skillsforcare

Guide to improvement

How to recover your rating after falling below CQC standards

Single Assessment Framework

THE OUTSTANDING SOCIETY

Foreword

With CQC assessments having been heavily risk based, and with the social care environment facing notable pressures in recent years, a greater proportion of services may have found themselves with a Requires Improvement or Inadequate rating.

Helping your service move forward after a difficult CQC assessment is critical to its ongoing success and your ability to provide quality care to all those you look after.

At Stow Healthcare, our experience is entirely focused on acquiring care services that have had a difficult past, often including regulatory failure, and supporting those services to have a bright future, which for four of our eight care homes has seen us achieve an Outstanding rating.

In our view there are common themes to the reasons why a care service may be struggling, and equally there are solutions that can apply across many types of service to get you where you need to be.

It is important to be really open and honest when areas for improvement have been identified with your service. When you have poured your heart and soul into doing your best for those in your care, a poor assessment, whether from the regulator or local authority can be difficult to accept. In my experience however, this is the time to look with fresh eyes, talk to all those associated with your service and really think about where the service can do things a bit differently.

Do start with the people at the centre of your service. Ask if plans for their care truly reflect who they are, their goals and how they wish to be supported?

Do involve your team members. Ask if they feel confident and have the tools needed to do their jobs properly? Are the right structures in place to listen to them and empower them?

Do be open about what you think you need to do, and also others think needs to be done – as providers or managers we will simply not have all the answers ourselves.

The journey to improvement is never one that we should think of as being 'complete'. The moment we think that, we actually start to miss the issues that might arise in our services. This is where it is doubly important to listen to feedback and review the effectiveness of your clinical or operational governance to ensure nothing is being missed.

We must also look outside our own service or company to see what we can learn from others. This is where organisations such as Skills for Care or The Outstanding Society can be most helpful, offering free to access knowledge, insight and updates.

Ultimately, the world of social care does not stand still. Every Good or Outstanding rated service should have aspirations for areas in which it can do better, innovate more, or share learning with others. My Outstanding rated homes take up an equal proportion of time to others that are rated good, or awaiting their first CQC assessment. Services may be at a different point on a journey, but that journey should never stop.

Ruth French
Director, Stow Healthcare
Non-Executive Director, The Outstanding Society

About the Guide to improvement: Single Assessment Framework edition

This guide is for frontline managers, quality and compliance leads, and others from adult social care providers who are needed to help the service recover from a CQC Requires improvement or Inadequate rating.

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 Single Assessment Framework.

Informed by CQC assessments and practical recommendations from services who have successfully recovered after falling below national standards, the guide aims to help services to bounce back.

It includes insight into how to avoid issues causing services to fall below CQC expectations, as well as examples of how to implement sustainable solutions.

This guide acts as a companion piece to Skills for Care's GO Online: Inspection toolkit and GO Guide, as well as our wider range of resources aimed at helping you to improve.

Contents

Introduction

Why do adult social care providers fall below the CQC standards.

Each year hundreds of adult social care providers fall below the CQC standards as part of the regulator's ongoing assessments.

In the past 5 years over 4000 CQC assessments of adult social care services has resulted in services being given an overall Requires improvement or Inadequate rating.

For some, a Requires improvement or Inadequate rating may come as a complete surprise, but for others it confirms what people, families and staff at the service have feared, the quality of care is not good enough.

There is often no singular reason why adult social care providers fall below CQC standards, but there are some common recurring issues that result in the failings which this guide looks at in more detail.

Depending on the severity of what the CQC has found, they will take a proportionate response but some of their actions are enshrined in law to ensure people receive safe care and support. CQC actions may 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.

Where the standard of care has fallen below acceptable levels, it's vital that you take action to improve your service. Too often, adult social care services have been slow to respond to improvements or too quick to implement changes that might not tackle the root cause of the problem.

By being aware of the quality of care that is expected and the warning signs of slipping below these standards, we hope this update to our Guide to improvement helps adult social care providers to avoid issues or recover from them.

Whilst the CQC will expect you to improve, they will not dictate how to achieve this.

Newer providers and less experienced managers have often highlighted that the CQC's non-prescriptive approach to regulating care means they must second-guess what Good and Outstanding care may look like.

Ultimately, whilst the CQC may point out the failings, it's up to you to review what your service does and decide the best course of action – but we hope this guide and Skills for Care's wider Good and Outstanding care related can helps you to consider your best next step.

The benefits of making improvements

"The CQC assessment can be viewed as a tool to help improve areas where you may not have been aware you were falling short. It is something to embrace and learn from."

Senior carer, Homecare provider

Regardless of your current rating, there are lots of reasons why your service should be committed to making improvements.

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.

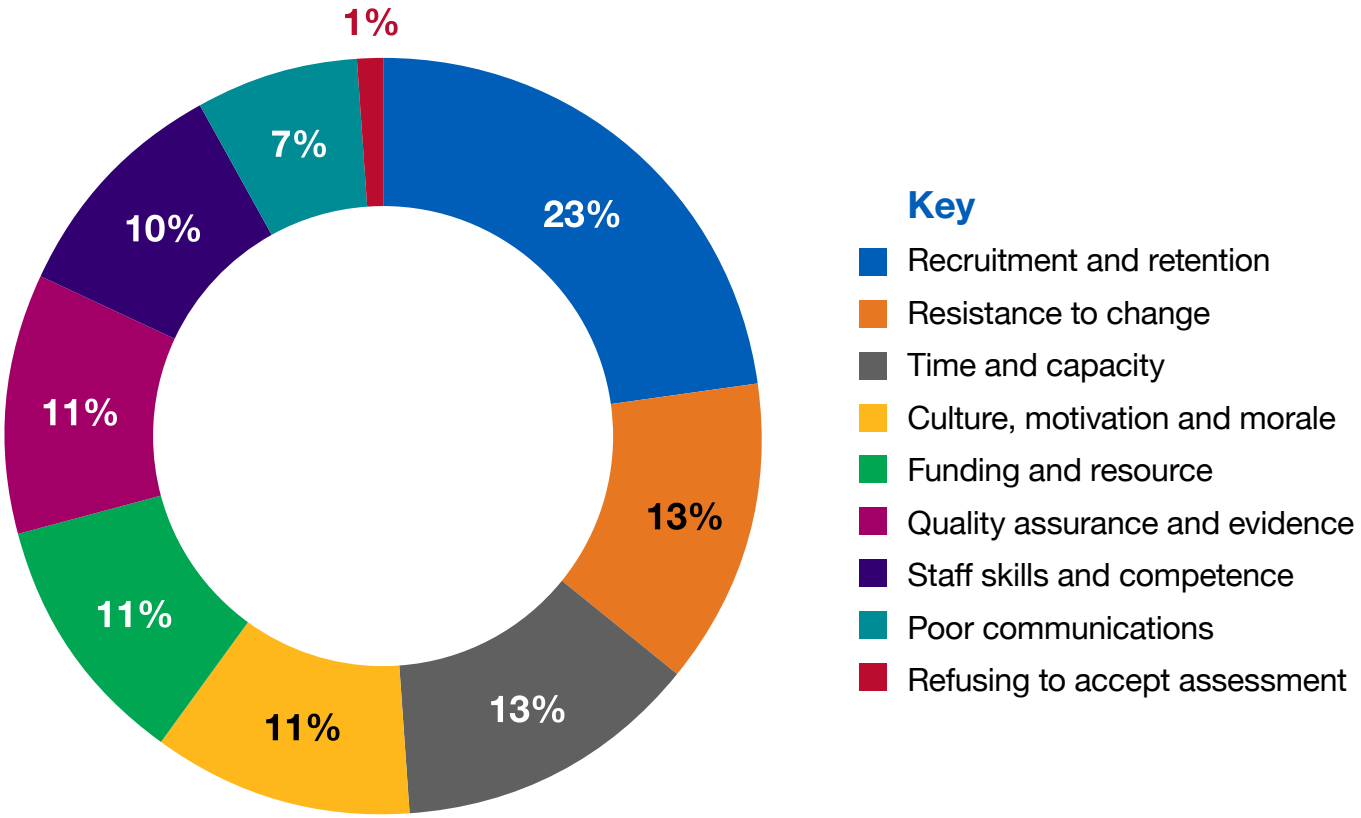
If your service is rated Outstanding, making improvements can help you to:

- 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
- achieve positive media exposure to help you to attract new commissions, customers and staff
- become even more efficient.

What might disrupt your improvement journey

Whilst making improvements will be a priority following a poor CQC assessment, there are multiple reasons why many adult social care services do not recover as quickly as they hope.

In preparing for the latest update to this guide, Skills for Care surveyed frontline managers about what they considered the biggest obstacles to improvement:



Some examples of these obstacles and potential solutions are included below, but many of these are explored in more detail later in this guide.

Recruitment and retention

We continue to be rated Requires improvement because so much of my week is spent trying to recruit."

Registered manager, Homecare service

The high turnover of staff can be a constant drain on resources and can lead to unsafe staffing levels.

Providers often highlight that ongoing recruitment distracts from their manager's ability to focus on driving forward improvements at the service.

Managers will need to be supported by the provider to delegate recruitment or improvement responsibilities to overcome this challenge.

Resistance to change

"You need to ensure everyone is on board with the changes and know what they need to do."

Quality assurance lead, Learning disability service

It's possible that not everybody wants to see your service improve. Resistance to change may result from owners unwilling to invest in what is needed, or through managers and leaders failing to acknowledge their faults, or sometimes staff unprepared to change their ways etc.

For the service to improve, the culture and attitudes of individuals need to change, and sometimes robust performance management and new personnel might be a key part of the solution.

Time and capacity

"There's a lack of care staff to free me up to do my managerial duties as I have to provide care as well as everything else."

Registered manager, Community-based service

Where services struggle to improve, this is because their managers' time is often drawn upon by a multitude of other issues across the day-to-day management of the service.

Despite best intentions, finding the time to drive forward improvements is often dropped when a more urgent issue occurs. However, empowering others in the service to deal with the day-to-day issues can help carve out the time to improve.

Culture, motivation, and morale

"There are relatively easy steps you can take to improve but it's a team effort."

General manager, Residential care

From dangerous closed cultures to services lacking in transparency, a poor workplace culture can be hugely damaging to the quality of care provided.

The culture of the service is often set by the owners, leaders and managers and overcoming failings may sometimes require a change in senior personnel. However, the wider staff team and the people you support can often be central in informing what the culture of the service needs to be in order to deliver quality care.

Funding and resource

"The commissioning needs to change to deliver the standards of care that people expect. We simply cannot afford to continue otherwise."

Manager, Homecare provider

A lot of concern was focused on the amounts paid by local authorities not being sufficient to meet people's needs or the quality of care the provider wanted to offer. This often impacted the amount providers could pay staff, and the knock-on effect on recruitment and retention.

However, managers and staff were concerned that some provider owners were often unwilling to invest in the improvements that were needed. This impacted multiple parts of the service including safe environments and equipment, staffing levels, training, digital solutions etc.

Poor communications

"We hold resident and family meetings where we were open, transparent and keep them updated on progress."

Registered manager, Residential care

Driving forward improvements will need to be a whole team effort, but this will only be possible if you effectively engage those that will help you on this journey.

Open and honest communications are needed throughout the process, helping to build initial understanding of the issues and how you are going to overcome them. With people, families, external professionals, and staff all central to improvements, securing their buy-in and keeping them informed of progress is key.

Refusing to accept what the CQC find

"I have learnt to avoid wasting time on criticising CQC feedback and focus on making immediate improvements."

Registered manager, Homecare provider

Providers falling below CQC standards will be disappointed, and some may point the finger at the regulator not understanding their service or inconsistencies across what different inspectors deem as important.

Whilst it is important to challenge inaccuracies in assessment findings, the CQC carefully considers evidence when deciding the rating of a service. Most services rated Requires improvement or Inadequate will be justifiably falling below standards at the point of assessment.

Building blocks of improvement

There are several essential building blocks to improvement to ensure your service can recover. Before you can plan improvements, you may need to remove the barriers that can impact the success of implementing some of these.

This section of the guide looks at each of the building blocks that have proved effective for many adult social care providers in delivering an effective and sustainable improvement.

Understanding the regulations

"CQC and the thought of an assessment can be daunting, and the regulations can often feel overwhelming.

Not everyone speaks "CQC" so it is about breaking it down into bitesize chunks to help your whole team understand the basics so everyone can go on the journey together.

Start with the five key questions 'Safe, Effective, Caring, Responsive & Well Led' and use these to create themed sessions with your team around the quality statement under that question. These can form agenda items at staff meetings, displays in the home or key topics for supervisions.

Make the theme relevant to the audience. For care and clinical staff, the safe use of medication is key for the 'safe' criteria. Every member of the team has piece of the puzzle to contribute to the wider picture of the service. Make sure they know it."

Alex Ball, Operations Manager, Stow Healthcare

The CQC's primarily role is to monitor, assess and regulate services to make sure they meet fundamental standards of quality and safety. All regulated services are expected to comply with the CQC regulations.

Since the pandemic, the CQC has evolved their approach to assessing all regulated services. With the introduction of their Single Assessment Framework, the CQC now risk assesses the need to look more closely at the quality of care that is being provided.

This risk assessment approach looks at the data and feedback that the CQC receive about an organisation to determine if there is a need to re-assess. Through monthly monitoring and feedback, they receive about your service, the CQC will decide when is best to assess / reassess.

What triggers a CQC assessment is exactly the same as what might trigger a reassessment. The fact that a service is already rated Inadequate or Requires improvement will be a key influencer in the CQC's decision to reassess, but they will regard some issues more important than others when planning follow up actions.

Other factors that can prompt an assessment / reassessment include:

- concerns received about the care people received
- an increase in Safeguarding notifications and reports of abuse
- concerns about accuracy of record management at the service
- reports of ineffective procedures related to medicine management
- issues raised by third parties related to safety and reporting of injuries
- issues raised about unsafe recruitment practices and safe staffing levels
- third party concerns raised about the cleanliness of the service
- reports of a closed culture, bullying and harassment
- poor communication with the service

Where the CQC have serious concerns about the quality of care being provided, they are likely to return to reassess much sooner than where lighter issues have been identified.

With around 90% of CQC assessments linked to services falling below their standards in recent years, if you fall below their standards then a reassessment is guaranteed … even if the time it takes may vary.

Knowing what is expected is essential

"You need to learn what is expected to ensure to have proper policies and procedures in place to meet CQC assessments."

Registered manager, Nursing home

Understanding the CQC's Single Assessment Framework and the CQC Regulations that sit behind it, is essential for any regulated service.

Every leader and manager should ensure that they understand all aspects of regulated care to shape their care around these national standards. This is equally true of the staff team heavily involved in quality assurance and internal auditing.

The first step when falling below CQC expectations in any aspect of their assessment is to review their Regulations and associated guidance to help determine the expected benchmark.

"The provider had failed to learn from the four previous CQC assessments. This demonstrated to us that the provider had little understanding of the Regulations and what standards were required to achieve compliance and provide a good service to the people in their care."

CQC assessment report

Fundamental standards

Put simply, the fundamental standards are the standards of care that the CQC expects every regulated adult social care service in England to deliver.

They cover a combination of the quality of care that needs to be delivered and how a regulated services will need to be managed:

- Person-centred care
- Visiting and accompanying
- Dignity and respect
- Consent
- Safety
- Safeguarding from abuse
- Food and drink
- Premises and equipment
- Complaints
- Good governance
- Staffing
- Fit and proper staff
- Duty of candour
- Display of ratings

If you are not familiar with the fundamental standards, it is important to read more about them via the CQC's website.

"Understanding the regulations is pretty simple the way we do it at The Close. We take the learning out of the managers office and share it around the home. The new Single Assessment Framework lists each quality statement and the related regulations number. We share theses with the team in a bite size format and allow conversations and discussions to form that weeks agendas and story.

Making sure every person who accesses your service understands the regulations which govern the way they live and/or work mean that people really are at the heart of your service and are informed and involved in the decision making process that comes ahead."

Sanjay Dhrona, Managing Director, The Close Care Home
Non-Executive Director, The Outstanding Society

CQC Regulations

Backing up the fundamental standards and giving power to the CQC as the national regulator of health and social care is their Regulations.

These are directly related to either the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 or the Care Quality Commission (Registration) Regulations 2009.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- 4: Requirements where the service provider is an individual or partnership
- 5: Fit and proper persons: directors
- 6: Requirement where the service provider is a body other than a partnership
- 7: Requirements relating to registered managers
- 8: General
- 9: Person-centred care
- 9A: Visiting and accompanying in care homes, hospitals and hospices
- 10: Dignity and respect
- 11: Need for consent
- 12: Safe care and treatment
- 13: Safeguarding service users from abuse and improper treatment
- 14: Meeting nutritional and hydration needs
- 15: Premises and equipment
- Regulation
- 16: Receiving and acting on complaints
- 17: Good governance
- 18: Staffing
- 19: Fit and proper persons employed
- 20: Duty of candour
- 20A: Requirement as to display of performance assessments

Care Quality Commission (Registration) Regulations 2009

- 12: Statement of purpose
- 13: Financial position
- 14: Notice of absence
- 15: Notice of changes
- 16: Notification of death of service user
- 17: Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983
- 18: Notification of other incidents
- 19: Fees
- 20: Requirements relating to termination of pregnancies
- 21: Death of a service provider
- 22A: Form of notifications to the Commission

Where services fall below CQC's expectations, the inspectors often highlight how this breaches Regulations as justification for both the rating and the follow-up action needed.

If you are not familiar with the CQC Regulations, it is important to read more about them via the CQC's website. This includes not only the Regulations themselves, but also associated guidance that can help you to understand broad expectations about how to meet these.

Single Assessment Framework

The CQC Single Assessment Framework is the approach they use to monitor and assess whether CQC regulated providers are complying with their fundamental standards and Regulations.

Since February 2024, all CQC regulated providers are assessed using the Single Assessment Framework which continues to shape assessment and ratings of services around the following Key Questions:

- Safe
- Effective
- Caring
- Responsive
- Well-led

Using a combination of analysing feedback and data they receive about a service, the CQC will consider what and when to assess in more detail.

If they choose to formally assess, the process will be heavily focused around interviews with the people you support, their relatives, your managers, and staff, as well as external professionals who engage with your service.

The evidence gathered from these interviews will be crosschecked against the documented evidence you provide, and residential services may also expect to have the CQC gathering evidence by observing care and support too.

The CQC website explains more about their Single Assessment Framework, whilst Skills for Care has produced the GO Online: Inspection toolkit and GO Guide in partnership with The Outstanding Society to help providers deepen their knowledge.

Enforcement actions

The CQC have a wide range of powers to help protect people from poor quality care. This can vary in severity and impact on a service, but each action acts as a lever to try and ensure the provider acts upon the CQC concern.

Examples from recent CQC assessments include:

"We have also found people's care was not person-centred, people were not always treated in a caring way, people were not supported to do things they enjoyed and there was a lack of management oversight at this assessment. We issued warning notices in relation to people's safe care and treatment, person-centred care and good governance."

CQC assessment report

"We have identified breaches in relation to how complaints were dealt with, how staff were recruited and how people were protected from potential abuse.

We also found concerns with how the service was governed and the systems in place to monitor the care people received.

The overall rating for this service is Inadequate and the service is therefore in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six-months to check for significant improvements."

CQC assessment report

"If the provider has not made enough improvement within this timeframe and there is still a rating of Inadequate for any Key Question or overall rating, we will act in line with our enforcement procedures. This means we will begin preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration."

CQC assessment report

The CQC website includes more information about their Enforcement Policy, as well as the Warning Notices they can issue if a registered person fails to meet a condition of their registration or a legal requirement.

This section of the CQC website also lists what action they can take against each of the regulations they are responsible for enforcing. If you feel those responsible for investing in improvements at your service are not taking the issues seriously, signposting them to this section can help convince them to reconsider.

Creating a culture to improve

"When things went wrong, the provider, registered manager and others in key roles of responsibility within the service, had not been open, honest or transparent."

