document to share key pieces of feedback collated from a selection of published CQC Compliance Inspection Reports. We understand that examining best practice in the sector can be difficult to achieve.

The document is compiled by Pam Darroch, Quality Assurance and Service Improvement Manager for The Grey Matter Group. Pam has many years' experience working within local authority social care quality and compliance monitoring teams. Pam has taken key points where, from experience, she has seen the value of best practice being shared.

Again in this issue, commentary and relevant links to further reading and resources are provided. This is indicated by boxed text. **The comments and links do not imply endorsement nor recommendation by The Grey Matter Group, however, are provided for further information.**

As always your feedback is encouraged on the content and its usefulness of this document.

The Adult Social Care sector understands the importance of sharing great practice. We hope that this document will support you on your journey to outstanding.

The Grey Matter Group aim to provide useful and timely information, guidance and support. We have received positive feedback from readers of this publication and we continue to strive to make improvements to it. We welcome your feedback, please do email us at talk@tgmgroup.net or call our support team on 0345 873 0373.

Service Improvement Advice from The Grey Matter Group

- Would you appreciate an independent review of quality in your service provision?
- Is your provision struggling to achieve the CQC rating that you know you deserve?
- Would your registered manager value some extra support and mentoring?

The Grey Matter Group's Quality Assurance and Service Improvement Manager, Pam Darroch, has extensive experience working with the Health and Social Care Sector, in particular working with Local Authority Care Quality Teams.

Pam has a reputation as a supportive 'critical friend', who understands the pressures of quality delivery within the sector. Pam will work collaboratively with you and your team to achieve your desired outcome in a restorative, positive and encouraging way.

If your provision could benefit from Pam's support, call 0345 873 0373.

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All points in BLUE within this review have been taken from reports where a CQC Outstanding rating was awarded for that Key Line of Enquiry.

All web links are hyperlinked for ease of visiting external resources.

Safe

- People told us they always felt safe using the service because they trusted the staff and the management, and they never let them down. One person told us, "The staff come if I need them. They're always there." Another person said, "The staff treat me well. They're very nice." Staff were able to build up relationships with people which enabled them to have a very good understanding of each person and their capabilities.
- Staffing requirements were assessed in an innovative and dynamic way following a consultation with the people that used the service. People were empowered to make their own decisions about what they would like to do and the provider adjusted their staffing requirements to meet those needs. For example, people were able to request specific members of staff to support them, or request members of staff within their own criteria. This could be because they had built up a relationship with particular members of staff, or because the staff member had skills they required such as driving, or because they shared common interests such as fishing or clothes shopping.

How could this way of working be applied in your setting?

- One member of staff confirmed, "No two days are ever the same. People are supported to do whatever it is they want to do. They can change their minds or do something different if they want to. We are completely led by them." The registered manager used a matching tool to identify people's needs and requests, and match them with staffing skills and abilities.

How person centred is your service delivery?
Could more be done to improve on it?
How are you sharing good practice?

- People who used the service played a significant role in supporting the management to recruit the staff that they wanted to support them. People using the service were encouraged and involved in the recruitment process, supporting the management to interview potential candidates and spending time with potential candidates to ensure they had the correct values and ethos to meet people's needs.

Do your policies and procedures take account of this?
What would be needed for you to operate in this person-centred way?

- The provider completed detailed risk assessments which considered a person's background if there were any doubts about their suitability to work in care.

How safe are your recruitment practices?
Do you have increased monitoring in place to support any risk assessment reviews e.g. additional 1-1 meetings, service user/peer feedback, observations, etc?

- People using the service were empowered to understand the importance of receiving safe care, and were fully supported to recognise when this may fall below the required standards, and that they could feel safe to report this. Each person had an easy read guide to safeguarding, and what action they could take if they felt they had any concerns.

Are your Safeguarding & Complaints policies & procedures available in an easy read/other format which will meet individuals' needs?

- The registered manager emphasised regularly to people that they could talk openly and honestly, particularly if they ever had any worries or were unhappy about anything. Care staff attended training in safeguarding and were confident about their responsibilities to report any areas of concern. One member of staff told us, "We all have safeguarding training and we know if we have any concerns we must report them. The training was really good. It's not just the obvious stuff to think about like physical or financial abuse but subtle or institutional abuse that's harder to recognise.

Attending 'training' is all well and good – more importantly, how is the worker's practice – are they fit/safe to work?

