A black and white photograph of a woman with short, wavy hair and glasses, smiling broadly. She is wearing a dark top and a necklace. The background is blurred, showing other people in a social setting.

Nominated individuals' handbook:

a practical guide

Foreword

As a nominated individual, you hold a pivotal leadership role in your service. You are in a unique position to lead and support your service to embed the skills, knowledge and values that are required for continuous improvement. You also have overall responsibility for supervising the management of the regulated activity provided and hold a key relationship with the Care Quality Commission (CQC).

Skills for Care has developed this handbook to support you in your role, and where applicable, to increase your confidence and competencies, as well as improve your own practices, so you continue to provide high-quality, person-centred care to the people you support.

How can this handbook help?

We have developed this handbook as a comprehensive guide to the key aspects of your role as nominated individual. Throughout, we aim to provide practical advice, share best practice, guidance and top tips, as well as signpost to resources and support available to help you in your role. However, given how diverse the social care sector is, we appreciate that some of the information may not apply to all services, settings and scenarios.

It is not intended to be digested in one go; instead, we suggest that you go through and reflect on each section which are relevant to you and your experience, whilst considering your staff, teams, the people you support, their families and friends.

Who's this handbook for?

Whether you are new-to-post or an experienced nominated individual, this handbook is aimed at you. For many nominated individuals, you will work closely with your registered manager; for others, you may hold the dual role of nominated individual and registered manager.

This handbook shares practical advice if you are a nominated individual or hold a dual role.

Acknowledgements

This handbook was first developed in April 2023 by the team at [Coleman Training & Consultancy](#), a Skills for Care endorsed provider with a Centre of Excellence status. In drafting this handbook, we spoke to a number of nominated individuals, from different size and service types, to gain insight into their understanding of the role and specific issues they face, which greatly helped shape the content to ensure it is fit-for-purpose. A light-touch review of this handbook took place in September 2024.

Skills for Care would like to take this opportunity to thank all those involved in the development of this handbook.

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1.1 Who is this section for?

Are you new to the role of nominated individual? If so, this quick start guide will provide you with a high-level summary of the role with minimum fuss.

If you are an experienced nominated individual, you may wish to skip this section.

1.2 What is a nominated individual?

A nominated individual can be simply described as **nominated by your organisation to be the single point of contact for the Care Quality Commission (CQC)**.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states that “the nominated individual is responsible for supervising the management of the regulated activity provided”.

This means that the nominated individual must have a direct line of communication with the Board of Directors, or owner of the service, in order to carry out their role.

The nominated individual has **no statutory responsibilities** (other than those of any other employee), which surprises many new to the role; however, the nominated individual plays a major and important role in the leadership of their service and driving improvement through robust governance.

Nominated individuals are not registered persons, like registered managers, therefore the CQC has no powers to hold nominated individuals personally to account for non-compliance.

Nominated individuals should be appropriately skilled with the necessary qualification(s), knowledge and experience, and demonstrate the competency required to supervise the management of the regulated activity.

1.3 What is a registered manager?

All regulated services must have a registered manager. A registered manager is a person who is registered with the CQC to manage a regulated care service. They will be suitably qualified and have undergone an assessment with the CQC to gain their registration.

As a registered person, the registered manager has **legal responsibilities** in relation to that position. A registered manager shares the legal responsibility for meeting the requirements of the relevant regulations and enactments with the provider.

The role of the registered manager will vary, depending upon the type and size of the service; however, in essence, they are responsible for providing the best level of care for the people they support and their workforce, as well as the day-to-day running of the service. This includes the recruitment and retention of staff, maintaining legislative compliance and consistently working to improve quality and promote the organisation's values and vision.

The registered manager will usually be present during a CQC assessment. If the service fails to meet the appropriate quality standards, the registered manager is responsible.

1.4 Dual role of nominated individual and registered manager

Almost half of all nominated individuals are also registered managers. There are associated challenges and risks with holding this dual role, which need to be considered and it is important to note that the dual role is not considered as best practice by the CQC.

What are the issues?

- Time - The role of the registered manager is extensive, without the additional responsibilities of the nominated individual.
- If the CQC identifies an issue with the registered manager or the service, it has no ability to escalate this to the board.
- There may be a conflict of interest between decisions that the nominated individual may need to make for the business, and those that the registered manager may need to make about care provision.
- The nominated individual can offer support to the registered manager with a variety of tasks, such as preparation of the provider information return (PIR).
- The nominated individual is responsible for ensuring that the registered manager is appropriately supervised.
- With a dual role, there is no critical friend, or second viewpoint on issues.

How can these issues be addressed?

If possible, engage another person to take on the role of nominated individual. The nominated individual must be employed as a director, manager or secretary of the organisation (i.e. they should be a senior person, with authority to speak on behalf of the organisation). It is essential that the nominated individual spends sufficient time visiting the service to know the staff, the people you support and their families, and to gain a clear understanding of how the service is functioning.

If it is not possible to engage a separate nominated individual, the registered manager/nominated individual must be able to access the board directly, feel comfortable to raise difficult issues and ask for support. Transparency is essential if a dual role is to be successful.

The registered manager (or the board) must ensure that the registered manager accesses regular supervision from a suitably qualified person, either within the organisation, or outside.

The supervisor or director will need to take on the role of critical friend. This will offer a different perspective on the service and allow space for innovation and growth to take place.

1.5 Who is the Care Quality Commission (CQC) and what is its role?

The Care Quality Commission (CQC) is the health and social care service regulator in England. The CQC is responsible for monitoring and ensuring the quality and safety of care in hospitals, dentists, ambulances, and care homes, and the care given in people's own homes.

In adult social care, the CQC makes sure services provide people with safe, effective, compassionate, high-quality care and encourages services to improve. It monitors, inspects and regulates services and publishes its findings. The CQC will use its powers to take action where poor care is identified.

1.6 The assessment process

The CQC assessment process is based on five key questions, which are:

- Is the service **SAFE**?
- Is the service **EFFECTIVE**?
- Is the service **CARING**?
- Is the service **RESPONSIVE**?
- Is the service **WELL-LED**?

The CQC uses its Single Assessment Framework to assess all regulated services, including adult social care providers, healthcare providers, local authorities and Integrated Care Systems.

For more information, please see Section 5 – Governance and quality.

1.7 Social care values

When people receive care and support, their lives should be enhanced, not restricted. The purpose of social care is to enable people to live life to the fullest, as far as this is possible. The aim should be to improve their health and wellbeing by working in partnership with the people you support, their families and friends and the community in which they live.

Services must be developed around the needs of the people they support, rather than expecting the person to fit in with the needs of the organisation.

Staff working in social care need to have the right values, behaviours and attitudes to deliver high-quality care and support.

Social care values include:

Dignity and respect

People who draw on care and support have the right to make their own decisions about how they want to be supported, so it is important that care staff take the time to listen carefully to individuals and communicate in a way that is open and respectful, using simple, jargon-free language.

Learning and reflection

It is important that care staff can be honest and transparent about their work. This can only take place in a culture that is blame free and acknowledges that mistakes can happen. Staff need to feel safe to admit when they have made a mistake and know that they will not be punished for it. When something goes wrong, it is important that staff do not become defensive, but accept and reflect on feedback about their work, and learn from mistakes.

Working together

It is important to remember that the people who draw on care and support are part of the care team. They must be given opportunities to share how they would like to be supported. Care staff must offer a range of realistic options and choices about how the needs of the people you support can be met.

Social care is not a sector for people who prefer to work in isolation. Team working is essential if good outcomes are to be achieved.

Commitment to quality and support

Warmth, kindness and compassion are basic requirements for all social care staff. The people you support should be at the centre of all interactions. If care staff don't focus their attention on the people they support and are distracted by other situations, they are likely to feel unimportant and worthless.

In social care, life is never predictable, which is why many people enjoy the work so much. Staff need to be calm and flexible in their approach to deal with the changing needs of the people you support throughout the day.

There are six key principles as outlined in the Care Act 2014, which need to be applied to all health and care settings.

■ **Empowerment**

Supporting and encouraging people to make their own decisions and supporting informed consent.

■ **Prevention**

It is always better to act before harm occurs.

■ **Proportionality**

When responding to risk, ensuring that any response is the least intrusive for the individual.

■ **Protection**

Supporting and representing those in greatest need.

■ **Partnership**

Forming strong links and working in partnership with your community to prevent, detect and report neglect and abuse.

■ **Accountability**

Accountability and transparency in safeguarding practice.

1.8 Top 10 guidelines

A nominated individual should be aware of these top 10 guidelines and consider them when fulfilling their role.







Guideline	Description	Section in this handbook
Understand the standards and regulations	Understand the standards and regulations in the sector to ensure your organisation is compliant.	Section 1, 2, 7 and 10
Meet the expectations of the CQC	Prepare for assessments and respond to queries.	Section 1, 2, 3, 5, 6, 7, 9 and 10
Know your responsibilities and the responsibilities of others	It is important that responsibilities are clearly defined to ensure that there is no overlap or omissions.	All sections
Ensure registered managers have support	You are responsible for ensuring your registered manager has professional supervision and support.	Section 1, 2, 4, 6, 7 and 10
Ensure your organisation is safe, effective, and well-led	Good workforce planning is about meeting the goals of the organisation, while ensuring the service is safe and effective.	Section 1, 2, 3, 4, 5, 6 and 7

Keep a focus on quality	An engaged, valued and well supported workforce, working within a positive organisational culture, has an impact on the quality of personalised care and workforce productivity.	Section 1, 2, 4, 5, 8, 9 and 10
Build and maintain external relationships	A key role is to develop external relationships and to make sure that they are working well.	Section 3 and 8
Provide leadership and shape the culture	Nominated individuals are in a unique position to lead and support their service to embed the skills, knowledge and values that are required for continuous improvement.	Section 2, 3, 4, 7 and 10
Network and learn with other nominated individuals	Networks offer peer support and a safe space to discuss issues, challenges and share best practice.	Section 3, 8 and 9
Champion excellence in your organisation	Celebrating achievements across the organisation and raising the profile outside it.	Section 2, 3, 4, 5 and 8



1.9 Additional reading



- CQC's glossary of terms: [nominated individual](#)  and [registered manager](#) 
- CQC's [fundamental standards](#) 
- Skills for Care: [Preparing for CQC assessment](#) 
- Skills for Care: [Inspection toolkit](#) 
- The Department of Health and Social Care (DHSC): [Statutory guidance - Care and support statutory guidance](#) 



2

The role of the nominated individual

The nominated individual is the conduit through which all communications must take place between the provider and the Care Quality Commission (CQC). This requires the nominated individual to share information on behalf of the provider with the CQC and ensure that the provider is informed of any issues identified by the CQC or any changes in regulation.



When an applicant / body registers as a new provider with the CQC, the name, address, email address and position of the body's nominated individual must be included on the statement of purpose, as the main point of contact. The nominated individual must have a significant role within the body, so that the CQC knows it can talk with authority for and can communicate with the body at a senior level. The nominated individual will receive the public statement email, legal notices and notices of proposal, where relevant. For this reason, it is essential that the statement of purpose is always kept up-to-date.

The nominated individual has **no statutory responsibilities** with assessment and is not expected to be present at an assessment or feedback meeting about an assessment, but can ask to attend if that is their preference.

The **core responsibility of the nominated individual** is to supervise the management of the regulated activity and ensure that the services provided are compliant and of high quality. The nominated individual must be able to talk about and be able to influence the care or treatment provided because of their substantive position within the body. **The role and responsibilities of the nominated individual will vary depending on the size and type of service.**

It is important that the role and responsibilities of the nominated individual are well-defined to ensure that appropriate boundaries are created between them and that of the registered manager; they have different, but interlinked roles.

In partnership with the CQC, Skills for Care delivered a national event for nominated individuals, which explored the role and responsibilities of nominated individuals and what this entails from a registration and assessment perspective. The recording of this event, and follow-up Q&A session with the CQC can be found on the [Skills for Care website](#) [\[link\]](#), under the roles and responsibilities section.

2.1 The Care Quality Commission (CQC) requirements

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 6



[Requirement where the service provider is a body other than a partnership](#) 

The intention of this regulation is to ensure that the provider is represented by an appropriate person nominated by the organisation to carry out this role on their behalf (nominated individual). The nominated individual is responsible for supervising the management of the regulated activity provided.

Legal requirements

Unlike a registered manager or director, the nominated individual is not a registered person with the CQC. If a nominated individual is required by the regulations, it is the responsibility of the provider to appoint them and assess them for fitness.

Regulation 6 applies where the service provider is a body other than a partnership.