CQC assessment report

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.

Your culture needs to know how to maintain high standards and how to avoid falling below your own high expectations. This may require owners, managers, and leaders to make some tough business decisions to protect the quality of care.

Leaders and managers must be clear about what standards of care are expected but ensure that the resources and support are there to achieve this. Poor quality of care should not be tolerated and too often failing to address issues leads to a slippery slope of under-performance.

From initial recruitment processes to appraisals of your most senior team members, it is important to highlight what is expected but remind your colleagues of how they will be helped to achieve this.

"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!"

Director, Homecare provider

Even services with the best intentions find themselves over-stretching themselves and falling below CQC standards. Creating a culture where everybody can speak out and challenge decisions that may impact your ability to maintain high standards of care is equally important.

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

✓	Listen to everyone at 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.
✓	Ensure you have a strong sense of identity which embodies your 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.
✓	Be 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.
✓	Have leaders and managers who embody the culture and lead by example. This inspires and motivate staff to do the same.
✓	Be transparent and open with everyone in the service, particularly when it comes to areas for improvement. Whilst a poor assessment 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 assessment result won't help you to engage your staff.
✓	Involve and consult your 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.
✓	Review the culture of your organisation regularly. This ensures that it continues to meet the needs of the service and is facilitating improvement effectively.
✓	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.

"A service's values should be a tangible characteristic of a service. It should be lived and breathed daily and that starts at the top of the chain down to the bottom and beyond.

Do you ask your suppliers to meet your value proposition? If you're not asking questions of suppliers, how can you evidence that to your team and show them equity in process. Your team will see and experience the culture around them and that will form their practice on a daily basis. Honestly is the biggest and most valuable hook when seeking and supporting improvement."

Sanjay Dhrona, Managing Director, The Close Care Home
Non-Executive Director, The Outstanding Society

Engaging others in your improvements

Your journey to improvement is only possible with the support and input from others, helping you to find the right solutions.

Whether these important stakeholders are key team members, your clients or local partnerships and connections, all can provide diverse perspectives and insights, as well as personal and professional experience.

If you involve the right people, their involvement can result in improvements that are relevant, practical and likely to lead to changes that truly make a difference.

Failing to involve the right people risks securing buy-in to the changes, or creating a perception that their views and ideas are being ignored.

In this section we look at how best to involve different groups and roles to help you to both address current areas for improvement and how to further strengthen the service in the future.

This includes:

- Managers and leaders
- Team members
- People
- Networks

Managers and leaders

"Being an owner and manager, it can be difficult to delegate and trust that process will be implemented and done well without you overseeing everything."

Registered manager, Homecare provider

All services need strong leaders and managers to implement improvements. Their role is central to creating the culture and setting the standards of care, as well as inspiring others to do a good job.

Leaders and managers who are dismissive of CQC findings, resist change or don't have the right skills and knowledge to act promptly, put your service at risk of failing to improve.

A poor CQC assessment can be a jolt in the arm for some managers and leaders, providing momentum for essential changes needed at the service. This is often true when standards have slipped due to limited support being provided by the owners of the service.

Where managers and leaders are unwilling to accept new approaches are needed, owners may need to consider a change of personnel. If needed, this should be a carefully managed process following performance management protocol and an effective recruitment drive.

Too often the process is rushed, leading to a quick appointment of managers and leaders who may not be best placed to turn the service around. In reality, a lot of adult social care services falling below CQC standards often fail to appoint a good manager, and many do not stay.

As part of the recruitment of new managers and leaders needed to drive forward improvements, look to those that have proven themselves in other regulated services. If they have only ever managed a service rated Requires improvement or Inadequate, they might not be best placed for your business.

Of course, the answer to new managers and leaders may already be within your service. Within most services there is a wealth or ideas and talent keen to improve the quality of care. These existing colleagues may not have been given opportunities to shine by previous managers and leaders, but through succession planning and support they can now.

> "The registered manager told us there was some disharmony between themselves and some staff members due to the introduction of new procedures."
>
> **CQC reassessment report**

Key considerations for managers and leaders needed to drive forward improvements

To be effective in any improvement journey, you will need capable, compassionate and inclusive leaders able to demonstrate:

- 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.

"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."

Russell Leese, Director, Horizon Healthcare Homes Ltd.

Sometimes it can be good to look outside of the world of social care, and more generally into ways to manage change across a variety of workplaces.

One thing that I have found really helpful is something called the GROW coaching model – this is a great way of encouraging your team or those you care for to participate positively in the development of your service.

GROW stands for 1. Goals – what do we want? 2. Reality – where are we now? 3. Options – what could we do? 4. Way forward – what are we going to do? This can provide a really collaborative structure and means everyone can be brought into your plan. Remember that your are not an island!

Ruth French, Director, Stow Healthcare

Team members

To make improvements happen, you need the right team members. If you have recruited effectively, your team will be one of the first in line to help your service to improve.

Whatever role they have in your service, their daily insight into the delivery of care or the running of the organisation should expertly place them to suggest how things can be improved.

Your team members' 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 ways you can engage staff in improvements.

- Tell staff the outcomes of your CQC assessment 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.

Skills for Care has compiled some of the key characteristics of a team that supports improvement. Use this checklist to understand the strengths and weaknesses of your team and to inform what additional support might be needed.

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

Addressing poor performance, behaviours, and attitudes

"In failing services, you sometimes find that not everybody wants to work to the standards that are needed. You can't be afraid to act 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."

Ruth French, Director, Stow Healthcare

It might not always be easy though and some staff performance and behaviour may be part of the problem. There are some practical steps you can take to address this before considering wider performance management solutions.

- Discuss your issues in one-to-one discussions, such as a supervision. Ensure you have evidence to back-up your concerns
- Try to identify through discussion the reasons why the team member is not performing or behaving as hoped
- Be clear about what is expected from them in their role and responsibilities
- Where further development and support may be required look to arrange this at the earliest opportunity
- Agree an action plan that includes clear individual improvement targets and review dates
- Regularly monitor progress, celebrating where improvements have been made but addressing continued poor performance
- Where a longer period is required for improvements than originally agreed, only confirm this if sufficient progress has been made

People

"We ask family members, relatives and friends to complete a feedback questionnaire on a regular basis 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."

Managing Director, Residential care

People who draw on care and support, their family and friends, and those advocating on their behalf all play a unique role in identifying what adult social care services need to improve, coming up with solutions and ensuring that any changes bring better outcomes.

Services that use people's views to improve, tend to have cultures that are open, transparent and inclusive. Therefore, even when the results can be challenging, it is important to be upfront and honest about the issues identified either in your CQC assessment or other reviews of quality.

Listening to and consulting the people you support is a priority, and something that the CQC will expect you to undertake. 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.

Reviewing where you are now

There are lots of methods you can use to gather people's views and experiences to review where you are now, including:

Improvement forums

- these can bring people who use your service together in virtual or face-to-face meetings to specifically review current issues, and discuss further areas for improvement
- if your CQC assessment or other quality assurance reviews are pointing towards quality issues, it will be essential to involve people and their representatives to unpick the issues

Comment books and suggestion boxes

- whether using a physical resource for residents and visitors in residential services, or an online equivalent for community-based service, take the opportunity to regularly review
- from positive feedback to practical suggestions and complaints, you would be expected to treat all seriously to help improve any areas of care where standards are not being met

Client and resident meetings

- ideally these should already exist across all adult social care services, enabling people and their representatives to learn about the latest at the service and input their own ideas
- whether held virtually or face-to-face, these should be scheduled throughout the year at a frequency that people and their representatives' value
- special meetings can be convened when important issues are needed to be discussed (e.g., how do we respond to the CQC assessment findings)

Verbal feedback

- the people you support, their family, friends and representatives will most likely provide regular verbal feedback via your on-going engagement with them
- it is important that your managers and team know how to record such feedback and where it could be used to strengthen service improvement

Surveys

- undertaking online or paper-based surveys is common practice across adult social care providers
- whilst many providers will offer an annual survey of generic questions, others provide more regular survey opportunities shaped around specific topics and issues

Assessments and reviews

- there will be multiple opportunities to capture people's views of the service whilst assessing and reviewing needs, care planning, risk assessing care, workplace observations, and quality assurance processes
- ensure that your colleagues involved in these processes effectively document issues and have the systems and processes in place to periodically review these

What to ask when involving people and their representatives into your improvement journey?

There is not a definitive list of the questions you can ask in different engagement opportunities, but the sample below can help.

Suggested questions for improvement meetings

- Do you feel there is enough information for you to understand the issue?
- What additional evidence do you think is needed before we can identify the right solution?
- What do you think the impact is on the issue(s) we are looking at?
- What do you think the impact would be if we do not improve?
- Do you feel that there have been any recent changes that may have impacted this issue?
- How can we involve you in this improvement journey?
- Who else do we need to involve in this improvement journey?
- How would you prioritise the improvements that are needed?
- Why do you feel it is important to prioritise in this order?
- What do you think are the contributing factors to the issue(s) identified?
- What do you think are the most practical solutions to address this?
- Do we feel that the improvements are achievable in the timeline proposed?
- How would you like to be kept informed of progress?
- Would you be willing to attend future improvement meetings?

Suggested questions for client and resident meetings

- What do you especially like about the care that is received?
- What would you like to be happier about this service?
- What could we do to improve your overall wellbeing?
- Do you feel heard and respected?
- Have you any suggestions on how we could make your feel safer?
- Do you have any worries/concerns about how you are supported?
- How do you feel about the skills and abilities of your carers?
- If you could change anything about your carers, what would this be?
- What is your view about how this service is managed?
- What do you think we can improve upon in how we communicate information?
- What else would you like to see changed?
- Is there anything else that you would like to discuss?

Suggested questions for family meetings

- What do you especially like about the care that is received?
- How satisfied are you with care provided on a daily basis?
- How do you feel about the skills and abilities of the carers?
- What is your view on how well matched our carers are to your loved one's interests and needs?
- How satisfied are you with the communication you receive?
- How would you rate the overall quality of care provided?
- What is your view on how the service is managed?
- What improvements do you think could be made?
- Have you any suggestions on how to strengthen your ability to feedback concerns?
- How easy do you find it to feedback concerned?

These questions can also be adapted into surveys and other methods to gather the views of people, families, friends and advocates.

Networks

"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."

Deborah Dry, Registered Manager, Windsor Lodge care home

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 assessment, 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.

Connections that can help you to improve

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: ■ Registered Managers Networks ■ CQC provider forums ■ other networks.
✓	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 GO Guide and GO Online: Inspection toolkit and relevant CQC guidance to understand what Good and Outstanding looks like. Use these guides to find ideas about how you can improve. GO Guide and GO Online: Inspection toolkit.

Planning your improvements

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.

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

✓	Review your service as a whole. ■ 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. ■ 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.
✓	Evaluate the outcomes of your service against any key performance indicators. If you're not meeting them, this can show areas for improvement.
✓	Review your last CQC assessment 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.
✓	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.
✓	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: ■ one to one interviews ■ team meetings ■ improvement forums ■ focus groups ■ surveys ■ comment books.
✓	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?

"We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect."

CQC assessment report

Prioritising your improvements

"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. Ongoing communication with staff was important throughout the prioritisation process."

Registered Manager, Residential care

When you've identified areas for improvement, you will 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's 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.

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

Getting to the root cause

"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."

Director, Homecare provider

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 others.

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.

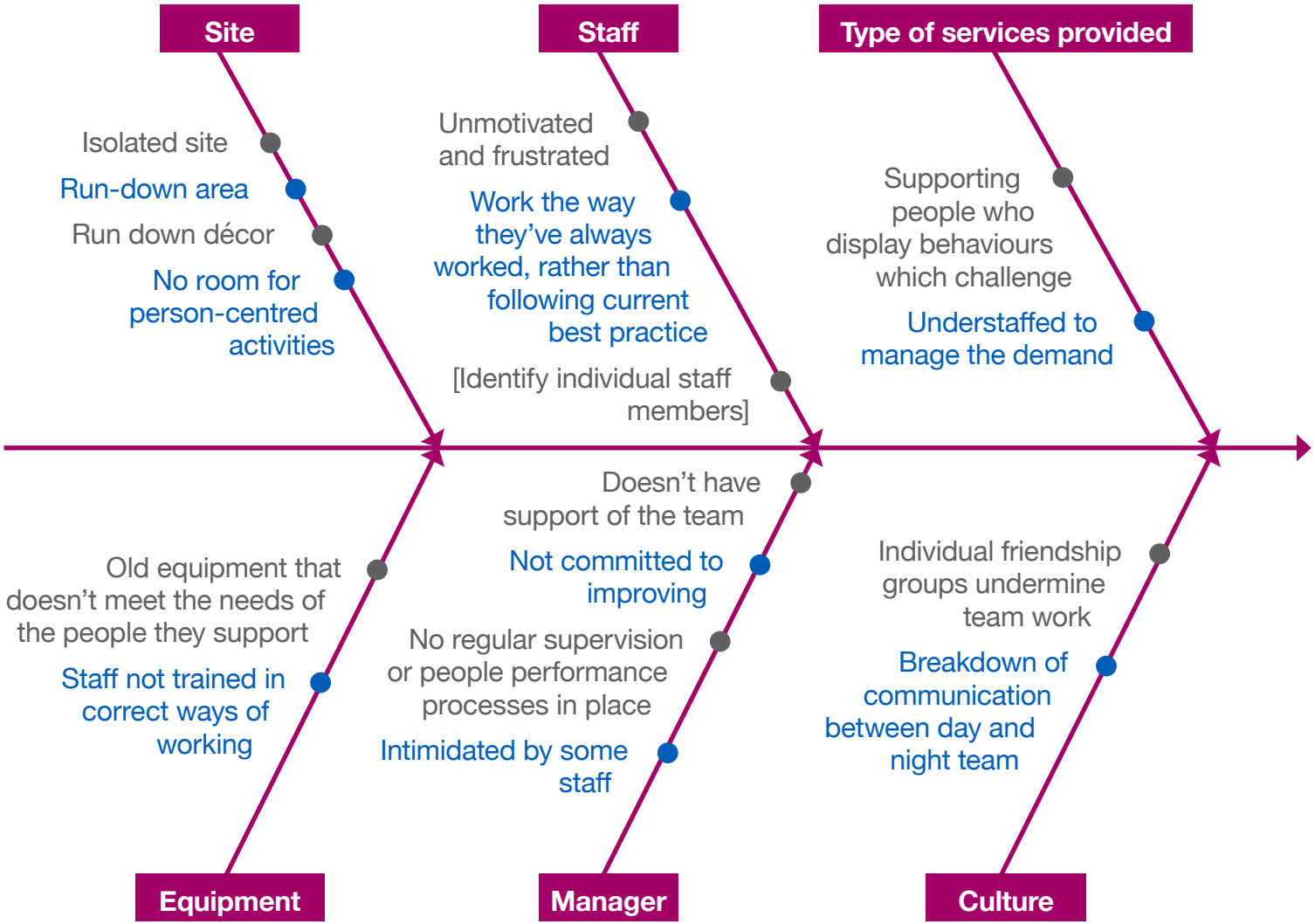
Step 4: Analyse your diagram - this should show all of the possible causes of the problem that you can think of.

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.

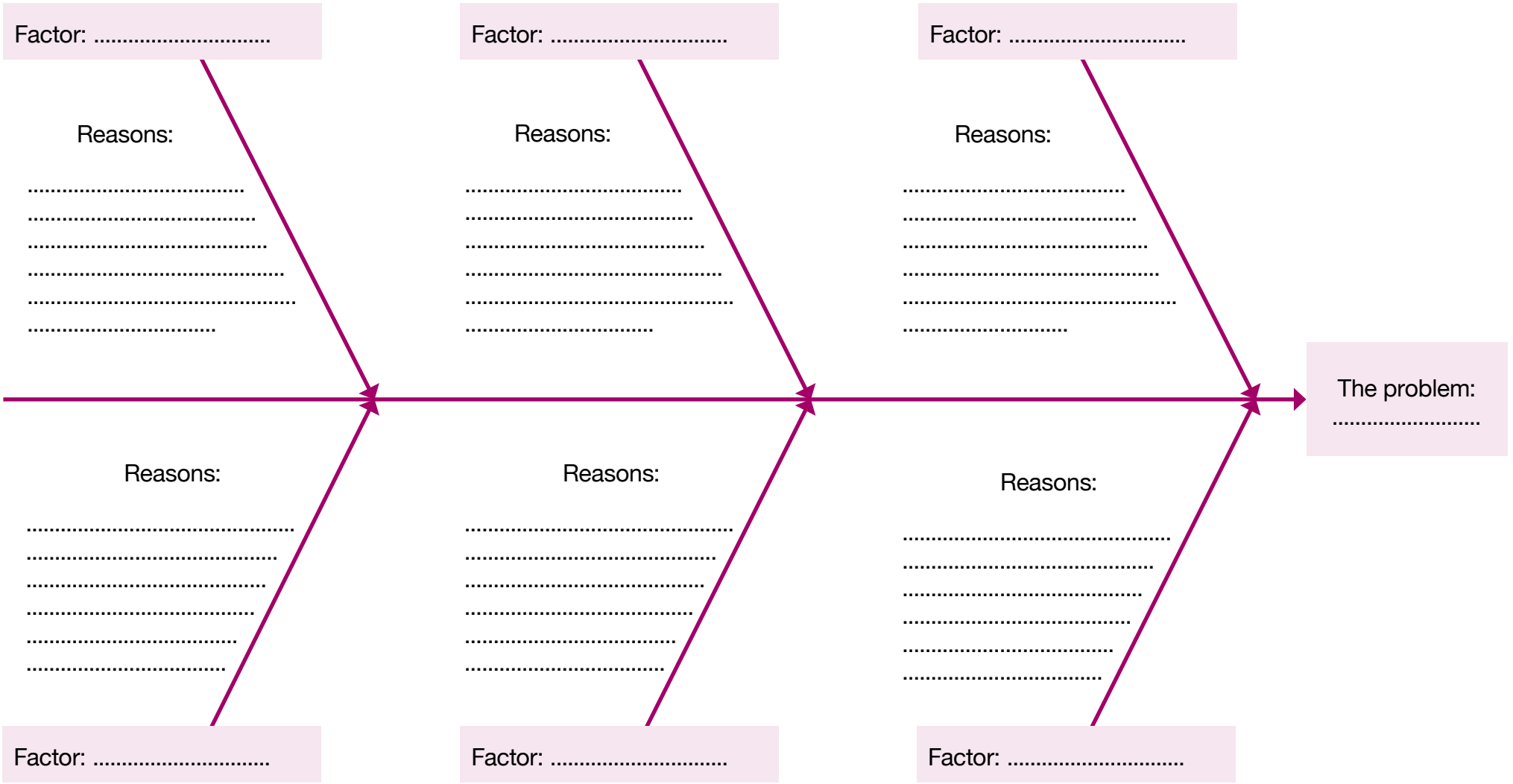
Example Cause and Effect Analysis diagram

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.



From this, you can see several areas for improvement, including improving the workplace culture, developing the manager's skills and implementing people performance management processes.

Think about an issue you have in your service. Fill in this template to help you get to the root cause of the problem.



Action planning

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.

Skills for Care provides access to a free action plan template that you can use or adapt to help you keep focused throughout your improvement journey.

Before you begin to complete your action plan, take time to reflect on the following recommendations.

What to include in your action plan	
✓	Include SMART objectives (Specific, Measurable, Attainable, Relevant and Timely) and a clear list of delegated tasks and timeframes. These should answer: ■ what are you aiming to improve and by how much? ■ when do you plan to complete the improvement by? ■ what do you expect to achieve from the improvement? (For example, a 'Good' CQC rating.) Ensure your action plan includes a clear and explicit definition, so everyone understands what you're doing and why. Avoid a vague and aspirational plan that's difficult to measure. 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.
✓	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.
✓	Align improvements with other organisational objectives, if possible, to help you get leadership buy-in and longer term support.
✓	Set realistic and achievable time frames for each goal to be achieved. Is there a specific time frame, for example, an imminent CQC reassessment? Create milestones to mark significant stages in your progress. Consider splitting your action plan into two parts - short-term actions/quick wins, and long term actions.

