

A black and white photograph showing an elderly man with a mustache, wearing a patterned vest and a tie, looking towards a young woman. The woman is smiling and has her hand on the man's shoulder. They are in a room with a bulletin board in the background.

# Guide to improvement

How to improve your service to meet,  
maintain and exceed CQC standards

Part of our  
**'Good and outstanding care' range**

## **The CQC's fundamental standards ensure that adult social care services provide the high quality, person-centred care and support that people expect and deserve. This should be the key driver for any service.**

As of summer 2023, 17% of regulated adult social care services in England were delivering care that didn't meet these standards - this puts the people you support, your staff and your organisation at risk.

It's vital that you address any areas for improvement immediately. If you fail to act when quality begins to drop, you're more likely to need costly interventions to turn your service around. If areas for improvement are continually ignored, these failures are likely to impact on the quality, reputation and sustainability of your service.

If your service is already achieving the CQC's fundamental standards, making continuous improvements is a key part of achieving a 'good' or 'outstanding' rating and will ensure that your service continues to meet the changing needs and expectations of the adult social care sector.

### **How can this guide help?**

This guide explains how to identify, plan and implement improvements across your service to ensure that it delivers high quality care and support and meets the CQC's fundamental standards.

The guide is targeted at those services that are falling below the regulatory standards to help you to improve them. It draws on 'good' and 'outstanding' practice to help your service to, not only meet CQC expectations, but exceed them.

It draws on learning experiences from other adult social care employers and sector specialists who have led their services to success.

It includes checklists and examples to help you to identify what your service needs to improve, and to develop an action plan to implement the required changes.

### **Who's this guide for?**

This guide is for anyone involved in driving improvement in CQC regulated adult social care services including directors, board members, registered managers, nominated individuals, quality assurance leads, champions and learning and development leads.

If you want to improve your service, we recommend that you read the full guide. If you want to strengthen a particular part of your service, look at the Contents page to find the relevant section.

The guide might also be useful for non-regulated services that want to improve.

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**Stow Healthcare buys failing care homes and turns them into ‘good’ and ‘outstanding’ rated services. The organisation has learned effective approaches to improving their care and support, and share this learning throughout the guide. Their operations director, Ruth French, says:**

“When we first started, we had no background in care, but we feel this was to our advantage. We had no preconceptions about what care should be like - we just knew what we wanted it to be like.

“My first inspection was a pivotal moment for our organisation and I learnt so much from it. Although we were committed to improving services, the inspection report highlighted how underprepared we were to demonstrate what we were achieving.

“Since then, I’ve really got to grips with understanding the regulations and view the CQC as a partner in this process. It’s very important to have this positive relationship with them because they can help you to improve your service and the standard of care and support you provide.

“A poor inspection will be a blow to any care provider, but it’s a great opportunity to learn and improve. Every time one of our services has had a CQC inspection, we’ve learnt from it and been able to improve what we do as a result.

“We’ve found one of the common mistakes of failing services is that managers and staff spend a lot of time fighting and denying what the inspectors say, rather than accepting their feedback and focusing on making the improvements that are needed.

“It’s far more productive to take an honest look at what’s gone wrong, understand why it’s not working, and to look at how your management process has enabled the current situation to happen.

“We’re very hands-on owners. I visit all of my homes at least once a week to see for myself the standard of care we’re providing, and to get feedback from staff and the people we support.

“We’re an ambitious organisation that continues to grow. But we know that, as you grow, you need to change the way you operate, and we ensure that we have enough staff and resources to do, this whilst continuing to deliver high quality care and support.

“We look at the longer-term picture, not the short-term gain. Turning around a failing care provider takes time, skill and effort. But we hope to inspire other providers who want to make similar improvements.”

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**Ruth French, Operations Director, Stow Healthcare and member of the Outstanding Society\***

\*The Outstanding Society is a group of adult social care services, rated ‘outstanding’ by the CQC. It aims to share best practice across the sector.



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# Introduction

Your CQC inspection provides an independent assessment of your service and gives you essential, and/or potential, areas for improvement to ensure that it meets their fundamental standards.

If the standard of care has fallen below acceptable levels, it's vital that you take action to improve your service. The CQC won't tell you what to do – it's up to you to review what your service does and decide the best course of action - this guide can help you.

If you don't make required improvements to your service, the CQC can take action, in ways which include:

- issuing requirement or warning notices, and/or telling you what improvements your service needs to make, and by when
- changing your registration to limit what your service can offer
- putting your service into special measures
- issuing a caution
- issuing a fine
- prosecuting cases where people are harmed, or placed in danger of harm.

If your service already meets the CQC's fundamental standards, continuous improvements can help you to improve the care and support that your service provides and maintain your rating.

# The benefits of making improvements

There are lots of reasons why your service should be committed to making improvements, no matter what your CQC rating.

If your service is rated 'inadequate' or 'requires improvement', making improvements can help you to:

- ensure that the people you support receive the quality of care that they need and deserve
- address areas of concern in your service
- meet the CQC's fundamental standards and improve your rating
- respond to the demands of commissioners and/or retain existing contracts and commissions
- win back the trust of the people you support, your staff and community
- remain in business.

If your service is rated 'good', making improvements can help you to:

- improve the quality of care and support that you deliver
- maintain or improve your CQC rating
- achieve your organisation's vision
- win new contracts and grow your business
- improve your reputation in the local community to help you to attract a higher calibre of applicants and/or new customers.

If your service is rated 'outstanding', making improvements can help you to:

- continue to deliver high quality care and support
- maintain your CQC rating
- be recognised as the best and set yourself apart from local competition
- achieve external recognition, and/or awards, such as Investors in People and Accolades awards
- achieve positive media exposure to help you to attract new commissions, customers and staff
- become more efficient.

# 1. Get ready to improve

## Introduction and section contents

Lots of providers face barriers to making improvements and these can be internal and/or external to your service. Before you plan improvements, you need to remove these barriers.

This section outlines the biggest barriers to improvement and explains how you can remove them, to ensure that you have the underlying structures in place to drive the changes that you need to make.

Click on the headings below to get started.

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## Managers told us the **biggest barriers** to improvement were:

- ✘ poor leadership and management at all levels, including owners, directors and registered managers
- ✘ a culture that's resistant to change
- ✘ staff who don't have the right values to support improvement, staff leaving and issues with turnover
- ✘ a lack of and/or poor quality learning and development
- ✘ no funding, time and/or resources to support improvement
- ✘ no clear guidance about what the CQC expects and how to achieve this.

## To **drive improvement**, this is what your service will need:

- ✔ strong leadership and management at all levels
- ✔ a positive workplace culture
- ✔ the right staff, with the right values
- ✔ good learning and development opportunities, delivered by experts
- ✔ the right structures, processes, policies and investment
- ✔ good networks and links with other organisations, including the CQC.

## The 'Are you ready?' checklist

Read this checklist and tick whether you have the following features of successful services in place already.



If you do, that's great. Go to Section 2 to start making your improvements.



If you don't, read the rest of this section which explains how you can put these features in place.

We have leaders and managers who are committed to improving our service and have the right skills, knowledge and experience to do this. They aren't afraid to ask for help.	✓
We have a culture that enables and supports us to improve, where people feel comfortable telling us what and how we can improve.	✓
We have the right staff, with the right values and skills, who are committed to improving. They're willing to learn new things and embrace new ways of working to support this.	✓
Staff, at all levels, can access high quality learning and development, and this helps us to improve our service.	✓
We have the right structure, processes and policies in place to enable us to improve.	✓
We have good networks and links with other organisations who can help us to improve.	✓



# 1.1 Develop leaders and managers to support and implement improvements

**The quality of management, at all levels, is a key factor in whether the service performs well or poorly and whether it can improve from a less than good rating.**

CQC (2018), *The state of health care and adult social care in England (2017-18)*

Services need strong leaders and managers to support and implement improvement. They're responsible for creating the culture and setting the standards of care in your service and inspiring others to do a good job. This is crucial to driving forward change and improving performance.

Leaders and managers who are dismissive of CQC report findings, resistant to change and don't have the right skills and knowledge to act promptly, put your service at risk of continuing to fall below the expected minimum standards.










There are many reasons why they might be like this. Some of these reasons can be addressed through learning and development and ongoing support. Where this is unlikely to make a difference, you may need to change or recruit new leaders and managers.

Whatever you do, the people who govern, lead and manage your organisation need to be committed to making improvements whenever they're needed.

## Top tips: things to consider

These are some of the characteristics that leaders and managers need to support and implement improvements in your service.

You can use this list to assess their performance and to recruit new leaders and managers.

	They are accountable and responsible for their role in implementing improvements.
	They encourage creativity and are open to change/new ways of working to deal with and solve problems.
	They are willing to listen to others and take on board feedback.
	They get involved in all aspects of your service.
	They are willing to challenge poor performance and take action to resolve this.
	They know what good and best practice looks like.
	They reflect on and learn from past mistakes.
	They are good at working with other people to drive improvement and have the confidence to ask for help in doing so.
	They are committed to continuing improvement.
	They lead by example, motivate others and set the standards for their team to follow.
	They are committed to their own development and take feedback about their own performance.

## What other providers do



**“If your manager just sits at a desk and doesn’t engage with staff or residents, they’re not going to know what’s going on and what improvements need to be made.**

**“The things that we do extremely well happen because our leaders and managers have a real passion for getting personally involved in the business.**

**“Most of our new managers come from personal referrals, which is a great way to find good managers. When we’re looking for new managers, we look at their organisation’s previous CQC ratings and consider what type of manager we need for our service. For example, one of our services is in an isolated location which is an hour from our head office. We decided we needed a resilient and experienced manager to lead it and recruited someone based on this characteristic.”**

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**Ruth French, Operations Director, Stow Healthcare**

**“Effective leadership is key to ensuring that teams perform well. It’s about bringing individuals together into an effective team and maintaining this. I’ve observed good teams perform poorly if the manager isn’t an effective leader. And I’ve seen poor teams develop into effective teams with a skilled and effective manager.**

**“A good manager listens and responds to, takes action to support, mentor and fully understands the individuals in their team, and applies their skills consistently to bring about harmony and effectiveness.**

**“A good leader has a clear vision, understands their client group and knows how to support them. The key then, is for them to support all of the individuals within their team to share the same vision and to strive, collectively, to achieve the same outcomes.”**

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**Russell Leese, Director, Horizon Healthcare Homes Ltd.**



## Resources to help

### Manager Induction Standards

These standards set out what a manager needs to know and understand to perform well in their role.

Visit [www.skillsforcare.org.uk/MIS](http://www.skillsforcare.org.uk/MIS)



### Developing new managers and deputies

This online guide will support you with succession planning through the development of new managers and deputies. It can help you to identify talent and understand what learning opportunities are available to prepare aspiring managers for the registered manager role.

Visit [www.skillsforcare.org.uk/succession](http://www.skillsforcare.org.uk/succession)



### Registered Managers Membership

When registered managers become a member, they'll get exclusive access to our 'Social care manager's handbook' as well as practical resources, a monthly newsletter and discounted rates on our resources and seminars.

Visit [www.skillsforcare.org.uk/membership](http://www.skillsforcare.org.uk/membership)



## Case study:

### Care Concern (Homecare) Ltd.



**Clare Drewell is the founder and director of Care Concern (Homecare) Ltd., which is rated 'outstanding' by the CQC. She shares her advice to help other leaders and managers drive improvements in their service.**

#### Say thank you

“It’s easy to tell someone when they’re doing something wrong, but often we forget to tell them when they’re doing things right. I send personal thank you cards, with a gift card or flowers, to care workers who go the extra mile, pass on feedback from our clients and we have a Christmas party every year. Saying thank you goes a long way in making people feel valued and acknowledging their hard work - this can really motivate staff to want to continually improve.