For all other bodies, the organisation must nominate a person to take the role of nominated individual. The nominated individual should be employed as a director, manager or secretary of the body, and is responsible for supervising the management of the carrying on of the regulated activity by the body.

In some organisations, regional managers hold the role of nominated individuals. If the organisation is a charity, the nominated individual may be a Trustee or the Chair. For smaller organisations or other services, the registered manager may hold the dual role of nominated individual.

Holding the dual role of nominated individual and registered manager is not recommended by the CQC, especially in organisations where other directors or senior managers could be nominated. This is discussed in more detail later in this section.

The nominated individual is nominated by the provider to speak on its behalf to the CQC. The CQC is only able to discuss issues with the nominated individual, so it is essential that the nominated individual has the seniority and authority to represent the provider as an ambassador for the service.

The nominated individual must be able to influence the care and treatment of people using the service, and to discuss with the CQC how the delivery of care is managed and supervised.

It is the provider's responsibility to ensure that the nominated individual is a 'fit person'. The CQC does not have specific requirements, and the nominated individual will not be interviewed by the CQC. Despite this, the nominated individual plays a key role in the relationship between the provider and the CQC.

This means that there must be a robust process in place to ensure that the proposed nominated individual is suitable for the role. This may involve interviews, references being sought and applying for a Disclosure and Barring Service (DBS) check. The CQC does not require a copy of the DBS to be sent to them, because the nominated individual is appointed by the provider, and it is the provider's responsibility to ensure that they are fit.

Fit person requirements

1. Of good character

The CQC requires that the nominated individual must be of good character, which is described by the regulator as being honest, trustworthy, reliable, and respectful. How these characteristics are verified is the responsibility of the provider.

Every effort should be made to ensure the nominated individual meets the character requirements of the role. If later, it comes to light that the nominated individual falls short of these requirements, swift action must be taken to investigate and resolve the situation. The outcome of the investigation should be recorded.

2. Has the qualifications, skills and experience to properly supervise the management of the carrying on of the regulated activity

The nominated individual must be able to properly perform tasks that are intrinsic to their role. This will include having appropriate knowledge and understanding of the CQC regulations, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Care Act 2014, the Health and Care Act 2022 and relevant best practice guidance.

It is important that the nominated individual demonstrates an understanding of the CQC regulatory model and approach during discussions with them. This will encourage confidence in the nominated individual's ability to oversee the management of the service. There is further information about this legislation in the handbook in Section 10 - Legislation: A quick guide.

During a registration interview, the nominated individual will be required to explain to the CQC how the organisation will comply with the requirements. They will be expected to explain clearly the provider's governance arrangements, and how the company ensures good outcomes for the people they support. It is therefore essential that they have a deep understanding of their service model to enable them to achieve this with confidence.

The nominated individual must understand the consequences of failing to act if there is a breach of regulations.

It is the responsibility of the provider to ensure that the nominated individual has the necessary qualifications, competence, skills, and experience to supervise the management of the regulated activity. This requires the provider to have a robust recruitment process in place, to assess and check the qualifications that they require for the role and ensure that appropriate records are kept to evidence this.

3. Is able by reason of their health, after reasonable adjustments are made, of properly supervising the management of the carrying on of the regulated activity

The nominated individual must have the mental and physical ability to carry out the role. Having a physical or mental health condition will not mean that the person cannot take the role if it is possible to make reasonable adjustments under the Equality Act 2010.

4. Is able to supply to the registered person, proof of qualifications and experience

The CQC requires the nominated individual to supply the service with documents that confirm their suitability; however, they do not specify any specific qualification requirements to become a nominated individual.

The qualifications and experience required will be those that directly relate to their role within the organisation.

If providers cannot satisfy the CQC that they can comply with these requirements, they will be refused registration. It is common for refusal to be a result of the nominated individual not representing the provider well.

2.2 Legal responsibilities

The nominated individual has **no statutory responsibilities** (other than those of any other employee), which surprises many new to the role; however, the nominated individual plays a pivotal role in the leadership of their service and driving improvement through robust governance.

Unlike the registered manager, the CQC has no powers to hold the nominated individual personally to account for non-compliance. It is the organisation not the nominated individual, which is assessed by the CQC, and it is the organisation which is held responsible.

The role of the nominated individual is to oversee the management of the registered service, which could include carrying out (or delegating) mock inspections, audits, observations and other quality control activities. Therefore, the nominated individual should be aware of issues within the organisation and it is important that these issues are addressed and resolved.

2.3 Support the registered manager

Dual role of registered manager and nominated individual

Although the regulations do not prevent the registered manager also holding the dual role of nominated individual, it is not recommended by the CQC.

The main reason for this is because if the CQC has issues or concerns about the registered manager or their management of the regulated service, it has no ability to escalate these to the senior management team or the board.

Another consideration is that if the registered manager is away from the service for a reason, such as sickness, there is a risk that the service will not be effectively managed.

An important element of the role of nominated individual is to **supervise** the management of the regulated activity and **support** the registered manager. If the registered manager holds a dual role, arrangements must be made for appropriate governance, supervision, and support to be available via another source.

The role of nominated individual is not that of a ‘back seat’ driver, but rather sitting in the passenger seat, next to the registered manager and maintaining a readiness to grab the wheel ultimately, if it all goes wrong.

Sara Podmore,
Senior Operations Manager and Nominated Individual,
Telford & Wrekin Council



The role and responsibilities of registered managers is incredibly vast, complex and critical. Whilst not all nominated individuals are line managers of their registered managers, their support can have a positive impact on registered managers wellbeing.

Relationships require trust if they are to be successful, and it is important that the nominated individual invests time to build a good professional relationship with the registered manager.

Showing a united front with the registered manager will help to support a positive workplace culture, as will attending staff meetings and celebrating successes with the team.

One way to gain trust is never to disagree with or criticise the registered manager in the presence of others; any challenges or disagreements should be held in private. “Praise loudly, criticise softly” are wise words to be considered by the nominated individual.

Ways in which the nominated individual can support the registered manager

This guidance list can vary depending on the size of the service and if the nominated individual is the line manager of the registered manager.

Involvement in the interview and appointment of all registered managers

It is important that the nominated individual takes an active role in the interview and appointment of registered managers. This will include ensuring that the incoming registered manager has the knowledge and skills to do the job, but also that during interview, they demonstrate that their values are compatible with those of the organisation.

Providing regular supervision

Delivering effective supervision to the registered manager is a key part of the nominated individual role. Quality supervision can help registered managers to work through issues in the workplace and share concerns in a safe environment.

There is a marked increase in registered managers suffering from stress and burnout and regular supervision can enable the nominated individual to recognise when the registered manager may need additional support to maintain their mental wellbeing.

Supervision should be an opportunity for protected time for both the nominated individual and registered manager to speak together about concerns that they may have regarding the service and work together to find the best solutions.

Good supervision should include a blend of critical friend, coach, mentor and support. There is more information about how to deliver effective supervision in Section 7 - Working in partnership with the registered manager.



Critical friend

The role of nominated individual as a critical friend is important for continuous improvement. A critical friend can extend the comfort zone of the registered manager, by challenging them to try more helpful approaches to improve practices. This extension of the comfort zone should be relatively gentle and encouraging; if it becomes too challenging, it can result in a strained relationship with the registered manager and cause unnecessary stress.

A critical friend also sensitively enables the registered manager to explore their own leadership style and draws attention to behaviours that may discourage staff and others from engaging in a positive, open, and respectful relationship with them. Supporting the registered manager to become more self-aware requires skill and diplomacy, but can result in valuable personal growth for the registered manager.

There is more information about the role of critical friend in Section 7 - Working in partnership with the registered manager.



Supporting the registered manager with the provider information return (PIR) submission

The PIR is often a source of stress for registered managers. It can be time-consuming to complete and requires the ability to summarise what needs to be communicated into a limited number of words.

Working through the PIR with the registered manager will build their skills and confidence. If the registered manager is dealing with challenges of managing the service, it can be helpful for the nominated individual to support them to complete the PIR.



Support the registered manager and directors in responding to the CQC when concerns are raised against their service, such as an anonymous whistleblowing

When concerns are raised by the CQC because of whistleblowing or other information, it is important that the nominated individual is involved in the investigation and that concerns are escalated to the board, if appropriate. Serious issues can be extremely stressful for the registered manager, so appropriate support should be put in place to help them during this time.


Working through the concerns with the registered manager can help to build their knowledge and confidence when dealing with issues. Supporting the registered manager by responding to the CQC on their behalf will allow them to focus on managing the service and providing high-quality care and support.

2.4 Responsibilities to staff

Recruiting and retaining good staff is the key to success

During a time of staff shortages, which the sector routinely faces, it is essential that staff morale is maintained, and good staff are recruited and retained. Recruitment of staff can be a challenge, which is why it is important that the nominated individual ensures that the best recruitment practices are in place.

It is important that the nominated individual (or their representative) carries out an exit interview when staff leave, to understand the reasons for them leaving and what, if anything, the service could have done better to retain them.

More information about recruiting and retaining staff can be found in Section 4 - Promoting a positive workplace culture. Skills for Care provides tools and resources that can help you recruit and retain people who have the right values for your organisation and the sector. For more information, please [visit the website](#) .

The nominated individual should be aware of the leadership style of the registered manager, ensuring that a positive workplace culture is cultivated, which acknowledges and embraces the skills of each team member.

Ways in which the nominated individual can support staff

This guidance list can vary depending on the size of the service and if the nominated individual is the line manager of the registered manager.



Coaching and mentoring the registered manager


The registered manager can develop their skills through coaching and mentoring conversations with the nominated individual.

Mentoring involves the nominated individual sharing their knowledge, skills and experience, to help support and develop the registered manager; this should be an ongoing process.

For the registered manager, engaging with mentoring should be challenging and offer an opportunity for personal growth. Working with a mentor can result in the registered manager becoming more self-aware and able to understand and reflect on the impact that their behaviour and leadership style has on the people around them and the outcomes for the service.

The purpose of mentoring is to enable the registered manager to develop and learn new skills, develop greater self-awareness, improve ways of communicating and to change behaviours to reflect and improve their performance, whilst developing their

Through Skills for Care's registered manager membership, one of the many membership benefits includes the chance to train to become a mentor or receive mentoring. You will be matched with another member who has been trained as a mentor, based on the areas of development you're looking for.

For more information about mentoring and Skills for Care's registered manager membership, please [visit the website](#) .

As a **coach**, the nominated individual works with the registered manager on specific skills or goals to optimise their performance at work.

GROW is a well-known model for coaching.

- **Goal** – what is the goal that you wish to achieve?
- **Reality** – what is the reality of the situation?
- **Options** – what options are available?
- **Will** – or way forward – also commitment to taking action.

The coach will open the subject of the issue or area of difficulty that is to be addressed. The registered manager and the coach then agree what the goal of the exercise should be. For example, "improving the relationship with the family of the person who draws on care and support".

The reality of the situation is then explored. Preconceived impressions can be challenged by the coach, with the option of reframing the reality, if appropriate. For example, "the reality might not be related to the relationship with the registered manager, but another issue in the family member's personal life".


Next options are explored. The registered manager should be encouraged to explore as many options as possible. The coach should capture every option on paper. For example, an option might be to invite the family member of the person who draws on care and support to enjoy a cup of tea in the registered manager's office.

Finally, the coach will ask the registered manager to choose which option they feel would be the most productive. The coach and registered manager agree the way forward and the registered manager commits to taking the course of action, which is followed up at an agreed date to share the results.



Monitoring staff training and development


Training and development of staff and the registered manager is essential if the service is to deliver a high-quality, person-centred care. It is important that training is not simply a tick-box exercise and that it results in enhanced outcomes for the people who need care and support.


Skills for Care provides a [guide to developing staff](#), including a list of [statutory and mandatory training](#) .

On its website, together with refresh periods. This is a helpful start to managing training records.

The quality of training provided to staff is also important and there are a number of learning providers available to deliver this.

A list of Skills for Care's [endorsed providers](#) is available, to help you find the right learning provider for your organisation. Skills for Care's endorsement recognises learning providers who deliver high-quality learning and development to the social care sector.

It is important that training records are kept and are available for assessment by the CQC. The nominated individual should ensure that training records are regularly audited and gaps in training addressed. The [Adult Social Care Workforce Data Set \(ASC-WDS\)](#)  is a free online data collection service that covers the adult social care workforce in England. The service has many benefits including recording training and qualifications data for staff and gaining access to the Workforce Development Fund, a valuable source of funding for staff training.