✓	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 assessment, 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 assessment.
✓	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.

Once you have developed your action plan, you will need to ensure it is used effectively to ensure it delivers the improvements needed. The following recommendations can help:

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.

Implementing sustainable solutions

"The provider's processes to ensure continuous learning, innovation and improvement across the organisation were not always effective. Slow progress had been made with the service improvement plan and improvements were not always embedded or sustained."

CQC assessment report

When securing investment in improvements, it is important to look for long-term sustainable solutions rather than quick wins that may prove more costly over time.

For example, a provider could address acute staffing shortfalls by using temporary staff, but paying recruitment agency fees over an extended period may cost far more than implementing a new recruitment approach. If the latter is not addressed, all the provider is doing is prolonging the problem at great expense.

If you have effectively planned your improvement journey and identified practical solutions, then this should put you in a strong position to start to implement the changes needed. However, other than implementing the most obvious and low-risk quick wins, always plan to pilot and test.

Piloting and testing

"It's important to test and review the success of changes you introduce. It can be hard to find a metric sometimes, so simple methods are best."

Service manager, Learning disabilities service

The key components of a successful pilot are:

- have clear objectives, consider the intended goal and what good should look like
- benchmark your current position and know how you will regularly monitor progress towards the intended goal
- ensure your stakeholders are bought into the change and believe in what you are aiming to achieve
- know how to keep stakeholders and others connected to the pilot informed of progress through clear communications
- ensure the work is fully resourced with the available budget and people skills at hand
- know what skills, capabilities and tangible systems are needed and acquire these before commencing the pilot
- ensure all roles and responsibilities are clearly defined, including how they will engage with others involved in the pilot
- undertake a thorough risk assessment, knowing what mitigations might be needed and when to implement these
- know how the pilot will navigate around wider changes at your service, and how to avoid these other enhancements skewering your results
- know what feedback, information and data will help you to know if the pilot is performing as intended
- identify what evidence can be used to demonstrate your progress at each stage of the pilot
- in addition to pre-planned review dates, know what should trigger an urgent review or pause in activity
- have a plan b or c, and adopt a flexible approach (but be wary of "scope creep" that might push your pilot in an unhelpful direction)

Strengthening your systems and processes

"Failings and significant concerns we found at the assessment had been identified prior to our visit. This failure of organisational oversight and governance resulted in substantial risks to people and created additional risks to the safety and quality of service provision."

CQC assessment report

If there is an area of Well-led focus that the CQC has looked at most frequently in recent years, it is your governance systems and processes.

With the right systems and processes, adult social care providers can spot and respond to emerging issues before they have a negative impact on the quality of care being provided.

Sadly, all too often the CQC find that their own assessment is the first to identify quality performance issues. Therefore, to avoid such instances occurring and the negative impact this can have on your rating, you will need to have real-time insight into how your service is performing.

Through a combination of ensuring your service adopts effective systems and processes and complements this with robust quality assurance measures, you can ensure emerging quality issues are picked up way before the CQC assess.

Governance systems

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

Organisational systems	Example processes
Operations	■ Workforce planning ■ Managing and supporting staff ■ Budgeting ■ Allocating resources ■ Decision making
Human resources (HR)	■ Recruitment ■ Learning and development ■ Reward and recognition ■ Supervision ■ Internal communications ■ Performance management
Information analysis	■ Quality assurance ■ Collecting workforce data ■ Performance data
Sales and marketing	■ Assessing care needs ■ Pricing ■ Promoting your service
IT	■ Online care planning ■ Updating the intranet
Finance	■ Procurement ■ Budgeting ■ Forecasting

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.

Quality assurance

"We have weekly, monthly, quarterly, and annual audits depending on the topic. In addition, we arrange mock assessments using external providers which can help give us a fresh outlook."

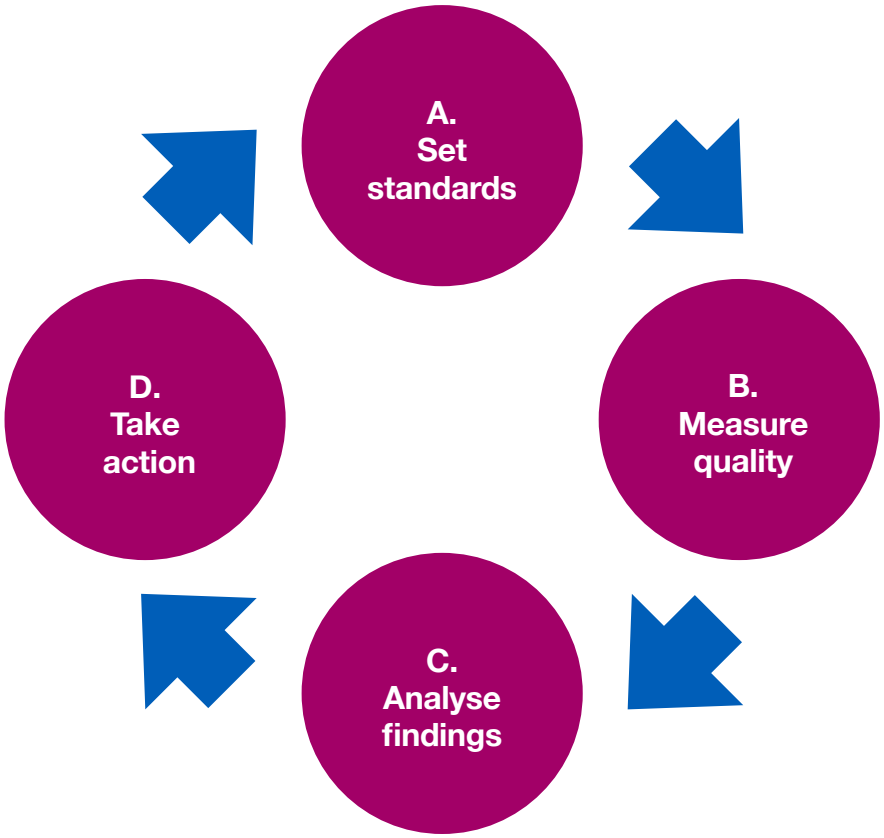
Quality assurance manager, Homecare provider

Monitoring your performance will ensure that your service is meeting the outcomes and/or standards that you want to achieve.

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.

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 assessment 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 draw on 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.

"We developed our own internal audit programme which happens each month and has been informed by all of the CQC assessments we've had to date. We also have an assessment framework tool. We use this as part of our self-assessment and also ask external professionals for input."

Chief Executive,
Residential care group

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.

"Our quality assurance process has developed significantly. 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. It's not a box-ticking exercise. It's a tool for me to understand what's happening."

Ruth French, Director, Stow Healthcare

Evidencing your improvements

"It can be very easy to forget the progress you have made when you are in the thick of an improvement project. If you are making changes to the building, don't forget before and after photos, but also evidence the way these changes have improved people's lives.

If you are working on upskilling and empowering your team, a great way to capture progress might be through documented team debriefs which can be used for any complaint, safeguarding or other learning incident. This is critical in terms of demonstrating how Well Led your service is."

Ruth French, Director, Stow Healthcare

When your systems, processes and quality assurance have convinced you that the improvements have been made, it is important to have the evidence at hand to showcase to the CQC what has been achieved.

The evidence you need should span the whole improvement journey, from the very first discussions and actions in response to the issue being identified through the final communications of what has ultimately been achieved.

Your evidence will need to be clearly documented but also effectively shared, so people can talk about what happened, how changes were introduced and what difference has this made.

Verbal evidence

Increasingly each CQC assessment report is likely to use verbal evidence as part of the rationale for their rating.

Whilst you will never be able to decide who the CQC interview as part of their assessment / reassessment processes, you can help people understand what has happened or is currently underway related to improvements at your service.

The CQC will be proportionate in their interviews with managers, staff, people, relatives and external specialists who engage with your service. They won't expect everybody to know everything or have been directly involved in all aspects of improvement, but they will expect some individuals to be confident enough to talk them through the positive changes.

Here are some of the ways your service could share the improvement journey via CQC assessment interviews:

- The CQC will be wanting to hear how managers and leaders took an issue seriously, how they identified the people, staff and experts to help them unpick the issues and find practical ways to improve. They will want to know how owners, managers and leaders will ensure standards will not slip again.
- CQC inspectors will want to hear how the insight and experiences of some people and their representatives were drawn upon, how they felt the service listened and acted upon suggestions and other ways they were actively involved.

- For your team members, the CQC might want to know how ideas were taken forward, tested in the workplace and what additional support was provided (e.g., additional training on a new system). CQC inspectors may also want to know how any poor performance or non-compliance has successfully been addressed.
- Where you have directly involved external specialists (e.g., healthcare professionals), the CQC will want to know about their involvement? Even where such levels of engagement was not needed, inspectors will want to know how you have kept your external connections updated on how the service has improved.

"This is not just the job of the manager to evidence improvement; it should be done by the whole team. Often the best examples and the impacts of 'the little things' comes from the frontline staff.

It is important they are able to recognise examples where they have made a positive impact on someone's life and can capture these effectively. Using simple templates to capture positive stories and resident outcomes, these can be shared at staff meetings as best practice examples to empower staff, build momentum, and encourage others to document their own examples."

Alex Ball, Operations Manager, Stow Healthcare

Documented evidence

"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 assessment."

Director, Homecare provider

Whilst the CQC website provides some examples of what they might ask for, these are really are only intended as examples of the types of evidence that they may ask you to provide.

For each area of CQC assessment, including all areas where your service will be reassessed to check for improvement, you will need to prepare strong evidence.

There is not definitive list of what evidence you will need to capture but some of the most common folders of evidence include:

- Compliments and complaints
- Survey results
- Celebrations, news stories
- Case studies and people stories, photos and films
- Care plans, risk assessments, medication records
- Data and analysis
- Business Continuity Plans

- Recruitment practice
- Training records and matrix
- Supervision records
- Performance management
- Audits, spot checks and quality improvements
- Accidents, incidents and investigations
- Partnership working

Capturing evidence needs to be part of the day-to-day operations of managing a care service. Regardless of the importance evidence plays in the CQC assessment process, it can help you to identify other areas for improvement and secure confidence that high quality care is being delivered.

When collating and reviewing the quality of evidence, here are some key things to consider:

✓	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.

Bedding in improvements – robust evidence takes time

"A new system was being introduced. However, this was not well embedded at the time of the assessment."

CQC assessment report

Where improvements have been made, the CQC will need to be convinced that these have been effectively embedded and have strengthened the service before they will re-rate.

This can be incredibly frustrating for providers who have introduced a change that they are convinced will deliver a sustainable solution. However, without robust evidence to back up your hopes and ambitions about the improvements a new way of working will deliver, the CQC will be cautious.

The situation can be helped by sharing evidence from earlier piloting and testing, and it will be useful to clarify with the CQC how you can keep them informed of the latest evidence to influence their decision to reassess / re-rate at the earliest opportunity.

Clearly communicate improvements

"The registered manager had held staff meetings since our last assessment. We saw the minutes of meetings, however, the minutes did not demonstrate that any learning had been disseminated to all staff."

CQC assessment report

When you register with the CQC, you're expected to display your assessment 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
- encouraging your customers and staff to write a review and/or testimonials
- talking about what you've done on social media pages

"To meet the CQC standards, I must have credible evidence that fully explains how we successfully meet the Single Assessment Framework scoring."

Registered manager, Homecare provider

"If good care is the start of any successful service, then good evidence should be really simple. It will require giving your people the skills and tools to record effectively.

Teach people your language, your rhetoric and your services way of recording. We were able to achieve some great things even using agency team members. Our culture and values include all those who work with us, not just those on our payroll."

Sanjay Dhrona, Managing Director, The Close Care Home
Non-Executive Director, The Outstanding Society

Key Questions quality statements

Across the 5 Key Questions, adult social care providers may fall below CQC's expectations for a multitude of reasons.

Whilst it is useful to know what Good (or Outstanding) looks like, being aware of recurring issues that result in a Requires improvement or Inadequate rating can inform what to avoid.

As part of our update to this guide, Skills for Care has reviewed a wide range of Requires improvement or Inadequate rated adult social care CQC assessment reports published since 2023, including dozens undertaken using the Single Assessment Framework.

For each Quality Statement, we include:

What to avoid: A sample of issues causing services to fall below CQC expectations

- These include a combination of unfortunate issues, inconsistencies of care and systematic failings to showcase what can bring down the CQC Quality Statement scoring

How might this breach CQC Regulations?

- With some failings resulting in an immediate breach, it is important to know the impact that some poorer practice or issues can have on your service
- Knowing the impact of these issues and CQC's associated actions can focus the minds of those resistant to change

What to do: Key considerations when recovering from these issues

- Practical ways to improve informed by tried and tested approaches from other adult social care services
- By combining these with the building blocks to improvement from this guide, you should have some tangible ways forward

How to use the information in this section

- If you are looking to strengthen quality assurance to protect your service from falling below CQC standards, you may wish to review each Quality Statement section
- If your service on has a small number of areas for improvement, you may simply wish to look at those specific Quality Statement sections

Safe

- Safeguarding
- Involving people to manage risks
- Safe and effective staffing
- Infection prevention and control
- Medicines optimisation
- Safe systems, pathways and transitions
- Safe environments
- Learning culture

Responsive

- Person-centred care
- Care provision, integration, and continuity
- Equity in access
- Equity in experiences and outcomes
- Providing information
- Listening to and involving people
- Planning for the future

Effective

- Delivering evidence-based care and treatment
- Assessing needs
- Monitoring and improving outcomes
- Supporting people to live healthier lives
- How staff, teams and services work together
- Consent to care and treatment

Caring

- Kindness, compassion and dignity
- Treating people as individuals
- Independence, choice and control
- Responding to people's immediate needs
- Workforce wellbeing and enablement

Well-led

- Shared direction and culture
- Capable, compassionate and inclusive leaders
- Freedom to speak up
- Workforce equality, diversity and inclusion
- Governance, management and sustainability
- Partnerships and communities
- Learning, improvement and innovation
- Environmental sustainability

Safe: Safeguarding

What to avoid: A sample of issues causing services to fall below CQC expectations.

- The provider failed to notify the CQC of a safeguarding concern, despite legal requirement to do so.
- The provider did not maintain safeguarding records or monitor trends to enable them to review and action recurring issues.
- The provider was unable to locate records of abuse that had been raised by a family member and / or others.
- Actions from earlier safeguarding concerns had not been adopted by the staff team.
- Systems and processes to protect people were not consistently followed or generic policies and procedures did not keep people with specific needs safe.
- Out of date or undated policies lacked key information (e.g., local Safeguarding Team contact details).
- The provider did not act promptly or treat seriously recommendations from external professionals (e.g., healthcare professionals, ambulance crews).
- There was limited or ineffective guidance to help staff support people experiencing distress.
- Poor quality training, inability to demonstrate learning completed, or limited uptake (e.g., only 30% of staff had completed the annual refresher).
- Training did not sufficiently cover all areas of abuse (e.g., omitting focus on financial abuse) or whistleblowing.
- Staff did not have the skills to safeguard people's care and support (e.g., staff not knowing how to provide wound care).
- Staff were not able to identify safeguarding concerns or were unaware when issues needed to be escalated to managers.
- Managers and leaders failed to act upon concerns raised by staff or suitably investigate allegations of abuse.
- Physical and / or chemical restraint was used but the CQC did not feel it was a necessary and proportionate.
- Staff left verbal and physical altercations between people using the service to go unchallenged, failing to address these issues.
- The provider adopted punitive measures to manage people's distressed behaviour.
- A closed culture resulted in instances of neglect including physical assault, verbal abuse, and intimidating behaviour.
- Reallocating staff following reports of abuse was deemed insufficient response to issue.
- The provider failed to monitor a person's wellbeing following a safeguarding incident.
- The provider was offering care to groups of people they were not registered with the CQC to do so.
- Following failures in an earlier system, the provider had failed to implement new processes despite assuring the CQC they would act.

How might this breach CQC regulations?

- Providers that fail to do all that was reasonably practicable to mitigate risks to people as a result of safeguarding incidents may be a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Where people are at risk of abuse, this is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

What to do: Key considerations when recovering from these issues

- Given the strong links between this Quality Statement and both "Learning Culture" and "Governance, management and sustainability", ensure your policies, procedures, systems and processes are joined up.
- Understand your role and responsibilities to the CQC to ensure that all notifications and associated actions are followed.
- Establishing close links with your adult safeguarding team at the local authority will be essential. In addition to aligning your systems and processes with what they require, look for opportunities to establish regular conversations with the team.
- Where manager and staff understanding are the issue, safeguarding training appropriate to the role will be required. This may mean a management level course is needed, as well as enhancing frontline carers learning.
- If the safeguarding issues are linked to fundamental failings of other areas of safe care being provided by the service, involve others in identifying the root cause and understand what approach, resource, and investment is needed to address these underlying issues.
- Review your quality assurance processes and spot checks to ensure that these effectively capture safeguarding issues, how they were reported, how they were investigated, what was the outcome, how any change was implemented and communicated.
- Be prepared to confidently talk to the CQC inspectors how you have strengthened safeguarding, backed-up by robust documented evidence.

Skills for Care's **GO Online: Inspection toolkit** includes further recommendations, practical examples and resources to strengthen your compliance with this Quality Statement.

Safe: Involving people to manage risk

What to avoid: A sample of issues causing services to fall below CQC expectations

- People did not receive information on how to keep themselves safe and minimise the risk of harm.
- The provider was not able to demonstrate health and safety checks were regularly undertaken.
- There were concerns due to missing, incomplete or undated risk assessments, often lacking in detail (especially related to health conditions).
- The provider could not demonstrate robust evidence to show they investigated accidents and incidents and mitigate future risks
- The managers and leaders were not able to demonstrate how they used their risk management system and processes.
- Staff failed to undertake risk assessments despite issues being known (e.g., pressure sores did not lead to a skin integrity risk assessment).
- There were several inconsistencies and gaps between information in risk assessments and associated documentation (e.g., care plans).
- Staff failed to document some incidents (e.g., falls), resulting in the inability to review and act upon such risks.
- Staff training did not suitably prepare staff to be able to identify and manage risks.
- There was contradictory information in staff guidance on how to support people safely or staff did not always follow useful guidance.
- People's positive behaviour support plans (PBS) were not followed by staff or disproportionate / outdated restrictive approaches were adopted.
- Risk assessments linked to equipment that staff used was not routinely undertaken or training was not provided to use equipment safely.
- Staff did not know how and who to escalate concerns about a person's health and safety.
- Recommendations from healthcare professionals were either not acted upon or not documented in care plans.
- Risks were only acted upon when referred to another agency or external professional.
- People had no means of calling for help, with supporting resources out of reach.
- Outdated information remained in documents (e.g., list of ex-residents still included on fire evacuation register).
- People did not have robust and detailed personal evacuation plans (PEEPs).
- Multiple fire risks identified across the service (e.g., fire doors propped open, alarms that no longer worked etc.).
- Provider did not have plans or interventions to keep people safe in the local community, putting both them and the wider public at risk.
- Failure to undertake Mental Capacity Assessments where restrictions were being used.
- People were placed at risk due to no oversight of care / visit call monitoring.

How might this breach CQC regulations?

- Where the registered person fails to assess risks to the health and safety of people, this is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The same is true where the provider fails to ensure that people were provided with safe care and treatment, or they fail to do all that is reasonably practicable to mitigate risks.