#### Don't take short cuts

“Have the confidence to say ‘no’. I have, and do, turn down care packages because we won’t lower our standards just to have more business. We’ll only take on a care package if we’ve planned ahead, have suitable and available staff to cover the requirements and know that we can provide a safe service. Don’t short-change clients or cut corners - it never works and it doesn’t help you to improve!

#### Accurate recording system

“We’re all familiar with the social care mantra, ‘if it isn’t recorded, then it didn’t happen’. Our recording systems started off quite basic, but once you’ve got something in place, you can evolve them and make them better. Over time, our systems have become more streamlined and effective and every change has an audit trail. Having this in place helps to evidence the improvements you make for your next CQC inspection.

#### Reflective practice

“When something goes wrong, you mustn’t be scared to look at what happened. A lot of time can be wasted trying to point the finger at someone. It’s much more beneficial to use that time and energy to reflect on what went wrong, how it went wrong and how you can change things, so that nobody makes the same mistake in the future. Also, reflective practice isn’t only for negative events. It’s just as useful to reflect on something that has gone fantastically well so it can be shared with our staff and work in the same way in the future.”



## 1.2 Develop a positive workplace culture that supports improvement



To help our service to improve, it's important that we avoid having a blame culture and that we focus positively on what we can improve, even when things go wrong. That's how you fix things.

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Sarah Kingsley, Registered Manager, Home Support Services

Workplace culture is the **character** and **personality** of your organisation – it's what makes your organisation unique and is made up of the values, traditions, beliefs, interactions, behaviours and attitudes of the people within it.

Having a positive culture, that's built on the right values, ensures that the people within it are committed to achieving your organisation's goals. This is particularly important for driving improvement.









Services rated 'good' and 'outstanding' by the CQC are committed to making improvements and have a culture that supports this. Services with an 'inadequate' or 'requires improvement' rating often tend to have blame cultures and managers who refuse to accept a negative rating.





## Top tips: things to consider

Here are some of the characteristics of services with a positive workplace culture that supports improvement.

	They listen to everyone involved in the service and have an open process for feedback, for example, through staff forums, surveys, one-to-one discussions and team meetings. This feedback can help you to identify areas for improvement and find the best way forward.
	They have a strong sense of identity which embodies the strategy, mission, vision and values of the organisation. This gives everyone a shared goal, makes them feel part of the team and motivates them to support the improvements you want to make.
	They're inclusive and value everyone's voice and opinion. Having a team from a variety of backgrounds can directly impact your organisation's ability to innovate and solve problems.
	They have leaders and managers who embody the culture and lead by example. This inspires and motivate staff to do the same.
	They're transparent and open with everyone in the service, particularly when it comes to areas for improvement. Whilst a poor inspection rating can be difficult to hear, your culture needs to encourage everyone involved to recognise and accept the issues that it highlights. Keeping quiet about a poor inspection result won't help you to engage your staff.
	They involve and consult their staff and the people they support when making changes. This helps everyone to understand why the change is happening and can also help you gain support for improvements.
	They review the culture of their organisation regularly. This ensures that it continues to meet the needs of the service and is facilitating improvement effectively.
	They ask staff to reflect on their individual practice and share this with the wider team. This helps staff to identify where they can improve their own practice, to support wider improvement.

## What other providers do



**“To make a home look better you can get a painter and decorator in, but to change a culture, there’s nothing you can buy that does that.**

**“Changing a culture takes time and effort and the rebuilding of trust. Give staff the tools to empower them to be good at what they do and to make it the best it can be for everyone, not just to please the CQC.”**

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Jennifer Daly, Registered Manager, Hartwell Lodge (Bucklands Care)

**“We approach continuous improvement by having an open and transparent culture. We use feedback from our staff and the people we support to identify the areas that we need to improve in. Unless you have that transparent approach, you’re not able to identify the key areas for improvement.”**



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Gail Godson, Director of Community Care and Service Delivery,  
Home Instead Senior Care (West Lancashire and Chorley)



## 1.3 Ensure your systems, processes and policies enable improvement



When we think about improving the delivery of services, our instinctive response is to check whether the structure is right, and whether the hierarchy ensures the correct lines of responsibility and accountability.

This will always be important in ensuring that everyone understands their role in relation to their colleagues, managers and all of our stakeholders. It also acts as a reminder of the boundaries and parameters within which we operate, enabling effectiveness, communication and planning.

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Neil Taylor, Jewish Care

Good systems and processes, backed up by effective policies, enable your service to make improvements. They should be informed by evidence from your practice, and reflect contractual and regulatory guidelines, as well as examples of best practice.

Broken systems and processes can lead to dysfunctional working practices and poor inspection ratings.

Making any improvement is a process in itself, which we cover in Section 2 of this guide. However, systems and processes often interlink and are dependent on each other, so it's important that all of yours support the improvement process to ensure your success.



## Top tips: things to consider

Here are some of the systems and processes that will support improvement in your service.

Organisational systems	Example processes
Operations	<ul style="list-style-type: none"><li>▪ Workforce planning</li><li>▪ Managing and supporting staff</li><li>▪ Budgeting</li><li>▪ Allocating resources</li><li>▪ Decision making</li></ul>
Human resources (HR)	<ul style="list-style-type: none"><li>▪ Recruitment</li><li>▪ Learning and development</li><li>▪ Reward and recognition</li><li>▪ Supervision</li><li>▪ Internal communications</li><li>▪ Performance management</li></ul>
Information analysis	<ul style="list-style-type: none"><li>▪ Quality assurance</li><li>▪ Collecting workforce data</li><li>▪ Performance data</li></ul>
Sales and marketing	<ul style="list-style-type: none"><li>▪ Assessing care needs</li><li>▪ Pricing</li><li>▪ Promoting your service</li></ul>
IT	<ul style="list-style-type: none"><li>▪ Online care planning</li><li>▪ Updating the intranet</li></ul>
Finance	<ul style="list-style-type: none"><li>▪ Procurement</li><li>▪ Budgeting</li><li>▪ Forecasting</li></ul>

All of these processes need the right input from the following resources to generate the outcome(s) you want to achieve:

- time
- people
- finance
- information
- equipment.

### **Example of effective systems, processes and policies that support improvement**










An important input to the improvement process is the right staff, who have the right values and skills to support and drive improvement.

To achieve this, you need the right recruitment, learning and development, supervision and performance management processes in place.

For example, a good performance management process will ensure that staff perform in line with the aim and/or objectives of the improvement you want to make. It'll also explain how to manage staff who underperform as this can undermine the success of your improvement.

This process should be backed up by effective policies, such as a disciplinary and grievance policy.

Think about whether your systems and processes support your improvement process. If you need to review and revise them, these are the steps to follow.

	Review what isn't working with your systems and/or processes. Identify which aspects aren't working, learn from what works well and consider how you can replicate or adapt these into your new solution.
	Consider who'll be impacted by the changes to existing systems and/or processes and involve them in shaping your new solutions.
	Redesign the system and/or process.
	Develop new or updated process flow charts.
	Look at how technology can help you to streamline the system and/or process - automating monotonous tasks can give staff more time to spend with people who need care and support.
	Pilot and test new systems and/or processes before they launch. Ask for feedback and make additional changes where they're needed.
	Communicate the changes with everyone involved. Give them advance notice and, if needed, training and assessment.
	Monitor the impact of the changes on systems and/or processes regularly.
	Ensure someone in a governance role has regular and consistent oversight of the system and/or process.

## What other providers do



**“Using Skills for Care’s Adult Social Care Workforce Data Set has helped us to bring about uniform improvements across the organisation. The system gives you an organisational training view and helps you to know where you are in terms of staff learning and development.”**

Sarah Kingsley, Registered Manager, Home Support Services

**“Policies are really important in helping us to manage our service effectively so it’s crucial that they’re fit for purpose and that all staff understand them. This requires you to be proactive.**

**“For example, when we introduced a new GDPR policy, we delivered an interactive training session for staff which was relevant to them in their roles. We used short film clips to show examples of breaches of privacy relating to social media, which got them thinking about their own privacy, and helped them to get their heads around the topic before applying it to a work situation.**

**“As part of the workshop, we asked staff to walk around the home to look for personal information about our residents on display. This helped them to understand the importance of protecting our residents, protecting the service from data breaches and complying with our policy. Without the associated training, we don’t think the release of a new policy would have been as effective.”**

Alex Ball, Group Operations Coordinator, Stow Healthcare



## 1.4 Engage staff to support improvement



The key to providing outstanding care is having leadership behaviour at all levels, that ensures everyone in your team feels equally important and has regular opportunities to learn new skills. The success of Old Hastings House is based on the whole team working together. We'll never stop learning or challenging each other to improve.

Jason Denny, Registered Manager, Old Hastings House

To make improvements happen, you need the right staff. Their enthusiasm, loyalty and insights are some of the best assets to help you in identifying improvements, informing practical solutions and getting behind the changes that you want to make.

Here are some of the characteristics of a team that supports improvement. Use this checklist to understand the strengths and weaknesses of your team and to make an action plan to improve it.

	Yes	No
Does your team have a common purpose that everyone understands?	<input type="checkbox"/>	<input type="checkbox"/>
Do all of your staff understand your organisation's vision, values and objectives?	<input type="checkbox"/>	<input type="checkbox"/>
Is everybody in the team working towards the same goal?	<input type="checkbox"/>	<input type="checkbox"/>
Is your team innovative and creative?	<input type="checkbox"/>	<input type="checkbox"/>
Do you empower staff to make decisions, within the boundaries of their role?	<input type="checkbox"/>	<input type="checkbox"/>



















	Yes	No
Do your staff have regular learning and development opportunities?		
Do you ask your staff for their opinions and ideas?		
Are disagreements between your team members viewed positively and conflicts effectively managed?		
Do your staff trust each other?		
Do you provide honest feedback to your staff?		
Does your team share responsibility and accountability?		
Do your staff take responsibility for their own behaviour and learn from their mistakes?		
Do you utilise the individual skills and knowledge of your staff?		
Are your staff receptive to different ideas and change?		
Do you work with your staff to solve problems?		
Do you acknowledge individual and team achievements?		
Does your team respect and value each other?		
Do your staff celebrate their successes?		

## Top tips: things to consider

Here are some of the ways you can develop your team to support improvements.

	Recruit staff with the right values. If your team members' values align with your organisational values, they're more likely to deliver high quality care and support and to want to make changes to improve this. You can use the list of questions on page 35 in recruitment, induction and ongoing support of your staff.
	Provide a thorough induction that explains the values and aims of your organisation and what you expect from your staff.
	Provide training to develop the skills of your staff. If they feel that you're investing in them, they're more likely to be invested in their work.
	Make sure that your staff have the right 'tools' and time to do their jobs effectively as this will reduce frustration and disengagement.
	Communicate with your staff regularly and in a transparent way. This will make them feel involved and respected.
	Give your staff opportunities to give feedback and listen to what they have to say. This will show them that you value them. It can also help you to identify areas for improvement as well as potential solutions.
	Ensure that your staff have good work-life balance, for example, by offering flexible working hours and not pressuring them to work overtime. This will make them feel respected and decrease the risk of mental ill-health that can reduce productivity.
	Recognise individual and team achievements and celebrate them in your service.
	Give appropriate staff ownership of projects. This can motivate them and give them opportunities to both excel and develop.

Here are some of the ways you can engage staff in improvements.

	Tell staff the outcomes of your CQC inspection and ask them for their practical solutions to help you to improve. They may come up with simple ideas that you haven't thought about.
	When you want to make improvements, engage staff from the beginning of the process. This will ensure that they feel involved and avoids a perception that 'managers know best'. It also makes them feel part of a wider team and more likely to be engaged in the changes you're making.
	Discuss any improvements in team meetings and supervisions to keep staff up to date with progress.
	Put performance management measures in place for staff who aren't willing to support your improvements. Don't be afraid to dismiss staff who aren't willing to change to help you achieve your goals.
	Use the skills and knowledge of your staff to help you implement improvements. This will help their development, increase their motivation and reduce the pressure on your managers.