Are you undertaking ongoing assessments to ensure the staff member is safe to practice? Do these involve feedback from their peers, visitors, relatives, other professionals etc?

The term 'Institutional' has now been replaced with 'Organisational'.

Do you and your staff know that there are 10 recognised forms of abuse? The following gives an outline of them along with possible indicators:

<http://www.scie.org.uk/publications/atag glance/69-adults-safeguarding-types-and-indicators-of-abuse.asp>

Here at The Grey Matter Group we're all about supporting you to achieve the best possible evidence. If you don't already use our services, why not have a look at our website <https://tgmgroup.net> or, give us a call on 0345 873 0373?

- The registered manager had a thorough understanding of their safeguarding responsibilities and made appropriate reports to the appropriate authorities when required. This ensured that any allegation was investigated thoroughly and lessons were learnt to ensure people were kept safe. For example, following one incident in which a communal door had been locked, the registered manager dealt with this incident efficiently and spent time with the team to consider their own practices to ensure there were no similar occurrences or unintentional errors.

Is a 'lessons learnt' exercise part of your working practices?

- The service had a dynamic approach to supporting people to take positive risks. One person explained the progress they had made towards gaining their own independence, and how this had been gradually improved. They had made immense progress to understanding how they could keep themselves safe whilst in the community. They explained that there were a number of considerations to ensure they were safe whilst maintaining their independence and said, "Now if I go out I always make sure I take my phone with me."

How dynamic are your risk assessments?

Are you tracking 'your' goals and ensuring that you can evidence progress?

- Risks to people had been fully considered and assessed. Staff were vigilant to provide care and support in a way that kept people safe but were mindful of the importance of developing people's independence.

Do your care/support plans clearly state what support is required in order to empower the individual and for them to retain their skills for as long as possible?

How often are your risk assessments and care/support plans reviewed to ensure that they are effective and up to date?

Are the people you support involved in reviewing these with you?

- Each person had individualised risk assessments which facilitated people to increase their independence and take appropriate risks in their day to day living, for example whilst using their kitchen and helping with their food and drink preparation.

Don't forget that we are all 'occupational beings' – we need to be busy doing something; so what are the people you support, doing?
Is it something meaningful?
What else from their history could you facilitate to a greater or lesser degree?

- People were supported in a person centred manner to have their medicines in a way that was appropriate for them. For example some people were supported to take significant control of their medication which included ordering, collecting, dispensing and storing their medicines with minimal intervention from staff.

If this is the case, is the risk assessment up to date; stating exactly what the person is capable of doing?
Don't forget that capacity is 'time & decision' specific, meaning that someone may have capacity to do something earlier/later in the day; meaning that they could be empowered to self-medicate at some point in the day and not at others [this could apply to other areas of their life too] – your risk assessment could identify where/when this may be possible.
Don't forget that a person could be incapacitated by their situation. 'Situational capacity' may arise through 'Constraint', 'Coercion or undue influence' or 'Other disabling circumstances'. Practitioners need to consider the full range of factors to help people make decisions.
<http://www.scie.org.uk/publications/guides/guide03/law/capacity.asp>
<http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/mental-capacity.aspx>

- One person said, "I always have my tablets and we fill in the MAR sheet (Medication Administration Record) together (with staff) so everyone can see I have taken them."

How are the people you support empowered to be involved in their own care & support?
How do you record this?
Could you do more to develop this?
What would hold you back from implementing this type of support framework?

- People were able to choose which pharmacy they preferred and were able to be involved in deciding when they wished to collect them. Staff supported people to understand their medicines and how to take them safely in order to grow their own independence and ability to manage this with minimal staff support.

It's always worth remembering that any arrangement will need regular reviewing!

Effective

- One relative told us, "[Nurse in charge of person's care] is so professional and clearly very knowledgeable, and yet is also approachable, supportive and caring." Another relative said, "I have trusted their [staff] judgement completely, they explained everything and they knew what they were doing."
- People were cared for by staff who were appropriately trained to meet their needs. Staff were trained in the areas relevant to their role and to the specific care needs of individuals. One staff member told us, "We do have a lot of training and study days which are more interactive and fun."

How are you evidencing that your staff are competent to carry out their role?
Are you carrying out ongoing holistic competency checks as outlined by Skills for Care?
<http://www.skillsforcare.org.uk/Learning-development/On-going-learning-and-development/On-going-learning-and-development-in-adult-social-care.aspx>

- Staff were offered opportunities to develop their career and achieve qualifications in their areas of interest.