What to do: Key considerations when recovering from these issues

- Bring people, family, friends and advocates together to understand how best to involve them in reshaping your approach to managing risk. Look for ideas that will be practical to implement across most people using the service, but also explore for tailored approaches needed for some individuals.
- Where the issues relate to the service being overly cautious to the extent that you restrict people, external assistance and advice may be required. Look to support from other local services, healthcare professionals and leading charities on which approaches keep people as safe as possible without stopping them achieving personal goals.
- If some issues relate to your risk assessment process and associated documentation, seek examples from other services you are connected to or consider using organisations who provide good practice templates and tools. Whatever you choose, customise these resources to your own service.
- If manager and staff skills need strengthening, look to learning providers offering care related risk assessment courses. Avoid a tick-box approach to sending staff on an external course by bringing them together to reflect on this learning and how to apply it in practice.
- Review your risk associated policies and procedures following wider changes, ensuring there is close alignment with the new approach. Build these changes into associated quality assurance and spot-checks to check improvements have been embedded into your ways of working.
- Skills for Care's GO Online: Inspection toolkit includes further recommendations, practical examples and resources to strengthen your compliance with this Quality Statement.

Skills for Care's **GO Online: Inspection toolkit** includes further recommendations, practical examples and resources to strengthen your compliance with this Quality Statement.

Safe: Safe and effective staffing

What to avoid: A sample of issues causing services to fall below CQC expectations

- The provider used antiquated, ineffective or difficult to manage rota systems leading to missed care.
- Staff levels unable to respond to incidents and emergency situations, leaving people without the care they urgently needed.
- Night staff were not trained to the same level as other staff despite often having to perform the same care duties.
- The number of staff on duty remained the same regardless of the different care needs of who the service supported.
- Managers were unable to identify an appropriate skills mix of staff to allocate them effectively to meet people's needs.
- The provider had an over-reliance on use of recruitment agency workers, sometimes far outnumbering those directly employed by the service.
- There was a lack of evidence to show safe recruitment processes had been followed (e.g., evidence of full employment history, how references were followed up, appropriateness of who provided the reference etc.).
- Little or no information or guidance provided to recruitment agency workers, including time to read care plans and know the needs of the people they support.
- Poor communications and support given to recruitment agency workers, resulting in staff not knowing who and how to escalate concerns.
- Staff new to care were not given the opportunity to complete the Care Certificate and refreshing of other training was inconsistent.
- Use of poor-quality training with little evidence that this resulted in the service having skilled or competent staff.
- Staff training records indicated a high failure rate but no clear indication of how the provider addressed knowledge gaps.
- Lack of English language skills provided clear obstacles for staff understanding training and development resources.
- Failure for visits to happen at agreed time or provider unable to provide accurate information about visits times, leading to people waiting long periods for carers to arrive.
- Travel times between people living into the community was not considered in staff rotas, meaning each visit was cut short.
- Inconsistencies in the use of call visit reporting by staff, meaning not all care provided could be accounted for.

How might this breach CQC regulations?

- Where there are not always enough staff to meet people's needs, this is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Failure to operate a robust recruitment process and pre-employment checks is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Systems were not effective for recruiting safely. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Failure to ensure staff received regular training, including observations of staff competence and skills is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- Where staffing levels are impacting the quality of care, undertake a cost-benefit analysis to identify the benefits of investing in a new approach (e.g., understand what constantly using a recruitment agency is costing you to secure investment in an alternative method or recruitment).
- If your systems and processes have been ineffective at scheduling the staff rota, reallocating care visits or knowing if these happened, contact other providers for recommendations for alternate technologies. Whatever you choose, ensure these are easy to use and staff are trained.
- 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.
- Assess core skills, such as English, maths and digital skills, as part of the recruitment process. Increasingly frontline carers will need such skills to be able to not just provide high-quality care, but to engage with other services and share information safely and effectively.
- Where gaps have been identified in the recruitment process, review where changes are needed and how to ensure that similar issues do not reoccur. 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.
- Provide all new staff with a thorough induction. Whilst the use of bought in training may form part of your induction, ensure that you deliver customised induction sessions where you can discuss what this means in practice.
- If the quality of training is an issue, look to either commission external expertise using recommended learning providers or build up the training and assessment capacity of your own internal trainers.
- Where you have introduced new learning and development, regularly check understanding and observe this is being put into practice via spot-checks and other quality assurance processes.

Skills for Care's **GO Online: Inspection toolkit** includes further recommendations, practical examples and resources to strengthen your compliance with this Quality Statement.

Safe: Infection, prevention and control

What to avoid: A sample of issues causing services to fall below CQC expectations

- The provider failed to promote safety through the hygiene practices of the premises.
- Procedures for safe waste management disposal were not always followed.
- Multiple areas of the service were visibly dirty and damaged, making them difficult to clean. This included furniture, paintwork, and sealant used for flooring and grouting in bathrooms.
- The provider had failed to identify multiple IPC risks (e.g., undated and unlabelled food in the freezer).
- Temperatures to ensure safe food storage had not been completed, thermometers in fridges did not work.
- The condition of the kitchen and fridges were so poor, the CQC had to report the service to the local authority Environmental Health team.
- Some areas were left in a poor condition and not regularly checked for cleaning (e.g., a cloakroom).
- Some workplace areas of the service were not fit for purpose to safely manage the volume of work (e.g., very small laundry area).
- At the time of the CQC assessment, the domestic staff member was on leave and care workers were responsible for completing cleaning tasks but had not maintained a high standard.
- Dirty clothes and bedding were not placed in bags or laundry baskets when taken to the laundry and were piled high on a wet and dirty floor.
- There was a strong smell of urine in parts of the service, including communal areas, people's bedrooms and mattresses, bodily fluids were detected in lounges and corridors.
- There were soiled incontinence pads left in some bedroom bins. Some commodes had lids which were stained and there was faecal matter on the seat of a communal toilet.
- Only 50% of the staff team had received training and how to put on protective equipment.
- Staff did not follow safe hand hygiene practices, and equipment used to cut medicines was not cleaned each time it was used.
- Personal protective equipment (PPE) was not worn correctly of there was evidence of inconsistent use across the care team.
- Personal protective equipment (PPE) was not disposed of safely by the care team.
- Staff awareness of outbreaks and associated procedures to follow was limited, confused or non-existent.
- The senior staff member on duty could not remember having seen a COVID-19 risk assessment.
- The provider did not employ enough staff to cover domestic duties, and the care team could not cover these extra responsibilities.

- The provider refused to supply chlorine-based products recommended by an IPC specialist and used a cheaper, less effective alternate product.
- Earlier issues failed to be resolved (e.g., continued fly infestation despite this being identified at earlier assessment).

How might this breach CQC regulations?

- Providers who do not have robust systems in place to ensure all staff met their responsibilities in relation to preventing and controlling infection is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

What to do: Key considerations when recovering from these issues

- Involve people, relatives, staff and healthcare professionals in reviewing your current approach. Ensure this is an open and honest forum, where all are encouraged to discuss concerns and highlight areas for improvement.
- Visit other health and / or social care services to see how they safely protect people and staff with their approach to IPC. Discuss how they implemented their IPC measures and consider any parts that may add-value to your own approach.
- If your environment or equipment are part of the problem, research what improvements could be made and secure the appropriate investment from your owners to secure these.
- Where managers and staff lack an understanding of IPC, commission in either a specialist or expert learning provider to strengthen internal skills and capabilities. Consider whether the development of an internal IPC champion could lead organisational change.
- Refresh your policy, procedures, systems and processes to ensure all align with good or best practice and can identify and alert where appropriate.
- Be prepared to not only introduce revisions but tackle any performance issues that may have contributed to earlier failings. Provide practical ways for staff to adopt enhanced IPC measures but set clear minimum standards that you can check compliance with.
- Be prepared to demonstrate the difference your changes have made. Ensure that the people you support, and relatives know about these improvements and how they are now better protected.

Skills for Care's **GO Online: Inspection toolkit** includes further recommendations, practical examples and resources to strengthen your compliance with this Quality Statement.

Safe: Medicines optimisation

What to avoid: A sample of issues causing services to fall below CQC expectations

- Unsafe storage of medicines.
- There were discrepancies with people's stock of medicines.
- People did not always receive their medication as prescribed.
- Risk assessments related to medicine administration were not sufficiently detailed to guide staff.
- Where flammable topical creams were being used, the provider did not complete a fire risk assessment.
- Care records did not reflect their preferences in how they took their medicines.
- Copy and pasting between care records, meant that some included misleading information related to another person.
- Inaccurate records still listed earlier medications no longer prescribed.
- Inaccurate records led to people at risk of receiving the wrong medicines.
- Medicines administration records were not consistently completed.
- Administration times were not being recorded for time sensitive medicines, such as antibiotics.
- Important actions related to some medicines administration was not recorded (e.g., heart rate recording essential to be taken before some medicines).
- Where people were prescribed variable doses, staff did not always record how many tablets had been administered.
- Medicine administration records did not follow best practice guidelines.
- The provider did not always follow its own policy regarding medicines management.
- Ineffective oversight of medicines by the provider to ensure the safe administration.
- People's Medicines Administration Records (MARs) did not contain a photo of the person, information on any known allergies or how the person preferred to take their medicines.
- Medicines were being administered without care plans, risk assessments or MARs in place.
- When electronic alerts were received regarding missed medicines, follow-up action was not always taken.
- Medication audits failed to identify the concerns found with medicine records, leading to opportunities to reduce the risk of harm to people.
- Staff training did not suitably prepare staff and there was limited understanding of medication administration.
- Training records indicated staff were not receiving timely refreshers or regular competency assessments.
- There were no protocols in place to provide guidance for staff on how and when to administer some medicines.
- Provider denied staff administered medicines despite contradictory evidence.
- The provider did not always know who staff supported with their medicines.

How might this breach CQC regulations?

- Failure to establish systems to ensure the safe and proper management of medicines is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- Support people to make decisions around their medication and manage their own medicines, wherever possible, and with risk assessments in place. Look to how other local services successfully manage this
- Involve people who need care and support (and/or their families) in regular medicine reviews and associated risk assessments. Be prepared to adapt what is done to meet individual needs.
- Ensure medications are managed in line with NICE and Royal Pharmaceutical Society guidelines. Crosscheck these approaches with your own policy and procedures, removing any outdated practice.
- Where training is identified as part of the problem, look to commission an expert learning provider to enhance your learning and development. Involve managers, staff and quality assurance leads in the training, so all know what is needed.
- Ensure that staff understand the process for ordering and disposing of medicines. Review your guidance and advice, potentially involving an external medication expert or pharmacist in this process.
- Review the systems and processes you use to manage medicines and compare these with the latest digital innovations and how these could protect your service from medication failings.
- As with your wider "Learning Culture" approach, ensure that you have the capacity and culture to identify and report issues, investigate these, act upon recommended changes and minimise reoccurrence.
- Following improvements, consider the most effective ways to demonstrate to the CQC not only what has changed, but how your approach to medication is delivering safer care and better outcomes for people.

Skills for Care's **GO Online: Inspection toolkit** includes further recommendations, practical examples and resources to strengthen your compliance with this Quality Statement.

Safe: Safe systems, pathways and transitions

What to avoid: A sample of issues causing services to fall below CQC expectations

- The CQC identified there were no specific processes in place to ensure people received safe systems, pathways or transitions.
- There was mixed feedback about the quality of care provided and the involvement of other healthcare agencies.
- Staff showed limited understanding and engagement of other care services and agencies.
- People and relatives felt staff needed to follow up referrals to healthcare professional more often.
- The quality of some people's care records and/or medication records had insufficient detail to enable effective information sharing.
- The local authority shared concerns with the CQC about the quality of care and safety of people using the service.
- When people were experiencing periods of emotional distress, there was little or no evidence of other professional involvement or evidence of specialist support.
- The CQC found reviews of people's care plans did not reflect up-to-date information of emotional distress and care plans were not always reviewed when incidents had occurred.
- Where a serious accident had recently occurred, this had not been documented in handover notes and therefore it had not been effectively shared.

How might this breach CQC regulations?

- Failure to ensure safety during periods of transition between care services risk a breach of Regulation 12: Safe care and treatment.

What to do: Key considerations when recovering from these issues

- Given the strong links between this Quality Statement and both "How staff, teams and services work together" and "Partnerships and communities", ensure your policies, procedures and quality assurance processes are joined up.
- Where people have been negatively impacted by these issues, bring them together in either an open-forum or on a more personal one-to-one basis to better understand what they feel good would look like? Involve family, friends and advocates as appropriate.
- Draw on your staff experiences in gathering evidence of what the issues are, where the blockages might be, and what might be needed to overcome these (focus on both internal changes and what is needed from other organisations and agencies).

- To meet CQC expectations, you will need to have established effective working relationships with other health and social care services. Where the assessment has identified weaknesses, managers and leaders must adopt new approaches to strengthen existing relationships and establish new connections.
- Understanding how other local adult social care providers forge strong and lasting relationships may inspire your new approach. Discuss this with your peers in other providers and use this as an opportunity to identify who else you could connect with.
- Where other services you are trying to engage with are obstructing the process, ensure you have robust evidence and escalate this if the issue is impacting people's care (i.e., raise with the local Integrated Care Board if an NHS provider is causing the problem).
- Where your own managers and staff have been operating in silos and blocking effective engagement with others, promote the benefits of changing your organisational approach but be prepared to address resistance via performance management.
- As new relationships are established or existing ones strengthened, ensure you clearly communicate these to your managers and staff, as well as agreeing how both organisations will regularly review how you work together.
- Build you portfolio of evidence showcasing what you did to build / strengthen relationships, how you are monitoring this, and what difference this is making to both people's lives and the effectiveness of both organisations.

Skills for Care's **GO Online: Inspection toolkit** includes further recommendations, practical examples and resources to strengthen your compliance with this Quality Statement.

Safe: Safe environments

What to avoid: A sample of issues causing services to fall below CQC expectations

- Fire safety risk assessment had not been undertaken for multiple years.
- There was no evidence that actions identified at an earlier fire risk assessment had been taken (e.g., a damaged fire door had not been replaced).
- First aid boxes on each unit were not fit for purpose. Single use items were out of date and key items of kit were missing.
- Communal spaces were cluttered with equipment likely to cause a slip, trip or fall potentially causing injury.
- Staff used inappropriate or damaged equipment to assist and move people, putting them at increased risk of harm.
- Where equipment was required to ensure people's safety, this was not always in place (e.g., call bell or sensory mat for somebody at risk of falls).
- The provider had failed to ensure that people lived in a safe environment (e.g., rubbish piled up in the garden, broken windows patched up etc).
- The provider had failed to maintain the boiler, resulting in radiators that did not work and replacement oil heaters that presented increased risk of scalding people.
- The provider had failed to identify that some medical devices had not received safety calibration checks in line with the manufacturer's guidance.
- The provider had failed to identify, assess, and mitigate risks associated with rising damp.
- People were restricted from accessing all areas of their home (e.g., bedrooms were locked during the day to protect other residents entering).
- There were no clear signs placed at key environmental points for people to orient themselves.
- Within a dementia care home, there were no meaningful, sensory or stimulating destination places around the home for people to visit or engage with when they walked with purpose.
- People's medical and dietary needs were on public display in the dining room and kitchen area.
- Unqualified staff were being used to fix issues (e.g., tasks that should only be undertaken by an electrician).
- The design, layout and furnishings in people's rooms did not always support people's individual needs and the service did not look homely.
- The lounge and dining areas were sparsely furnished with few items to create a comfortable feel. Adaptations made to people's home were not always respectful.
- The provider's approach to those visiting at the home did not align with the current good practice guidance at the time of the CQC assessment.
- The majority of repairs were not fixed to a satisfactory standard or the provider had failed to act promptly on issues identified during an earlier CQC assessment (e.g., loose electrical socket).

How might this breach CQC regulations?

- Failure to show respect for people's home is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Failing to do everything reasonably practicable to ensure that people received person-centred care which reflected their individual need is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Restrictions were imposed on the environment which were not always necessary and restricted people's freedom of movement. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What practical ways can providers recover from these issues?

- The CQC report examples range from truly shocking (fire risks) to what might be perceived as relatively minor (sun damage on net curtains), but all point to varying levels of care failings.
- Provider investment is central to ensuring the right equipment is obtained and maintained, and residential environments not just provide safe care but support people to live meaningful lives. Safe environments are only possible if the right culture exists at the service, populated by managers and staff resourced to ensure high standards are maintained.
- Regular audits and spot checks of the environment are essential, as is how the service ensures follow up actions are effectively prioritised and undertaken in a timely manner.
- People must be involved in deciding if their home environment meets their ongoing safety and care needs, but this should not be at the expense of a homely environment. The involvement of people, their families and friends must be central to any changes a provider wishes to introduce to a home environment.
- Services should also look to benchmark themselves with other Good and Outstanding rated services, looking at other how others achieve safe and homely environments for the people they support.

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Safe: Learning culture

What to avoid: A sample of issues causing services to fall below CQC expectations

- The provider did not always learn lessons when things had gone wrong.
- There had been no effective oversight by the provider to identify any trends or patterns so they could support the manager in mitigating emerging risks.
- Accidents and incidents were not always reviewed in a timely manner, so learning could be promptly shared with the wider staff team.
- Whilst there was a process in place to identify, record and learn from incidents that happened within the home, this had not always been followed.
- The registered manager had reviewed all incidents for the previous year but was not up-to-date.
- During the three months prior to the CQC assessment, a significant number of accidents and incidents had not been entered onto the electronic system.
- A lessons learnt log had recently been introduced, however the CQC found this was inaccurate and not reflective of all incidents that had occurred.
- Where accident and incident records had been completed, they were incomplete and contained significant gaps in information.
- Where staff had used breakaway techniques to keep themselves and others safe, records were not detailed in describing the use of the interventions or their effectiveness.
- Some staff did not feel supported to raise concerns. They felt the registered manager would not maintain confidentiality and this would result in them being treated negatively.
- Some relatives were not confident they were always informed about accidents and incidents. When relatives were informed, outcomes were not always shared.
- One relative told the CQC their loved one had developed a particular behaviour but found that sufficient action had not been taken by staff to investigate why this may be happening.
- There was a lack of analysis of people's heightened states of anxiety and the need to look for trends and themes to reduce further risks to people.
- Some relatives told us they felt these issues were not always addressed by the registered manager when brought to their attention.
- Staff were unaware of procedures to undertake in the event of accidents and incidents.
- Where staff understood their responsibilities, this was not always reflected in staff practice. Records of accidents and incidents had not always been completed.
- One staff member told the CQC that the provider had not followed up when safety concerns had been raised about one person's care.
- A lack of consistent training and guidance for staff in relation to people's individual needs and risks meant a proactive culture of safety was not always demonstrated.
- There was a lack of processes for staff to provide feedback about their experiences at work and share concerns, such as one-to-one supervision meetings, to ensure views could be heard, acted on and learned from.

How might this breach CQC regulations?

- Failure to effectively learn from mistakes and avoid issues reoccurring can potentially breach several CQC regulations; including Regulation 12: Safe care and treatment and Regulation 17: Good governance

What to do: Key considerations when recovering from these issues

- Given the strong links between this Quality Statement and both "Listening to and involving people" and "Learning, improvement and innovation", ensure your policies, procedures and quality assurance processes are joined up.
- If there is a specific area of care that has been impacted by the lack of an effective learning culture, take the opportunity to explore these issues in more detail with the people you support, relatives, staff and external healthcare professionals.
- Where potential solutions are emerging from initial discussions, consider whether further external expertise and advice is needed (e.g., other healthcare professionals, consultants etc.).
- Review your policies and procedures to identify what may have caused the original issues and how these can be enhanced further. Connect with other local care providers to better understand their learning culture and how they have embedded this.
- If your systems were part of the problem, research alternate ways that those using or working for the service can report events, accidents and near misses and how management are alerted. Where new digital reporting systems are required, secure the needed investment from owners.
- Empower people, families and staff to report issues by promoting simple and effective processes and provide practical examples on how these have / or will be acted upon.
- Protect time for managers and others needed to investigate and respond to issues. Enable them to reallocate other duties to ensure investigations are not rushed and associated actions can be implemented.
- Be ready to show the CQC how you are now capturing issues, investigating, implementing appropriate changes and benefiting from an enhanced learning culture across the organisation.