## What other providers do



**“In failing services, you sometimes find that not everybody wants to work to the standards that are needed. You can’t be afraid to take action when you have staff who could block the progress that needs to be made. When we come across staff members like this, we put them on a performance management programme and take the appropriate action.**

**“For example, we carried out an unannounced night audit which revealed poor care practice and this led to three staff being dismissed. It would have been all too easy to look the other way, but we knew that if we didn’t get it right and set clear standards from the start, we would never improve the service. If our staff don’t adhere to the new standards, they don’t stay with the company.”**

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Ruth French, Operations Director, Stow Healthcare

**“I always consult staff. They’re the ones working on the front line and if you involve them it makes everything much smoother. During staff meetings, they always come up with ideas to help us to improve.”**



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Jane Wilson, Registered Manager, Avalon Enterprise (UK) Ltd.



**“Listening to and consulting with your staff and the people you support is a priority. You should give everyone opportunities to give feedback and use different ways of communicating to do this. This will ensure that your services can be tailored to meet the needs and wishes of the people you support.”**

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Philippa Shirtcliffe, Head of Care Quality, Quality Compliance Systems



## Resources to help

### Resources to support recruitment and retention

Our website has lots of resources to support your recruitment and retention. It includes guidance and templates which will help you to take a values-based approach.

Visit [www.skillsforcare.org.uk/recruitment](http://www.skillsforcare.org.uk/recruitment)

### People performance management toolkit

This online toolkit includes advice and scenarios to help managers address staff performance, including any issues relating to poor performance.

Visit [www.skillsforcare.org.uk/PPMT](http://www.skillsforcare.org.uk/PPMT)



### Effective supervision in adult social care

This guide explains what a supervision is, who should be involved and tips on delivering effective supervisions.

Visit [www.skillsforcare.org.uk/effectivesupervision](http://www.skillsforcare.org.uk/effectivesupervision)

Case study:

## Stow Healthcare



**Alex Ball is the Group Operations Coordinator at Stow Healthcare who buy and improve failing care homes. She explains how they build trust with staff in the early stages, and how this supports the organisation in making improvements.**

“Building trust with staff is very important after a change of owner or leader. When we take over a failing service, we recognise that staff have been let down by the previous management and didn’t receive the levels of support they needed.

“They’re naturally wary of new owners, so it’s really important that we meet with them and that they receive the training and support they need.

“One of the most effective things we do is to hold a weekly meeting with representatives from each department. When we first start the process, we keep this group informed about the changes that we’re planning to make to improve the service.

“We ask them to discuss this with their wider teams and it’s very useful to get regular feedback from this group about what works and what doesn’t. When staff see that you’re listening to their feedback, they start to feel that they’re part of the change.

“We also encourage staff to attend training at another service that we’ve turned around. This gives them the opportunity to talk to other staff about how the new owners have helped them, and to show them that we’re committed to delivering what we promise.”



Case study:

## Ebury Court care home



**Beverley Manzar is a registered manager at Ebury Court care home. She explains her approach to improving team performance.**

“There are several factors that are critical to improving team performance. Staff need to have strong support mechanisms in place, such as regular supervisions. These ensure that they feel supported and will also help you in consolidating the ethos and aspirations of the organisation.

“Training is another important way to improve team performance. We ensure that training is inclusive, happens in the workplace and involves staff from across the organisation, for example, ancillary staff, so that everyone sees the importance of the whole team.

“It’s also important to acknowledge and celebrate best practice and team achievements. You can do this through team meetings, your organisation’s website, the local press and/or celebration evenings, for example, a local MP or dignitary could present certificates to recognise success.

“If staff feel they’re listened to and able to make a contribution to the organisation, they feel valued, engaged and motivated; this is vital to getting support for making improvements in your service.”



## 1.5 Invest in learning and development to support improvement



**A skilled team, who've received the highest quality training, relevant and tailored to their individual job roles, will have a positive impact across your business. Training your staff to enable them to excel in their roles will help to improve your service and achieve a good CQC rating.**

**By investing in training, you're demonstrating to current and future employees that you care about their career progression and development, and are willing to spend time and resources helping them to grow. This will really motivate your staff and help you get buy-in for any improvements you want to make.**

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Lindsey Appleby-Flynn, Health and Social Care National Lead, Connect2Care

If you want to improve your service, you need to invest in high quality learning and development, from induction through to ongoing training. This gives staff the skills and knowledge to support improvement in your service, whilst ensuring that everyone works in line with current regulation and standards of good practice.

There might be specific learning and development that staff need to support a specific improvement, for example, if you want to improve your medication process, team leaders might need to complete medication handling training. Or, you might need to review your whole learning and development process as an area of improvement.

Whatever's needed, ensuring staff have the right skills and knowledge is vital to improving your service and meeting the CQC's fundamental standards, so it's important that you invest the right time and resources, plan it well, ensure it's delivered by high quality trainers and that any learning is put into practice.










## Top tips: things to consider

Here are some tips to help you plan, deliver and implement high quality learning and development in your service to support improvement.




### Plan your learning and development

	Have a clear picture about what skills and knowledge staff need to support improvement. This could relate to a specific area of improvement, or to meet CQC fundamental standards in more general terms.
	Assess what skills and knowledge staff have now, compare this analysis to what they need and identify where the gaps are. This will tell you what learning and development you need to deliver and/or commission in order to improve.
	Don't repeat learning and development that tells your staff what they already know. Focus any refresher training on what's new or on important information that they may have forgotten.






### Find and/or commission high quality learning and development

	Ensure learning and development is up to date and reflects the latest legislation and best practice.
	Encourage managers and leaders to attend the training with staff, where possible. This will help to give you a good sense of any challenges staff face, as well as their level of skill and knowledge.

### Deliver learning and development

	Use a variety of learning styles so that everyone has the opportunity to learn in a way that suits them.
	Encourage staff to complete their own learning. Give them access to free learning resources, for example, on a staff intranet.
	Deliver hands-on training for relevant topics so staff can put their learning into the context of their own roles.

## Put learning and development into practice

	In training, ask your staff how they're going to apply their learning to their role and what they're going to do differently. Record their answers and review these in their next supervision. This will ensure staff know how and where the learning will improve their practice.
	Set clear goals for individual learners and evaluate these after the training to ensure it's had a positive impact. The goals you set could relate specifically to your areas of improvement.
	Make sure that learners have opportunities to put their learning into practice as soon as possible after the training. Observe or assess team members to ensure they're implementing their learning properly. Make it part of your culture that assessment is seen as an opportunity to improve rather than to identify weaknesses. This will ensure that all learning and development makes a positive impact on your service.
	Be consistent in your assessment of learning and development. Have clear scoring criteria and be consistent in how you collect evidence to show staff they are competent.
	Ask staff for feedback after learning and development. Check if they need any further support.



**Managers must build a team that understands their ideas and is willing to challenge them to find ways to continuously improve. With investment, good leaders can delegate and work as a team to be effective. This way, supervisors, senior staff and potential future leaders receive learning opportunities that allow them to grow and develop their knowledge, understanding and skills. As a result, the team works more cohesively and can build an unshakeable strength.**

**Pam Darroch, Quality Assurance and Service Improvement Manager,  
The Grey Matter Group**



## What other providers do

Here are some recommendations from learning providers that are included in our endorsed provider directory.



**“Build a continuous learning culture. Provide access to a variety of learning for your whole workforce, so that your entire organisation is continually developing their knowledge across a range of topics. Encourage ‘experts by experience’ to facilitate training sessions, for example, kitchen staff could deliver food hygiene sessions.”**

Bruce Adams, Group Manager - Innovation and Business Development, Altura Learnings

**“Implementing a training programme requires a significant time investment to ensure that you get the maximum benefit. For care operators who already have extensive to-do lists, working with an external training provider can ease time pressures.”**



Lindsey Appleby-Flynn, Health and Social Care Lead, Connect2Care



**“Think about how the learning is assessed. A test or an evaluation doesn’t show how the learning is meaningfully embedded into practice, which is, ultimately, what you want staff to do as a result.”**

Pam Darroch, Quality Assurance and Service Improvement Manager, The Grey Matter Group

**“Don’t overload staff with too much training in a short space of time. In most cases, it’s far more important that your staff leave able to do something with their new knowledge and skills, than that they leave simply knowing more.”**



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Neil Lee, Neil Lee Training

## Resources to help

### Guide to developing your staff

There are lots of ways to learn new things and it doesn’t need to be expensive. This online guide will help you to plan, deliver and evaluate the learning and development that you provide for your staff.

Visit [www.skillsforcare.org.uk/developingstaff](http://www.skillsforcare.org.uk/developingstaff)

### Find high quality learning providers

Our provider directory lists high quality learning providers who are endorsed by Skills for Care.

Visit [www.skillsforcare.org.uk/findaprovider](http://www.skillsforcare.org.uk/findaprovider)



## 1.6 Build networks and links to support improvement

It's not possible for providers to operate in a vacuum.

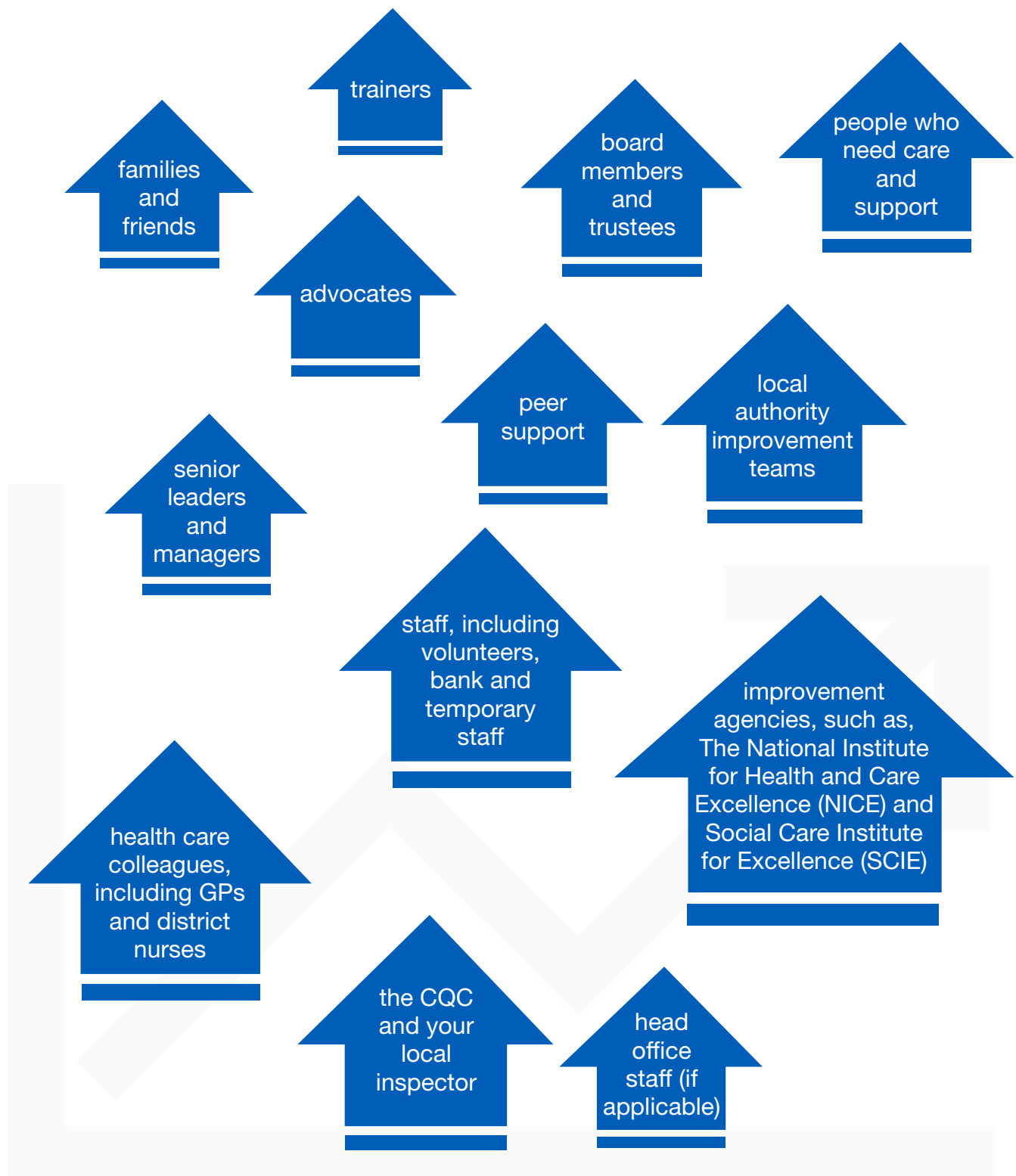
Every service must regularly engage with other organisations to ensure people receive the best care and support. This is why, in your inspection, the CQC will look at who you're engaged with.