To get started with ASC-WDS, you will need to [create an account](#) , which is really simple and takes five minutes to complete.



Involvement in any warning, disciplinary or grievance meetings

If the nominated individual is actively involved in warning, disciplinary or grievance meetings, this will ensure that they are aware of any potential issues and they will also receive insight into what led to the issue arising. This will allow for lessons to be learned by the service.


It is important that the correct protocols and procedures are followed in any of these meetings.



Monitoring staff turnover and sickness levels

Staff turnover and sickness levels are a clear indicator to the health and wellbeing of the organisation. When staff are demotivated or stressed, they are likely to take more days off sick. This should be monitored by the nominated individual and benchmarked against sickness levels within the sector. High levels of days lost to sickness will have a negative impact upon the organisation, so it is important that the root cause of absences is identified.

High-staff turnover is also another important indicator and should be monitored frequently. Exit interviews can be useful to understand why staff are leaving the organisation. It is important that information gained at exit interviews is documented and discussed with the management team.

[ASC-WDS](#)  also allows the service to benchmark its workplace and business performance against others offering the same service in your local authority area. By using the service, you can access information about how your service is performing on workforce metrics, such as staff turnover, pay and staff sickness.

2.5 Responsibilities to the people you support and their families

Placing the people who draw on care and support at the centre of service provision

The nominated individual should engage with the people they care and support and their families as often as possible. This will allow them to assess the level of satisfaction with the service.

Some ways in which the nominated individual can support the people they care and support and their families are:

- Ensuring that families are welcome to participate in the care of their loved ones if they wish to.
- Be contactable by the people who draw on care and support and their families to resolve issues that the registered manager is unable to address.
- Ensure that people accessing services shape their own care and support.
- Promote positive risk taking, strengths-based approaches and person-centred values.
- Use feedback and insight to achieve high-satisfaction levels for people who draw on care and support, and their families.
- Propose and encourage suggestions for change that could benefit people who draw on care and support.

2.6 Responsibilities to the organisation

An independent view from the gallery

The nominated individual is in the unique position of having complete access to all areas of the service to enable them to “view from the gallery”, identifying strengths and areas for improvement, driving strategy for innovation and change, and supporting the registered manager to implement these.

Gathering information about a service through quality monitoring is essential to the role of the nominated individual. Although the practical gathering, or completion of audits can be delegated to a suitably-qualified person within the organisation, the nominated individual must retain oversight of the results.

It is important that the nominated individual engages with the people who draw on care and support and their families, in order to gain valuable feedback about their lived experience. This can take place informally, for example, chatting to someone when they visit the service, or more formally, via discussions or surveys.

The registered manager is fully immersed in the day-to-day running of the service, so the ability of the nominated individual to step back and view the organisation through a critical eye, is invaluable. This will help to detect issues before they become a crisis and develop strategies for improvement.

If the nominated individual holds a dual role as registered manager, arrangements should be made for another senior person in the organisation to carry out audits and monitor quality assurance.

Ways in which the nominated individual can support the organisation

This guidance list can vary depending on the size of the service and if the nominated individual is the line manager of the registered manager.



Governance, mock inspections and audits

Governance describes the processes that are in place to ensure that the organisation complies with legislation, and company policies and audits, mock inspections and observations are central to this.

Auditing all areas of the service will allow the nominated individual to have a clear vision of how the service is meeting its requirements. It encourages transparency and holds everyone to account. Audits and observations give essential insight into areas that require attention and areas that are performing well. For more information about governance and audits, see Section 5 - Governance and quality.



Data protection

The nominated individual must satisfy themselves that the necessary measures are in place to ensure compliance with General Data Protection Regulation (GDPR). For more information about data protection, see Section 9 - Digitising social care and Section 10 - Legislation: A quick guide.

- Inform the directors of all relevant concerns, queries or correspondence that affects reputational risk to the organisation.
- Promote and champion the organisation's vision, mission and values, ensuring that they are evident in all activities and services.


2.7 Championing organisational culture and values

Values are what people feel – culture is what people do

Organisational culture and values will affect every area of the service. Values-based recruitment is a good starting point for a workforce with a strong value base.

Values are represented by the voice in our head that warns us when we are doing something that makes us uncomfortable. It is important that the people who we employ share the organisational values.

Culture is what we do. It has been said that “culture is what happens when the boss isn’t watching”. Culture goes far beyond the rules that have been written, but more reflects people’s attitude and behaviour.


Creating a positive workplace culture is essential if a service is to deliver high-quality care and support. Skills for Care has delivered a registered manager webinar on practical ways to set and promote a positive workplace culture. This webinar is available [here](#) .

The values that the organisation embraces should be communicated clearly so that staff understand what is expected of them and know what they need to do.

The nominated individual should demonstrate company values and culture through everything they do.

There are many ways that the nominated individual can help to embed culture within the workplace, such as acknowledging acts of kindness that are observed from staff to people who draw on care and support. Praising the behaviour that is required will create more of the same. It is also important that attitudes and behaviours that contradict the company values and culture should be challenged.

Discussing the organisation's values with the registered manager during supervision and encouraging them to do the same when supervising staff will help to embed positive organisational values into the culture.

For more information about organisational culture, see Section 4 - Promoting a positive workplace culture. Skills for Care has also developed a [creating a positive workplace culture toolkit](#) , designed for all adult social care employers, including individual employers.



3

Raising the profile of the nominated individual

3.1 Define the role within your organisation

Although all nominated individuals will share some roles and responsibilities, there are many areas of the role that will be tailored to the needs of the organisation.

The role and scope of the nominated individual should be defined and agreed with the board of directors. The role of the nominated individual sits between the board and the registered manager, but it is important to remember that many will hold dual roles of either nominated individual and director, and/or nominated individual and registered manager.

An example of a simple model defining the responsibilities of the director, nominated individual and registered manager is shared below. This example will not apply to every service; it is provided more as a template that should be adapted depending on your organisational structure.

Title	Qualifications required	Responsibilities	Reporting to
Director	As appropriate to the organisational role	Supervises and controls the management and operations of the company.	Board
Nominated individual	As appropriate to organisational role	Supervises the management of the regulated activity. Agree scope of responsibilities with the board.	Board
Registered manager	Level 5 Diploma in Leadership and Management in Adult Care or equivalent	Management of the regulated activity, as per job description	Nominated individual

It is important that detailed responsibilities are clearly defined for each role; it can be helpful to use a responsible, accountable, consulted, informed (RACI) chart to clarify the roles and responsibilities and ensure that nothing is missed.

An example of a RACI chart, which examines the roles and responsibilities relating to an upcoming assessment by the CQC, is shared below. **This example will not apply to every service;** it is provided more as a template that should be adapted depending on your organisational structure and roles and responsibilities of various members of staff.

Process name/description: CQC assessment

Date of creation: 1 January 2024. **Review date:** 31 January 2024

Created by: Colleague 1 (nominated individual), Colleague 2 (registered manager), Colleague 3 (team leader)

Task	Frontline staff	Team leader(s)	Registered manager	Nominated individual	Board
Provider information return (PIR)	I	C	R	C / I	I
Pre-assessment audits	I	A	A	C / I	I
Day of assessment	I	I	A	R / A	I
Consultation / data shared with inspector	I	A	A	C	I
Breaches identified	I	C	A	R / A	A
R = responsible		A = accountable		C = consulted	
				I = informed	

3.2 Communicating the role within the organisation

The role and responsibilities of the nominated individual must be visible within the organisation, with staff, with the people who draw on care and support and their families, to ensure all are aware of this.

When new staff are attending induction, it is helpful for the nominated individual to give a short explanation of who they are and what their role is within the organisation.



Staff meetings

Having a regular place on the staff meeting agenda will help to embed the role of the nominated individual in the service.

Sharing the results of audits and other quality-assurance activities will help to keep the team informed (as per the RACI chart example above) and will also offer the opportunity for the nominated individual to discuss any of their concerns.



Meetings with the people who draw on care and support

It is important that the nominated individual is visible at meetings with people who draw on care and support and spends time chatting with them and their families. Using this opportunity to explain the role of the nominated individual and how they can be contacted will help to embed the role into the service.



Meet the team – pictures of staff in the reception area of the service (for residential services)

Photographs of the team, with details of their job role and contact details, can be helpful for staff and people who draw on care and support, and their families so that they can understand who the nominated individual is and how to contact them.



Newsletters

Newsletters could include a small section where the nominated individual discusses topical issues relating to the service and quality assurance. Their email address could be included to enable people to contact them.

3.3 Communicating the role within the wider community

The nominated individual should maintain a profile within the local community. They should champion the service at local events and groups, and champion the role at network meetings. The nominated individual could offer to deliver talks about the role at local events and groups; this could help raise the profile and instil confidence in the local community who are considering accessing the service.

3.4 Embedding the role of nominated individual into the service

Engaging staff in supporting governance and quality-assurance activities will help them to understand the role of the nominated individual and help to embed it in the service.

The nominated individual should be seen as a trusted person within the organisation to whom people who draw on care and support, their families, the registered manager and the team can speak to in confidence if they have concerns.

It is important that the nominated individual does not undermine the authority of the registered manager with their staff, so if a staff member engages directly with the nominated individual, they must be asked if they have spoken with the registered manager first. If the response is no, it is important to clarify why the person has come to the nominated individual, rather than the registered manager. It may be that the individual was unaware of who to speak to, in which case they should be referred to the registered manager. If the individual felt that despite speaking to the registered manager, their concerns were not being taken seriously or that the registered manager was the concern, then the nominated individual should continue the conversation and follow-up with the registered manager, as appropriate.

3.5 Building professional relationships

Professional relationships are built on mutual respect, trust and openness. Your reputation in the business community will either facilitate or create barriers to building new relationships, so honesty and integrity must always guide you.

As nominated individual, you will have professional relationships with a wide range of stakeholders, such as the board and management within your organisation, health professionals who support the service, the local CQC inspector, local safeguarding teams, and so on. It is important to be honest and transparent in your dealings with stakeholders and ensure that appropriate reporting of incidents takes place.

Peer support

It can be helpful to develop professional relationships with nominated individuals from other local services. Skills for Care facilitates some nominated individual networks across the country, which have been established to offer dedicated support and an opportunity to network with peers. As a participant of a network, you can share your knowledge and experience with peers, and also seek advice from other nominated individuals about specific issues and challenges. Guest speakers routinely attend the networks, from the CQC, local authorities, integrated care systems, and other key stakeholders.

For more information about the networks, please visit the [Skills for Care website](#) or get in contact with one of Skills for Care's [area teams](#). Many care associations also offer support, so we recommend getting in contact for more information.

Giving, by sharing best practice and resources, or simply offering support to another professional can help to build strong relationships. If local services are able to work more closely, issues can be reduced by simply being “good neighbours”.

For example (as shared by a care home), one care home arranged a day out for the people they care and support. On the day of the trip, the minibus would not start and another local care home, with whom they had a good relationship, offered to lend their minibus for the day and the trip was able to go ahead.

In another example, a support service for people with learning disabilities posted a request on a local WhatsApp group to ask if anyone had an oral hygiene care plan template that they could share. Within minutes she had received two replies with example templates. Being active on WhatsApp groups, such as ones offered by some of Skills for Care's nominated individual and registered manager networks, is an excellent way to build strong supportive relationships with other services.

3.6 Training and development for nominated individuals

It is important that the nominated individual continues to develop as a leader. Skills for Care offers several [leadership programmes](#) ^[7], some of which are funded through the Workforce Development Fund.

At the time of updating this handbook in September 2024, it was known that the Workforce Development Fund would be scaled down in 2024/25. The Department of Health and Social Care has launched a new fund, the Adult Social Care Learning and Development Support Scheme (LDSS) for 2024 to 2025 and this new fund will be administered by NHS-BSA. Updates on funding will be provided on the Skills for Care website [here](#) ^[7].

Skills for Care has also developed a [leadership offer](#) ^[7], which includes programmes, practical tools and opportunities to make connections that will help leaders to develop their confidence and capability.



4

Promoting a positive workplace culture

4.1 What is workplace culture?

Organisational culture is the “water” in the fishbowl. If the water is clean, nourishing, energising the fish will thrive and if the water is toxic the fish will die leaving the infrastructure value-less.

Ranjan De Silva, 2018



Workplace culture is created from the attitudes and behaviours of people working within an organisation. It's the character and personality of the organisation. It's made up of your organisation's leadership, values, traditions and beliefs, and the behaviours and attitudes of the people in it. Having a positive workplace culture is vital to delivering high-quality care and support.