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Effective: Delivering evidence-based care and treatment

What to avoid: A sample of issues causing services to fall below CQC expectations

- The provider's training and workplace assessment was not aligned to the latest evidence-based good practice.
- There was a lack of understanding across managers and staff on how to deliver care in line with national standards and best practice guidance (e.g., using the Care Certificate, medicines optimisation, MCA 2005).
- The provider did not have a consistent approach to ensuring national standards and best practice were complied with, leading to mixed experiences from people who needed care and support.
- The management team had not supported staff to keep up-to-date with legislation.
- Staff failed to demonstrate an understanding of good or best practice approaches to care related to their service type (e.g., non-compliance with the CQC's "Right support, right care, right culture" in a learning disability service).
- The provider's policy and procedure for positive behaviour support referred to out-of-date approaches and terms to describe people's distress.
- Recognised tools were not used to identify people's level of risk or to reduce incidents and accidents (e.g., fall prevention tools, skin integrity, nutritional needs etc.).
- Staff reviewed and dressed people's wounds at irregular intervals. This did not provide the consistency required to aid wound healing in-line with best practice and placed people at risk of further skin deterioration.
- Guidance and advice from healthcare professionals to help keep people safe was either not followed or not promptly acted upon.
- Staff were aware of evidence-based good practice, but this could not be delivered due to low staffing levels (e.g., staff wanted to provide enough food and drink but could not cope with demand).
- Information provided to staff about people's dietary needs was not complete as it did not include allergies, intolerances and dislikes.
- Systems or processes were not in place to ensure people had enough fluid as assessed. Although staff recorded what people had drunk, the electronic care system did not accurately reflect this.
- Where people were losing weight, they did not have an updated plan of care to manage their weight loss.

How might this breach CQC regulations?

- Where systems had not been established to ensure stakeholder advice and nationally recognised guidance had been considered or implemented, this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- Seek clarity from the CQC as to which areas of care they are concerned about, so you can focus your attention on the right areas for improvement.
- Benchmark your service with similar service types rated Good or Outstanding in the local community, aiming to identify how their care delivery may differ and what could be incorporated.
- Where failure to comply with evidence-based practice becomes a recurring issue, look to invest in a third-party organisation who can provide you with the templates and updates needed.
- Protect time to research the latest evidence-based practice, ensuring managers or associated leads know what this looks like and are supported to effectively disseminate it to others.
- If you deliver learning and development internally, ensure that you review all content to check if it is aligned with latest good practice, legislation etc. If you are unsure, you may need to involve external specialists in a content review.
- If you commission learning and development externally, clarify with your learning providers how they ensure that the content is based on latest good practice and legislation.
- Look to establish connections with the local and national charities focused on the care specialisms needed by your staff team. Ensure you are kept informed of the latest good and best practice via newsletters, events, etc.
- Identify via discussions with the people you support and family, about how they would like to be kept informed about changes to care based on evidence-based good practice.
- Review your quality assurance process to ensure spot checks, audits and mock assessments can track compliance and effectively notify leads of emerging issues.
- Where new approaches are being adopted and leading to positive outcomes for people and staff, ensure these are captured, celebrated and used to show the CQC how the service has changed.

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Effective: Assessing needs

What to avoid: A sample of issues causing services to fall below CQC expectations

- Managers and staff were not experienced or competent to effectively assess people's needs.
- The provider accepted the needs assessment of a third-party organisation, rather than undertaking their own assessment.
- People had not been given the opportunity to have a holistic review of their physical, mental and support needs. This meant people were at risk of not receiving the best possible outcomes.
- People's assessments failed to either identify or include information about some health conditions.
- People who showed signs of distress or agitation had not had their needs assessed and staff were not provided with clear guidance on how to support people who showed signs of distress or agitation.
- Where some health conditions had been identified in the assessment, the provider had failed to incorporate this into other documents such as care plan or risk assessment.
- Where the assessment had identified needs that could not be met by their service, there was no detail about how this would be covered by another service / healthcare expertise.
- Basic needs were omitted from the assessment, resulting in staff failing to respond to requirements (e.g., nail care, oral hygiene, etc.).
- Assessments relating to people's nutritional needs were basic and did not include reference to conditions which may impact on these needs.
- Assessments did not include information about equality and protected characteristics or contain any person-centred information.
- The assessments had failed to document a person's emotional needs and what the care team could do to support this.
- Assessment records did not reflect how people (or relatives and advocates) had been engaged in the process and decision making.
- Care records did not include enough detail to inform staff and others how best to support the person (e.g., a reference to a person regularly self-harming provided no further information of what staff should do).
- Assessment records and associated documentation were contradictory and inaccurate. They did not provide assurances staff were always delivering care in line with a person's assessed needs.
- Assessment records were poorly written, some including abbreviations that could have more than one meaning, risking confusion with the care team.
- Whilst switching from a paper based to electronic record system, there was gaps and inconsistencies in care plan records.
- The provider was unable to provide written evidence that everybody using the service had been assessed despite verbal assurances.

- Whilst there were systematic monthly reviews of care plans, these were ineffective and not reflective of people's changing needs.
- It was unclear if assessments and care plans were reviewed when people's needs changed as there were no dates on records.
- There was evidence that some assessments had not been undertaken until sometime after the service had begun to provide care.

How might this breach CQC regulations?

- Where providers have not ensured people's care was appropriate and met their individual needs, this is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- Involve managers, staff, people, relatives and other professionals in a review of current assessing needs process. Identify areas for improvement and explore possible solutions to strengthen process.
- Where the CQC has identified a concern, review the experience and competences of all those involved in assessing needs. Arrange additional training and support to enhance skills or shadowing opportunities with more experienced colleagues.
- Following a successful pilot of the new approach, finalise associated policies and procedures (and associated documentation). Look for the most effective ways to communicate these changes to staff, people and relatives and check understanding.
- Involve critical friends to review existing documentation and identify what else is needed (e.g., gaps on key information, instructions on how staff can support).
- Build robust quality assurance checks that identify alignment or inconsistencies between care records. Ensure errors are promptly acted upon and look to digital solutions that can help.
- Undertake regular spot checks to assure yourself that the care is being given in direct response to people's needs. Where this is not the case, be prepared for prompt action to strengthen processes or performance manage non-compliance.
- Be ready to demonstrate to the CQC multiple examples about how your care is shaped around people's assessed needs. Back up interview examples with documented evidence.

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Effective: Monitoring and improving outcomes

What to avoid: A sample of issues causing services to fall below CQC expectations

- The support provided was not focused on people's quality of life outcomes and / or outcomes were not monitored or adapted in line with changes in people's needs.
- Staff were not effectively trained to monitor people's care and support needs, missing opportunities to act upon changes in condition.
- Staff were not always provided with robust information in care documentation to ascertain what a person's baseline was to be able to identify signs of deterioration.
- There was no systematic process in place to empower and support staff to recognise clinical observations that were outside of normal parameters.
- Staff did not have the tools or experience to assess people for their levels of pain or deterioration in health.
- Staff did not always feel there were enough opportunities for them to raise concerns about people's health and wellbeing.
- Managers and staff had failed to escalate concerns identified as part of monitoring processes to healthcare professionals.
- Staff and managers did not promote positive outcomes and there was limited focus on continuous improvement throughout the service.
- The service had failed to undertake spot checks in line with their policies, procedures and systems related to monitoring people's care.
- Whilst safety monitoring systems existed at the service, these were ineffective because they failed to identify issues observed by external professionals and others visiting the service.
- The provider did not challenge illegible records and poor-quality handover notes which meant it was not possible to know if effective monitoring of care had been undertaken.
- Monitoring charts had not been consistently completed for people at risk of poor hydration.
- People's weights were not being consistently taken and effectively analysed (e.g., body mass indexes (BMIs) were not calculated, and malnutrition universal screening tools (MUST) scores were not completed.)
- There were no clear actions recorded by staff to document steps taken to support people who were losing weight.
- Where significant changes to people's health required immediate medical attention, staff did not respond promptly leading to delay in appropriate care being arranged.
- The service did not complete quality control checks for the calibration of its blood glucose monitoring machines used in helping people manage diabetes.
- The provider did not effectively communicate to people the outcome of their monitoring (e.g., weighing somebody but refusing to tell them their weight).

- Where people attended appointments or had healthcare concerns this was not always fully recorded to ensure this could be monitored.
- People's anxiety and distress were not monitored or followed up on.

How might this breach CQC regulations?

- Failure to ensure care and treatment was provided in a safe way or risks to people had been mitigated is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Where records are inconsistent, inaccurate or incomplete, this is a breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- If it is not clear from their assessment report and feedback, seek clarity from the CQC as to which areas of monitoring care they are concerned about, so you can focus your attention on the right areas for improvement.
- Ensure staff are effectively trained and assessed as competent to monitor the health and care of the people they support. Bespoke training or guidance from healthcare professionals may be needed to build skills and competence to effectively monitor care.
- Where technology or equipment has contributed to earlier failings, look to invest in new apparatus and systems to effectively monitor care.
- Ensure you have robust quality assurance processes and effective means of capturing and reviewing data related to people's changing conditions. This needs to include regular spot checks, audits and escalation procedures.
- Be prepared to externally audit new approaches to ensure that these are fit for purpose and identify changes in people's health and wellbeing.
- Establish internal champions on different health needs, enabling an effective referral person(s) for other staff who have concerns about declining health.
- As you introduce changes to ongoing monitoring, communicate this to the people you support, relatives, staff team and your external connections to inform them about the improvements being implemented and why.
- Be consistent and ensure that all people are regularly monitored and supported to achieve the best outcomes possible.
- Build up evidence and examples of people who have benefited from your improved monitoring processes. Communicate these positive stories and gather documented evidence that backs up what has been achieved.

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Effective: Supporting people to live healthier lives

What to avoid: A sample of issues causing services to fall below CQC expectations

- The provider did not always offer a timely response to manage health conditions.
- The service either failed to action or only responded after significant delay to recommendations made by healthcare professionals.
- Staff did not have access to detailed information about people's specific health needs and / or were confused about what support to offer.
- Staff were not always aware of the importance of promoting good outcomes to reduce the need for future care.
- Staff did not have the training, knowledge or information to provide people with the care that kept people mobile, hydrated and healthy.
- People were not always supported to live healthier lives (e.g., people not supported to clean their teeth for multiple days).
- People missed heath appointments due to failures by the provider to arrange transport or ensure staff could accompany them when needed.
- People did not have communication passports to take with them when they accessed health and social care services, resulting in missed opportunities for information to be clearly shared.
- Health action plans or similar documents were not updated after healthcare appointments, meaning staff did not understand a person's current health.
- When a person diagnosed with heart failure was unwell and showing signs of possible respiratory concerns, managers and staff failed to ensure medical advice was obtained.
- People were not always supported to eat and drink enough (e.g., people requiring encouragement to eat were not supported to do so).
- The provider did not have effective systems to ensure people received support with their nutritional intake.
- The provider did not support people to have access to healthy food and drink choices and / or there were inconsistencies of what was available across the service.
- Whilst the service used the MUST screening tool to identify where people are malnourished or at risk of malnutrition, the forms were incomplete, incorrectly scored and did not contain guidance for staff.
- People were cared for in bed daily when they had the ability to sit in a chair. This placed people at increased risk of worsening mobility.
- Whilst records showed a need to refer three people to the community psychiatric team at a service, this action had not been taken.
- There was very little evidence of engagement with other services and healthcare providers.
- Family members were excluded from people's healthcare review processes, with no justification given from the provider as to why.

How might this breach CQC regulations?

- Where providers fail to support people's nutritional needs, this can be a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Failure to ensure people's oral healthcare was monitored and detailed records of health appointments were maintained is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- Involve people, families, staff and healthcare professionals in reviewing the healthier living related support your service currently offers and identifying areas for improvement.
- Understand what people want to be supported around and promote how living a healthier life would benefit their own aspirations and goals. Ensure your approach is clearly communicated and demonstrates the benefits to people's quality of life.
- Train and develop your staff team on health and wellbeing courses as appropriate to the needs of the people you support, including food and hydration, diabetes, alcohol and drug awareness, physical exercise etc.
- Look to develop internal champions for health and wellbeing issues that impact most people you support. Provide opportunities to deepen your champions knowledge and skills via more in-depth courses and qualifications.
- Connect with healthcare professionals and other specialists to both promote healthy living and establish trusted referral points for individual cases.
- Establish relationships with leading local and national charities to keep informed of latest research, initiatives and best practice approaches to keeping people healthy.
- Benchmark the support you offer around promoting healthy lives with other local services. Compare and pool ideas, including sharing costs and providing opportunities for people in your community.
- Ensure before you commence your new approaches to promoting healthier lives, you know how to measure success. Build this into your ongoing spot checks, auditing and mock assessment processes.
- Record evidence of how you promote healthy living to the people you support, including responses to associated questions in the delivery of daily care, in meetings with people and via other communication methods.

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Effective: How staff, teams and services work together

What to avoid: A sample of issues causing services to fall below CQC expectations

- The service did not always activity engage or work well with other agencies to provide effective care.
- Despite assurances from managers, people's care records provided no evidence that the service was working with other care agencies to support their specific health conditions.
- Where people were moving between services, there was no evidence that showed the service had implemented a transition policy.
- The provider did not effectively manage a person's emotional wellbeing when they moved between services.
- The provider did not take sufficient action to involve external professionals in support of people's high levels of anxieties.
- Poor record management meant that the service could not adequately provide up-to-date information to other agencies and healthcare professionals.
- Whilst there was some working with other agencies, the approach and feedback about the provider was inconsistent (e.g., one agency reporting very positive experience, another a very poor experience).
- External professionals reported that they found communication with the provider extremely challenging with no response received to emails and telephone calls.
- Healthcare professionals expressed concerns to the CQC that information provided verbally to the staff at the service would not be acted upon.
- The registered manager and staff were not always providing the professionals with accurate feedback on people's care.
- The provider did not always make themselves available to visiting healthcare professionals, restricting the opportunities for care.
- Where the provider had experienced problems when engaging with external agencies, there was no documented evidence of what actions they took to address this challenge / further escalation.
- Where incidents and accidents had not always been robustly documented, there were missed opportunities to liaise with professionals to mitigate the risk of reoccurrence.

How might this breach CQC regulations?

- Failure to properly plan care and support during transitions can breach CQC regulations, with Regulation 12: Safe care and treatment most likely to be impacted.

What to do: Key considerations when recovering from these issues

- Where the provider is currently not engaging well with other services, the reasons behind this will need to be explored fully with people, families, managers, staff and representatives from local services. All need to understand the impact this is having before exploring solutions.
- A one-size fits all approach to working with other services is unlikely to be effective, so both sides will need to look at the most effective ways to work with one another to benefit people's care.
- The provider will need robust policies and procedures to ensure internal compliance from managers and staff when engaging with other services, including effective escalation routes and performance management approaches where procedures are not followed.
- Staff inductions and subsequent support should both highlight the importance of effective working between services, checking understanding and prioritising emerging issues impacting this.
- Records should clearly document engagement and advice from external professionals and organisations, and how this is acted upon. Where this relates to short term changes to care provision, this should be clearly documented.
- Where the provider is doing all that can be done but being let down by other agencies and services, these need to be escalated to senior managers in those services all associated regulators, ombudsman or equivalent.
- Where there are effective examples of services working together, remember to capture this to both identify how similar approaches could be adopted elsewhere and have some tangible examples for the CQC.

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Effective: Consent to care and treatment

What to avoid: A sample of issues causing services to fall below CQC expectations

- Managers and staff did not demonstrate a good understanding of the Mental Capacity Act (MCA) 2005.
- MCA 2005 training and assessment was not fit for purpose and / or regularly refreshed.
- The provider lacked a management oversight of MCA 2005 related issues and associated records.
- The principles of the MCA 2005 were not always followed by managers and staff to ensure people's rights were upheld.
- Mental capacity assessments and best interest decision records were generic and not tailored around the individual.
- When speaking to people it was clear to the CQC that their views were not always considered when decisions were being made about their care.
- Discussions with people, their relatives, and professionals about decisions had not always been recorded in line with the MCA 2005.
- The provider permitted relatives to make decisions on people's behalf when they had no legal right to do so.
- Effective systems had not been established to ascertain people's ability to make decisions for themselves.
- People's care records implied they had consented to care, and to specific restrictions, when they did not have the capacity to do so.
- Blanket restrictive practices had been imposed on people using the service regardless of associated risks.
- CCTV cameras were in operation 24-hours daily, with no consideration during personal care times or the fact that some people did not need this level of monitoring.
- People living in a residential home had their bedroom doors automatically locked from the outside when they left and required staff to let them back in.
- The provider failed to have effective oversight to ensure the restrictions were necessary and people were not unlawfully restricted.
- The provider had not been monitoring people's deprivation of liberty related authorisations and several had been allowed to expire without further action.
- Where people had restrictions placed on them, their care plan did not regularly review restrictions or consider if these were the least restrictive option.
- The CQC observed some staff did not always knock on people's bedroom doors, and when supporting people, they did not always ask for their consent.
- There was evidence that restrictive practice had been in place since before deprivation of liberty had been applied for.
- Staff did not seek consent from people before they did things for them (e.g., apply aprons at mealtimes or administrate medication).

How might this breach CQC regulations?

- Where people are subject to restrictions which could not be evidenced to be in their best interests, this is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- Involve people, families and professionals in reviewing existing processes and issues that the CQC have identified. Discuss practical ways to address concerns and how to review progress towards these improvements.
- Draw on good and best practice from external experts as part of developing new processes. Be prepared to pilot and test new approaches, potentially using these experts to audit the implementation of changes.
- Review manager and staff understanding and competences related to the MCA 2005 and associated restrictions. Where knowledge and gaps exist, arrange more comprehensive training and assessment involving learning provider expertise.
- Where issues relate to the lack of people engagement, look to the most effective ways to involve them in decisions. This may include specialist communication support to achieve consent.
- When implementing new adaptations to the care environment (e.g., restricted areas or falls monitoring equipment such as CCTV), involve people and / or those with a legal authority to act on their behalf to address concerns and make informed decisions.
- Develop the systems and processes needed to track decisions related to consent and / or restrictions and ensure these are regularly reviewed by managers and staff with a clear understanding of their responsibilities.
- Clearly document where decisions have been made by people / on behalf of people, with links to such agreements. Ensure all documentation is dated and regularly reviewed.
- Ensure your regular quality assurance process not only identifies issues but is supported by policies and processes that ensures these are appropriately escalated for further action.
- Be ready to share multiple examples of where consent to care and treatment is aligned to good and best practice, and the protections you now have in place to avoid falling below the CQC standards again.

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Caring: Kindness, compassion and dignity

What to avoid: A sample of issues causing services to fall below CQC expectations

- Staff often ignored or failed to show any interest in what people were doing, and some were openly abrupt, off-hand and rude.
- The staff team were not warm and friendly, often only engaging with people to perform tasks and not attempting to build relationships.
- There were inconsistencies with the levels of care demonstrated by staff, with some showing compassion and others not.
- People's care plans lacked information to help staff get to know people well, including people's preferences, personal histories and backgrounds.
- People were not supported when they needed extra assistance for personal care (e.g., staff telling people to defecate in their pad rather than be supported to go to the toilet).
- Personal care was not provided in a dignified way (e.g., doors left open when people went to the toilet, no curtain dividers provided where people shared rooms etc.)
- The provider and staff did not seemingly care about things people regarded as important (e.g., mixing up different people's clothes etc.)
- Some of the language used by staff to describe people was not dignified (e.g., people were referred to by their room number, or type of care they needed).
- People were not supported to present themselves in a dignified manner (e.g., left to sit in their nightwear during the day with unkept hair, walking around wearing one shoe, heavily soiled clothes or items that did not fit etc.)
- The environment did not always support the maintenance of people's privacy and dignity (e.g., a lounge area that did not have curtains and was overlooked by residential house).
- Staff were not discreet when discussing people's health conditions and needs in front of other people and visitors.
- The provider failed to protect people's personal information, with care plans and documents left accessible to other people visiting the service.
- People's experiences were determined by staffing levels (e.g., people in care home put to bed at 9pm because the number of night staff could not cope with more up beyond that).
- Staff did not all have the essential communication skills they needed to support people in the way they expected (e.g., a staff member had very limited English language skills).
- Staff talked in their first language rather than English when working together to support people, causing confusion for the person about what was being discussed.