Having strong networks and links will help you keep up to date with the latest examples of best practice, find out about new approaches to delivering care and support, and learn from others, so you can continually improve what you do.

Collaborating with others is a practical way to address common issues whilst sharing the cost and ensuring there is more time and resource to invest in your wider work.












## Who can help you to improve?

There are many people and organisations you can work with to help you to improve, including:



## Top tips: things to consider

Here are some of the ways that you can build networks and links.

	Access products and services from social care improvement agencies, such as Skills for Care, NICE, and SCIE.
	Go to face-to-face meetings with other local services, for example, through: <ul style="list-style-type: none"><li>Registered Managers Networks</li><li>CQC provider forums</li><li>other networks.</li></ul>
	Join Skills for Care's Registered Managers Membership to access peer-to-peer support.
	Join a trade organisation or body to keep up to date with national standards and best practice and to network with others.
	Look for opportunities to work with local services via Registered Managers Networks to enable you to engage in funded projects and local recruitment initiatives, as well as to share the cost of training and pilot new approaches to care.
	Get in touch with your local CQC inspector and build a relationship with them.
	If you're commissioned by a local authority or clinical commissioning group, build a relationship with their quality assurance team.
	If you're a large national organisation, bring staff from different services together by holding training or team development days.
	Get in touch with local charities and healthcare specialists who focus on the areas of care and support you provide.
	Build relationships with your local schools, colleges, universities and other education providers to support your improvement. For example, you could talk to students about working in care to improve your recruitment, or students could support the activities you offer in your service.
	Read Skills for Care's 'Good and outstanding care' guide and relevant CQC guidance to understand what 'good' and 'outstanding' looks like. Use these guides to find ideas about how you can improve.

## What other providers do



**“One of the things that has been a major factor, for me, was building a relationship with our CQC inspector. Before I started, there was a very different and more stand-offish relationship between our service and the CQC. My approach was very much one of building a positive relationship with the inspection team. We sought advice and clarification from the inspection team at each stage. We shared updates to our action plan with the CQC inspection team at much greater frequency than they actually required.”**

**Jamie Anderson, Chief Executive, Age UK Wirral**

**“We liaise with the wider community, including third sector organisations and those in the charitable and voluntary sectors. We believe that, by supporting and networking with these organisations, we can offer the people we support and others in the local community an enhanced support mechanism.”**

**Gail Godson, Director of Community Care and Service Delivery,  
Home Instead Senior Care (West Lancashire and Chorley)**



**“We ensure we’re up to date with the latest best practice in supporting autistic people by using the specialists out there. We’re in touch with the National Autistic Society, receiving newsletters from them and using their training courses. We also utilise the local authority Specialist Services Autism Team who work across the county. We have a good partnership with other healthcare professionals, such as community psychiatric nurses and hospice staff, who advise us and run training sessions and workshops with us.”**

**Jane Wilson, Registered Manager, Avalon Enterprise (UK) Ltd.**



**“I meet with other local care home managers for coffee. We’ve learnt that we’re not competing with each other – we’re all offering similar services and we have lots to learn from each other. We all support each other well.”**



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Deborah Dry, Registered Manager, Windsor Lodge care home



**“I attend my local Registered Managers Network meetings, and the most important thing about it is that it offers a safe, confidential forum where managers can discuss any problems they have and ask for advice from other managers. It’s also good to realise that it isn’t only you!”**

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Carol Harris, Registered Nurse, The Lawns nursing home

**“We’ve focused on improving the communal gardens outside by working with Bournemouth Christian Housing. Their young people gave their time to paint murals and to plant vegetables and various other flowering plants.”**



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Caroline Bacon, Registered Manager, Fairways care home



**“We learn of best practice by reading other services reports, both good and bad, to make a comparison. We also keep up to date through CQC and Skills for Care bulletins and regularly meet with acute hospital teams in relation to our pathways.”**

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Tracy Flint, Registered Manager, Southampton City Council



Case study:

## Home Support Services



**Sarah Kingsley joined Home Support Services as a registered manager to assist their nominated individual in responding to areas of improvement. She drew on expertise in the community to help achieve a ‘good’ rating and explains how the service is now helping other providers.**

“We involve others in helping us to improve.

“An earlier CQC report identified issues around our processes for administering medication, so we overhauled our previous practice to ensure it was in line with local area procedures.

“We worked with the pharmaceutical specialist from Derby City Council to make sure everything was in line with current legal requirements. It was really useful to involve the experts to make sure we were doing it right.

“We also asked the local authority to deliver training around supporting people who display behaviours which challenge. This really helped staff to improve their care and support and provided practical insight into care planning around this.

“Whilst we’ve paid for some of the support from the local authority, our engagement has created good links and longer-term benefits for our service.

“Our focus on improvements isn’t limited to areas identified in the CQC inspection - we’re always looking for new opportunities. For example, we’ve worked with Macmillan to pilot and trial their Care and Compassion Values. This was the first time this had been done in a domiciliary care setting and we’ve used this learning to improve our induction process ever since.

“We’ve also shared this experience with underperforming domiciliary services from across the country and given them advice and support to help them to improve.”



Case study:

## In Safe Hands



**Rachel Cole is a registered manager at In Safe Hands. She also chairs the local Cheshire East Registered Managers Network, for registered managers to be able to focus on sharing best practice. She explains how this network has helped its members to improve their service.**

“These networks are great for peer-to-peer support. They give managers a safe place to share their concerns and achievements and also to ask others for advice.

“We work hard to use evidence-based practice and the members of the network have started visiting each other’s services to share best practice.

“We also share examples of key performance indicators (KPIs) that are shaped around CQC Key Lines Of Enquiry (KLOE) and the underpinning documents used to measure these.

“Some managers in the network are mentored by more experienced registered managers which has really helped them to improve their service.

“We also invite representatives from the CQC to attend meetings – we have positive working relationships with them.”

## 2. How to improve your service

### Introduction and section contents

This section outlines the things you need to do to identify what improvements you need to make, and how to implement them in your service.

Click on the headings below to get started.

<b>2.1 Review where you are now and decide what you want to improve</b>	<b>45</b>
<b>2.2 Plan and implement your improvement</b>	<b>51</b>
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<b>2.5 Let people know you've improved</b>	<b>64</b>



## 2.1 Review where you are now and decide what you want to improve

**It is our expectation that providers should take responsibility for the quality of the care they provide. We expect them to use our findings and reports as an opportunity to tackle their problems and put things right for the benefit of people using services, their families and carers, so that we should not have to resort to the more severe actions in our enforcement policy.**







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CQC (2018), *The state of adult social care services (2014-2017)*

You need to start by identifying the problem or areas for improvement. A good way to do this is to review where you are now, and which areas of your service are performing well and which aren't. This can help you to start thinking about what you need and/or want to improve.

## Top tips: things to consider

Here are some tips to help you decide what you need and/or want to improve.

	<p>Review your service as a whole.</p> <ul style="list-style-type: none"><li>▪ Does your service help you achieve the mission, vision and objectives of your organisation? If not, you might need to review your mission, vision and objectives – or change your service to align with them.</li><li>▪ Does your service meet the needs of the people you support? If not, think about what you need to do to ensure that it does.</li></ul>
	<p>Evaluate the outcomes of your service against any key performance indicators. If you're not meeting them, this can show areas for improvement.</p>
	<p>Review your last CQC inspection report. Were there any areas that were rated lower than others, or any areas in which you want to improve your rating? These could be your priority areas for the year ahead.</p>
	<p>Assess how your service performs against local and national sector averages for key workforce measurements, such as retention rates, vacancy rates, turnover rates and levels of staff qualifications. These all impact on the quality of your service. If any of these measurements raise concern, they could be an area for improvement.</p>
	<p>Ask key stakeholders what they think you should improve, including managers, staff, people who need care and support, family, friends, advocates and healthcare professionals. You could use:</p> <ul style="list-style-type: none"><li>▪ one to one interviews</li><li>▪ team meetings</li><li>▪ improvement forums</li><li>▪ focus groups</li><li>▪ surveys</li><li>▪ comment books.</li></ul>
	<p>Think about any changes that your service needs to make in the next 12 months, for example, expanding your service or offering a different service. What's it going to be and how are you going to get there?</p>

## Get to the root cause of the problem

Sometimes, one underlying issue can lead to lots of other issues. For example, becoming short-staffed can lead to low standards of care, poor health and wellbeing and a negative workplace culture.

Getting to the root cause of the problem can help you tackle bigger concerns. If you don't, you risk wasting time and resources on addressing the wrong issues.

You could use Cause and Effect Analysis to help you do this. This simple approach can help you to determine why a problem occurs and to work together to develop solutions.

You should include key people in this process, including the people you support, families, staff, healthcare professionals and your CQC inspector.

You might also work with external organisations, such as Skills for Care or consultants, to help with this process.

### Cause and Effect Analysis

When you have a problem, this approach will help you explore some of the things that could cause it, before you start to think about a solution.

When you do this, write your findings into a diagram like the example on the next page.

**Step 1:** Identify the problem.

**Step 2:** Work out the major factors that are part of the problem. For example systems, equipment, people and/or external factors.

**Step 3:** For each of the factors you identified in step 2, brainstorm the possible causes. For example: hurried recruitment, poor management, and staff feeling overworked.