Are you using this approach? If so, how is your service benefitting from it?
If you are not using this approach, what would stop you from doing it?

- "My manager is very good and supported me to get used to my role." Staff told us they felt the support they received from their managers was individually tailored to their needs and made them feel valued and appreciated.

Are you using a 'one size fits all' approach?
How is that working for you?
For more information on how you could tailor the support you give to your staff, why not give us a call here at The Grey Matter Group? 0345 873 0873

- "I have regular one to one meetings with my manager and I love having a personal communication book I use to ask questions and share my thoughts with my manager. I will always have an answer in my book and this makes me feel appreciated and well thought of."

In what ways are you showing your staff that they are valued?
How could you use The Grey Matter holistic portfolio of evidence to support your staff?

- Staff were encouraged and supported to share their knowledge with other staff from XXXX and with other organisations.

This approach builds organisational resilience – what do you have in place to support your own organisation's resilience?

- Staff attended conferences and organised training to spread awareness about palliative and end of life care. For example, the training department at XXXX regularly organised a three day and free of charge 'Palliative & End of Life Care' training for staff working in care homes. This was organised and delivered by staff from XXXX to increase awareness and improve the quality of end of life care people received in care homes and prevent unnecessary hospital admissions.

<https://pathways.nice.org.uk/pathways/end-of-life-care-for-people-with-life-limiting-conditions>

- Staff were developed and trained to take up leading roles in their areas of interest and help mentor and guide staff who worked for other providers. For example there were dementia, nutrition, infection control and tissue viability (skin and wound care) links amongst staff working at XXXX. Staff taking on these roles were offered more specialist training and they were able to support staff working at XXXX daily with their expertise. For example, the dementia champion worked closely with local hospital trusts and care homes to improve the quality of end of life care people living with dementia received.

<https://www.dementiafriends.org.uk/WEBArticle?page=what-is-a-champion#.WQnPa4jyvIU>

<http://www.volunteernow.co.uk/fs/doc/publications/adult-safeguarding-champion-handout-12may16.pdf>

- Staff from XXXX worked in partnership with other organisations to make sure they shared their knowledge and trained staff working in care homes and hospitals to follow best practice and they contributed to the development of best practice. The training provided to staff and other professionals working for different organisations had a significant impact on the candidates and improved the quality of the care people received in these services.

One of the main barriers to effective joint working is misunderstandings among professionals about what information can be shared.

Do you have any partnership agreements in place?

If so, when did you last review them – are they fit for purpose?

Could you consider any partnership working; pulling resources etc?

<http://www.sabberkshirewest.co.uk/media/1139/information-sharing-posters.pdf>

- New staff completed a comprehensive induction programme which included topics related to health and safety and infection control, incident reporting and communications skills and also training on how to sensitively handle subjects surrounding death. The same induction training was offered to volunteers who worked at XXXX.

Do you engage with Volunteers? If not, is this something to consider? Do you offer them a comprehensive induction? Do they attend your training/development events? How are they supported in an ongoing way?

- At the end of the induction process care staff achieved the 'Care Certificate' qualification. This practice helped to ensure that the care people received was consistent and staff were competent and skilled to meet people's needs effectively.

How is the Care Certificate working for you?

Have you managed to get your staff started yet?

If so, how are your completion rates?

What excuses are your staff coming up with in this context?

Maybe we can help you! Why not give us a call?

- People told us and we saw that they were asked for their consent to the care and the services they received from XXXX. One person told us, "I am always asked what I want and I can take decisions." Another person said, "I am involved in my care and they always ask if it is `okay` to do something." Relatives told us they and their family members were involved in taking decisions regarding the care and treatment people received.

Does your documentation reflect that consent was sought/recorded?
 Does it take account of 'fluctuating capacity'?
 If lack of capacity is an issue, is there a relevant LPA or IMCA involved in the person's care?
<http://www.scie.org.uk/mca/imca>
<https://www.gov.uk/government/publications/make-a-lasting-power-of-attorney>

- "We [family] and [person] were involved from day one. [Person] was talking and consenting to everything while they were able. When this was not possible anymore we [family] were consulted and decisions were taken together to make sure [person] received the best care." Another relative described how staff made sure they had information in a format they understood so they could make informed choices.

How would relatives you work with, rate their level of involvement in your organisation?
 Have you asked them about this recently? If not, why not?