How might this breach CQC regulations?

- Failure to support or treat people with dignity and respect is a a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Where oversight and systems are not robust to protect people from undignified and respectful care, this is a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- Explore all issues identified by the CQC in meetings with managers, staff, people, relatives and external professionals. Identify and agree what good would look like before commencing a series of improvements.
- Build more focus on values-based recruitment into your job application and interview processes, explore candidates' motivation for working in care.
- Ensure all staff – including temporary workers – have the English language skills to engage with people, team members and external professionals. Support existing staff to strengthen language skills where needed.
- Develop effective induction processes, probationary periods and training to ensure that new recruits understand the standards of care that are expected.
- Review what training is offered around dignity and respect, looking to engage staff in interactive learning and opportunities to discuss areas for improvement.
- Where you have care team members already demonstrating good or best practice, celebrate what they do and look to establish champions.
- Provide opportunities for your staff team to observe those excelling in delivering quality care, helping to understand what standards are expected.
- Visit other local Good or Outstanding rated care services to observe how staff engage and support people.
- Where the service is found to employ uncaring managers and staff, robust performance management will be essential.
- Where investment is needed to provide a more dignified environment, secure the funding that will be needed from the owners.
- If staffing levels is a key issue stopping staff building relationship, calculate the cost of losing clients and failure to attract staff due to the negative impact the CQC rating can have on the business. Justify the investment in increased staffing.

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Caring: Treating people as individuals

What to avoid: A sample of issues causing services to fall below CQC expectations

- The registered manager lacked an understanding of how people should always be treated as individuals.
- Documents were not in accordance with positive behaviour support best practice, and did not demonstrate respectful, dignified, caring or trauma-informed, relational practice.
- The individuality and diversity of people was not acknowledged or celebrated in any meaningful way.
- People's religious or cultural needs had not been explored and clearly documented in care plans.
- People were not supported to understand prejudices. This led them to making inappropriate remarks in public and put them and others at risk of harm.
- People and relatives were not asked about their gender preferences for the carers who supported them.
- The provider failed to suitably match people with staff best placed to support them, sometimes resulting in people being not always at ease, happy, engaged and stimulated.
- Staff were often observed to be just guarding people, and we saw incidents where staff were not talking to people.
- The information available to staff was often limited and failed to give sufficient guidance to staff of how to engage with people as individuals.
- The language used in care plans indicated people were not always respected as individuals, with the individual often presented in a negative light.
- The provider did not respect people's autonomy and used underhand tactics to achieve what they wanted (e.g., refusing to allow a person time to smoke until they had showered).
- The provider prioritised convenience above personal choice (e.g., a person requesting a bath was showered as quicker and easier for staff to arrange).
- Whilst some people made their own personal arrangements to go out or take part in activities with family or friends, there was very little organised for most people.
- Systems and processes had not been established to ensure people's care was reflective of their needs and preferences.
- People who did not speak English as a first language were not supported to express their views or be involved in their care.
- People using the service were served the same meal for multiple days due to the provider buying the same food items in bulk.
- People on modified diets did not always receive the same meal choices as others at the service.
- The provider treated people's rooms as their property, removing personal items and clothing without permission.

How might this breach CQC regulations?

- Failure to meet people's needs and preferences can result in poor quality care. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- When assessing needs and reviewing care plans, explore people's individual needs and what's important to them, including cultural background, religion, sexuality etc.
- Look to identify and celebrate significant life events, including latest milestones and achievements. Set reminders to ensure these are not missed by those supporting the individual.
- Avoid using a "one approach to suit all" when delivering care, ensure your staff teams are supported to tailor care around the individual.
- Review how you match staff effectively to the people they regularly support, ensuring they are a good fit for one another and can build a healthy relationship.
- Regularly check with people, relatives and staff their views on the care being provided and how the relationship is going. Look for areas of improvement or consider matching different staff where appropriate.
- Provide time for staff to research and share areas of interest for the people they support, helping them to keep happy and engaged.
- Look to other services and benchmark what you do to better understand how care can be tailored around individual needs, whilst ensuring the business remains viable.
- Have robust policies and procedures that not only challenge prejudice or views that may upset others, but explore what training, support and wider awareness raising that may inform a more tolerant view.
- Aim to provide as much person-centred care as possible but be transparent and provide clear explanations where certain wants and needs cannot be met to help manage expectations.
- Be prepared to evidence how you treat people as individuals, including examples spanning all the people who use your service.

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Caring: Independence, choice and control

What to avoid: A sample of issues causing services to fall below CQC expectations

- Care records did not detail what people could and could not do for themselves.
- Communication plans were not always sufficiently detailed to enable staff to effectively communicate with people.
- The provider failed to ensure there were robust systems and processes in place to ensure that people were given choice and control regarding their care and support.
- The provider did not offer guidance for staff on how they could support people to encourage or maintain their independence.
- Food choices were not always available. Whilst people were encouraged to ask for what they wanted, in reality these choices was rarely met.
- The provider was inwar.dly focused and links with the local community were virtually non-existent
- People did not always have the opportunity to do things they enjoyed (e.g., an overly cautious approach to risk assessments restricted people from going out).
- The activities arranged by the provider were generic and did not cater for different people's needs and wants.
- The provider failed to keep family and loved ones informed about a person's engagement in activities.
- Whilst the provider had an activities coordinator, this staff member had not received training and support in their role.
- The provider had stopped many activities and community engagements during the pandemic but failed to return to similar levels in the years that followed.
- People, or their representatives, were not given opportunities to decide who supported them with their personal care.
- The provider did not actively support people to achieve their own goals (e.g., a person wanted to move out of the provider's accommodation to be more independent).
- Where care plans had documented people's needs and interests, there was little or no supporting evidence to show how the provider was responding.
- Staff did not explore meal options with people so they could make choices themselves such as pictorial menus or showing the options available.
- Low staffing levels and / or short homecare visits often curtail opportunities for people to be independent (e.g., supported to prepare their meals, attend events).
- Staffing levels meant that there were inconsistent levels of support at evenings and weekends, blocking people from engaging in community activities at these times.
- There were limited arranged activities at the service due to a vacancy in the staff team.
- People went for long periods of time without any interaction from the staff team, who were busy completing other tasks.

- People living with dementia were not provided with meaningful activities to stimulate them (e.g., there were no sensory rooms, or soft toys, dolls, fidget toys, stress balls, etc. to assist focus, concentration and provide a positive and calming environment).
- Support plans did not address the different stages dementia and how this affected a person's daily wellbeing and independence.

How might this breach CQC regulations?

- Where providers fail to meet people's communication needs or to follow their social interests and pastimes, this is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Failure to ensure people were always treated with compassion, dignity and respect was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- As part of assessing needs and ongoing care plan reviews, identify and document what is important to people and their families.
- Ensure your staff team know people's personal goals, personal preferences, hobbies and interests and tailor care around these needs.
- Support people to achieve their personal goals and interests, finding the right balance to keep them safe but not restrict their independence.
- Identify and provide adaptive and other equipment that supports people to maintain their interests, connections and wider independence.
- Research what activities and community groups are available to the people you support.
- Benchmark your service with what other Good or Outstanding providers in the local community offer.
- Ensure staffing levels are always sufficient to meet people's independence, choice and control needs.
- Be prepared to show the CQC how your care plans, communication plans and risk assessments are tailored to the individual, promote independence, and clearly guide staff on how to meet people's needs.
- Ensure quality assurance processes capture people, family, staff and external professional views on how you promote and support Independence, choice and control.

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Caring: Responding to people's immediate needs

What to avoid: A sample of issues causing services to fall below CQC expectations

- People's needs, views, wishes and comfort were not always a priority as staff did not have the skills to anticipate these to avoid any preventable discomfort, concern or distress.
- Staff were not alerted to people's needs or took time to observe, communicate and engage people in discussions about their immediate needs.
- The care being provided was rushed, often entirely task-based and not sufficient to meet people's emotional needs.
- Staff had not received training in how to effectively communicate with people. This meant staff did not always understand what people had asked for.
- Staff did not do what they could to care for people (e.g., leaving a person without their glasses for a long time despite requests) or providing a very short-term solution, likely to almost immediately reoccur.
- The managers failed to address issues with a person's accommodation because "they will be leaving us in the next few months."
- The provider did not always have the correct equipment in place for people (e.g., a person who was unwell required the use of a full body sling but there were none available).
- People were at increased risk of social isolation as the care staff did not have time to build relationships.
- There was a lack of appropriate escalation of concerns to ensure people's care and support needs were met.
- Where people's health fluctuated on occasions, the staff did not have enough time to respond to people's needs due to lack of wider cover / need to move to the next appointment.
- The provider failed to act promptly to change a person's medicines, resulting in them being given an old prescription for a week longer than they should have received it.
- Within a residential home, people's bells took 30-minutes to be responded to and where two carers were needed to help, this took even longer to arrange.
- Low staffing levels meant that undertaking general daily tasks (e.g., supporting people to get up and dressed) meant that there was no capacity to respond to other issues until late morning.
- Low staffing levels resulted in people being left in their nightwear throughout the day and were forced to get up and go to bed when staffing levels permitted.
- In a community-based service, management were aware that the length of homecare visits was impacting the quality of care but could not provide any assurance the issue was being addressed.

How might this breach CQC regulations?

- Failure to appropriate respond to people's care needs is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- Explore with managers, staff, people and relatives what good would look like in terms of response time, looking to implement improvements informed by these discussions.
- If staffing levels are a key contributor to response time issues, develop a business case to demonstrate how more staff would positively impact the service ability to deliver responsive care.
- Identify and implement minimum response times to all requests for support and processes to prioritise emerging needs of people.
- When introducing changes to how staff have previously been operating, ensure these are clearly communicated and understood (e.g., use team meetings, one-to-ones and other opportunities to check understanding).
- Ensure staff are suitably empowered and supported to escalate concerns about people's immediate care needs to more senior staff, assured that this will be acted upon.
- Once improvements have been implemented, check back with managers, staff, people and relatives for feedback. Refine the approach further if issues still persist.
- Provide effective and efficient ways to record, track and analyse issues and response times to identify recurring trends and inform further improvements. Be ready to evidence this to the CQC.

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Caring: Workforce wellbeing and enablement

What to avoid: A sample of issues causing services to fall below CQC expectations

- Staff had not received regular support from line managers to guide them, with some indicating they had little or no interaction with managers.
- Staff did not receive regular supervision to ensure they were proving safe, effective care, or these catchups were often being cancelled at short notice.
- The lack of support and supervision meant staff did not have a formal process to review their workload, monitor and review performance, or identify any learning and development opportunities.
- The provider was unable to share evidence that regular staff appraisals were being undertaken.
- The provider was unable to demonstrate any meaningful reward and recognition for good practice from their staff team, with staff feeling underappreciated.
- There were no systems in place to provide ongoing support, de-brief and reflection for staff working with people who self-harm or were distressed. Staff were unable to talk openly and honestly about their mental health.
- Staff were not provided with regular breaks, and this often affected their wellbeing.
- Staff working in the community were expected to work 15-hour days, with the only gap between visits being unpaid travel time. Whilst the provider knew staff were working long-hours, they failed to address this issue.
- Due to the use of ineffective monitoring systems, the provider had repeatedly failed to act upon staff concerns about staffing levels and impact on workload.
- Staff expressed concerns about the levels of stress they were under, but no wider wellbeing support had been offered.
- Staff felt they were unable to talk openly and honestly and this affected their mental health.
- Staff files did not all contain a health screening check. This meant leaders were not necessarily aware of staff health and well-being needs, or able to support them with reasonable adjustments.
- Staff surveys had been completed but this information had not been reviewed or analysed to action the concerns staff had raised.

How might this breach CQC regulations?

- If you fail to protect and support your workforce, this could lead to a breach of CQC regulation. The most likely CQC regulations to be impacted by this would be Regulation 18: Staffing.

What to do: Key considerations when recovering from these issues

- Review issues identified in the CQC assessment with owners, managers and staff and explore what improvements might be needed to address current wellbeing and support issues impacting your rating.
- Ensure your line managers are capable and confident to talk with staff about their wellbeing needs. Where needed, arrange management training to help support these conversations.
- When promoting new managers, look to ensure that they have the people skills needed by their staff team. Identify and arrange additional training and look to coaching / mentor support if needed.
- Look beyond annual wellbeing surveys to more responsive approaches to understand current challenges and how managers can support staff. Draw on feedback from sickness reviews and exit interviews.
- Create multiple opportunities for staff to raise concerns and discuss pressures related to work or issues that may impact the care they provide. This may include open forums, to private conversations and anonymous ways to share.
- Try to calculate the cost of not making improvements, including associated recruitment and loss of clients due to quality of care. Compare this with the benefits of staff retention, lower sickness and meeting people's needs.
- Where wellbeing solutions require investment, ensure your owners are committed to supporting this change and associated costs.
- Be prepared to implement multiple different initiatives to meet different wellbeing needs (many of which may require more cultural changes than huge investment).
- Pilot new workforce wellbeing initiatives and be prepared to refine, change focus or stop depending on the results. Sometimes light revisions may be needed to find a popular solution.
- Look to establish a wellbeing team or champion type roles from managers and staff committed to driving through improvements.
- Research what Good and Outstanding rated services do? Connect to them via your local networks and explore what approaches are engaging staff and proving successful.
- With supervisions and appraisals key to staff support, evidence that these are happening, what is being covered, and how they support workforce wellbeing.
- Be prepared to provide evidence of what workforce wellbeing support is provided, how you identified the need and how you are monitoring usage and feedback.

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Responsive: Person-centred care

What to avoid: A sample of issues causing services to fall below CQC expectations

- People were not given meaningful choices, and it was evident the registered manager and staff team made decisions on-behalf of people.
- There was no evidence that people, or their lawful representatives, had been provided with proper opportunities to be involved in decisions about their ongoing care.
- People using the service, and their relatives felt they were not regularly updated when changes were made as to how their care was being delivered.
- Staff had not supported people to identify what they would like to achieve, nor had they supported people to achieve any goals they may have liked to pursue.
- Records documented that people had chosen to not be involved in the review of their care plans but there was no evidence to demonstrate how staff encouraged people to be involved.
- The management team were not meaningfully reviewing support plans and daily notes to help make sure people were at the centre of their care.
- Care plans contained information regarding what people enjoyed doing, but other records did not reflect people were supported in these areas.
- People either could not access their own care plans or had only limited access to them via certain staff.
- Staff did not always have access to care plans and documentation, impacting their ability to meet people's needs.
- Care plans did not contain enough information about people's needs or reflect best practice guidance.
- Care plans were often generic, including the same information across multiple people using the service and did not reflect a person-centred approach.
- Care plans and associated documentation contained contradictory information which posed the risk of staff not having access to accurate information about people.
- The providers transition from one care planning system to another resulted in errors in documents, including the loss of important data.
- The quality assurance systems and processes were not effective and had not identified areas for development and improvement within people's care records.
- Staff reported that they did not have time to read and update care plans, with temporary staff often not seeing them in advance of providing care.
- Staff worked hard, but there was not always enough staff available to deliver person-centred care for people that promoted social inclusion.
- Staff did not always engage with people in a positive way, with the provision of care largely task and routine led, and not person-centred.
- The use of uniforms and staff walking around with big sets of keys created a perception of an institution, not a home.

How might this breach CQC regulations?

- Where providers fail to provide appropriate care in line with people's needs and preferences, this is a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Where associated systems and processes are not fit for purpose, this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- Review issues identified in the CQC assessment with owners, managers and staff and explore how better person-centred care can be delivered.
- Find practical ways to engage and capture the views of the people you support, their families, friends and advocates who will be central to understanding what is needed.
- Draw on the expertise and experience of your staff team to further explore areas for improvement but connect with other local services celebrated for their own person-centred care if you need external guidance too.
- Where best practice is available, provide opportunities for your managers and staff to learn more (from sourcing specialist person-centred care training) to visiting other providers excelling in this area.
- Where the CQC has identified issues with consistency of policy, procedures and templates, look to best practice approaches to updating these – which will most likely rely on digital solutions. Involve people, relatives, managers and staff in these reviews to ensure changes are fit for purpose.
- Know that changes to person-centred care can have a positive impact on various other parts of your service, spanning most of the Key Questions (e.g., assessing needs, risk assessment, activity provision, etc.). Carefully plan any changes so they are not done in isolation.
- If managers and parts of your staff team have been part of the problem, look to how you strengthen your recruitment processes to ensure only those wanting to deliver truly person-centred care and employed by your service.
- Where the CQC have identified inconsistencies in the person-centred care you deliver, identify how your quality assurance processes need to change so you can effectively monitor and respond to these discrepancies.

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Responsive: Care provision, integration and continuity

What to avoid: A sample of issues causing services to fall below CQC expectations

- There were frequent changes in staff, including a reliance on agency workers, meant people didn't receive consistent care. Staff often lacked familiarity with individuals' preferences, routines, and specific health needs.
- There was a lack of collaboration with external health and care professionals which led to delays or missed interventions, reducing the quality and safety of care.
- Providers did not routinely participate in multidisciplinary reviews or care planning with other agencies, limiting shared understanding and holistic approaches to people's care and support.
- Care plans were not regularly reviewed or updated to reflect people's current needs, resulting in support that was no longer appropriate or aligned with individuals' preferences or risks.
- Support was not always tailored to individuals' backgrounds, preferences, or communication needs. Care plans failed to reflect cultural, religious, or emotional needs, impacting person-centred delivery.
- Staff failed to recognise or escalate deteriorating health conditions, leading to serious incidents like falls or weight loss were not referred to medical professionals promptly.
- Referrals to essential services like GPs, physiotherapists, or mental health teams were not completed in a timely way, leaving people without the support they needed when they needed it.
- Some premises were not adapted for people's needs, limiting access to bathrooms, gardens, or communal areas and reducing independence, dignity, and social inclusion.
- Some people experienced late or missed visits due to poor scheduling or staffing issues, disrupting routines and creating risks, especially for those needing time-sensitive medication or mobility support.
- Staff reported poor communication within teams and from management, leading to gaps in knowledge about care changes, and inconsistent or conflicting approaches to support.
- Not all staff had up-to-date training or competency checks, particularly in specialist areas like dementia care, mental health, or communication methods, risking poor-quality and unsafe care.
- People with recent mental health crises were not supported with input from professionals or behaviour support plans, increasing the risk of relapse and poor outcomes.
- Services lacked robust contingency plans for emergencies or staff absence, resulting in cancelled care, unmet needs, and people missing important activities, appointments, or medication.

How might this breach CQC regulations?

- If care plans are outdated or not tailored to individual needs, this breaches Regulation 9, which requires care to be appropriate, meet individual preferences, and be regularly reviewed to remain person-centred.
- Failing to refer someone to a GP after repeated falls or signs of weight loss breaches Regulation 12, as it puts people at avoidable risk of harm due to unsafe care practices.
- Not documenting contact with health professionals or changes in care undermines the provider's ability to assess, monitor, and improve care quality, breaching Regulation 17 on maintaining robust governance systems.

How might this breach CQC regulations?

- Develop a recruitment and retention plan, reduce agency reliance, and match staff with regular individuals to build trust and ensure continuity in routines, preferences, and clinical understanding.
- Build formal links with external professionals through joint meetings, referral pathways, and care planning sessions to ensure timely interventions and a holistic approach to people's support.
- Schedule regular reviews with individuals, families, and professionals to update care plans, ensuring they reflect changing needs, preferences, and risks in a timely and meaningful way.
- Train staff in cultural competence, and personalise care plans with detailed preferences including religious, linguistic, emotional, and communication needs to promote dignity and inclusivity.
- Train staff to recognise signs of deterioration and implement clear escalation protocols, including checklists for weight changes, falls, or symptoms requiring prompt medical referral.
- Develop a digital or manual log for referrals with timeframes, follow-up prompts, and named staff accountability to ensure people access essential health services without delay.
- Audit premises regularly to ensure accessibility for all. Prioritise adaptations like accessible bathrooms, ramps, or safe gardens to promote independence and inclusive daily living.
- Introduce structured daily handovers, regular team meetings, and communication books or apps to share updates clearly and avoid gaps or conflicting approaches in care delivery.
- Ensure all staff complete relevant training and competency checks, especially in areas like dementia, mental health, and communication support, with refreshers and observed practice reviews.