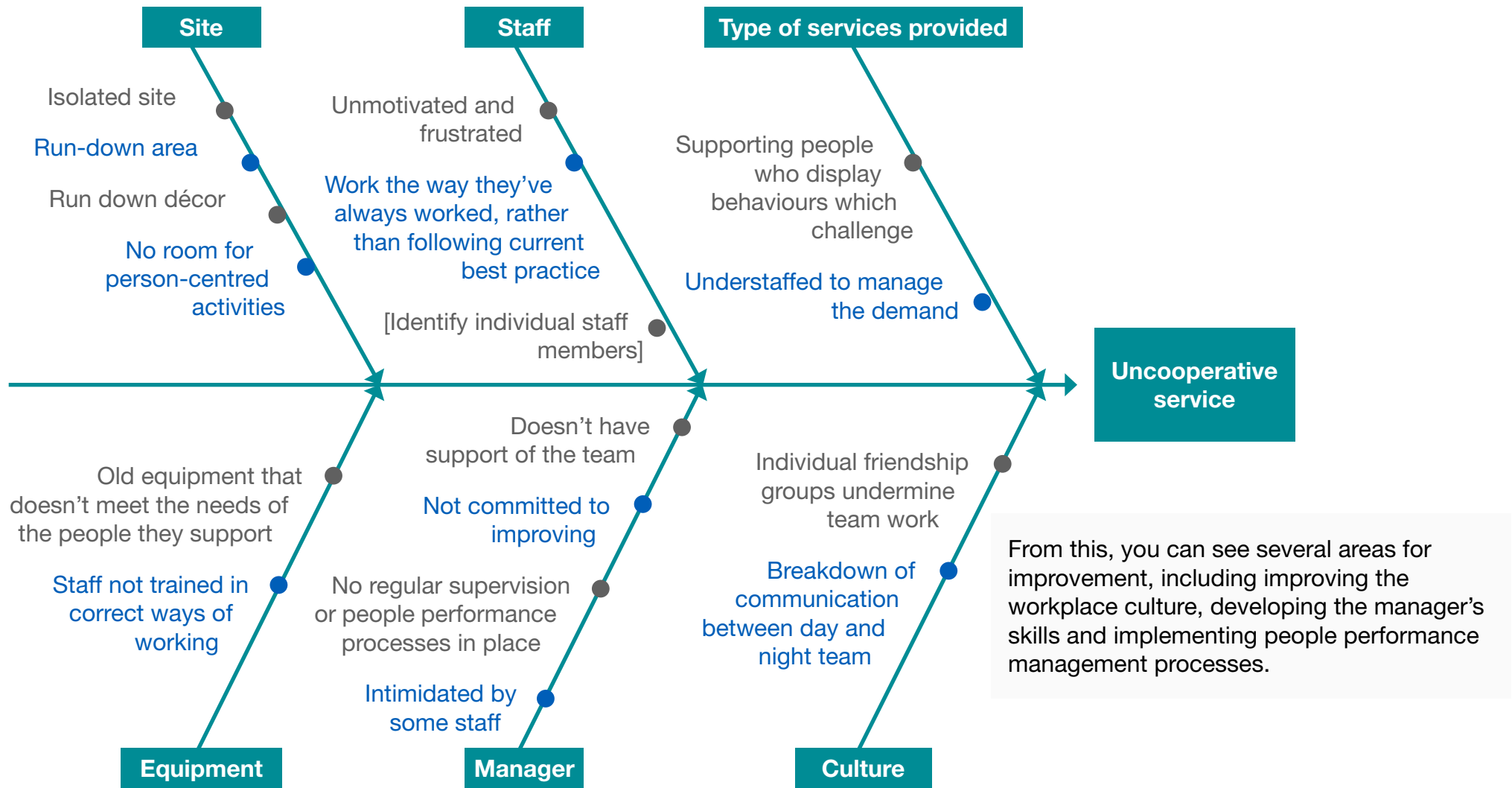
**Step 4:** Analyse your diagram - this should show all of the possible causes of the problem that you can think of.

You could investigate some of the causes in more detail, for example, in team meetings, focus groups, or supervisions, or by using surveys.

The causes can help you identify areas for improvement. Some might be 'quick wins', whereas others will take more time.

### Example Cause and Effect Analysis diagram

Here's an example of a simple Cause and Effect Analysis diagram. It's an example from a large organisation that manages several services. The problem is that one of their services is uncooperative.





## Prioritise improvements

When you've identified areas for improvement, you might need to prioritise them. Any parts of your service that are impacting the safety of people who need care and support should take highest priority to protect them from harm.

If your service has fallen below the CQC fundamental standards, your decision might be informed on the severity of the issues and the time frame that the regulators expect.

However, even the most ambitious providers may have identified a long list of improvements when striving for perfection, and would need to decide which to do first.

Think about these questions to help you to prioritise improvements.

- How severe is the issue? Does it impact on the safety of people who need care and support and/or your staff?
- Which improvements are essential to meet CQC fundamental standards?
- Has the inspector given you a timeframe to make improvements in?
- What are the consequences of not addressing the issue? How much would it impact your service and the people you support? Would it put anyone at risk?
- What do people who need care and support, families, staff and stakeholders say their priorities are? Involve them in your prioritisation process.

You have different time frames in which to make these improvements.

If you receive a 'good' or 'outstanding' rating, you'll usually be inspected:	within the <b>next 30 months</b>
If you receive a 'requires improvement' rating, you'll usually be inspected:	within the <b>next 12 months</b>
If you receive an 'inadequate' rating, you'll usually be inspected:	within the <b>next 6 months</b>
If you're a new service, you'll usually be inspected:	within the <b>first 12 months</b>
If the CQC identify 'urgent requirements', they can give you an enforcement action which you need to implement in a short time frame. This can be as little as 10 days. If you don't make these improvements, they could deregister your registered manager and/or obtain a court order to close your service. In 2017-18, 9% of adult social care services received enforcement actions.	

## What other providers do



**“You can get bogged down when there are many things to prioritise. We worked with the whole staff team on an extensive action plan, using a traffic light system that showed what needed to be done today, tomorrow, next week and next month.**

**“We identified the most important things that needed addressing immediately, including updating care plans, equipment and risk assessments, and then put together a longer term action plan to address staffing issues.**

**“Ongoing communication with staff was important throughout the prioritisation process.”**

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Jennifer Daly, Registered Manager, Hartwell Lodge (Bucklands Care)

**“I don’t understand why some organisations don’t prioritise areas for improvement at the first opportunity.**

**“The minute you have that debrief from the inspector, you pretty much know what’s going to be in your report. If you don’t start addressing these at the earliest opportunity, you risk failing residents, families and staff.**

**“Following the inspector leaving our premises, I worked through the night to address the most urgent issues and scope out our action plan.**

**“Some of the issues identified could be fixed quickly and were resolved by 09.00 the following morning.”**

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Jamie Anderson, Chief Executive, Age UK Wirral







## 2.2 Plan and implement your improvement

When you've identified which area(s) you want to improve, you need to decide how you're going to do it.

### Top tips: things to consider

You might already have ideas about how to do this. Here are some more tips.

	<p>Research how other organisations have dealt with similar issues, and improved, and think if you could do something similar.</p> <p>If you're a registered manager, join your local Registered Managers Network to learn about best practice from others.</p>
	<p>Decide on the right solutions for the area you want to improve.</p> <p>Ask yourself, your staff and the people you support the question: 'What do you want us to achieve?'</p> <p>Write your solutions from the perspective of people who use your service.</p>
	<p>If there are no clear solutions, use blue-sky thinking, or similar approaches, to generate ideas. This involves trying to find completely new ideas that aren't limited by current thinking or beliefs.</p> <p>You could start by thinking: 'In an ideal world, with no constraints, how would we tackle this problem?'</p>
	<p>Remember, no suggestion should be rejected as 'silly'.</p> <p>You might not be able to implement everything, but you may be given some new ideas which are feasible.</p> <p>You could also bring in new people to look at ideas with a fresh pair of eyes.</p>





## Write an action plan








Writing an action plan is a good way to plan improvements.

If your service has fallen below the fundamental standards, the CQC may ask for a formal action plan to assure themselves that your service is serious about improving.

Here are some tips to help you write an action plan.

### What to include in your action plan

	<p>Include SMART objectives (Specific, Measurable, Attainable, Relevant and Timely) and a clear list of delegated tasks and timeframes.</p> <p>These should answer:</p> <ul style="list-style-type: none"><li>▪ what are you aiming to improve and by how much?</li><li>▪ when do you plan to complete the improvement by?</li><li>▪ what do you expect to achieve from the improvement? (For example, a 'good' CQC rating.)</li></ul> <p>Ensure your action plan includes a clear and explicit definition, so everyone understands what you're doing and why.</p> <p>Avoid a vague and aspirational plan that's difficult to measure.</p> <p>We recommend that the registered manager is responsible for writing the action plan and recording evidence of success but everyone should be involved in deciding the actions and putting it into practice.</p>
	<p>Be clear about the scope of the action plan to ensure everyone involved stays focused on achieving it. This will avoid additional elements being added during the project.</p>
	<p>Align improvements with other organisational objectives, if possible, to help you get leadership buy-in and longer term support.</p>
	<p>Set realistic and achievable time frames for each goal to be achieved. Is there a specific time frame, for example, an imminent CQC reinspection?</p> <p>Create milestones to mark significant stages in your progress.</p> <p>Consider splitting your action plan into two parts - short-term actions/quick wins, and long term actions.</p>

	Assign a unique reference number for each action which can be used as a quick reference in discussions.
	Identify any risks when you're planning improvements and write risk assessments/ risk management plans for how you can resolve them if they happen. You could include the solutions to potential risks as part of your action plan.
	Consider where existing staff can help you to achieve the improvements you want to make. When you delegate tasks to them, clearly set out the task(s) they need to complete, the desired outcome or result, and how they should report back to you. Include this in the action plan so everyone knows who's doing what.
	Take a baseline measure for all areas of planned improvement and know what achieving your goal will look like.
	Use process mapping or a flowchart to map your action plan. Process maps show a series of events that produce an end result, in a visual way. This could also highlight other areas in which you might need to improve.
	If you're responding to a negative CQC inspection, map each area of improvement identified in your report to the activities in your plan. This will help you to evidence your activities for your next CQC inspection.
	Avoid making the action plan too detailed or confusing, even if the issues you're looking to improve may be complicated. It needs to be a practical resource that people understand.

## Implementing your action plan

	Assign someone to manage the implementation of the action plan. This could be a part of the role of an existing staff member, or you could recruit a new position. Whoever has this responsibility needs to have good project management skills.
	Communicate the action plan with everyone involved so they know what's happening and if/how they'll be impacted by the changes. Develop a communications plan alongside the action plan to help you do this. Produce a version that can be shared with people who need care and support, their friends, family and advocates.
	Consider carrying out small tests and pilots when you've agreed on the proposed solution, to see if/how it'll work in practice.
	Update your plan regularly and share progress with others. Apply version control and retain earlier versions for your records. Ensure it's a working document that's easily accessible and available in a format that helps you, and others, to track and update progress. Add a status column to your action plan to show whether the action is 'closed' or 'open'.
	When you've achieved an action, keep records of lessons learned, issues, communications etc. You could move 'closed' actions to a separate tab for future reference.
	Be consistent in how you measure progress toward your goal(s). Study the results and compare data from each area of the action plan to identify whether the changes are being implemented successfully and if these are achieving your original aims.
	Adjust and adapt the action plan, if needed. Don't stick to it if the circumstances around the improvement change.
	Obtain ongoing feedback from all those involved on how to improve the action plan. Remember that your action plan may change as you work towards your goal(s), so make sure you're flexible.
	Recognise and reward individuals or teams when you achieve improvements or milestones. This will help them to stay motivated and keeps up the momentum of the action plan.

## 2.3 Monitor your performance and maintain quality



**We continually monitor and make improvements to our service. This helps us to better utilise staff skills and resources and to deliver better outcomes for the people we support.**

**For example, after a recent manual handling review, we invested in new ceiling hoists which provide a person-centred and dignified approach to moving and handling. Because it can be operated by one carer, it's also a more effective use of care time.**

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**Sarah Kingsley, Registered Manager, Home Support Services**

Monitoring your performance will ensure that your service is meeting the outcomes and/or standards that you want to achieve - this process is called 'quality assurance'.

In the context of this guide, effective quality assurance will show if, and how, your improvements are making a difference, and can also help you to identify further actions and/or other areas for improvement. Knowing whether you're getting things right is an important part of continuous improvement and a quality assurance framework explains how you're going to do this.



## Top tips: develop a quality assurance framework

Every service is unique, so your framework might be different to other services. Here are the basic steps to help you develop one. You can use this to develop a framework specifically for your improvements, or in your service more generally.



### a. Set desired outcomes and/or standards

This explains what you want to achieve – it could be based on specific improvements or the wider vision and aims of your organisation. It should be underpinned by your organisational values and take into account national practice standards, relevant legislation and regulatory standards.