A positive workplace culture begins with clear values, which are evident throughout the service and personal values should work in tandem with organisational values.

4.2 What are values?

Values are fundamental beliefs that influence the way that we live our lives, our decisions and our actions. They are developed throughout our lives and will be influenced by our family, friends, workplace and culture.

Values can change because of life experiences, for example, becoming a parent may change what we value and how we behave or many people who have experienced cancer or other life-threatening diseases describe how their values and approach to life have changed as a result.

Values are held deep within us and are our natural measurement of right and wrong. Recruiting people who share the values of the organisation will support a positive workplace culture.

Values are set and modelled by the leadership team. Part of your role as nominated individual is to be as an example of the values held by the organisation.

What values are important?

Examples of values that support positive workplace culture in social care include:

- kindness
- compassion
- dignity and respect
- openness and honesty
- team player
- committed to service excellence
- desire to be the best version of oneself.

Values are the roots that support the company culture. If the roots are strong and healthy, then a positive workplace culture can flourish. If the roots are weak, there is no mutual support or resilience during times of stress and change, so the workplace culture will diminish.

When the values of an organisation are not robust, and leadership is weak, it creates a vacuum which can be filled by individuals with strong characters and toxic values.

A number of techniques will help to embed a positive culture in the organisation, and these are explored in greater detail in this section:

- values-based recruitment
- embedding values into training
- using Nudge techniques to embed a positive workplace culture
- role modelling and “living the culture”.

Skills for Care’s endorsed learning providers offer an understanding workplace culture [CPD module](#) [↗](#) to help leaders and managers to explore the critical links between vision, values and culture.

4.3 Values-based recruitment

Values-based recruitment places the emphasis on an individual’s personal values and behaviour, rather than simply taking account of their qualifications and experience.

Recruiting for values offers the opportunity to consider applicants from outside the social care sector, but who demonstrate the personal values that we seek. The Skills for Care website provides more details about [values-based recruitment](#) [↗](#).

Values-based recruitment (real examples shared, with information anonymised)



Case study 1

M had worked for many years as an administrator in a real estate. It was a job which she loved. When her mother developed dementia and became unable to care for herself, M gave up her job to care for her mother.

After her mother died, M was surprised to recognise that she had no appetite to return to her old job. Her values had changed, and she had found new meaning in her life through caring for others.

M applied for a position as care assistant at a local care home and was offered the position. She had no formal social care experience, but her experience looking after her mother helped her to quickly embrace her new role. She was kind, caring and compassionate and loved being part of the care team. She signed up for every training course that she could, keen to improve her skills and learn new ones.

Her commitment and organisational skills were noted by her manager, and she was eventually placed on Skills for Care's [Lead to Succeed programme](#) [\[7\]](#). She is now the registered manager of a small care home.

Case study 2

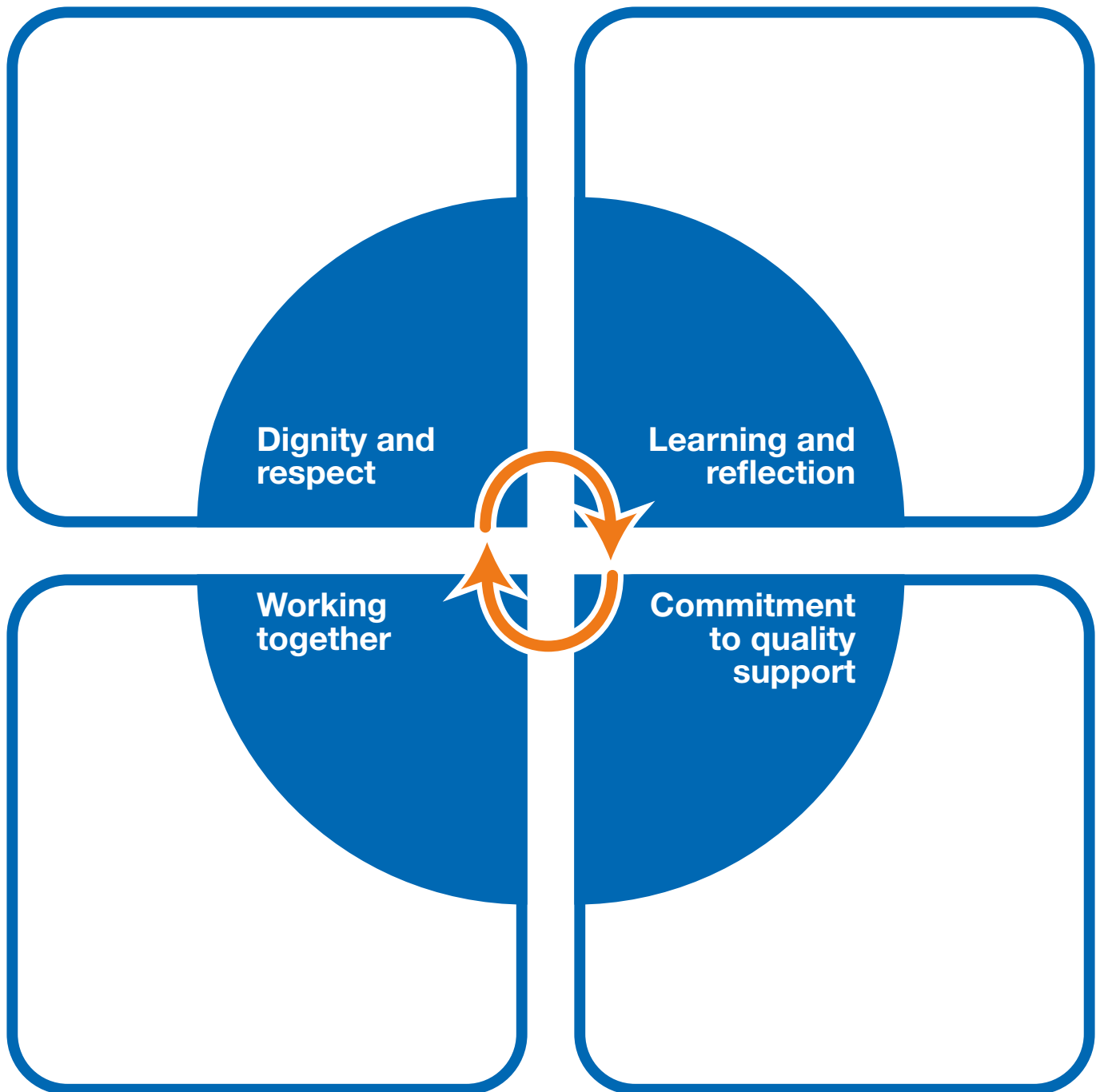
S sold his coffee shop with the intention of retiring at the age of 55. When he heard that local volunteers were being sought to deliver medication to people in their homes during the COVID-19 pandemic, he offered his help. He enjoyed feeling that he was making a difference to people's lives and having a purpose again. He often met care workers from the local care agency as they visited the people they supported and exchanged pleasantries.

When his services were no longer required, S missed the contact with his local community and the sense of being needed. A chance meeting with one of the care workers led to him applying for a part-time position as a care worker with the agency. He was accepted and now works a few shifts each week, supporting people in his local community.

We can never truly know what another person thinks or feels, until they exhibit evidence in their behaviour. This makes it difficult to clearly assess a person's values during an interview.

Having a clear framework of your organisation's values and behaviours will help to guide questioning during interviews to offer the opportunity for interviewees to demonstrate their values and offer some insight into how they might behave.

Skills for Care has a [helpful exercise](#) [\[7\]](#) which is presented on the next page, that will help you to map your organisation's values onto the [values and behaviours framework](#) [\[7\]](#).



In the boxes, write which of the organisation's values and behaviours is most closely aligned to each of the example values.

The nominated individual should ensure that values are embedded into every area of the organisation and that these values are frequently discussed and tested.

Examples of ways in which a nominated individual can embed values in their service are:

- include values in all recruitment activities
- invest in values-based recruitment
- include values in all company correspondence – consider using symbols to represent values
- staff training should reflect company values
- values should be embedded in all policies and procedures
- include discussions about values in supervision and staff meetings.

4.4 Embedding values into training

When inducting new employees into the organisation, it is important to ensure that values are shared with examples of how this is demonstrated within the workplace.

For example, when discussing dignity and respect with a new home care worker, you may wish to raise the importance of personal information, reminding staff that they are working in the home of the person who draw on care and support, so any personal correspondence or information is private and may not be read. If the home care worker saw an opened letter on the dining table in the home of the person who draw on care and support and picked it up saying “Oh, how nice, you have a letter from your son. Do you want me to read it to you?” the individual may feel their privacy is violated, despite the home care worker having good intentions by offering to read the letter for them.

Another example is a home care worker who uses the bathroom of a person who draw on care and support without asking. It is important to remind staff during training, that they are entering someone’s home and should treat it with the same respect that they would expect others to treat their home.

Encouraging reflective practice within the workplace will help staff to embed values into their work. It is important that staff feel safe and supported to admit when they have made a mistake and are supported to work through what happened, what they could have done differently and what actions can be put in place to ensure that the mistake isn’t repeated. This will develop a positive learning culture, which will strengthen the resilience of the organisation.

4.5 Using Nudge techniques to embed positive workplace culture

Culture is built gradually, from the behaviours and values that are exhibited every day within the service. It can be difficult to change culture, but the nominated individual can make it easier for staff to make the right decisions and take the correct course of action.

Nobody likes to be told what to do and some people will resist demands for change. The Nudge theory, in contrast, gently nudges people towards the desired behaviour and can influence the likelihood that one option is chosen over another.

Everyday nudges for **staff** include:

- **values printed onto mugs and mouse mats**
Frequent reminders of company values will reinforce the culture over time.
- **staff room prompts on the wall near the kettle**
Waiting for the kettle to boil is boring, so we tend to take more notice of our environment while we are waiting. If we want staff to read a notice, keep it simple, and put it on the wall near the kettle.
- **place PPE and disposal bins in areas where it will be required**
Staff will naturally reach for PPE. If they need to search for it, they are less likely to wear it.
- **install hand wash sinks at the entrance and exit of kitchens**
This will encourage kitchen staff to wash their hands whenever they enter or exit the kitchen.
- **use your key values as the screensaver on hand-held devices and laptops.**
This will help to embed values and nudge staff to live them whilst carrying out their work.
- **print the six Cs on all company documentation, time sheets, care plans and so on**
The six Cs are care, compassion, courage, communication, commitment and competence. This will act as a permanent nudge to staff to embrace them.
- **give all home care workers an air fresher for their car with a big smile image, with an inspiring quote**
This will act as a reminder that their smile might be the only smile that person received all day, and therefore it is a precious gift. An example of an inspiring quote to consider including is “It was only a sunny smile, and little it cost in the giving, but like morning light it scattered the night and made the day worth living.” – F. Scott Fitzgerald.


4.6 Role modelling and “living the culture”

Everything that you do as the nominated individual will set the standard for the service. For example, if you want staff to come to work wearing clean, smart clothing, you need to ensure that you model that mode of dress. If you arrive to work looking scruffy and unkempt, it won't take long for the team to follow your lead.

Role modelling considerations – the smallest things make a difference:

- greeting people who draw on care and support and their families warmly and by name when meeting them in the service or in their own home
- knocking on the door of people who draw on care and support and waiting to be invited before entering
- treating all staff with respect and taking an interest in what they are doing
- leaving the staff room or the kitchen of the person who draw on care and support clean after making tea or coffee
- treating the registered manager with respect and supporting their decisions publicly, even if you disagree privately.

4.7 Working in partnership with the registered manager to shape a positive workplace culture



The nominated individual is responsible for supervising the management of the regulated activities provided. It is therefore essential that they support and collaborate positively with the registered manager to cultivate a positive workplace culture. Skills for Care has delivered a registered manager webinar on practical ways to set and promote a positive workplace culture. This webinar is available [here](#) .



Top tips

- schedule regular nominated individual/registered manager meetings and collaborate positively and supportively.
- include regular agenda items, such as:
 - what have we achieved since last meeting?
 - how are the people we support?
 - how is the team?
 - how are you?
 - what can we celebrate?
 - are there any concerns/complaints?
 - has there been any innovation?
- use the provider information return (PIR) as a working document in all meetings.
- collaborate with other nominated individuals to share best practice and enhance outcomes for the people we support.




4.8 Working in partnership with the registered manager to support a diverse workforce

It is important that as a nominated individual, you actively promote equality, diversity and inclusion in the workplace. Skills for Care has resources available and can support you to build inclusive and equitable workplace cultures. This includes the [supporting a diverse workforce](#)  webpage and an [understanding racism](#)  resource.