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Responsive: Equity in access

What to avoid: A sample of issues causing services to fall below CQC expectations

- People's cultural, religious, and communication needs were not consistently explored, recorded, or used to inform care delivery, leading to inequality and a lack of person-centred support.
- While equity monitoring processes existed, staff failed to use them consistently, so barriers to accessing care or support were not identified or addressed.
- People missed out on meaningful community activities due to insufficient evening staffing or poor planning, affecting inclusion, choice, and quality of life.
- Staff lacked guidance on making reasonable adjustments, particularly for those with sensory impairments or specific cultural/religious needs, affecting the personalisation of care.
- Referrals to health specialists were not always followed up, leaving some people without essential equipment or timely interventions, increasing risk and delaying care.
- Some relatives were unaware of healthcare appointments or unable to participate in care planning, limiting collaborative, inclusive support and transparency in decision-making.
- Care plans often omitted key details about people's identity or needs linked to age, disability, language, or beliefs, risking discrimination or inappropriate support.
- Several individuals had no care plans at all, meaning there was no guidance on their needs, preferences, or how to access external or community-based services.
- Excessive locked doors restricted movement for capable people, reducing their autonomy and access to their own home, creating feelings of frustration and confinement.
- Limited bathroom facilities and inaccessible gardens meant some people couldn't bathe regularly or enjoy outdoor spaces, impacting dignity, independence, and wellbeing.
- Two people shared one piece of equipment, compromising individual care and preventing staff from following each person's care plan safely or effectively.
- Some people could not use their call bells, limiting their ability to request help or support and compromising their safety and independence.
- Some people received late or missed visits without being informed, leading to anxiety, disrupted routines, and possible health or safety risks.
- The provider's website excluded relevant service locations and access information, discouraging engagement and failing to reflect a commitment to inclusive communication.

How might this breach CQC regulations?

- A provider failed to record or act on a person's religious and cultural preferences in their care plan. As a result, staff offered meals that conflicted with their faith. This breaches Regulation 9(1), which requires providers to design care around individual preferences, values, and cultural needs.
- A person was referred for essential physiotherapy, but the referral was not followed up. Their condition deteriorated, and they experienced a preventable fall. This breaches Regulation 12(2)(a), which requires timely care to mitigate risks to people's health and safety.
- Mobile residents were unable to access communal areas or gardens due to excessive use of locked doors. This breaches Regulation 10(1), which requires that people be treated with dignity and respect, including enabling independence and choice in their own home.

What to do: Key considerations when recovering from these issues

- Routinely assess and record each person's cultural, religious, and communication needs, and ensure this information is used to personalise daily care delivery and support inclusive, respectful practices.
- Train staff to use equity monitoring tools during handovers, care reviews, and audits to identify and remove barriers in real time and improve access for everyone.
- Complete a staffing needs analysis focused on enabling access to evening activities, ensuring inclusion and wellbeing for people who wish to participate in social or community-based events.
- Develop practical resources and training for staff on making reasonable adjustments for sensory, cultural, or religious needs and integrate this into supervision and competency checks.
- Introduce a system to log, track, and escalate external health referrals to ensure follow-ups occur promptly, reducing delays and supporting safe, proactive care.
- Establish structured communication plans with relatives, including pre- and post-appointment updates, ensuring families are informed, involved, and empowered to contribute to care decisions.
- Conduct an environmental audit to identify and remove excessive restrictions like unnecessary locked doors, promoting autonomy, dignity, and people's rights in their own home.
- Review facilities and invest in accessible bathrooms and safe outdoor spaces to enable people to bathe with dignity and enjoy meaningful time outside regardless of mobility.

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Responsive: Equity in experiences and outcomes

What to avoid: A sample of issues causing services to fall below CQC expectations

- There was no system in place to establish people's baseline and abilities.
- People were not facilitated by managers and staff to take part in social activities or maintain their mobility.
- Each person who used the service was not treated as an individual. There was a lack of evidence each person's self-defined strengths, preferences, aspirations and needs as the basis on which to provide care and support.
- People's care plans did not celebrate or encourage their individuality. Records did not support that people were encouraged or involved in being active participants in their care.
- People's records contained little, or no information on their social interests, hobbies, culture, religion, relationships or what was important to them.
- The registered manager told the CQC about the plans for setting goals and aspirations which they had been working on, but these had yet to be implemented.
- There was little or no evidence to suggest the provider was supporting people to access interests and opportunities in the local community.
- The provider had not always ensured people's wellbeing and care was being reviewed.
- The provider did not ensure that people had access to their regular health annual check-ups such as dental checks and chiropody.
- People cared for in bed, did not receive support to get out of bed regularly and did not receive showers or baths regularly, or join in with group activities.
- People who did not have relatives to advocate for them told the CQC they were hungry, in pain, worried. Staff did not understand they needed to communicate clearly with people to establish what they needed.
- Staff were not provided with clear information and guidance on how to support people's individual wishes and preferences.
- Leaders and staff were not alert to discrimination and inequality of people using their services.
- Staff could not explain people's preferences and wishes about their beliefs, culture, or religion. They had not received training in equality.
- Feedback from a health professional highlighted the provider had been slow to access additional training that had been offered to help staff.
- The manager and staff at the learning disability service had a lack of understanding of the principles of "Right Care, right support and right culture."

How might this breach CQC regulations?

- All regulated services must comply with legal equality and human rights requirements and avoid discrimination. Making reasonable adjustments to support equity in experience and outcomes is essential and failure to do so risks Regulation 13: Safeguarding services users from abuse and improper treatment.

What to do: Key considerations when recovering from these issues

- With "Equity in experiences and outcomes" one of the most common Quality Statements being assessed by the CQC, it is important that all providers are prepared to evidence you meet the standards expected.
- Look to what the CQC has identified as a key area of concern and ensure your managers and leaders are bought into finding a sustainable solution.
- Where your compliance with good or best practice approaches are the issue, ensure your managers and leaders know and understand the related guidance and how to embed these ways of working into your service. Ensure this a key part of your improvement plan.
- Given the importance that each person needs to be seen as an individual, it is important this is a key focus area of any improvement journey. Involve people, relatives, friends and advocates in both groups and on an individual basis to ensure this area of your care is strengthened.
- Where your community connections and activity provision are at fault, take the time to establish new relationships and partnerships. Seek suggestions from other well regarded local services and secure any investment needed from owners to enable people to access.
- Look for the most practical ways to empower your staff to improve how they assist people, backed-up by sufficient staffing numbers, effective training (e.g., equality and diversity, activity provision etc.) and timely management support.
- Review the various mechanisms that people, relatives, staff and external professionals use to raise issues with you. Ensure these channels are easy to use and suitably resourced to enable speedy action.

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Responsive: Providing information

What to avoid: A sample of issues causing services to fall below CQC expectations

- The registered manager was not aware of the Accessible Information Standard (AIS).
- The provider failed to ensure there was an AIS policy in place, this meant people were still at risk of not having their communication needs met.
- Staff had not been trained to understand how to communicate effectively, and people's care plans did not give enough information about how they communicated.
- Care records regarding people's communication needs were not detailed and did not provide sufficient guidance for staff regarding how to support people's communication.
- There was no evidence that communication aids were being used to ensure people could be involved in decisions about their care.
- Whilst there was accessible information for example pictorial or large print documents, these were displayed on a busy notice board, and there was no evidence people had been supported to access this information.
- Where people clearly did not understand what was being communicated, staff made decisions for them.
- There was a lack of understanding of the potential benefits and importance of communication systems widely used when supporting autistic people and people with a learning disability.
- There was no evidence people were supported to use alternative forms of language to communicate based on best practice guidance such as the Picture Exchange Communication System (PECS) or the use of Makaton.
- The provider had failed to act upon the recommendations of a speech and language therapist.
- People's individual communication needs were not always taken into consideration (e.g., a partially deaf person not being spoken to any differently to other people).
- Where a person using the service communicated via sign language, the staff had only limited training and often did not understand what they were being asked.
- Whilst the provider was supporting somebody who did not speak English, they did not employ staff who could communicate with the individual or provide a care plan in another language.
- People living with dementia or sensory impairment had limited orientation aids which increased the risk of being disorientated because signage had not been designed to meet their needs.
- The provider did not suitably support people to access information (e.g., a tablet that was not regularly charged for a person to use, a visual timetable of activity hidden behind other information in a person's room).
- People's confidential records and records relating to the running of the service were not always kept securely.

How might this breach CQC regulations?

- Failing to provide information that supports a person-centred way is a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- Where systems had not been established to support people to make decisions through effective communication, this is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- Before you start to implement any improvements, benchmark where you are and clearly understand your current limitations and what good looks like. The latter may require further research involving leading charities, specialist suppliers and other providers.
- Where your communication systems are not fit for purpose, involve experts in helping you to identify and commission the right solution. This will also require the involvement of the people you support, relatives and staff to ensure it will meet their needs (user test before you purchase / implement).
- If staff training and awareness of different approaches is an area of concern, look to identify specialists operating in your local community most likely from health / social care providers or learning providers.
- Recognise that effective communications are not only about having the tools and training, but also the time, patience and care needed to apply this well. If the performance issue relates to your staff or staffing levels, this will need to form part of your improvement journey.
- When taking on new clients, be mindful of their communication needs and ensure you have the staff and aids needed to meet them. For example, ensure all staff supporting an individual can speak their language.
- Ensure all frontline care staff can effectively communicate in English to people they support, other staff and external professionals and agencies they need to engage with to perform their duties. Whilst you can support staff to strengthen their language skills, do not recruit if this may impact the quality of care that can be provided.
- Look to all aspects of the care and support you provide and how communication is central to it. Ensure the enhancements you introduce are applied to all areas of care and staff performing such duties (e.g., assessing needs, distributing food and drink, transporting somebody to a hospital appointment etc.)

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Responsive: Listening to and involving people

What to avoid: A sample of issues causing services to fall below CQC expectations

- The provider did not ask people for feedback on the care they received and / or the provider did not share information about how to raise concerns.
- The provider only offered very limited or ad-hoc ways to gather feedback, with no consistency in terms of client surveys, management calls, resident meetings cancelled at short notice etc.
- The client and relative surveys used by the provider were not fit for purpose, offering only limited multiple choice options and no opportunities for meaningful feedback.
- Whilst the provider shared a complaints procedure at the service, the font size was so small, it was difficult to read and no alternate formats such as easy read were available.
- People and relatives reported it was difficult to contact the provider by phone, often requiring them to raise concerns by letter or e-mail.
- Whilst client meetings had been introduced, it was unclear how this information was used to make changes as there were no action plans formed in response to these meetings.
- Staff did not regard some comments as warranting action (e.g., people raising concerns that some of their clothes were going missing at the home).
- The provider failed to action all concerns and complaints due to poor record management processes.
- The complaints log only contained issues raised by professionals, indicating that other concerns and complaints were not being captured or treated as seriously.
- People and relatives were put off raising concerns by the abrupt and uncaring behaviour of the management and office staff at the service.
- People were not always informed of the timescales for responses to their complaint, the action the provider had taken and the action they would take, should the response not be satisfactory to them.
- The CQC identified that the provider's inability to properly consult and communicate had resulted in many failings across the service.
- The provider's response time to complaints was inconsistent with the timescales promoted in their policies and procedures.
- There was a lack of robust investigation into the complaints or actions taken to make the necessary improvements.
- People who live with dementia and cognitive impairments could not always express their views.
- For people who were unable to talk to staff about their pain, assessment tools were not in use regularly to support staff in identifying verbal and non-verbal indicators of discomfort.
- Information that the provider presented to show people and families what they were doing to address issues was untrue or out of date.

How might this breach CQC regulations?

- Failure to ensure people, relatives and staff were fully involved in the running of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Where complaints were not recorded or reviewed, this is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- Given the strong links between this Quality Statement and both "Learning Culture" and "Learning, improvement and innovation", ensure your policies, procedures and quality assurance processes are joined up.
- If your current methods to collect feedback are ineffective, involve people, families and staff in discussions on what is needed to either strengthen existing systems or introduce new options.
- Research what other services use by speaking to providers at network events, but also look at how other customer facing organisations engage with their clients (e.g., be inspired by any recent customer service experience that has impressed you).
- Identify a wide range of feedback options and test people and family's receptiveness to new or enhanced methods offered by surveys, face-to-face or virtual meetings, social media, online forms etc.
- Connect with the Local Government and Social Care Ombudsman who provide a range of specialist guidance and advice.
- Where there are issues with informal feedback (e.g., passing comments) being missed, engage your staff team in identifying practical ways to capture and report this. Regular spot checks may be required to ensure that these changes are being adopted.
- Where the issue is with ensuring managers and leaders act upon feedback, a new approach to manging concerns and complaints will be needed. This may require strengthening internal systems to track incoming issues and provide a full audit trail from investigation to follow-up actions and response.

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Responsive: Planning for the future

What to avoid: A sample of issues causing services to fall below CQC expectations

End of life care

- The provider could not evidence that they had spoken to people or relatives about their wishes at the end of life.
- Where end of life wishes are recorded in care plans, the information was often overly generic and not person-centred (e.g., “after I die, I want a funeral” or “a specialist nurse will be needed” without further clarity).
- There was limited evidence to indicate end of life plans were regularly reviewed, and some information appeared to be old.
- There were inconsistencies between people’s care plans and documented end of life care wishes (e.g., a care plan highlighting how important religion was to the individual, but the end of- ife record stated “no religion”).
- Despite the fact the provider was supporting people long term degenerative health conditions, they did not have policies and procedures in place for providing end of life care.
- The provider was unable to evidence that staff had received training in relation to end of life care and support.
- Staffing level challenges at the service meant they were unable to provide the same carers at the end of their life, despite this being part of the person’s wishes.
- Health professionals raised concerns that the provider lacked relevant equipment that may be necessary to support people’s needs at the end of their lives.
- Some people were documented as having a do not attempt resuscitation (DNAR) in place. However, the provider had not seen the original documentation and it was not on all their files.

Other future planning

- People were not provided with opportunities to develop hobbies or work opportunities to improve their skills and life experience.
- People were not supported to learn everyday living skills or develop new interests by following individualised learning programmes with staff who knew them well.
- Care plans lacked information about how people should be supported for later life (e.g., how to with wash clothes, iron, cook, clean etc.)

How might this breach CQC regulations?

- The failure to provide appropriate care to meet the needs and reflect the preferences, including planning for and supporting people at the end of their life, was a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

What to do: Key considerations when recovering from these issues

- Given the strong links between this Quality Statement and both “Person-centred care” and “Treating people as individuals”, ensure your policies, procedures and quality assurance processes are joined up.
- Where the CQC has identified concerns about how you involve people in significant life events (e.g., end of life care, furthering education, securing work), have open discussions at both a group and individual level to understand needs.
- Invite specialists into your service (e.g., end of life nurse) to review what you currently do and where further enhancements could be made. Take these ideas back to people, relatives and staff for their views.
- Look at good and best practice approaches adopted by other local or national providers to support people’s wishes and consider how these can be adapted into your own service.
- Review the existing skills and experiences of your managers and staff to identify whether further development is needed, what courses and qualifications might be available, and how this could be funded.
- Establish internal champions to act as a central point for staff to refer to and seek advice. Where practical, empower the internal champion to be involved in spot checks and wider quality assurance processes.
- Where the failings are linked to how people’s needs and views are documented, look to revise the templates used and the quality of information provided. Ensure your audits reviews both the quality of information recorded and how this is consistently presented across related documents (e.g., care plans and health passports).

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Well-led: Shared direction and culture

What to avoid: A sample of issues causing services to fall below CQC expectations

- Management and staff did not have a clear vision of the service they were providing.
- The provider had no clear set of values, aims and aspirations for the service which staff could follow or be a part of.
- There were examples that the provider had a closed-culture and was using institutionalised practice, such as blanket routines, surveillance, and information displayed to benefit staff rather than people.
- The provider did not have a sufficiently open and positive culture, with CQC requests for information regarding areas of concerns receiving no reply.
- The provider failed to maintain oversight of the culture of the home and the experiences of people, to ensure caring, person-centred and compassionate care was received by people.
- There was a lack of management presence, observation and supervision across the service.
- Staff did not share the same vision and values, and this impacted the quality of care that was being provided.
- The provider and registered manager had failed to demonstrate a set of values they expected staff to embody when supporting people.
- Some staff and people referred to the registered manager as a 'bully', whilst others did not raise concerns as they might have their hours reduced.
- Whilst a culture of bullying had been raised with senior staff, they had failed to act on the information in any meaningful way.
- Staff were discouraged from speaking to the management team and directed to correspond only through the administrative staff.
- Some staff seemingly received preferential treatment and "could do no wrong", including examples of favouritism and nepotism within the service.
- People and relatives reported that staff were confrontational when they raised legitimate concerns at people's reviews, with the provider failing to act upon these concerns.
- The culture of the service did not always value people's individuality and work towards positive outcomes for them.
- Care delivery was task based and meaningful engagement between staff and people was limited.
- Staff did not always engage with people or work together to create a warm and welcoming atmosphere.
- The registered manager had failed to create a culture where staff were clear about different levels of management, escalation etc. (e.g., staff indicating they did not even know who the registered manager was).
- Relatives told the CQC they could not comment on the general culture because they were escorted from the front door directly to their relative's room for the duration of their visit.

How might this breach CQC regulations?

- Where systems and processes are not robust enough to demonstrate a personalised service with a positive culture, this is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- Show the people you support, their relatives and staff that you are prepared to turn the culture of the service around. Highlight to them how you plan to approach this, where they will be involved, and how you will keep them updated on progress.
- Better understand what a positive workplace culture feels like. Connect with your peers and other care providers celebrated for achieving this part of Well-led. Visit these services to observe the culture and speak with managers, staff and people at those organisations.
- Be prepared to fundamentally change the culture of your service. Begin by involving people and relatives' discussions on how to improve the culture so it meets their needs.
- The views of your staff team and others connected with your service can also help signpost to current cultural issues that will need to be addressed. Look for multiple opportunities to capture their views in meetings, one-to-one discussions or other forums.
- Where the CQC have raised concerns of a closed or blame culture at the service, ensure your owners are prepared to take the necessary action. This will require robust performance management and potentially replacing managers and staff who are unwilling to change.
- Accept that cultural change takes time and look to capture evidence of each step of this improvement journey. Ensure that your quality assurance processes track your progress and inform any further changes needed.

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Well-led: Capable, compassionate and inclusive leaders

What to avoid: A sample of issues causing services to fall below CQC expectations

- The service was operating without a registered manager in post.
- Senior staff did not always understand / did not always demonstrate compliance with regulatory and legislative requirements.
- The provider failed to monitor the performance of the management and senior team.
- The registered manager did not adequately understand their role and lacked leadership and oversight of the service.
- The registered manager did not have enough experience of working with people the service supported (e.g., no training or experience supporting people with mental health needs).
- The provider and registered manager did not keep their own skills and knowledge up-to-date and were unable to identify where care provision required improvement.
- The registered manager did not keep themselves updated on latest mandatory requirements and good practice (e.g., unaware all registered health and social care providers needed to train staff in learning disability and autism).
- The registered manager did not understand their responsibility under the duty of candour to act in an open and transparent way.
- Management had failed to keep kept external professionals up-to-date with events (e.g., a safeguarding notification had not been raised when a member of staff had been suspended for alleged abuse).
- Staff did not have consistent opportunities to provide feedback. Staff meetings and supervision sessions were not consistently held.
- The nominated individual and registered manager had failed to address staff concerns and there were no action plans in place regarding areas for improvement.
- Where issues of performance were raised in staff supervisions, there was no clear evidence these were being addressed or followed up.
- Management was not sufficiently visible in the service and people stated that it was hard to make contact and get feedback from the office.
- There was a lack of robust leadership day-to-day with a deputy manager covering most of the time and their often capacity overly stretched.
- The registered manager worked in their role on a part-time basis and the provider did not offer alternate escalation options for the senior carer and care coordinator.
- The registered manager did not know how many people the service was supporting.