Remember, quality assurance is everyone's responsibility. Outline how different roles and functions can implement these outcomes and/or standards and communicate this with your staff, for example:

- **all staff** are responsible for upholding high quality practice standards
- **team leaders** are responsible for ensuring their teams deliver care and support that meets these standards
- **managers** are responsible for making sure that quality assurance activities happen regularly and for sharing the findings with their teams
- **learning and development leads** are responsible for ensuring learning from quality assurance activities is embedded in the learning and development of all staff.



## **b. Monitor and measure quality**

You can collect information to monitor and measure quality in lots of different ways. Here are some examples:

- audit tools
- care plan audits
- CQC inspection reports
- workforce data (benchmarking against other organisations, using tools such as the Adult Social Care Workforce Data Set)
- complaints
- verbal feedback
- interviews
- meetings
- focus groups
- surveys – paper and online
- comments books
- supervisions
- incident and accident reviews
- observations – internal and external.

You can involve lots of different people in quality assurance activities to help you get a holistic view of your performance, including:

- people who need care and support, their families, friends and advocates
- other professionals, such as social workers and district nurses
- your staff
- the public
- CQC inspectors
- board members and trustees
- trainers
- volunteers.

## **c. Analyse these findings**

When you've measured quality, then benchmark your findings against your desired outcomes and/or standards.

If any of your activities don't meet the desired standards, put action plans in place to improve them.

## **d. Take action**

Share this learning with everyone involved, and use it to make meaningful changes and improvements.

You might need to update your original action plan or write a new one for further improvements.

This learning should make links to key areas of your service, such as:

- learning and development
- supervision
- complaints and compliments process
- workforce planning
- workforce development
- commissioning
- care plans
- service and business plans
- improvement/action plans.

## What other providers do



**“We developed our own internal audit programme, led by our nominated individual, which happens each month and has been informed by all of the CQC inspections we’ve had to date. We also have an inspection framework tool which has been developed with other Age UK-regulated services. We use this as part of our self-assessment and also ask external professionals for input.**

**“We have a service review committee that’s made up of our trustees, who go out to visit our homes. We also commission an independent mock inspection team to help us prepare for inspections and assure us that we’re in the best position possible to meet the CQC’s fundamental standards.”**

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Jamie Anderson, Chief Executive, Age UK Wirral

**“We do our own audits. Our operations manager comes in and looks at the areas that we might be inspected on. This helps to ensure that things don’t slip back to how they used to be. We also engage with other managers from across the group to audit each other’s services internally.”**



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Jennifer Daly, Registered Manager, Hartwell Lodge (Bucklands Care)



**“On a regular basis, we ask all professionals, family members, relatives and friends to complete a feedback questionnaire to gather their views, suggestions and comments about our services. We use the results to analyse our service and make the necessary changes to improve quality.”**

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Aidan Spence, Managing Director, The Grove (Connifinn Ltd.)



## Case study:

### Quality Compliance Systems (QCS) Ltd.



**Philippa Shirtcliffe is Head of Care Quality at Quality Compliance Systems (QCS) Ltd. QCS offers a range of solutions to help adult social care providers strengthen their quality assurance process. She explains why quality assurance is important and gives advice to help you develop it in your service.**

“Knowing whether you’re getting things right is an important part of continuous improvement – this process is known as ‘quality assurance’.

“Quality assurance isn’t defined as one single activity. It’s like a jigsaw with several pieces that slot together to ensure consistent, flexible, high quality care is provided. As with any jigsaw, people choose to start in different places.

“Having a shared organisational vision that’s adopted by the whole team is a good starting point. Implementing a quality framework is a team effort which requires individual accountability, along with clear roles and responsibilities.

“Having off-the-shelf policies and procedures isn’t enough to demonstrate quality. Evidenced-based policies and procedures should be owned, embedded and reflect local, contractual, regulatory and best practice. Importantly, they shouldn’t just be used when things go wrong. They need to be the blueprint for delivering quality care, with staff given the time to read and understand them and supported to translate the theory into practice.

“Auditing and monitoring compliance and risk is part of quality assurance. But auditing and monitoring needs to generate action plans which facilitate change and improvement, as well as a culture of continuous improvement.”



Case study:

## Stow Healthcare



### **Ruth French is the Operations Director at Stow Healthcare and is responsible for quality assurance across several care homes.**

“Our quality assurance process has developed significantly in recent years. We now have a small team of staff who visit our care homes each month to ensure they’re meeting the high standards of care and support that we expect.

“We look, in fine detail, at how the care homes operate and things that impact on the quality of life for the people who live there. The key, for us, is that audits aren’t a paper-based process that take up lots of time, but, instead, provide meaningful insight into the homes and the people living there.

“For example, as well as checking whether varied and nutritious food options are available, we sit with residents at meal times and sample the food each month. We then write a report on our experiences of eating with them in the dining room and suggest areas for improvement. On one occasion, we felt that the quality of sausages in a casserole could be better, so we arranged a sausage tasting session with residents to offer them choices.

“It’s not just about compliance, but looking into what the available data is telling you. When I review nutrition and hydration, I don’t just look at how many people have lost weight, I look at who’s lost weight, why they’ve lost weight, what we’re doing to improve this and who else is involved in this.

“It’s not a box-ticking exercise. It’s a tool for me to understand what’s happening in our care homes and assuring that the care and support we deliver is right for the residents and meets their needs.”



## 2.4 Provide evidence of your improvement for the CQC





When your service has improved, you need to evidence the good work you've done.

The CQC 'Sources of evidence' list shows the different ways that you can collect evidence, for example:

- survey results
- training records
- recruitment records
- compliments books
- care plans
- scrapbooks
- supervision notes.

### Top tips: things to consider

Here's some more tips to help you do this.

	Ensure your evidence highlights how it has resulted in people receiving better care and support.
	Develop a systematic approach to capturing evidence from the documents and resources you use, including those from recruitment, staffing, induction, learning and development, care provision, performance management and quality assurance.
	Ensure everyone knows where you keep evidence of good practice and update it regularly. For example, keep an 'evidence file' and ask staff to update it with examples. Every month, pick out the strongest examples to share with CQC inspectors.
	Don't oversell your achievements – present an honest picture of your service, backed up by robust evidence. For everything that the inspector is told, they may ask to see further evidence.

There are more tips to help you prepare for inspection from our website via [www.skillsforcare.org.uk/GO](http://www.skillsforcare.org.uk/GO)

## What other providers do



**“When we’re preparing for inspection, we spend time gathering the right evidence. Once, we had a three year gap between our CQC inspections and, over that period, we continued to gather evidence to get us ready. When the inspector came in, we had a whole pack of evidence.**

**“The CQC encourages you to submit further evidence in the few days after the inspection - take advantage of this. Focus on any areas that weren’t covered in the visit, so the inspector can see all your good and best practice examples. In our last inspection, the evidence that we submitted after the visit was positively referenced in our CQC report.**

**“Remember to also make the most of the ‘factual accuracy’ check that the CQC asks you to do when they share their draft report. This is your opportunity to tell them about anything they’ve missed, particularly any ‘good’ or ‘outstanding’ work you’re doing. It’s another opportunity to submit additional evidence and we’ve found that, on some occasions, it’s helped us positively change the CQC rating.”**

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Heather Choat, Registered Manager, Halstead Hall

**“Inspectors have one or two days to get a snapshot of a company. There are probably a lot of companies that are providing an ‘outstanding’ service that may be rated ‘good’ because they’ve not been able to fully show their inspector what they do and how they do it. As managers, we have to think of ourselves as the translator – we need to communicate to our inspector how our systems work so they can understand what we do, how we do it and how great our service is.”**



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Clare Drewell, Founder and Director, Care Concern (Homecare) Ltd.



## 2.5 Let people know you've improved

When you register with the CQC, you're expected to display your inspection rating for everyone to see.

When you've made improvements, telling people about it can really boost your reputation with customers, staff, commissioners and the wider public.

There are different ways you can tell people about your improvements, including:

- updating your website
- promoting what you've achieved on external websites, for example, by sharing a news story in the local press
- putting up posters in/around your organisation's premises
- displaying a banner on your building
- telling people you meet at careers events
- sending a newsletter to people who use and engage with your service
- sending a letter or email to key contacts in your local community
- putting out leaflets at community centres, GP surgeries and shops
- holding a celebratory event, such as an open day or fete to show other people what you do
- delivering a presentation at a local network, meeting or event
- arranging an interview with the local press or putting advertisements in newspapers and magazines
- encouraging your customers and staff to write a reviews and/or testimonials
- talking about what you've done on social media pages, such as Facebook and Twitter



**We were absolutely delighted with our rating – we've transformed the service from an 'inadequate' service we inherited two years ago, to a 'good' one. It was important for our residents to know they live in a service rated 'good'.**

**Jamie Anderson, Chief Executive, Age UK Wirral**



## What other providers do



**“We take over failing homes and, often, we can’t afford to wait for reinspection to start tackling the service’s poor reputation.**

**“If you’ve been through a negative inspection, and your reputation has been damaged, think about what’s holding you back from repairing it.**

**“For example, when we worked with one failing care home, we knew the name of a care service was a problem because the local community associated it with being a ‘bad’ care home. One of the first things we did was to change the name. We wanted to make a fresh start and stop staff being embarrassed to say that they worked there.**

**“We have a limited marketing budget, so we have to be inventive in our approach. We look at what free advertising we can get and usually generate a news story each week or two. We’ve found that a constant drip feed of positivity about what’s happening in our homes is good at turning perceptions around.**

**“You can’t expect the positive news stories to come to you, so you need to be proactive and make it part of your business. For example, we contact local papers so they’re the first to know about what’s going on at the home.**

**“Everything that we do with the local media is really simple. We don’t come from a media background but we know how to write a press release and we can take our own pictures if we need to. We have five care homes and, over the past week, we’ve had three articles in the local press, so we know there’s an appetite for positive news stories.**

**“We have active Twitter and Facebook feeds where we share exciting activities, community interaction and sector developments with our followers. We find that our social media presence is a big hit with both families and staff.**

**“We also use the [www.carehome.co.uk](http://www.carehome.co.uk) website and the people who use our service are encouraged to post reviews there.**

**“We’re now exploring the use of YouTube with our first company videos to help prospective residents and staff see what life in our homes is like.”**

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Heather Choat, Registered Manager, Halstead Hall

# 3. Common areas for improvement

## Introduction and section contents

This section tells you how others have made improvements to their service.

Click on the headings below to get started.

<b>Case study 3.1: improving the recruitment process</b>	<b>68</b>
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There are some common areas for improvement in CQC-regulated, adult social care services. Here are some of the things that managers told us.

“We recruit the wrong people who don’t know how to deliver high quality care.”

“We don’t give staff an in-depth induction.”

“My service is poorly staffed, with an over-reliance on temporary workers.”

“We have issues with our leaders and managers.”

“Staff, at all levels, don’t have opportunities to learn and develop.”

“We don’t have the money to develop our managers and staff.”

“We can’t find high quality learning providers.”

“We often have to cancel supervisions at short notice.”

“We’re not consistent in notifying the CQC about safeguarding issues.”

“We have recurring problems with staff following our medication policy.”

# Case study 3.1: improving the recruitment process



**“We are struggling to recruit quality care workers at present and would like to know how we can improve this. We would like to see retention improve.”**

In 2017, Skills for Care worked with a homecare agency that was rated ‘requires improvement’ across all five key questions. The service had rapidly expanded in recent years and was experiencing challenges with recruitment and retention. The manager asked Skills for Care for support to improve this. Our locality manager, Fran Simons, met with the registered manager and nominated individual, and identified that implementing a values-based approach to their recruitment could help.

## What they did

“Whilst the recruitment numbers looked good on paper, the provider really struggled to retain new staff. It was clear that the service needed to act promptly to reduce turnover and attract the right people.

“Values-based recruitment is a great way to do this. This approach involves identifying your workplace values and ensuring that your staff match them. It helps you recruit people who know what it means to deliver high quality care and support and are more likely to stay.