- At the time of our inspection people using the service had capacity and did not require any DoLS authorisations. However, staff understood the role of the MCA and the need to act in a person's best interests if the person they cared for had difficulty making a decision, for example about their treatment or their wishes as they approached the end of life. Best interest decisions were taken following a process which involved a meeting with nursing staff, a consultant and the person was present or their rightful representative.

<http://www.scie.org.uk/publications/atagance/atagance43.asp>
 As of 3rd April 2017, coroners will no longer be required to hold an inquest for anyone who dies while subject to the Deprivation of Liberty...
<http://www.communitycare.co.uk/2016/11/17/government-scrap-deprivation-liberty-safeguards-inquests-duty/>

- People and relatives we spoke with were very complimentary about the choice and quality of food available and on the steps taken by staff to ensure that people had food they preferred to eat. One person told us, "The food is out of this world. I can't fault anything."

<https://www.food.gov.uk/>

- Nurses adapted a Malnutrition Universal Screening Tool (MUST) to a MINI-MUST so they were able to monitor people's nutritional needs weekly not monthly. This helped staff identify promptly when people showed signs of malnutrition and they needed dietary supplements.

Do you have a RAG rating system in your provision?
 Is it clear how and what steps to take if things need to be escalated/further advice sought?
 Have you already made good links with your local GP/Dietician?
<http://www.bapen.org.uk/>

Caring

- People, their relatives and the professionals involved in people's care consistently told us that the service was exceptionally caring. One person told us "The staff are amazing here; it's so homely. It's like they are your friends, they go above and beyond what we could hope for to help us." People's relative's told us "I can't recommend here highly enough, she is happy." and "The staff are brilliant; they always make us feel welcome."

I acknowledge how important it is for a worker to be friendly towards the people they support – not to be confused with them being 'friends' given that they have a 'duty of care' as paid professionals and must adhere to professional boundaries. Is it worth reviewing this aspect with your staff team?

When did you last update your staff handbook to reflect this?

- People told us that they felt valued by staff, that staff took a genuine interest in getting to know them as people and that they felt they mattered. One member of staff who was turning 21 had arranged for their birthday party to take place at a venue nearby to the home and for it to start early so that residents who wished to attend were able to.

This may be appropriate in some settings and not for others. Good to have it on your radar.

- Staff knew people well and used their knowledge of people's lives to tailor the care and support that they provided. For example one person living in the home had worked as a community matron providing care to people, often at night. Staff noted that this person regularly tried to access people's plans of care in the office and was often awake at night. One member of staff told us "[Person] was such an important person in the local community, they worked nights so their body clock meant they would go to bed at 3pm and get up at 8pm ready for work so we knew why they didn't want to sleep at night; it wasn't a problem. We gave them their own care plan to complete and they have completed all of this and their activities folder to tell us what care they would like.

What occupational activities can the people you support be involved with/lead on? Do you have an activities co-ordinator/other in place who has collated a matrix on previous occupations, hobbies & skills and developed an activity plan to accommodate these and include everyone as far as possible?

This could include relatives, volunteers, local schools & church groups.

E.g. I visited a home where one client who had been a painter, was supported to paint a set of drawers for the lounge. Another was 'responsible' for ensuring that the tables were laid; others were involved in making table decorations, others tidying the plates away after the meal.

In another service, a client was supported by the home's 'handyman' to carry out some jobs around the home; again, risk assessed etc.

All activities were meaningful and person centred, risk assessed, reviewed regularly and empowered people to maintain their skills & abilities; and provided a sense of purpose and self-esteem.

- Throughout the inspection we observed positive interaction between people and staff. It was evident that there was a positive culture whereby people were valued and that staff were encouraged to spend time interacting and engaging with people in the home. Staff greeted people cheerfully, took an interest in people's plans for the day and stopped in communal areas and corridors to have conversations with people in the home. Staff interacted with people throughout the day in a happy and cheerful manner, organised their day flexibly around people's needs and wishes and noticed what was happening for people.

Do your working practices incorporate these opportunities?
 Are your staff happy to be at their work? How do you know?
 If not, how could this be improved?

- Staff were alert to people who became anxious and successfully provided support to reassure people. For example we observed that one person living with dementia became upset and staff quickly provided reassurance and engaged this person successfully in an activity.

Is this recorded on your care & support plans?
 How effective are the techniques used?
 Are these shared in staff meetings? If one staff member is particularly good working with an individual, are they being shadowed/mentoring others?

