

Good and outstanding care

Transitional monitoring approach

Safe

This resource includes good practice recommendations related to the Care Quality Commission's (CQC) Transitional Monitoring Approach focus being used by inspectors from October 2020.

Whilst the recommendations predate the COVID-19 pandemic, they provide insight from existing CQC inspection reports as what constitutes good and outstanding practice.

As part of their Transitional Monitoring Approach, CQC inspectors will look at most areas of Safe from their full framework. The conversations that they have aim to identify if safe care is being delivered across the service in relation to both the pandemic response and other factors protecting people.

The document covers the following Key Lines of Enquiry:

- S1. How do systems, processes and practices safeguard people from abuse?**
- S2. How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?**
- S3. How does the service make sure that there are sufficient numbers of suitable staff to support people to stay safe and meet their needs?**
- S4. How do you ensure the proper and safe use of medicines?**
- S5. How well are people protected by the prevention and control of infection?**

Service type key:

A = Applicable to all services

C = Community based care, including homecare

R = Residential and nursing homes

For organisations who may be subject to a full CQC inspection, please refer to our main [Good and outstanding care guide](#).

S1. Safeguarding

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

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

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



Available to help

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

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

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

S2. Managing risk

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

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

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

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

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



Available to help

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

[Risk assessment webinar and resources \(Skills for Care\)](#)

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

S3. Safe staffing

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

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

Recommendations from good and outstanding providers		Service type
	Ensure staffing levels are based on the needs of people who need care and support, as set out in their care plans.	
	Use workforce planning tools to ensure they have the right mix and numbers of staff to deliver the care and support needed.	
	Ensure staff are capable and confident on all safety related training, including fire safety, health and safety, assisting and moving, basic life support etc.	
	Have a clear policy on what volunteers can/can't do and involve volunteers in supporting people (e.g. engaging in social and leisure activities).	
	Ensure staff safety is as important as protecting the people who need care and support.	
	Schedule and communicate rotas at the earliest opportunity. Make sure people know how/when these are shared	
	Have effective contingency plans to ensure enough staff are on duty to meet extra care needs that may be required and to cover sickness and other obstacles.	
	Always risk assess staff doing additional hours. Look at their sickness records and ensure they have always had a minimum of 24 hours (uninterrupted) off during a seven day period.	
	If staff values aren't appropriate or their quality of care is not good enough, performance manage them to either improve or leave.	

	<p>Plan for there to be enough staff to always visit people on time. Have effective procedures in place to let people know if their worker is on their way, but will be late.</p>	
	<p>When scheduling care provided by community services, ensure travel time has been effectively taken into account (and not impact the amount of time spent providing the care needed).</p>	
	<p>Notify people who need care and support in advance if there is a change of care worker.</p>	

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



Available to help

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

[Contingency planning webinar and resources](#)
(Skills for Care)

S4. Medicines

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

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

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

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

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



Available to help

[Medication \(Skills for Care\)](#)

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

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

S5. Infection and control

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

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

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



Available to help

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

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

[COVID-19: Guidance from other agencies](#)