Further support for leaders and managers is also available. Such as the [Social Care Workforce Race Equality Standard](#) , and recorded [webinars](#) .

4.9 Investors in People

Social care is a “people” business. Staff are our greatest asset. As nominated individual, you are responsible for ensuring that the registered manager is recruiting well and leading their team effectively.

The [Investors in People](#)  framework guides employers towards continuous improvement and employee recognition. It also focuses on the health and wellbeing of staff.

Achieving Investors in People accreditation is a quality mark that will enhance the attractiveness of the organisation as an employer and offer a competitive edge when recruiting. Investors in People offers accreditation in three different areas: in people, in wellbeing and in apprentices.

It is a common misconception that Investors in People is only aimed at large organisations. Accreditation is open to any size service and includes specific rates for organisations who employ up to 10 employees.

Case study by Roger Catchpole, Stow Healthcare Promoting a positive workplace culture



The key role of the nominated individual is to act as the conduit through which information flows between a care provider and the CQC. As such, it is communication that is central to the success, or otherwise, of any nominated individual.

A nominated individual cannot be effective without clearly communicating expectations, sharing values, and fostering a culture of openness within their service.

When I first became a nominated individual thirteen years ago, the CQC was in its infancy, and the relationship between care providers and the CQC seemed strained. By this, I mean providers saw their regulator as their adversary rather than their partner and assessments as something to dread, not embrace.

This mistaken belief led to numerous missed opportunities for advancement in the processes and care offered by some providers. For example, some providers were not sufficiently open to constructive criticism that could have improved their service. For their part, it seemed some inspectors also failed to engage comprehensively in the review process because they felt their feedback was unwelcome.

Thankfully, this type of thinking has mostly disappeared, and a more collaborative environment has emerged, which is indicative of the improved and evolved relationship between the CQC and care providers.

At Stow Healthcare, my fellow director, Ruth French, and I have always encouraged a culture of transparency and continuous learning. The reason for these core values is that we have found ways to improve our service every time the CQC has inspected a Stow Healthcare service. Whether we’ve received a good or an outstanding rating, we’ve identified learning points in each report. But these lessons are lost unless a nominated individual or provider is open to receiving constructive criticism and if the inspectors understand that a service wants to improve.

While measuring values within an organisation is challenging, a positive culture will only sustain when the nominated individual and other key people within a service embody it. What does give me great pride is seeing staff within Stow Healthcare taking ownership and driving improvements in our service, whether they be managers, nurses, carers, or domestic staff. Everyone must work together and pull in the same direction.

In my nominated individual role at Stow Healthcare, I manage CQC registrations for locations and managers across my services. I take a keen interest in this registration process, and my team and I work extremely hard to prepare managers for their registration interviews. Whether managers are registering for their first or fifth service, this is a critical juncture for the location they are about to lead. We focus on this stage to support a manager in achieving registration and to ensure that they represent our company values once they take over the home. In addition, they must understand fully, and be able to express to others, this set of cultural expectations.

This process is especially critical for Stow Healthcare, as many of the services we acquire suffer initially from bad reputations, low occupancy, and poor staff morale. In these situations, defining a clear path forward, outlining the tools necessary to enact change, and then leading the team forward is challenging for the home manager, senior team, and nominated individual.

When a Stow Healthcare manager completes registration with the CQC, we believe this is the beginning of the process rather than the end of their journey. Passing the CQC registration process enables someone to be registered to run a service, but it does not define their management style or what will happen afterwards. We understand that the ongoing involvement of senior people within an organisation, whether a single home operator, director, or regional manager, is critical to embedding a positive culture within a service. In addition, regular reinforcement of these values and defining the service's mission helps your manager get buy-in from the team around them.

To be a successful nominated individual, you must commit 100% to your role. You set the standard for others to follow, so lead by example. Learn, improve, and share. By that, I mean learning continuously, putting those lessons into action, and then sharing best practices.

For aspiring nominated individuals or those currently in post looking to improve their performances, I can't stress the benefits of forging open relationships with the CQC, commissioners and other health professionals enough. And also, to look towards your staff as sources of improvement. Build a culture where values matter and where best practice is encouraged.

Your team will follow you as a nominated individual, but only if you lead.

For more information about creating a positive workplace culture in your service, please refer to Skills for Care's [culture toolkit and activity sheets](#) .

Governance is central to the role of the nominated individual. This section will help nominated individuals to engage with the registered manager and others and carry out appropriate audits and quality control activities to assess the safety and effectiveness of the service.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17

[Good governance](#) 

Regulation 17 requires that providers operate effective systems and processes, which continually assess and monitor the service to ensure that they comply with Regulations 3 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



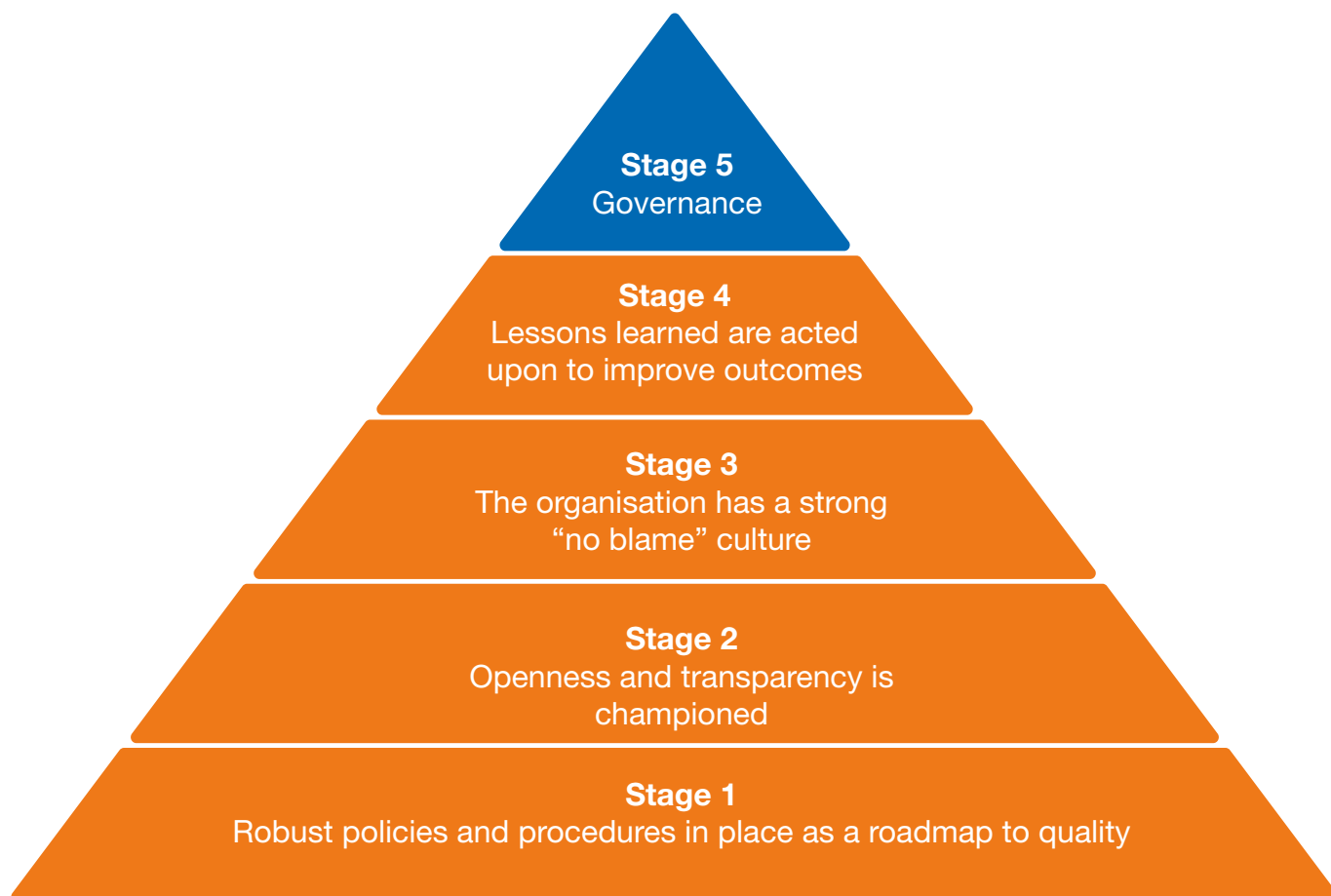
5.1 What is governance?

Governance is a framework, which includes systems and processes to ensure that the care and support delivered by your service meets current legislation, is ethical and includes a process to facilitate continuous improvement.

Governance also examines the culture within the organisation which is demonstrated through the values and behaviours exhibited by staff, and decisions that are made within the service.

Good governance will improve practice if:

- culture of openness and transparency is championed by the nominated individual
- all staff feel accountable for what they do and say
- the organisation has a strong “no blame” culture so it is safe to speak out when mistakes are made
- lessons learned are acted upon to improve outcomes for individuals.



Nominated individuals must ensure that effective governance is carried out, including the use of audits, observations, feedback, etc., to monitor and drive continuous improvement within the service. The governance system must include scrutiny by the board, or equivalent level of seniority.

If poor practice or abuse is exposed, appropriate action must be taken to ensure that the failings are addressed immediately. It is important to explore how the failing occurred and lessons learned to ensure that it cannot happen again.

If the nominated individual has concerns about the service that breach regulations or fundamental standards, which are not being addressed, they have a duty of care to report this to CQC.

Governance can be broken down into five stages, which are shown in the diagram above, and described in more detail below.

Stage 1 - Establish systems and processes

The nominated individual must ensure that robust systems and processes are in place to continually monitor the quality and safety of the service.

The systems and processes must be able to quickly identify issues within the service, which must then be addressed promptly to maintain the safety and wellbeing of people who draw on care and support, family, friends and advocates and those who work within the service.

It is important that the outcomes of quality assurance activities are shared with people who draw on care and support, staff and others who need to know. The method of sharing this information must be part of the quality assurance process. People must also be informed of any action that is being taken as a result.

Some information must also be shared with relevant individuals and bodies, such as safeguarding teams, coroners and the CQC. Where improvements are identified, they must be actioned immediately.

Systems need to be reviewed regularly to ensure that they remain fit-for-purpose, as the needs of individuals change.

Stage 2 - Openness and transparency - Duty of candour

Duty of candour supports openness and transparency within a service. When an individual is harmed, or there is a near miss, this must be shared with the individual. The three elements of the duty of candour are:

1. being open and honest about what has happened - or a near miss
2. saying sorry - that is often the most important part for individuals and their families
3. using this information as a first step to investigating what went wrong to ensure that it doesn't happen again.

All incidents or near misses should be recorded. It is a good starting point for the nominated individual to access these records to understand where to focus their initial quality assessments.

Some safety incidents are notifiable to the CQC. For examples of notifiable safety incidents, please [visit here](#) .

Stage 3 - No blame culture

To encourage openness and honesty in the organisation when things go wrong, it is essential that a no blame culture is developed. Mistakes and near misses should be shared and lessons learned recorded.

Stage 4 - Acting upon lessons learned

Lessons learned should result in a change of practice. It is important that these changes are documented and embedded in practice. This is important as part of the learning culture the CQC will expect you to demonstrate.

Stage 5 - Governance

Governance ensures that all these elements are in place and monitored.

5.2 Risk assessment

Risk assessments must be carried out within the service to identify potential risks to the safety and wellbeing of the people who draw on care and support, staff and family, friends and advocates.

When risks are identified, processes must be put in place to minimise risk if it is not possible to remove it completely.

The nominated individual must ensure that serious risk to health, safety or welfare of people who need care and support is escalated internally, or to the relevant body, if appropriate.

When scrutinising risk assessments, it is helpful to consider the following:



Positive risk assessment

Although it is our duty of care to keep people safe from harm, it is not acceptable to do this to the detriment of their mental health. People should be supported to live rich and fulfilled lives, which may not be risk-free.

When supporting people who draw on care and support, risks should be identified and minimised, to allow the individual to have choice and control over how they live their life with minimum intervention.

All risk assessments must be fully documented and stored securely. As nominated individual, you must ensure that people are at the centre of all risk assessments and that the culture is not risk adverse.



Observing care and support

A Quality of Interactions (QUIS) tool can assist with this. It is important that the person carrying out a QUIS observation is trained and competent to do this.



Environmental audits for residential care






The environment can affect wellbeing and behaviour positively or negatively. For example, a television switched on a high volume all day in a lounge may result in staff shouting to each other to be heard. This could cause anxiety and distress to residents in the room.