- One relative told us "They treat her with respect, they dress her well. They are very patient; they do her hair and teeth even though Mum can lash out; they know when to leave her alone."

What does 'treating someone with respect' mean in your organisation?
 It's crucial that care & support plans reflect how to support someone and also highlight the triggers to ensure that any anxieties & resulting behaviours are kept to a minimum.
 Who is responsible for keeping this documentation up to date?
 How do they communicate any changes to others?

- The activities coordinator arranged celebratory days in the home a week before the actual day because people's relatives often had difficulty visiting the home on these days due to other commitments. The activities coordinator told us "People's relatives often felt so guilty that they couldn't make it on special days such as Mother's Day or Christmas Day so we thought why not have the day early so that they can still have a Christmas Day or Mother's Day with their relative in the home."

Is there someone in your service who co-ordinates events such as these?
 How easily could this be done in your organisation and what skills/hobbies do your staff have which could support them?

- Staff continually strived to enable people living in the home to remain as independent as possible. Staff involved people in tasks within the home such as the laying of tables for lunch or the folding of napkins. One person told us "I fold the napkins each day for lunch. I like doing it; it keeps me active, makes me feel useful and keeps my hands moving."

How is this working in your service?

- People were supported to follow their faith and to attend religious services when they wanted to. Weekly holy communion was facilitated within the home for people to join if they wished, along with monthly songs of praise sessions. Residents were supported to continue to attend religious services once they moved into the home. For example a number of residents attended an Afro-Caribbean group once a week before moving into the home; they were supported to continue to attend this group. A gospel choir also visited the home on a regular basis after a number of residents had requested this in their review meetings with staff.

Individuals' spiritual well-being is crucial to them as part of a holistic approach. What arrangements do you have in place to support anyone wishing for this?
Do you have contact with your local 'churches together or faith group' communities?
What other communities could you contact?
Have you been clear on what information you are able to share?

- The registered manager told us that they were committed to enabling people to continue attending religious services after they moved in to the home if this was their wish or they would arrange for culturally specific services to be facilitated within the home.

Do any of your care staff share the same faith? How could they support the individual?
How is this recorded on the individual's care/support plan? Who else has been engaged/consulted in this process?
What documentation do you have available to support people in your organisation?

- One person who did not speak English as a first language and stayed at XXXX for respite regularly throughout the year was supported to communicate with staff using flash cards showing familiar objects and locations within the home. This meant that this person was able to communicate effectively with care staff although they did not share a common language.

What communication needs do you have in your service?
What languages can your staff speak?
<http://www.communicationmatters.org.uk/page/pecs>
<https://www.british-sign.co.uk/>

- People were supported in the way that they wished to be cared for as they approached the end of their life. The home had adopted the Gold standards Framework for end of life care and all staff had received training in adopting this framework.

Have your staff, clients, families and other professionals been involved in those 'difficult conversations'?

How are you supporting them to do this?

<http://www.goldstandardsframework.org.uk/>
<http://www.fsacanada.org/wp-content/uploads/2013/12/Difficult-Conversations-Summary.pdf>
<http://www.sageandthymetraining.org.uk/sage-thyme-model-and-benefits-1>

- A memories book was also created by staff whilst people were living at XXXX that contained photos of them completing activities in the home and participating in events with their family. The registered manager told us that this record was valued by people's families and provided a record of positive memories for people's relatives. We saw feedback from one family that said "It was so lovely having [Name's] book at the funeral. We all loved seeing how happy they were in all of the photos at the last stage of their life; it provided such comfort."

Not only are these a worthwhile activity but also give the care staff a wonderful opportunity to discuss the contents and to affirm the individual themselves.
<http://www.alzheimers.net/2014-02-06/memory-boxes-for-patients/>

- The registered manager was committed to enabling people to remain living in the home at the end of their life if it was what they wanted. The registered manager and senior staff completed case studies as part of their reflective learning about the care that they had provided to an individual at the end of their life. These case studies were used as a way to identify what had gone well in relation to the care an individual had received at the end of their life so should be repeated and what aspects of their care could be improved.

Is this a learning outcomes framework which you could consider introducing in your organisation?
If you already carry this out, how and who are you sharing your good practice with?

- The registered manager told us that a key learning point had been ensuring that families felt involved and all communication was clear when their relative was approaching the end of their life; this had been embedded into practice and remained in the forefront of their mind.

How are you performing in this area? Could things be improved? What do you need to do to address it?