How might this breach CQC regulations?

- Failure to seek and act on feedback for the purposes of evaluating and improving the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Where Notifiable incidents are not submitted to the CQC, this is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

What to do: Key considerations when recovering from these issues

- The issues identified by the CQC will need to be explored by the owners, managers and leaders of the service. Where board or trustees exist, involve them too.
- If feedback from people and staff about managers and leaders have influenced the CQC assessment rating, discuss these concerns with both audiences and understand what good would look like from their perspective.
- Where manager and leader performance are part of the issue, look for practical ways to support improvement. This might benefit from involving other managers or peers from other services in a mentor type role.
- Where manager and leaders lack the appropriate skills or their learning is out-of-date, look to support them to undertake new courses, development programmes and qualifications as needed. If capacity has been the biggest obstacle to development, look to delegate management duties more.
- Where you may have appointed managers and leaders who lack the capabilities and compassion to perform well in the role, ensure your performance management process is robust and use this process to address the issue.
- Review and revise the recruitment processes used to appoint new managers and leaders. Ensure this is fit for purpose.
- If the loss of a trusted manager or a high turnover of staff in senior roles is impacting this Quality Statement, build more succession planning into your service and provide opportunities for emerging talent to become future managers.
- Regularly review progress on your improvements and update people, relatives, staff and external professionals on progress. Be ready to show the CQC not only what you are doing but the difference it is making.

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Well-led: Freedom to speak up

What to avoid: A sample of issues causing services to fall below CQC expectations

- The provider did not actively promote staff empowerment to drive improvement, either by encouraging staff to raise concerns or promoting the value of doing so.
- The provider had safeguarding and whistleblowing policies and procedures in place, but these were not always followed.
- The provider could not evidence that they had sought formal feedback about the service from staff or people for over a year.
- People and relatives had not been informed of the providers complaints policy and procedures.
- Client / resident meetings had been paused during the pandemic and not reinstated some years after.
- Whilst client and relatives' meetings were being undertaken, feedback implied only some were invited to contribute and were self-selected by the provider.
- Staff felt there was not enough opportunities to discuss people's conditions, their behaviours and the consequences of staff not being confident in managing peoples care and support needs.
- There was not a culture of listening and learning from staff experiences, and staff were not involved in the service improvement plan.
- Staff felt they were unable to speak up due to the potential implications or retaliation from other staff members (e.g., where staff had spoken up to senior staff, this information had been openly shared with others).
- Staff concerns were not always investigated, acted on and shared promptly enough.

How might this breach CQC regulations?

- Where people and staff are not supported to speak up, this increases the risk of abuse which is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- Given the strong links between this Quality Statement and "Safeguarding", "Learning culture" and "Listening to and involving people", ensure your policies, procedures and quality assurance processes are joined up.
- Bring people, relatives and staff together in meetings or one-to-one discussions to understand their needs and how best to support them to raise concerns.

- Benchmark your policies and procedures around safeguarding, concerns and complaints, and whistleblowing with other care providers. Look to customise approaches that are working well for other services into your own organisation.
- Where staff awareness of what good care looks like is part of the problem, help them to understand the standards that are expected and the practical ways they can raise concerns.
- Where managers and leaders have failed to act on concerns or discouraged issues being raised, ensure your performance management systems are robust and use these to address the problem.
- Ensure your safeguarding training and associated whistleblowing promotion is fit for purpose. Following these courses and communications, check understanding with people, relatives and staff.
- If management oversight has been an issue, look to updating the systems used and how compliance with associated policy and procedures is a key part of your regular spot checks, audits and mock assessments.
- Track your improvements and retain evidence of the changes that were identified and introduced. Ensure this includes both how you communicated these changes and how you are assessing the differences they are making.

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Well-led: Workforce equality, diversity and inclusion

What to avoid: A sample of issues causing services to fall below CQC expectations

- There was no formal process to assess or support staff's equality, diversity, and inclusion needs, leading to missed opportunities for personalised support.
- Staff gave mixed feedback on fairness, with some feeling undervalued and underpaid compared to their workload or peers in similar roles.
- Some staff reported contract changes without consultation and unpaid training time, leading to dissatisfaction and distrust in management.
- While some staff felt valued, others cited favouritism and unresolved complaints, highlighting unequal recognition and support from leadership.
- Equality and Diversity policies existed but were not effectively monitored or embedded into day-to-day practice, reducing their impact on culture and fairness.
- Some staff were excluded from decision-making processes, leading to reduced morale and a lack of shared responsibility in service development.
- Leadership acknowledged a lack of workforce diversity but had no structured plan to address it in upcoming recruitment or team development.
- Reports of ethnic-based bullying were not addressed promptly, enabling a closed culture and delaying interventions that could have protected staff wellbeing.
- Identified training needs around closed cultures and inclusion were not delivered in time, missing opportunities to reduce staff division and promote equality.
- Overseas staff were required to live onsite and remain available outside working hours, unlike UK-based staff, breaching principles of fair treatment and work-life balance.
- Overseas and non-native English speakers were not effectively supported to develop language or professional skills, undermining inclusivity and role confidence.
- All training was provided only in English and online, with no checks on comprehension or support for alternative learning styles or needs.
- Training was ineffective in ensuring staff understood core responsibilities like safeguarding, raising concerns about workforce competence and safety.
- Despite claims of promoting human rights, there was little evidence of systems to ensure dignity, respect, and equity in staff treatment.

How might this breach CQC regulations?

- Overseas staff were required to live onsite and be on-call outside working hours, unlike UK-based staff. This unequal treatment based on nationality breaches Regulation 10: Dignity and Respect, as it fails to uphold individuals' autonomy and equal treatment.
- Ethnicity-based bullying was reported but not acted upon promptly, creating a hostile environment and failing to protect staff wellbeing. This breaches Regulation 13: Safeguarding service users from abuse and improper treatment, including neglect of safeguarding duties toward staff and people.
- Staff with limited English were not supported with alternative training methods, and comprehension was not checked. This undermines care quality and breaches Regulation 18: Staffing, which requires providers to ensure staff are suitably trained and competent to meet service users' needs.

What to do: Key considerations when recovering from these issues

- Develop a structured EDI assessment framework to identify and support individual staff needs, ensuring inclusive practices are embedded and reviewed regularly through supervision, surveys, and team development discussions.
- Conduct a pay equity audit to review discrepancies in pay across roles, responsibilities, and demographics, followed by transparent communication and action plans to address inequalities and restore trust.
- Introduce a consultation protocol for contractual changes, requiring staff involvement, clear communication, and written consent to avoid breaching trust and to uphold fair employment practices.
- Launch a transparent recognition and grievance process, ensuring achievements are acknowledged equitably and complaints are logged, tracked, and resolved consistently to eliminate favouritism and build staff confidence in leadership.
- Review and embed Equality and Diversity policies into everyday practice through scenario-based workshops, visible champions, and routine audits to ensure the culture reflects inclusive values, not just policy statements.
- Create staff engagement forums to involve workers from all roles in service planning and decision-making, boosting morale, team cohesion, and ownership of improvements.
- Develop a workforce diversity action plan, including inclusive job adverts, targeted outreach, and bias-free recruitment processes to actively build representation and cultural awareness across the team.
- Implement zero-tolerance bullying protocols, including prompt investigations, support for affected staff, and anti-bullying training, to dismantle closed cultures and protect staff from discriminatory abuse.
- Prioritise delivery of inclusion and closed culture training, ensuring sessions are mandatory, relevant, and co-facilitated by external experts to promote a safe and respectful working environment for all staff.

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Well-led: Governance, management and sustainability

What to avoid: A sample of issues causing services to fall below CQC expectations

- The provider failed to complete a CQC Provider Information Return (PIR).
- The provider had purchased a range of policies but not customised these to be meaningful to the service or the care they provided.
- Management at the service was not clear on their individual roles and responsibilities.
- The experience of people varied in different parts of the service, indicating inconsistent levels of care being provided.
- The provider was unable to produce a full list of staff they currently employed or the levels each team member was trained to.
- There were inconsistencies between what the registered manager told the CQC and the documented evidence (e.g., "I do all the audits here" compared with the fact these were undertaken by other staff).
- There was no system in place to assess, oversee and monitor the number of agency staff working within the service.
- The use of antiquated or ineffective systems meant management did not have access to a timely oversight of care (e.g., unable to detect missed calls, visits and appointments).
- The provider and registered manager failed to identify through audits that decision specific mental capacity assessments had not been undertaken in relation to decisions that needed to be made.
- There were no audits of care notes and care plans. This meant they could not be assured that all areas of service delivery were monitored and that actions were taken to improve poor practice.
- Due to poor implementation and training, managers and leaders were unable to effectively use the new electronic monitoring system.
- Where systems have identified failings at the service (e.g., significant gaps in staff training), the provider was unable to demonstrate what action had been taken.
- The provider was unable to identify trends impacting the quality of care due to not effectively tracking performance issues.
- Poor and sometimes chaotic record management resulted in key documents being unavailable, outdated or inaccurate.
- Ineffective monitoring (e.g., daily spot checks and regular audits unable to identify issues) meant the service did not know the standards of care being delivered.
- Poor practice was seemingly permitted to go unchallenged at the service with ineffective performance management systems and processes.
- There were no documented processes to review the training and competences of staff.
- The providers only access to their Contingency Plan was via the intranet, but there was no contingency if they could not access that system.

How might this breach CQC regulations?

- Failure of robust management oversight, audits, ability to assure the quality of care and continual improvement or learning can be a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Failure to notify the CQC is a breach of Regulation 18 of the Care Quality Commission (Registration) regulations 2009.

What to do: Key considerations when recovering from these issues

- Explore how your peers and other local services effectively govern their services, including looking at roles and responsibilities as much as systems and processes. Reflect on how this compares with your service and the benefits of adopting some of these ideas.
- Consider what changes are needed to roles and responsibilities across those in governance associated positions. Discuss with them the need and benefits of changing this, how this will happen and how their own performance will be monitored.
- If your technical systems and processes are not fit for purpose, ensure that your owners are prepared to invest in updating and / or replacing them. If multiple systems need replacing, identify those that will have the biggest impact on improving people's experience first.
- Involve multiple future users in your selection process of new systems, potentially considering external experts too (such as managers from other services and local digital experts). Seek comprehensive demonstrations or trials where possible before selecting.
- If introducing a new governance system, ensure that it is easy to use and arrange training for staff who need to both directly input into it and other roles responsible for assessing the data from it.
- If there are fundamental flaws identified with your quality assurance process, involve peers and external auditors in helping inform a new approach. Be clear with people, relatives and staff how you will be changing these quality checks as their involvement will be essential.
- Ensure the evidence you capture throughout this process (revising job specifications, procuring new systems, revising quality assurance etc.), is clearly documented and communicated.

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Well-led: Partnerships and communities

What to avoid: A sample of issues causing services to fall below CQC expectations

- The provider and manager were not open and receptive to working with other services and agencies in the community.
- Managers and owners were unprepared to invest in the time needed to connect with other services and agencies in the community.
- Whilst there was some partnership working being undertaken, the response from external professionals and agencies about the service was very mixed and indicated inconsistencies in their approach.
- Whilst the registered manager told the CQC that professionals were involved in the reviews of people's care; they could not provide any evidence of this.
- There was no evidence the provider had engaged in local and national forums or development groups which would assist in gathering best practice knowledge to support improvements.
- Management relied on staff to liaise with other professionals and feedback any changes but provided no support, or suitably monitored this to ensure this was happening.
- The provider, who was also the registered manager, had not tried to join council support networks for registered managers. This meant they were not sufficiently linked in with the learning and support available to them.
- Records showed that the service told the local funding authority incorrect information and were not in the spirit of providing open and transparent care.
- Partnerships established during the pandemic were quickly dissolved at a later point, despite staff feeling it would be beneficial to maintain these relationships.
- Whilst the staff and management worked with other professionals, their advice and instructions were not always followed, and this meant people were at risk of harm.
- All the healthcare professionals the CQC spoke to shared concerns about the instability of management and leadership at the provider.
- There was no evidence of a systematic approach to learning or sharing of good practice with outside agencies.
- Staff were defensive and hostile towards suggestions received from healthcare professionals and other services.
- The provider's local authority reported that the service did not always respond to issues in a timely manner.

How might this breach CQC regulations?

- The failure to be open and transparent when things went wrong, to act on feedback and the failure to work in partnership effectively with other agencies is a breach of Regulation 17 of the Health and Social Care Act 20 (Regulated Activities) 2014.

What to do: Key considerations when recovering from these issues

- Discuss with people, relatives, advocates and your staff about where they feel better connections would help the quality of care. Identify where gaps exist or where relationships could be improved.
- Consider people's needs and whether your service is effectively facilitating effective relationships at a local or national level to support them further (e.g., connecting with a leading charity on a specific health condition).
- Benchmark your current connections across the local health, social care and community-based organisations with your peers. Speak with managers and leaders from other care services about who they are connected to and how this benefits services working together.
- Where feedback has indicated relationships with existing partners are not good, meet with them to discuss how this can be improved. Seek examples of how they are working with other partners to inform some of the changes that might be needed.
- Where your service's ability to establish new relationships is due to capacity, look to prioritise this by delegating tasks or empower members of the care team to lead strengthening your connections.
- Once relationships have been established, look to practical ways to maintain them. Agree ways of working between both organisations, including how you will communicate with each other, review progress, address any obstacles and celebrate successes.
- Build partner reviews into your policy, procedures and quality assurance processes. Where these are not working as effectively as planned, ensure you have effective escalation processes.
- Document how you have identified and established new relationships or strengthened existing ones. Share this with people, relatives, staff, external connections etc.

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Well-led: Learning, improvement and innovation

What to avoid: A sample of issues causing services to fall below CQC expectations

- The provider's system for ensuring the health, safety and welfare of people had been ineffective because important records had not been reviewed. This put people at potential risk of harm.
- The provider failed to assess everybody's experience of care and support to see if they could be improved upon in any way.
- The provider had not kept up-to-date with latest good practice to inform improvements to the service (e.g., processes related to medicine optimisation was clearly out of date and did not represent good practice).
- Quality performance was not a priority, and the provider did not understand the significance of monitoring the service.
- The provider had not carried out a wide range of audits of the service other than accident and incident audits. This meant the provider was less likely to identify issues and be able to improve them.
- The registered manager displayed a lack of knowledge and understanding about what audits were and how to carry them out.
- Records indicated that audits and spot checks were rarely undertaken, with large gaps blamed on capacity.
- Quality assurance processes were weak and did not effectively identify areas of concern at the service (e.g., inconsistencies in record management).
- When people had missed calls, there were no records of this in the office and no action taken.
- The provider chose to deal with issues in isolation meaning there was no systematic way for the provider to monitor the service, maintain oversight and plan a strategy for learning and improving the care provided.
- Reviews, reflective practice or root cause analysis had not always been completed for accidents and incidents with actions to prevent reoccurrence.
- Some of the provider's action to introduce improvements were reactive rather than proactive.
- Despite falling below CQC standards in consecutive assessments, the provider had no overall plan for improving the quality of care.
- The provider had failed to act upon a series of recommendations from their local authority quality improvement team.
- There was a lack of reflective practice at the service, which meant it was unable to learn, evolve, or drive improvements.
- Staff were not always given the opportunity to attend meetings to feedback on improvements they would like to see implemented.
- Whilst staff felt they can raise their ideas with the provider, they did not always get updated promptly about outcomes when they raised concerns.
- The provider was unable to provide us with the full and consistent evidence we requested showing staff completed people's daily care notes.

- Whilst action plans existed, there was no deadline or detail of who and how improvements would be implemented.

How might this breach CQC regulations?

- Where providers do not operate an effective system to enable them to assess, monitor and improve the quality and safety, this is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What to do: Key considerations when recovering from these issues

- Given the strong links between this Quality Statement and both "Governance, management and sustainability" and "Learning culture", ensure your policies, procedures and quality assurance processes are joined up.
- If the CQC have identified failings around how you involve people, relatives and staff in identifying improvements, it will be essential to look at what methods could be used to achieve this. Begin by having open and honest discussions with these groups about what they would value.
- Learn from other care services on how they identify areas for improvement and practical implement these changes. Not every idea will be transferable into your service but consider what might work and how can these to be customised further.
- Where quality assurance processes need to be improved, draw on ideas from within your service first but be prepared to involve external experts such as a business consultant.
- If the quality of your policy, procedures and documentation need replacing, look to adopt systems and templates from trusted suppliers. This will require investment but will give you confidence in the quality of what you are using across the service.
- Where quality assurance is being impacted by the skills and capacity of your existing staff, look to how training and delegation can help. Empower members of the care team to be more involved in spot checks, audits and mock assessments.
- Avoid falling behind on delivering good practice by protecting time for managers and leaders to keep informed of the latest information and innovations. This can be achieved by reading newsletters, catching up with peers at networks, attending events and conferences etc.
- Record the different steps being undertaken to improve this Quality Statement. Ensure the evidence shows how you have assessed the issues, identified areas for improvement, and how these ideas have been successfully implemented.

Skills for Care's **GO Online: Inspection toolkit** includes further recommendations, practical examples and resources to strengthen your compliance with this Quality Statement.

Well-led: Environmental sustainability

When the Single Assessment Framework was introduced, the CQC implied that they would delay assessing this Quality Statement for the first 12-months.

In early 2025, the CQC advised that they were not planning on assessing this Quality Statement for the forseeable future and decisions would be made after wider reviews of their assessment process.

In the meantime, Skills for Care's **GO Online: Inspection toolkit** includes further recommendations, practical examples and resources to strengthen your compliance with this Quality Statement.

Appendix

Improving your CQC rating checklist

This checklist is aimed at ensuring a regulated adult social care service is ready to drive forward improvements after falling below CQC standards.

	Yes	No	N/A	Action
We listen to feedback and welcome suggestions about how to improve our service from the people we support, their families, friends and advocates.				
We have an open and transparent culture that enables us to engage others to help us to improve.				
We have leaders, managers and owners who are committed to improving the quality of care at our service.				
Our managers, leaders and owners have the right skills, knowledge and experience to drive forward improvements.				
Our owners ensure we have the resources and investment needed to ensure we can implement the improvements needed.				
We have effective systems and processes that enable us to review quality at our service and identify areas for improvement.				
Before we commence implementing improvements, we benchmark where we are, so we know how we're progressing.				
We ensure that each area for improvement has an allocated leader responsible.				
We have the flexibility to adapt our original improvement plans if we need to adopt a new approach.				
We have a clear action plan or action plans helping us to keep track of our progress towards improvement.				
Our staff teams have the right skills, values, and capabilities to help us address areas for improvement and support new ways of working.				
Where needed, our staff teams will be able to access new learning and development needed to help us to improve.				

	Yes	No	N/A	Action
We have the right structure, policies, and procedures in place to enable us to improve.				
We have the right connections with other professionals, providers, partnerships and the wider community to help us to improve.				
We have a good and effective relationship with our local CQC team and (where relevant) the local authority quality teams.				
We keep ourselves updated on the latest legislation, evidence-based research and good practice related to the care we deliver.				
We ensure our internal audit processes are sufficient to check compliance at all times (e.g. spot-checks at night).				
We have effective performance management processes in place to ensure we can meet the quality standards expected.				
We have evidence to show how our improvements are ensuring people receive better care and support.				
We can back up examples of improvements with clear, documented evidence.				
We communicate the improvements we've made to the people we support, our staff teams and stakeholders.				
We're committed to sharing our learning from improvements with the wider sector to help others improve.				
We're committed to the continual improvement of our service by benchmarking ourselves with best practice care providers.				

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