“This service had workplace values, but they hadn’t been reviewed or communicated with existing staff. Our starting point was to ensure that the managers understood these workplace values and how to embed them throughout the recruitment process. They attended a half-day seminar to introduce them to values-based recruitment. It was an interactive session so the managers could discuss the approach in relation to their service.

“Following the seminar, the registered manager and recruitment officer reviewed the policies, procedures and resources associated with each stage of the recruitment process.

“We looked at them from the perspective of potential candidates and new staff members, for example, we looked at the wording in job descriptions and job advertisements to see if there was anything that might exclude people from applying.

“This was really helpful and gave them new ideas to refresh what they already had in place.

“We used a values-based recruitment model diagnostic tool and identified six key recommendations to strengthen their recruitment practice.

“These included:

- involving staff, the people who they support and their families, in identifying the behaviours that underpin the organisation’s values and to show staff how they would be expected to behave
- reshaping recruitment around the quality of candidates
- developing a new workforce strategy
- refreshing how staff are supported and their performance managed, from their probation onwards.

“Even though the service has a long journey ahead, it was evident that the registered manager and their team were open to new ideas and committed to driving forward improvements.









“Using a values-based approach helped the service consider what values are important for them, what they’re looking for in new employees and how they can ensure staff feel valued.

“Although most services are continually recruiting, many don’t give themselves dedicated time to complete a holistic review of the processes, policies and resources they use to recruit.

“Often this means that, for example, the information in job advertisements, on their website and in job descriptions, has been built up over time, without a ‘golden thread’ running through them, which can make them seem a bit disjointed.

“Allowing yourself time to review these things can be really useful and give you a more strategic approach to recruitment.”

## Top tips to improve recruitment and retention

	Think about your recruitment process holistically, from the perspective of a potential candidate with no experience in the sector. Involve recent recruits in a review of your current practice. You could ask them what they think about your job advertisements, job descriptions, application and selection processes.
	Look at your best workers and understand what attracted them to your organisation. Identify practical ways that you could reach similar individuals.
	Be willing to spend time and money on recruiting the right people – this will help widen your pool of recruits so you don't miss out on new talent. For example, organise a stand at a university careers fair or advertise on social media.
	Customise tools and templates but don't reinvent the wheel – the Skills for Care website is a great starting point to access free resources.
	Protect yourself from high turnover and poor performance by prioritising recruiting people with the right values over other factors, such as what hours they can work and whether they can drive.
	Ensure you have robust processes in place to undertake DBS checks, follow up references and explore gaps in employment. Clearly document what you've done.
	Assess core skills, such as English, maths and digital skills, as part of the recruitment process. These are increasingly important for all care workers.
	Link supervisions, appraisal targets and objectives to your workplace values to help new and existing workers know what's expected of them. This also provides a formal setting to be able to measure and review their progress.

## Resources to help

### Recruitment and retention resources

Our website has lots of resources to support your recruitment and retention, that include guidance and templates to help you take a values-based approach.

Visit [www.skillsforcare.org.uk/recruitment](http://www.skillsforcare.org.uk/recruitment)

### Adult Social Care Workforce Data Set

This online data collection service gathers information about the adult social care workforce in England. You can use it to record information about your workforce and review your performance. For example, you can use it to track training records, plan how many workers you need or use it to compare your business to other care providers, both locally and nationally.

Visit [www.skillsforcare.org.uk/asc-wds](http://www.skillsforcare.org.uk/asc-wds)

## Case study 3.2: improving workplace culture



**“When I joined the service, the previous manager had left, team morale was low and turnover was high. I spoke to staff and found that they had not been supported, which had led to a negative workplace culture. I decided to address this as a priority.”**

Jennifer Daly is a registered manager at Hartwell Lodge, part of Bucklands Care. Before she started working there, the service was rated ‘inadequate’ and was under threat of closure by the CQC. When she started she found that there were lots of good things about the service and staff were enthusiastic about making improvements. She told us about some of the key parts of this process.

### What they did

“Here are some of the things that we did, and which I’d recommend to other services, to create a positive workplace culture which is open, transparent and committed to improving.

- **Accept and embrace feedback.**

“Don’t ignore criticism in your inspection report or from other feedback – people are trying to tell you something about the quality of your service to help you to improve. If the CQC, local authorities and residents are raising concerns, listen to them.

- **Identify who can support you to improve.**

“Regardless of how good you are as a manager, recognise that you physically can’t do it all yourself. See who can help you and prioritise who’s going to do what.

- **Ensure managers engage with the people you support.**

“Managers need to engage with residents and frontline care staff, to see what challenges they face and where the problems lie. This is also a good way of building trust between managers and staff.

- **Only keep staff who are committed to improving.**

“When we first started, there was resistance, from some staff, to change. I implemented people performance processes where staff weren’t prepared to work to the standards we expect.

- **Tell people that you’re improving and show them how.**

“It was important that we showed the local community that we were changing.



“We deregistered and rebranded the name of the service. We had lots of activities and days out in the community to get people involved. It was great for building confidence up and really motivated staff to feel proud to work for us.





“Six months later, we were reinspected and the feedback was largely positive. We had made improvements across all categories, except ‘well-led’, including a ‘good’ rating for ‘caring’. However, it still highlighted that some of the issues were embedded within the service and we received a ‘requires improvement’ rating overall.

“At first, I was upset, but you need to remember that it’s not always possible to jump from ‘inadequate’ to ‘good’, and to change something like a workplace culture takes time and effort.

“We used guidance and feedback from the CQC to continue improving and, four months later, our inspection was much more positive. We were still rated ‘requires improvement’ overall but had improved to ‘good’ in the ‘safe’, ‘caring’ and ‘responsive’ categories.

“I was really happy with what my fantastic team had achieved in those few months in between.”

## Top tips to improve workplace culture

	Put people who need care and support at the heart of your service.
	Ensure managers and leaders are open, visible, approachable and empower others.
	Ensure the workplace culture meets the needs of people who need care and support, staff and other stakeholders
	Ensure problems and concerns are always a priority and that staff are committed to resolving them.

## Case study 3.3: improving the induction process



**“With an ever-changing workforce, we need sufficient numbers of staff who are equipped with relevant skills, knowledge and commitment to deliver high quality care.”**

In 2017, Skills for Care worked with a care home that was rated ‘requires improvement’ across three key questions. Whilst the CQC inspection hadn’t identified any issues with induction and support for staff, a range of issues impacting medication management, environmental issues and care plans pointed towards the need to strengthen staff skills and competence.

The registered manager approached Skills for Care for support with this. Our locality manager, Rosalita Mainwaring, identified that one of the biggest underlying causes of these issues was an inadequate induction. The service faced challenges with inducting new staff, incorporating the Care Certificate into this process, and getting buy-in from senior staff to make these changes.

Rosalita worked with the home to review their existing induction process and ensure that their induction policy and procedures were up to date and fit for purpose.

### What they did

“One of the key things that was missing in this service was including the Care Certificate in the induction for new staff. These standards outline what new care staff members need to know to be effective in their roles.

“We started with a blank sheet of paper and wrote a list of what we thought needed to be included in induction, including:

- the Care Certificate
- additional care duties that go beyond the Care Certificate
- a background to the organisation and its values
- policies and procedures.

“I delivered a Care Certificate assessment workshop to senior staff and deputies, where we talked about how the Care Certificate could become part of induction, what daily support and supervision new starters need and the different ways of assessing the Care Certificate.

“This helped to get managers on board with changes and gave them the confidence and skills to assess new staff in line with the Care Certificate standards – this is important to ensure staff members are competent in their roles and are able to work independently.



“We also talked about what evidence they could collect for CQC inspections to show these improvements.

“The registered manager and training manager reviewed the induction policy, and other key documents for new starters, to reflect these changes.







“The CQC reinspected the service a few months later and they’d improved their rating. Their manager said: ‘the support I was given was really great; it has helped me enormously. Our CQC inspection went well; ‘good’ in all areas. Very pleased with that!’

“Staff induction is an important part of introducing new staff to the values, policies, procedures and standards of any service.

“When recruiting staff into the sector for the first time, the Care Certificate needs to be covered, but too many organisations look at this as almost a separate induction process.

“Large parts of the Care Certificate are likely being covered in induction anyway, so simply flexing existing inductions, to ensure that the minimum standards are covered, is an effective approach to avoid reinventing the wheel.”

## Top tips to improve the induction process

	Involve people who need care and support, and their families, in the induction process.
	Map which Care Certificate standards are already covered in your existing induction process. Keep evidence of this for your next inspection. If any standards aren’t covered, introduce new elements into your induction process.
	Involve different staff in delivering induction activities. For example, new staff could shadow experienced staff or be mentored by them. If you don’t have capacity or internal expertise, use an external learning provider.
	Give staff extra support throughout the induction process. Review their progress regularly and help them to learn, rather than leaving them to it.
	Ensure that staff who are responsible for ‘workplace assessment of competence’ are confident in doing so. You could also use experienced care workers to support the assessment process.
	Work with other local care providers to share the cost and time of delivering high quality inductions.

## Resources to help

### Care Certificate

We have resources to help you to implement and deliver the Care Certificate as part of inductions in your service. These include workbooks, a mapping document and an assessor framework.

Visit [www.skillsforcare.org.uk/carecertificate](http://www.skillsforcare.org.uk/carecertificate)

### Find high quality learning providers

Our endorsed provider directory lists high quality learning providers who are endorsed by Skills for Care.

Visit [www.skillsforcare.org.uk/findaprovider](http://www.skillsforcare.org.uk/findaprovider)

## Case study 3.4: improving learning and development



**“Once we gave staff real training, they started to understand the difference between what we offered and the poor quality of learning that the previous manager had arranged.”**

Alex Ball is the Group Operations Coordinator at Stow Healthcare, who buy failing care homes and improve them. She explains how they addressed learning and development for staff in one failing service.

### What they did

“I work closely with colleagues to improve learning and development in underperforming services.

“We recently acquired an ‘inadequate’-rated service, where the previous manager had neglected training for staff.

“When I looked at the staff training matrix, it implied that they’d done the training, but there were no certificates or other evidence to back this up.

“The service also relied heavily on eLearning but staff told us that they didn’t get anything out of this type of training. For example, we noticed that staff didn’t use the correct moving and handling techniques and didn’t support people to move in a dignified manner.

“For us, face to face training was vital to develop the skills and knowledge of staff. Within the first few months, we introduced a programme of training for everyone, which included refresher training around mandatory topics.

“Most of this learning was done on site and we brought in the expertise of external trainers.






“We also monitored the impact that learning and development had on staff performance. We want staff members to apply their learning in the workplace, not just understand the theory.

“We gave staff the opportunity to champion a specific subject and then share this knowledge with colleagues. For example, one member of staff spent time shadowing staff in our local hospice to develop her skills. She came back to the care home and shared this experience with the team to improve the quality of end of life care.”



## Top tips to improve learning and development

There are lots more tips to improve learning and development in your organisation in Section 1.5: invest in learning and development to support improvement.

	Ensure that training is fit for purpose, and meets the requirements for each specific role and the level of experience of your staff members.
	Develop champions to specialise in key areas of your service and encourage them to share their learning with the team.
	Monitor staff progress as a result of learning and development, and celebrate their achievements.
	Ask for regular feedback to identify any gaps in learning and development. You could do this in supervisions or team meetings. Review this feedback and make changes, where needed, to resolve potential issues or barriers to learning and development.
	Encourage a learning culture within your team. For example, include a slot in staff meetings to share learning.

## Resources to help

### Guide to developing your staff

There are lots of ways to learn new things and it doesn't need to be expensive. This online guide will help you to plan, deliver and evaluate the learning and development that you provide for your staff.