Responsive

- People felt able to express their wishes regarding their care, and felt that they would be listened to. Staff took people's individual preferences into account when supporting them or providing care. People told us they were able to discuss any concerns with their key workers or with the registered manager and that matters would be addressed, leading to a satisfactory outcome.

How are you recording individual's wishes in their care & support plans?
How are these communicated to your staff team, families & other professionals?

- Care plans were based on the preadmission assessment, were individualised and included detailed information required for staff to provide care and support according to people's needs and preferences. For example; one care plan stated what foods a person liked to eat and another reflected where a person liked to visit and eateries they preferred. Care plans contained in depth information about people's history and interests as well as photographs of people engaging in activities or events held at XXXX, or at home with their families. The care plans were continually reviewed and updated by keyworkers which was reflected in the documentation; which we observed to be current and well completed, reflecting people's changing needs and wishes.

When did you last review your pre-admission assessment?
Does it take account of any recent updates in legislation? Policies & procedures?
Does it need updating?

- One section of the care plan was to plan an 'Action for the month' which was individualised for each person and reached following discussion between the person and their keyworker. Some examples included buying gifts for relatives' birthdays, or going to college. This action of the month approach meant that people using the service always had aspirational goals agreed and documented, as well as keeping a close eye on changing needs.

Are these goals shared with the individual's care manager if appropriate?
Do they form the basis of any 'keyworker' reports?
How are these being recorded to evidence progress?

- People using the service benefited from an environment that was tailored to their communication preferences and needs, and that celebrated their successes as individuals. This strengthened the ethos of inclusion and participation. For example, in the communal living area there were signs on the wall with pictures of the staff who were on duty that day. There was information relating to the local elections in easy read format and the registered manager told us that he intended to purchase newspapers in easy read format for people to enjoy.

How would you rate your provision?
What have you put in place for the forthcoming General Election?

- There were numerous very creative and supportive approaches to enabling and empowering people to live valued lives of their choosing in the community. People living at the service engaged in a range of activities to suit their preferences, as well as being supported to undertake educational and employment opportunities. One person had been offered paid employment within the service itself, as a garden operative with a job description and pay slip. Another person had been supported to seek a voluntary role within a local library.

Make sure that any appropriate risk assessments are undertaken to ensure the safety and effectiveness of any placements as well as any required information sharing protocols.

<https://www.mencap.org.uk/get-involved/learning-disability-work-experience-week>

- One person within the service was keen to learn to drive. Staff supported the person to arrange and participate in driving lessons to achieve this goal. Another person, who had expressed an interest in bowling, had been supported to successfully participate in a mainstream bowling league and they were awarded an internal accolade of the person with 'the best achievement in sports and leisure'.

How well are you monitoring any goals for the individuals you support?

What forms of recognition do you have in place?

- One person's visual account of their activity said "I decided to bake an apple pie with staff. I cut up the apples, rolled out the pastry, made a sauce, put it all in together in the tin then baked it in the oven. The pie was delicious and I shared it with the other tenants". This meant people led busy, productive lives where their disability was not a barrier to fully enjoying opportunities available to them and it was clear that staff worked exceptionally well to pick up on people's interest and maximise the benefit to the person from following these interests.

How else can you evidence the dynamic and innovative things you're doing with the people you support?

- People were encouraged to personalise their own flats. One person was supported to go to a local DIY store to choose paint colours they preferred for which to decorate their flat.

How do you evidence activities/involvement like this?

- Group days out had been organised following discussions with people regarding their preferences. People had chosen to visit local areas of interest and were supported to achieve this, pictures of these trips were observed during inspection.

Make sure that whatever evidence you collate is easily to hand – inspectors may not ask to see anything specific – so you need to be able to facilitate this.

- The service used opportunities to build outside links with the community which benefited people using the service and the wider community. For example, people were supported to collect food for a local food bank at Christmas as they had wanted to respond to local need. There had been a number of charity local coffee mornings, where neighbours were invited into XXXX.

How are you involving your local community?

Do you have 'open days'? www.carehomeopenday.org.uk

Ensure that all relevant risk assessments in place!

- Very good use had been made of opportunities available from maintaining the home's garden for people to get involved alongside their loved ones and staff. There had been a joint project completed the previous year, in which people, their relatives and staff cleared and tidied the rear garden and as a result of feedback from a meeting people supported at XXXX had attended earlier in the year, there were plans in place to develop the garden area further to start to grow fruits and vegetables.