A person with dementia may not be able to differentiate between different bathroom fittings if they are all white. If the toilet seat is a contrasting colour, it will be obvious where the toilet is, which will reduce the likelihood of residents having an accident while trying to find the toilet.



Having a locked suggestions/complaints box

Having this in the reception area of your service, with pen and paper available for people to share their comments, anonymously if they prefer. This could be opened by the nominated individual each week and shared with the registered manager.

-  **Speaking with people who draw on care and support and their families**
Frequent informal engagement with people who draw on care and support, and their families is likely to elicit useful information that may not be formally written in responses to surveys.
-  **Speaking with staff**
Offering staff the opportunity to share concerns or worries can reveal cultural issues that may need to be addressed.
-  **Speaking with visitors to the service (if residential), including health and social care professionals and other stakeholders**
This helps to achieve a 360 degree view of the service. Building strong, working relationships with other professionals enables partnership working and will result in an enhanced service for people accessing care and support.
-  **Asking family, friends and advocates about their experience of the service**
This will bring another perspective to the quality assurance activities and highlight areas for improvement. Questions such as “how were you welcomed?” and “what could we do to make your experience better?”
-  **Surveys to people who draw on care and support, their families, staff, health and social care professionals, other stakeholders**
Surveys are a helpful way to learn about the service from 360 degrees. It is important to think carefully about what you want to learn from the survey, and let that influence the questions you plan to ask. When surveys have taken place, the information must be analysed and shared with the team and people who draw on care and support.

The information must be used to improve the service, so an action plan must be agreed to address any issues. It is important that the improvements are monitored and used to evidence to the CQC that issues have been responded to.

5.3 Methods of assessing quality

When assessing quality, remember that the assessment should reflect the impact of that quality on people who draw on care and support.

Using a combination of methods to audit quality will give a more accurate picture of the strengths and challenges within a service.

The purpose of an audit is to gain a snapshot of a moment in time, to identify what the service is doing well, and areas for improvement. It is important that an audit is designed to support the values and culture of the organisation.

Triangulation is a term that is used to bring three sources of information together to achieve recreational activity; this is detailed in the following example this. For example, you may wish to assess the quality of a recreational activity.

To assess the quality of a recreational activity, you could undertake:



Observation: observe the individual during a swimming session.



Satisfaction survey: carry out a satisfaction survey with the individual.



Documentation: scrutinise the risk assessments and support provided.

Audit summary - Individual with cognitive impairment (M), is supported to access swimming activities at local leisure centre



Observation

Results

Support worker encouraged M to pack her swimming bag and check her list of items needed to ensure that nothing had been missed.

It was a short walk to the leisure centre, and support worker chatted with M throughout the walk.

When they arrived at the swimming pool, M handed her “membership card” to the receptionist.

The facility is part of an initiative to make swimming more accessible to people with disabilities and had introduced a special “membership card” to promote independence without the difficulty of counting out money. The card was pre-paid for each swim, but there was no ongoing commitment.

Signposting from the reception area to the changing rooms was very clear (arrows painted onto the floor with pictures of people swimming) and M was easily able to lead the way to the changing room.

M and her support worker both entered the pool and swam together. Both were smiling and laughing throughout. The support worker is also a keen swimmer.

They appeared to be enjoying each other’s company.

When it was time to leave the pool, M did not wish to leave. She became upset and shouted at the support worker, refusing to get out. The support worker stayed calm and reminded her that they would be having a nice drink in the cafeteria when they were dressed. M then, reluctantly left the pool.

They returned to the changing rooms and dressed, and then enjoyed a drink together in the cafeteria before returning home.

M was happy and relaxed when she returned.

Actions

- Praise staff for supporting M in a non-obtrusive manner, which promoted her independence.
- Document the initiative at the leisure centre to ensure that others are aware of it.



Satisfaction survey

Results

M completed a satisfaction survey with the help of a family member. M had always been a keen swimmer and felt that her wellbeing was enhanced by having access to swimming facilities again. (Wellbeing score was 9 out of 10. Prior to swimming, M had scored 4 out of 10).

M mentioned that the company of “her friend Y” (the support worker) made it more fun. (Satisfaction with support provided 10 out of 10).

M mentioned that she currently only swam once a month but would like to increase that to a weekly session if possible.

Overall satisfaction score 9 out of 10.

Actions

- Share results with support worker and congratulate for achieving high satisfaction scores.
- Investigate whether it would be possible for additional swims to be scheduled.



Documentation

Results

Full risk assessment had been carried out, which included:

- staff availability
- preparing for swim
- travel to leisure centre
- payment for swim and drinks afterwards
- staying safe in the water
- undressing and dressing in changing room
- returning home

Actions

- Documentation confirms earlier findings. Risk was reduced by a range of methods, which included the initiative being piloted by the local leisure centre.
- One area which was not covered and needs addressing, is safety when leaving the pool. If M is distressed about leaving, she could put herself or others at risk.
- The addition of more swimming sessions may relax M when she needs to leave the pool, knowing that she will soon return. However, it is important that her distress behaviour relating to leaving the pool is assessed and strategies put in place to minimise this to avoid harm.

Holistic auditing will focus on what was done (or not done), but what is equally important, is how it was done.

When an audit has been completed, it is important that the nominated individual considers:

- What has been learned from the audit?
- What changes have been identified that need to take place?
- Will training need to be put in place for the change to succeed?
- What resources or support is required to facilitate this?
- How will this be communicated within the service?

There are many digital auditing tools on the market, and these can be extremely helpful as prompts, but it is essential that they are tailored to your own service, and your own policies and procedures and culture of working.

For more information on digital resources available, please see Section 9 - Digitising social care.

I like to invite a junior member of staff to join me when I carry out an audit. This helps them to view the service through different eyes and involves them in the quality assurance process. It has been very successful in improving outcomes.

Zoe Richardson

Director of Operations/Deputy CEO, SJMT



Lived experience

Every staff member has a responsibility to deliver high-quality, personalised care that results in good outcomes for people who draw on care and support.

Services should be designed around the needs of the people who use them. The nominated individual should seek evidence and satisfy themselves that people who draw on care and support are consulted and have a voice in shaping the service and that their lived experience is the focus of all quality assurance activities.

When undertaking audits, it is essential that we consider the quality of life of people we support. People need to be supported to make their own decisions about how they wish to live their life, which will inevitably involve some risk.

Designing audits to embrace positive risk taking and a strengths-based approach will allow people to enjoy a normal life, rather than being restricted to minimise risk. It is important that risks are identified and discussed with the individual and that any interventions agreed are the least restrictive to keep the person safe from serious harm. Ensure that risk assessments are documented and used to inform audits.

A risk-averse culture will impact upon the lived experience of individuals. Everyone has a different attitude to risk. As nominated individual, it can be helpful to reflect upon your own attitude to risk. How might that impact on your approach to risk assessing within your service?

Discuss personal approaches to risk with the registered manager during supervision. How might their approach to risk impact on the culture of the organisation?

Do they take too many risks? Are they risk-averse, or do they get the balance about right?

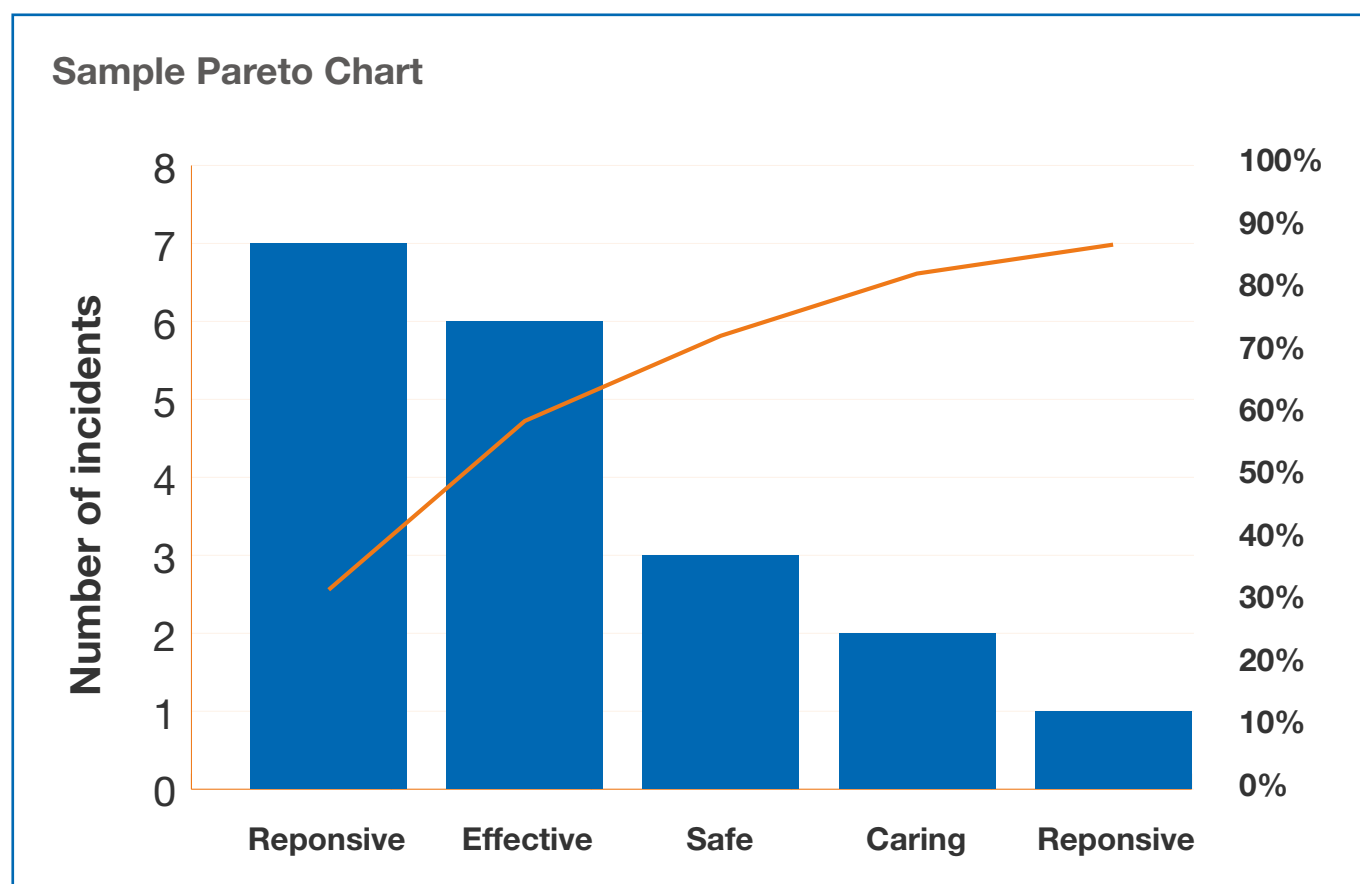
Services will inevitably change as the people who draw on care and support change. Therefore, it is important that the systems and processes are continually reviewed to ensure that they are appropriate for the individual group and fit for purpose.

Prioritising audits

Creating an audit plan will help to prioritise areas that require attention.

The Pareto Principle (or 80:20 rule) may help you to decide where to prioritise. The Pareto Principle states that 80% of incidents come from 20% of causes, which means that if you can address the 20% of causes that are responsible for 80% of the incidents, you will save valuable time.

A Pareto chart is one method that may help you to plot incidents and their causes, together with the cumulative total impact upon the service.



This chart has been simplified by using key questions, but you will want to use your own causes, such as “trips and falls” and “safeguarding notifications”. It is important to remember that incidents relating to safety should always take priority.

When incidents are recorded, they should be added to the spreadsheet that creates your Pareto chart. You will then be able to see at a single click, where the 80% axis falls, (the red line) and therefore, which areas you need to prioritise.

Continuous improvement

When you have identified where to prioritise, you need to work with the registered manager to implement change.

One method of changing practice is to use Plan Do Study Act (PDSA). This is a method of testing a new system or way of working with a small group, before deciding whether to roll it out to the entire service.

The four steps of PDSA are:

Plan

- What needs to be changed?
- What will you do?
- What is likely to happen at different times during the process?
- What data will need to be collected?
- Who will collect it?
- When will the change take place?

Do

- Put the plan into action and implement the change
- Monitor and collect data as planned

Study

- Compare data before the change and after the change.
- What have been the results?
- What lessons can be learned?

Act

- Make any necessary changes highlighted by the study phase, then go back to the beginning of the cycle and start the process again or, if you are happy with the result, roll the change out to the entire service.