Visit [www.skillsforcare.org.uk/developingstaff](http://www.skillsforcare.org.uk/developingstaff)

### Find high quality learning providers

Our endorsed provider directory lists high quality learning providers who are endorsed by Skills for Care.

Visit [www.skillsforcare.org.uk/findaprovider](http://www.skillsforcare.org.uk/findaprovider)

## Case study 3.5: improving leadership and management practices



**“There was an absence of a deputy manager at both services. It was not feasible that the registered manager could complete all of the necessary tasks involved in running two services on their own.”**

Skills for Care worked with a care home, with nursing care, which was rated ‘requires improvement’ across all five KLOEs. The inspector found that there was no cover when registered managers were on annual leave, so staff were often left without managerial support. Our locality manager, Rachel Reid, worked with them to develop new deputy managers to provide cover.

### What they did

“The service identified staff who could be deputy managers.

“The deputy managers completed the ‘Lead to succeed’ development programme which builds the leadership skills of new and aspiring care managers.

“After this, we reviewed their current practice, identified areas for improvement and ways to collect evidence for CQC inspections.







“We also facilitated a session to explore the fundamentals of high quality care and support and how they would support their teams to deliver this.

The inspector said: ‘the provider had satisfactory management support in place to make sure staff would be appropriately supported if the registered manager was absent. Staff spoke positively about the management of the service and consistently felt managers were supportive.’

“All registered managers need space to focus on improving their service, learning from best practice and working with others. Unfortunately, the reality for many is that they’re overstretched and under pressure, so they need to be able to delegate.

“Where managers are able to delegate, it’s important that delegated tasks are completed and carried out to the required standard. It’s important that everyone in the team accepts their personal accountability. Having the confidence to empower others can be transformational.”

## Top tips to improve leadership and management

	Be prepared to delegate – there's little point having great deputies if managers are unwilling to use them.
	When appointing new deputy managers, take a values-based approach to recruitment. Also test their core skills, abilities and appetite for excelling in the role. Avoid appointing deputies based purely on length of service.
	Ensure that you have clearly defined roles and responsibilities across the service, including at deputy manager level.
	Put in place defined governance processes to check that delegated tasks have been completed and carried out to the required standard.
	Give deputy managers ongoing support and opportunities for learning and development. This will help them to grow in their roles and take on new responsibilities.
	With a high turnover impacting all roles, be on the lookout for new talent, and support existing staff to develop, to grow future managers within your service.

## Resources to help

### Manager Induction Standards

These standards set out what a manager needs to know and understand to perform well in their role.

Visit [www.skillsforcare.org.uk/MIS](http://www.skillsforcare.org.uk/MIS)



## Case study 3.6: improving safeguarding practices



Skills for Care worked with a care home that was rated ‘inadequate’ and received a condition on their registration from the CQC. The inspector was very concerned by their findings and, on further investigation, we uncovered issues around their safeguarding practices that required urgent action. Our locality manager, Clare Smout, worked with them to address these.

### What they did

“The first thing I noticed was that the managers and staff had a very limited understanding about safeguarding practices and processes. This meant the service had a culture where concerns of abuse and neglect weren’t identified, reported or investigated.

“I’ve always worked in environments where raising safeguarding concerns has been seen as positive practice; however, this isn’t always the case. Many services are still worried that raising concerns highlights negative practice and that this could impact their contracts and reputation. Often this means that safeguarding concerns are either ignored or dealt with in-house, without a systematic and thorough investigation.

During the group activities, we discussed how comfortable staff felt to whistle-blow to the management team or directly to the local authority. I reviewed these findings with the registered manager who, as a result, arranged safeguarding training, introduced regular supervisions and adopted a positive culture around whistle-blowing and safeguarding.








“I also worked with the registered manager to make contact with the local authority’s adult safeguarding team. They’re happy to give advice and guidance, as well as to carry out investigations. For example, they’ll help you to identify whether concerns fall into the category of ‘abuse’ and will confirm whether a safeguarding concern needs to be raised or not.

“This training and culture change meant that staff became more forthcoming with their concerns and embraced safeguarding in a positive way.

“The registered manager is now more confident about how to raise concerns, who to speak to for advice and has also reviewed and updated the service’s procedures and processes.

“Throughout the time I spent with the service, I saw significant progress and the CQC rerated them as ‘requires improvement’.”

## Top tips to improve safeguarding practices

	Always ensure that any safeguarding concerns are raised with both the local safeguarding board/team and the CQC at the earliest opportunity. Don't delay.
	It's fine to fact-find in order to provide the local safeguarding board/team with the required information, but ensure that you don't investigate anything until you've spoken to them.
	If you've been authorised to investigate the concern yourself, follow the procedures outlined by the local authority.
	Clearly document your investigation. Show how you've followed up on actions, and how they've been communicated and embedded into your service. If you've implemented improvements, evaluate them as part of your ongoing quality assurance.
	<p>If you need to attend an adult safeguarding meeting, go prepared. They'll ask you questions about the safeguarding incident and what's happened since.</p> <p>Depending on the nature of the safeguarding concerns, you also need to be prepared to keep in regular contact with the safeguarding team, attend follow-ups or have one-to-one meetings.</p> <p>Create a folder of facts and information relating to the incident and include action plans (ensuring that you comply with General Data Protection Regulations).</p>
	Regularly refresh learning and development around safeguarding, appropriate to the roles and responsibilities of staff members. Managers' and leaders' understanding must be at an advanced level.
	Establish and maintain effective relationships with the local safeguarding board/teams and other local providers, so that you can learn and share best practice about safeguarding.

# Case study 3.7: improving the medication process



**“For us to address medication and other issues impacting the safety of the home, we needed to go back to basics.”**

Before the current owner took over Halstead Hall in Essex, the service had poor levels of safety, in particular around how they managed and administered medication. Their CQC report highlighted a wide range of failings, including that medicines weren't safely stored, medicines were missing but not reported, medication records were poorly maintained, and medication policies were outdated and not followed. These shortfalls were a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When the new owners started, they prioritised improving the medication process. Their registered manager, Heather Choat, explains how they improved the medication process, which contributed to them achieving a 'good' CQC rating.

## What they did

“When I first started, we found a serious error in administering medication, so we immediately stopped senior staff from administering it. It was my biggest priority to ensure the home was safe, before anything else.

“The previous manager had developed an improvement plan, but it wasn't fit for purpose, so we reviewed it in line with what the CQC report and local authority said about the medication process.







“It was clear that nobody understood what it meant to make the home 'safe' because they hadn't had the right training to know what 'safe' should look like.

“We brought in agency staff to administer medication. Although this was a considerable cost to the business, it was essential until we were confident that staff were competent to do it.

“Staff did comprehensive training around managing and administering medication, and we assessed and tested their competence. As part of the training, we asked staff to reflect on what they'd done previously, to understand what they'd done wrong and how they could change this.



## Top tips to improve medication practice

	Ensure medications are managed in line with NICE and Royal Pharmaceutical Society guidelines.
	Involve people who need care and support (and/or their families) in regular medicine reviews and risk assessments.
	Support people to make decisions around their medication and manage their own medicines, wherever possible, and with risk assessments in place.
	Ensure that staff understand the process for ordering and disposing of medicines.
	Ensure staff complete the right training and are competent to administer medicines.
	Complete medication and administration records with the full information. Consider using digital technology to support this.

## Case study 3.8: improving care plans



**“It’s important that the information we have presents a whole picture of our residents.”**

Person-centred care plans are vital to delivering high quality care and support. Before the current owner took over Halstead Hall in Essex, the service received a ‘requires improvement’ rating for the ‘responsive’.

### What they did

“When I first started, the information in the care plans was so basic that you couldn’t do anything with it. They didn’t provide enough of the right information to enable staff to support residents in a person-centred way, and they were stored in a part of the building that staff couldn’t access. Only the manager and a few of the senior team could access the care plans and they didn’t share this information with care staff.

“We decided to start again with writing the care plans, as if we were welcoming a new resident to the service.

“We involved residents, their families and friends in the care planning process. We also involved other professionals that we work with, for example, the local GP reviewed the medical records.

“Staff were also involved in the process. They found this was really useful to develop their knowledge in other topics, such as the Mental Capacity Act and positive risk taking. We included staff from all areas, including kitchen and domestic staff, to capture information from all areas of the service.






“We use digital care plans that all staff could access on tablets, so they can carry them throughout the day and consult or update them when needed.

“This process helped us to improve the quality of care and support. The care plans are reflective of our residents’ needs and we can be confident that staff know how to support that person in the way that they want.

“For example, one of our residents was depressed and, through the care planning process, we learnt about their love of gardening. Since then, staff encourage the resident to help with gardening in the care home and this has really improved their health and wellbeing. We did a risk assessment and put the appropriate actions in place to enable this to happen.

“When the service was reinspected, we achieved a ‘good’ rating and the ‘responsive’ KLOE was celebrated in the inspection report.”

## Top tips to improve care plans

	Ensure that all staff understand their responsibilities around using, reviewing and updating care plans.
	Give staff enough time to read and ask questions about people's care plans.
	Fill in care plans <i>with</i> people and their families, rather than <i>for</i> them.
	Review and update care plans regularly.
	Ensure care plans are clearly laid out and easy to understand, and that all staff can access them.

## Case study 3.9: improving supervision



**“Staff received informal supervision and appraisals on an ad-hoc basis. There were no formal systems and processes in place to ensure that staff were supported and monitored.”**

Skills for Care worked with a home care agency that was rated ‘requires improvement’ across three KLOEs. The inspection report highlighted weaknesses in their management processes, especially in staff supervisions. Our locality manager, Caroline Theodorou, worked with them to improve these.

### What they did

“It’s really important that those responsible for delivering a ‘well-led’ service use supervision as a practical tool to build staff confidence.

“I delivered a half-day seminar to the senior management team about the importance of effective supervision and ‘The roles of the supervisor’ sections. We talked about how supervision linked to continuous improvement and being ‘well-led’.

“We also developed a form which managers can use in supervisions. It covered topics such as:

- health and safety
- safeguarding
- views about delivery of service
- learning and development
- standards of working, including, timekeeping, attendance and illness
- team work
- annual leave and rotas.

“We developed a spreadsheet for monitoring supervisions that had the annual schedule on the front sheet and a tab for each staff member. On each member’s record, it logged any issues or activities identified in their supervision, and colour coded them with ‘red’, for actions to take, and ‘green’, for when they were completed. The responsible person checked this spreadsheet regularly with the registered manager as part of the quality assurance process.

“Managers did a training course about supervision with a learning provider that was endorsed by Skills for Care. This course was part of the ‘Lead to Succeed’ learning programme. It looked at supervision policies, management responsibilities, medication, when and where supervision should be offered and how to deal with difficult matters.

“The CQC reinspected the service as ‘good’ a year later and the inspector highlighted where the service was now meeting the standard, including staff support and supervision.






“The report said: ‘staff felt supported by team meetings, formal and informal supervision, and they had a structured opportunity to discuss their practice and development.’

“Regular supervision ensures staff are supported, accept accountability for their work and can identify learning and development opportunities.

“The CQC want to see structured, formalised and documented supervision that links to values, learning, development and appraisals.

“They also want to see how you follow up from supervisions, for example, how you manage training requests and performance issues resulting from the supervision process.”

## Top tips to improve supervision

	Recognise that some managers might not naturally be effective supervisors. Assess their competence and consider additional training to develop their skills.
	Look at what works well and where you can improve. Talk to supervisors and staff to see what’s beneficial for both of them and trial any improvements.
	Ensure there’s consistent support for all staff, but be aware that your approach to supervision should be shaped around their differing needs and personalities.
	Have consistent supervisions at appropriate times. Set aside dedicated time and include this when planning your staff rotas.
	Record key information about supervisions. This will help you to reflect on previous supervisions and progress, and can also help you to evidence supervisions for CQC inspections.



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