Do you hold 'relatives' meetings?
 How else are they involved?
 They can be instrumental in raising funds for specific projects.

- Relatives told us that if they raised concerns, the registered manager would discuss the issue and resolve matters to their satisfaction. One relative said, "I've raised concerns in the past and they've been immediate at responding.

How effective is your complaints management policy/procedure?
 Do you share these with your care staff?
 How are your policies & procedures addressed as a result?
 Are your staff involved in influencing the response/change of procedures or working practices?

- Concerns had been raised by one person regarding their personal care provision at night. This was investigated by the registered manager and as a result the deputy manager and lead support worker provided some bespoke face to face training for staff regarding how the person preferred to be cared for. The training was converted into guidelines and was incorporated into the person's care plan. This person benefitted from a more flexible, personalised and responsive service because they had been listened to, and their concerns acted upon promptly. This had also meant the lead support worker had been upskilled and had the opportunity to pass on their learning to staff, who had in turn benefitted from it.

Are complaints/concerns received positively in your service? If not, why is this the case?
 Do you use them to inform any changes which may be needed?
 What forms of mentoring do you have in your service?

Well Led

- People, their relatives and staff gave very positive feedback about the leadership of the service. One person said, "[registered manager] is great, he looks after us all". A relative said, "I was close to moving [relative] before [registered manager] took over. So now, as long as [name] stays here I'll keep [relative] here". Another relative said, "I go to [registered manager] with any worries, as he sorts any worries or concerns out. He's brilliant".

How strong are your leadership skills/ Do you need any support?

Are you accessing support which is effective?

<http://www.skillsforcare.org.uk/Leadership-management/Leadership-Qualities-Framework/Leadership-Qualities-Framework.aspx>

- The service had been able to develop a warm, positive culture which was person centred and empowering for both people and staff. It felt very homely and welcoming. This was largely due to the leadership of the registered manager and deputy manager who received excellent feedback from people and their relatives, as well as from staff members.

When did you last undertake a staff survey?

Some organisations publish theirs, would you be prepared to share/publish yours?

How supported do your staff team feel?

Why not consider carrying out a survey now?

<https://www.surveymonkey.co.uk/mp/employee-surveys/>

- Staff told us that they felt well supported by the registered manager who operated an open door policy and made time for anyone who needed to discuss any issues. Staff felt confident that if any issues were raised the management team would address these satisfactorily and within a timely manner.

How approachable would your staff say you are?

- The registered manager made time for people using the service, and for staff. This helped to foster a culture of positive leadership, transparency and continuous improvement that benefitted staff and people using the service.

How well do you know the people your service supports?

Do you take time to see clients during your time at work?

Are you well known around the service?

- The registered manager told us that when he joined the service in May 2015 morale amongst staff was very low. This was confirmed by staff. As a result of this, the registered manager had created a 'positivity wall' in the communal corridor of the building. People, staff and relatives were encouraged to use post it notes to stick positive comments about each other and the service on the wall for all to see. The wall was covered with comments. For example; one stated "I like [name] because he makes me happy when we go to [eatery]."

Is this something worth considering?

- Staff and people had clearly contributed a great deal to the positivity wall and the atmosphere within the home reflected this positive culture. This was an example of a creative approach that further empowered people using the service to have their views sought and valued their feedback.
- There was a provider wide employee of the month scheme in operation, those who won were given a voucher to thank them for their contribution to the service where they were employed.

Is this something that would work for you?
How fair is the criteria? Who is eligible to vote?

- Staff were provided with and encouraged to undertake further training. This included a bespoke support worker development programme which two staff had undertaken and a manager development programme that the manager had benefited from. This demonstrated that the provider invested in staff development that helped to reach and sustain excellent standards of care within the service.

<http://www.nottinghamshire.gov.uk/media/1440/cpd-employers-guide.pdf>
<http://www.skillsforcare.org.uk/Documents/Learning-and-development/Ongoing-learning-and-development-guide.pdf>

- The provider held several annual events that included a service user conference, during which people from all the provider schemes attended for a day of activities and were able to offer feedback about their support and care and update themselves with any relevant issues affecting the schemes. There was also an athletics day, where people could participate in sporting activities and a service user awards ceremony during which people were commended for their individual achievements.
- There were robust quality auditing systems and management processes in place to assess, monitor and improve the quality and safety of the service provided. For example, actions had been taken to install a specific ramp for a person to support their access to the garden. Other examples included information and guidance being issued to staff about the use of social media, and ensuring visitor guidelines around safety were implemented.