5.4 Record keeping

“If it isn’t written down, it didn’t happen!” It is important that records are complete, legible, indelible, accurate and up-to-date.

Care plans form the basis of care and support for an individual, so it is essential that they are completed correctly and regularly updated. The care plan should be a working document, rather than something that is created and filed away.

All decisions taken in relation to a person’s care and treatment must be carefully documented, including conversations with the individual, their carers and those lawfully acting on their behalf.

Consent records and advance decisions to refuse treatment must be kept securely. Changes to consent must be documented, including the reasons why consent has changed, and any alternatives offered.

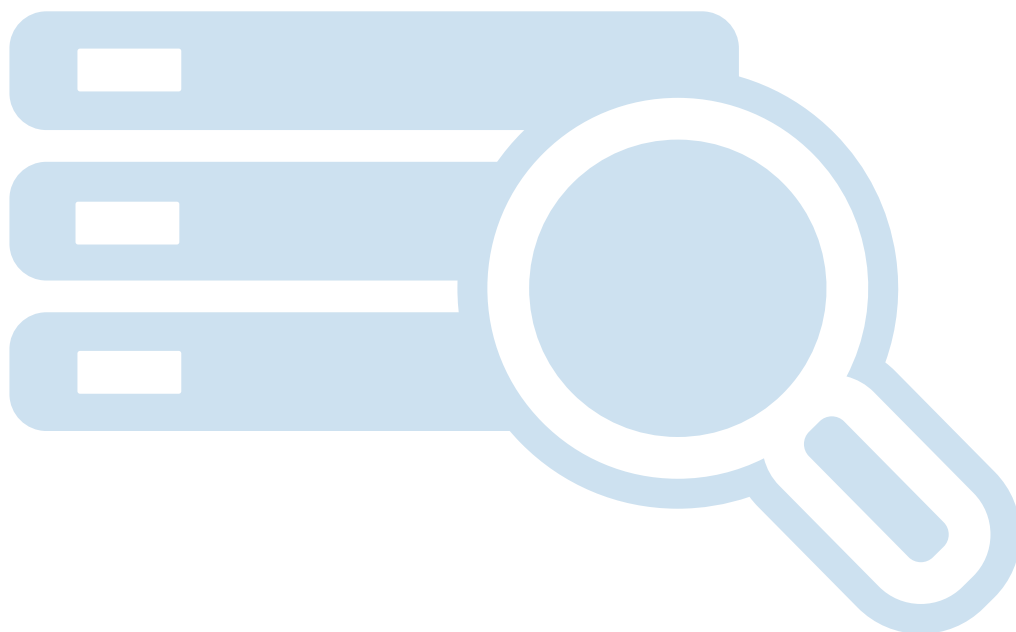
Records relating to people who draw on care and support must be created and stored securely. Authorised people must be given access on a need-to-know basis relating to the person’s care and support.

It is not good practice for care staff to have apps holding individuals’ information on their personal mobile phone, if they are able to access it when they are not working.

Both paper and electronic records must comply with the Data Protection Act 2018. The use of digital record keeping is increasingly important, providing various benefits including improved security and ease of retrieval.

Information requests from the CQC

When requested, written reports, requests for action and the provider information return (PIR) must be sent to the CQC within 28 days.



5.5 The CQC rating system

Quality should be measured against the following five key questions.

Is the service:

Safe

Are the people you support protected from abuse and avoidable harm?

Effective

Does the care, treatment and support delivered, achieve good outcomes, and help the people you support to maintain quality of life. Is the service offered, based on the best available evidence?

Caring

Do staff involve the people you support and treat them with compassion, kindness, dignity and respect?

Responsive

Are the services organised so that they meet the needs of the people you support?

Well-led

Is the leadership, management and governance of the organisation structured to ensure that it's providing high-quality care that's based around the individual needs of the people you support, that it encourages learning and innovation, and that it promotes an open and fair culture?

Nominated individuals are required to ensure that the service is meeting the five key questions through good governance. Achievement of this will contribute to the service being well-led.

Since the beginning of 2024, all regulated services are monitored and assessed using the CQC Single Assessment Framework.

Under each key question, there will be a set of topic areas and quality statements. Quality statements describe what good care looks like and will link to the regulations. For more information, please visit the [CQC website](#) [↗](#).

When an assessment has taken place, CQC will award the service one of four ratings:

- Outstanding
- Good
- Requires improvement
- Inadequate.

Under the Single Assessment Framework, ratings can be updated at any time as a result of their evidence collection process which will be carried out continually in response to changes in risk.

Further support and guidance

Skills for Care continues to produce a range of guidance and advice to support services to prepare for CQC assessment, recover from falling below the CQC standards or strive to deliver outstanding care. For more information, please [visit the website](#).

5.6 Keeping up-to-date

The nominated individual needs to ensure that the registered manager implements new legislation and there are various ways to be kept up-to-date on standards and regulations in the sector.

We recommend that you and your registered manager sign up for regular updates from a number of different bodies and organisations as this is an excellent way of keeping informed in our rapidly changing sector.

- [Department of Health and Social Care \(DHSC\)](#)
- [CQC](#)
- [Skills for Care](#)
- [Social Care Institute for Excellence \(SCIE\)](#)
- [National Institute for Health and Care Excellence \(NICE\)](#)

Another great way of keeping up-to-date is to join one of Skills for Care's nominated individual networks or registered manager networks. As a nominated individual, you should be committed to working with others and embedding best practice and Skills for Care facilitate some [nominated individual networks](#) across the country, as well as over 130 [registered manager networks](#). For more information, please contact your Skills for Care [area team](#), who can signpost you to relevant networks.

We also recommend contacting your local care association for more information and support, if one is available in your area.



Care Quality Commission (CQC) (Registration) Regulations 2009; Regulation 13

[Financial position](#)

The provider must have the financial resources needed to provide and continue to provide the services as described in the statement of purpose to the required standards.



A key aspect of the role of the nominated individual is to address Regulation 13. This requires you to monitor the financial viability of the service that you represent and is the subject of this section of the handbook.

This section is broken down into eight topics that are aimed at enabling you to support your organisation from a business perspective as the nominated individual. This information is also relevant to those who hold the dual role of nominated individual and registered manager, or if you are the registered manager but not the nominated individual of your service.

- Commercial awareness
- Balancing the books
- Planning for the future
- Budgeting
- Managing expenditure
- Accessing funding
- Future-proofing the business
- Marketing the business

For information, the [Government website](#)  provides free downloadable business plan templates for your consideration.

6.1 Commercial awareness

The nominated individual should guide and support the registered manager to make good commercial decisions for the service.

It is not uncommon for registered managers to have achieved their position by progressing their career, often from a care background. The opportunity to progress and have varied career pathways is a major benefit to working in the social care sector. Developing managers internally means that they have a deep understanding of social care and are committed to providing high-quality, person-centred care. However, they may not have been exposed to the commercial aspects of running a service as a business until becoming registered manager.

If the registered manager is in a dual role as nominated individual, and does not have commercial experience, it may be helpful to engage with other professionals, for example the company accountant, who may be able to offer practical support.


Commercial awareness may not give us all the answers, but it will help managers to make informed decisions, manage cashflow and minimise waste to deliver high-quality care and support with the resources available.

When supporting a registered manager to become more commercially aware, it can be helpful to understand the maturity of the systems and leadership within your organisation.

If the business is relatively new, it is possible it will go through a degree of turbulence while processes are developed and embedded.

This degree of turbulence can vary depending on the type of setting your service is, for example, many home care agencies are franchises, which means that systems and processes will be in place, but there is still likely to be a steep learning curve for new owners and their teams.

Larger, well-established organisations are more likely to have mature systems and a strong working culture. It is easier to make good commercial decisions when quality information is available.

It can be helpful to map the current maturity of your organisation by using the example tool shared below. Furthermore, [Skills for Care](#)  provides guidance and key recommendations of what to follow to ensure your service has the best chance of success.

In the table below, four stages of organisational development are shared: **spontaneous, dependent, independent and collaborative**. Tick the boxes that you feel reflect where your organisation is now, in relation to the six listed factors; this will offer insight into the maturity of the business.

Please note that the maturity table below is based on terminology used within two models: (i) Patrick Lencioni's Five Dysfunctions of a Team, and (ii) Abraham Maslow's Hierarchy of Needs. Not all the examples provided under the six listed factors may relate to your organisation and leadership style.

1. Leadership approach

☐ Spontaneous

- Lack of consistency of approach
- Leader may be enthusiastic and may be a micromanager
- Focus is on immediate issues, without formalised vision or strategic planning

☐ Dependent

- Command and control
- Leader is concerned that mistakes may occur because of new systems and processes not yet fully embedded
- Focus on ensuring that staff follow processes and procedures

☐ Independent

- Leaders empower staff
- Delegating tasks to encourage staff growth
- Focus on staff members performance and continuous learning

☐ Collaborative

- Collaborative leadership
- Championing collaboration and partnerships
- Leader takes a supporting role to facilitate high performing, self-governing teams with a focus on common goals

2. Organisational structure

☐ Spontaneous

- Formal policies and procedures in early stages of development
- Systems and formal structure still evolving

☐ Dependent

- Traditional linear hierarchy
- Staff expected to follow processes and procedures, and work as directed by their line manager

☐ Independent

- Systems encourage individual accountability and responsibility

☐ Collaborative

- Circular structure – information shared outwards to all staff
- Self-governing teams

3. Culture

☐ Spontaneous

- Frequent “firefighting” of problems until systems become embedded in culture
- Formal communication channels not yet fully formed
- Environment may feel unpredictable and insecure
- Individual accountability still in infancy

☐ Dependent

- Autocratic culture
- Key aims are stability and safety
- Top-down accountability
- Task focused
- Strict adherence to rules
- Risk-averse

☐ Independent

- Coaching culture
- Focus on personal goals and individual achievement
- Little focus on team or organisational goals
- Competitive
- Two-way communication
- Organisation welcomes innovation

☐ Collaborative

- Learning culture
- Two-way communication
- Focus on collaboration and teamwork
- High levels of awareness and responsibility for self and others

4. Trust, conflict, commitment, accountability and attention to results

(Based on the five dysfunctions of a team by Patrick Lencioni)

☐ Spontaneous

- Lack of trust
- Fear of conflict
- Lack of commitment
- No peer-to-peer accountability
- Focus on individual, not team results

☐ Dependent

- Lack of trust
- Fear of conflict
- Lack of commitment
- No peer-to-peer accountability
- Focus on individual, not team results

☐ Independent

- Lack of trust
- No peer-to-peer accountability
- Focus on individual, not team results

☐ Collaborative

- High levels of trust
- Minimal fear of conflict
- High commitment
- Strong peer-to-peer accountability
- Focus on team results, rather than individual results

5. Basic physical and physiological needs

(Based on Maslow's hierarchy of human needs)

☐ Spontaneous

- Survival

☐ Dependent

- Belonging

☐ Independent

- Esteem

☐ Collaborative

- Self-actualisation

6. Impact of leadership style

☐ Spontaneous

- Staff may feel insecure, which may result in less resilience to stress

☐ Dependent

- Limited individual and team potential
- Fear of failure can crush initiative and reduce engagement
- Lack of commitment
- No peer-to-peer accountability
- Focus on individual, not team results

☐ Independent

- Individuals are empowered to achieve goals and be accountable
- Teamwork is encouraged, but not always successful

☐ Collaborative

- Excellent teamwork and commitment is enabled
- The high levels of team autonomy encourage greater commitment to the organisational vision, rather than simply personal goals

(Examples above adapted from Crosby Quality Management Maturity Grid by Coleman Training & Consultancy).

Having assessed the current maturity of the organisation, it can be helpful to think about this from a commercial perspective.

Regardless of the level of maturity of your organisation, there will always be opportunities and risks/threats to consider. New businesses may not have all their systems in place, but they can be more agile than larger organisations where any decision needs to go through many layers of management.

What is important, is understanding the strengths and weaknesses of the business so that strengths can be utilised, and weaknesses can be addressed.