How effective are your systems & procedures?
Can you clearly map any actions to completion, e.g. via meeting minutes, 1-1 notes etc?

- A monthly auditing report was produced by the provider and each registered manager fed data into that report. Care plan and risk assessment audits for each person formed part of this reporting process. There was a quarterly provider audit which was mapped in line with our five domains and as a result of these audits, an action plan for each service was created and shared with the team at meetings.

Could this be worth incorporating into your ways of working?

- The provider also maintained spreadsheets for planned maintenance and a human resource governance system was in operation, from which recruitment, supervision and other HR issues were recorded.

How would this work for you?
Who would oversee it and monitor its effectiveness?
How would they feedback to the management?

- The provider's senior management conducted regular announced and unannounced visits to the service. This helped to connect senior leadership with local leadership and provide opportunities for people using the service to directly meet senior leaders of the provider, whilst also providing another layer of quality assurance.

Do your staff team know who all supports them in terms of leadership & monitoring functions?

- The service held meetings for people every six weeks and also held meetings for staff and relatives. Minutes of these meetings were seen during inspection. One staff member said, "[registered manager] has brought everyone together. Nobody used to turn up for team meetings, but now everyone does." The registered manager had sent questionnaires to people and staff to obtain their views of the service and to make changes in service provision where necessary.

How effective are your staff meetings?
 How good is your attendance rate?
 Do these form part of your staff KPI's in terms of attendance at a particular percentage of meetings held?
 Do you ensure that anyone who did not attend is brought up to date?
 How are the minutes shared?
 Do staff sign to say that they have read & understood the minutes?
 Are topics raised reflected in 1-1 meetings?

- A representative from the service participated in the provider 'Service User Parliament'. The purpose of this team was to provide quality monitoring on behalf of people using the service and to discuss any issues or feedback relating to service provision and how people would like it to be managed. Minutes of these meetings were observed. The meetings were well supported by all the representatives participating.

Does your service do anything like this?
 If not, would it be worth considering?

- The service had started to develop links with the local university and a student Social Worker had recently completed a placement within the scheme. They felt they had been given a great deal of support in achieving the goals of their placement and meeting the criteria of their course. Due to the success of this placement, the service was working with the provider and alongside the university to look at accommodating further student placements in the future which were of benefit to students and to people living at XXXX.

Have you made links with your local university/other institution?
 Are you equipped to facilitate a placement?
 How could you work towards this, if appropriate?

- External health and social care professionals had attended a number of staff team meetings to benefit people using the service. There were examples of such professionals sharing expertise to help with transition for a person newly using the service, and to help develop and deliver an improved service for a person needing support with their behaviour. This partnership working ensured the service being provided was of a high quality, and reflected current best practice in working with people's specialist needs.

What partnership working protocols do you have in place?

How effective are they?

How do you prioritise who to invite to meetings? Do you invite staff to suggest who might be involved?

How are these outcomes recorded/monitored?

<http://www.scie.org.uk/search?sq=partnership+protocols>

Useful new publications

Links to useful publications that have been released into the public domain since we published the previous summary document.

The Grey Matter Group:

<https://carecertificate.co.uk/service-improvement-quality-assurance/>

CQC:

<http://www.cqc.org.uk/content/celebrating-good-care-championing-outstanding-care>

Skills for Care:

<http://www.skillsforcare.org.uk/Standards-legislation/Care-Quality-Commission-regulations/Helping-you-deliver-good-and-outstanding-care.aspx>

SCIE:

<http://www.scie.org.uk/person-centred-care/older-people-care-homes>

<https://www.nice.org.uk/guidance/ng53/resources/tailored-resources-4429245856/chapter/1-Participation-and-engagement-with-young-people-and-families-using-person-centred-support>

NICE:

<https://www.nice.org.uk/guidance/ng53/resources/tailored-resources-4429245855/chapter/Introduction>

The Grey Matter Group provide a trusted, innovative solution to support the learning and development of your staff from the Care Certificate to beyond. We do this in an easy and meaningful way which allows a continued and holistic record of competence. As you'll undoubtedly know, this holistic record of competence is what CQC are looking for and is in line with the guidance from both Skills for Care and NICE.

Additionally, we provide a service that supports providers with assessing the requirements for, and implementing change within their provision.

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