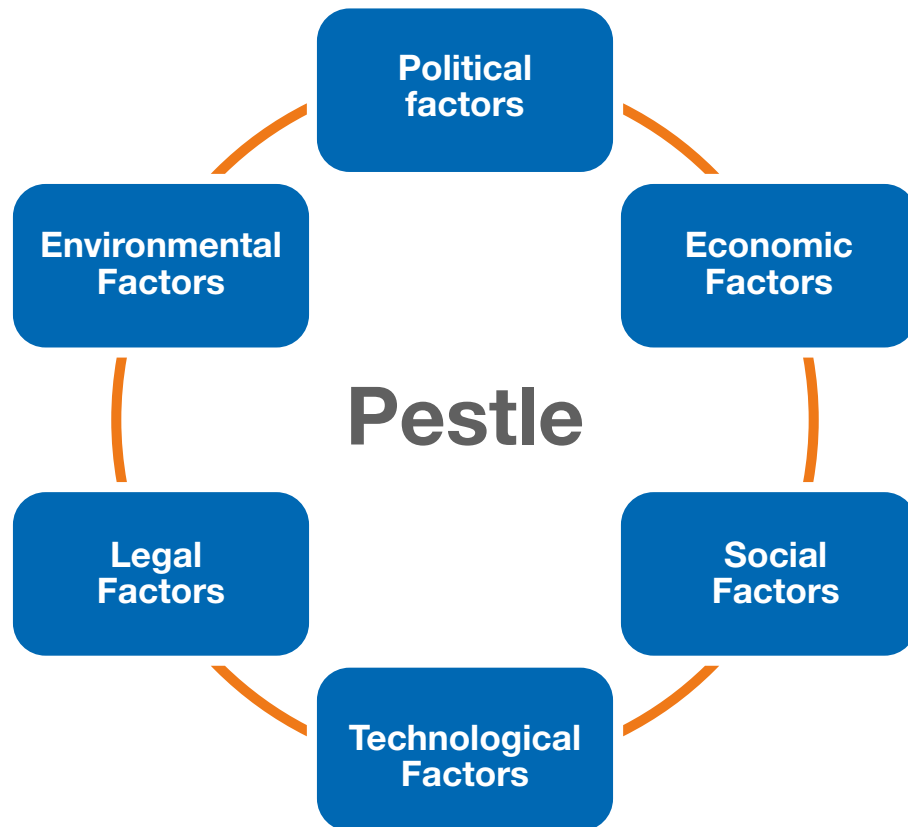
A SWOT analysis can help, which identifies the strengths, weaknesses, opportunities and threats of the organisation. An example of a SWOT analysis is shared below.

Strengths <ul style="list-style-type: none">■ What does the service do well?■ What are your specialities?■ What sets you apart from other services?	Weaknesses <ul style="list-style-type: none">■ What doesn't your service do well?■ Are you unclear about what makes your service special?■ What do your competitors do better than you?
Opportunities <ul style="list-style-type: none">■ Increased need for your services■ Opportunity to employ quality staff■ Winning an award and receiving press coverage■ Little competition	Threats <ul style="list-style-type: none">■ New methods of care emerging■ Changes to legislation and funding■ New competitors moving into area■ Negative press

When you have completed your SWOT analysis, you will have increased and improved your understanding of the business. You will clearly see what you do well and potential opportunities that could be utilised. You will also have a focus for improvement to minimise weaknesses and prepare for potential threats to your organisation.

The final part of understanding the whole business is to undertake a PESTLE analysis. This type of analysis is similar to a SWOT analysis, but rather it studies the key external factors that influence an organisation (political, economic, sociological, technological, legal and environmental).

To create your own PESTLE analysis, we suggest you use a template incorporating each of the headings and consider how the business will be affected by each. An example is shared on the next page.



Political factors

This is anything that is influenced by the Government. When there is instability in government, business is often affected. For example, public confidence can reduce, and people may become more cautious about spending.

A change of government will impact upon businesses as they are likely to have a different political focus, which may or may not benefit the service.

An existing government may introduce new funding or subsidies that support services, or they may withdraw existing funding.

Economic factors

A strong economy is likely to have a positive impact on business, because of higher consumer confidence and more spending power; however, a weak economy with high inflation rates will impact negatively on the financial health of a service.

Economic factors include:

- interest rates
- availability of credit
- rate of inflation
- Gross Domestic Product (GDP), which is a financial measure of the market value of all of the goods and services that the country produces and sells
- consumer confidence
- levels of unemployment.

Social factors

Social factors relate to the attitudes and concerns of the population that affect the habits and spending of customers. They include demographics, lifestyles, tastes and trends, and ethical factors, such as:


- population size
- immigration levels
- age of population
- religion and beliefs
- attitudes towards health and wellbeing
- attitudes towards social care
- attitudes towards retirement
- attitudes towards people with disabilities
- wealth.


Technological factors

Technological factors refer to the ways new practices and equipment can affect businesses. For example, the DHSC outlined its 10-year vision for reform of the sector and highlighted its commitment to invest in helping to digitise the social care sector. Advancing technology offers the opportunity for more sophisticated care and support equipment to be introduced into services. This is explored in greater detail in Section 9 – Digitising social care.

Legal factors

Legislation can affect how an organisation carries out its business. For example, Brexit was a major change in our legal system and there has been an impact on the workforce and sector, as a result.

Skills for Care has produced analysis on the [nationality of the adult social care workforce](#)  and also provides information on the points-based immigration system that the UK adopted from 1 January 2021 and how that impacts people immigrating for job roles in the adult social care workforce.

New legislation has now been passed to allow care workers to be recruited from overseas, with strict controls which care providers must observe. [Skills for Care](#)  provides information from various sources to support you to recruit internationally, including a toolkit to encourage and enable good practice in adult social care international recruitment.

The social care sector is highly regulated, and legislation frequently changes. It is essential that the nominated individual stays informed about changes and forward plans to mitigate the risk that changes might bring to the service.

Environmental factors

These are factors which influence the environment in which we live and work, and how our lives are also determined by these factors. Our carbon footprint is both an environmental factor and a political factor. Environmental factors that are likely to affect services include:


- **Weather** – snow and ice might make it difficult for staff to get to work. Extreme heat can be dangerous to the health of people using services. The need to use additional heating in cold weather, or air conditioning in hot weather will have a financial impact upon the business.

As we experience climate change, floods and other natural instances will become more frequent. If the service is in an area that is at risk of flooding, it is important that a business continuity plan is in place to cover this.

- **Sustainability** - this is about meeting the current demands of the service without compromising the world for future generations. There are many ways which a service can become more sustainable, including limiting the use of single purpose plastics, seeking more sustainable replacement products for frequently-used unsustainable products and reducing food waste.

It is possible to reduce your carbon footprint by careful geographical planning of calls for home care staff who rely on cars for transport. For example, you may wish to consider the Government's incentive for staff to cycle to work, through its Cycle to Work scheme, which can be adopted by employers, if possible and practicable.

- **Recycling** - ensuring that time is taken to separate recycling waste and minimise waste entering landfill.

Environmental factors also need to be considered from an assessment perspective. The CQC's Single Assessment Framework (under well-led) includes a quality statement for environment sustainability – sustainable development, which will be used to assess quality. Visit the [CQC website](#)  for further information.



How to use PESTLE analysis

1. Use the prompts from each section to list all the factors that may affect the service.
2. Now list all the opportunities that these factors offer to the service.
3. Consider how the factors could endanger the safe operation of the service.
4. Create an action plan to take advantage of potential opportunities.
5. Create an action plan to mitigate or manage the risk from negative factors.

Benchmarking


Benchmarking is an important activity, which allows you to compare the performance of your service with that of others – including your competitors.

The first step in benchmarking is to decide what your key performance indicators (KPIs) are. These will be the indicators that you assess your business against. For example, if you are a care home, one indicator may be your bed vacancy rate. If you are a home care provider, an indicator for you might be your number of care hours.

You may wish to benchmark your staff vacancy rate, pay rates and sickness rates against the national average, or against others in your geographical area.

What you choose to benchmark will depend on your service, but it is important to choose the factors that have a direct impact upon quality and the financial viability of the service.

Benchmarking is usually quantifiable, so it is difficult to benchmark satisfaction levels unless you can collaborate with other services. Reading CQC reports for similar services may offer helpful benchmarking information.

You can also use the Adult Social Care Workforce Data Set (ASC-WDS) to benchmark your workplace against other similar providers in your local authority area. The comparisons show how you're doing on things like pay, turnover and staff sickness. This is a valuable feature in the free service which can help you with workforce planning. In order to do so, you need to [login or create](#)  an ASC-WDS account to use this function.

When you have completed your benchmarking activity, it is important to make an action plan. This should include areas that you are ahead of your competitors, which should be the focus of your marketing activities. Areas where you are not meeting the standards of your competitors should be actioned and followed up within an agreed timescale. Benchmarking should be a regular activity to ensure that you are performing well against national averages and your local competitors.

Enclosed below is a sample benchmarking table you could use or adapt for your own benchmarking activity.

Sample benchmarking table

Name of company	National average	Your service	Service A	Service B
No. of employees	Number	53	49	70 in nearest home
Geographical reach	Regional and national	Regional	Regional	National
CQC rating	Good	Good	Good	Outstanding
Number of beds	29.5	30	30	40
Average cost per week	£900 (est)	£900	£890	£900
Vacant beds	2 (est)	0	1	4
Staff vacancy rate	10.7%	7.2%	5.8%	10.9%
Average rate of pay for care staff (p/h)	£9.50	£9.75	£10.37	£8.45

Skills for Care is an expert in adult social care workforce insight and the Workforce Intelligence team produce extensive [analysis and intelligence](#) using data collected in the ASC-WDS. Over 20,000 care providers contribute to this dataset and the data collected is vital to the Government, the DHSC, local authorities and the CQC as it allows them to plan, fund and monitor the sector.

The '[State of the adult social care sector and workforce](#)' annual report is a comprehensive analysis of the adult social care workforce in England and the characteristics of the people working in it. Topics covered include recent trends in workforce supply and demand, employment information, recruitment and retention, demographics, pay, qualification rates and future workforce forecasts which are all metrics that you may find helpful in your benchmarking exercise.

As a nominated individual, you can use this intelligence to benchmark your organisation against national averages and spot potential trends, risks and opportunities for the future.

The Open University also offers a free commercial awareness [course](#) ^[7]; the short course encourages you to look across your organisation, at your place within it and the value you create.

6.2 Balancing the books

The nominated individual should guide and support the registered manager to ensure that the financial resources are in place to deliver the services within guidelines that are laid out by the CQC.

As with any business, the service must remain financially viable. It will have money flowing in (e.g., from fees paid for care) and money flowing out (e.g., wages, premises costs, catering, laundry, fees and taxes, etc.).

■ Financial viability

The financial viability of any business relies upon the total revenue flowing into the business being greater than the total expenses flowing out.

■ Break-even point

The break-even point is the figure that represents all the costs involved in running the business. If sufficient income is generated to cover costs, the business will “break-even”. If surplus income is generated, the business will make a profit, or create a “surplus” in the case of a charity. If the income generated is insufficient to cover costs, the business will make a loss.

■ Bottom line

The bottom line is the final figure after all the sales have been accounted for and the running costs of the business have been deducted from the sales. It is the final figure on the bottom of your profit and loss account. It can be positive – the business is in profit, or negative – the business has made a loss.



6.3 Planning for the future

The nominated individual should oversee the future financial viability of the service

Where “balancing the books” is a straightforward financial calculation on the performance of the service, “planning for the future” requires both a good understanding of the financial operation of the service and a clear view of the external pressures that may impact the service in the future.

Understanding the financial operation of the service

The nominated individual should ensure that they have a clear financial view of the performance of the service, as well as the authority to conduct (or have conducted on their behalf) financial audits to underpin the accuracy of the information to which they have access. By understanding the past financial performance of the service in terms of the year-on-year changes to expenses as well as income, a future prediction should be possible. It is this future prediction that will help underpin the budgeting process detailed later in Section 6.4 - Budgeting.

External pressures

It is helpful for the nominated individual to take an active interest in news and events, at both a local and national level. It is wise to read national newspapers, listen to news programmes and sign-up to newsletters with organisations, such as [Skills for Care](#) [\[1\]](#), the [CQC](#) [\[2\]](#), [Social Care Institute for Excellence](#) [\[3\]](#) (SCIE), and the [National Institute for Health and Care Excellence](#) [\[4\]](#) (NICE). These will help to keep you informed of current funding sources, regulations and best practice across the sector.

It is also important that as nominated individual, you are connected to your local community to keep informed of plans for new services or changes in current services. What are your local authority priorities? How is your local hospital performing? Does this create opportunities for you to offer a service that meets local needs?

The social care sector is subject to more external forces than many businesses. For example, a change of government policy or CQC regulations can have a major impact upon the cashflow or profitability of a business. It could even put the business at risk of closure.

It is against this view of the financial future of the service that the nominated individual should provide a ‘critical friend’ role to the registered manager and the rest of the leadership team, supporting a cost/risk/performance assessment in any proposed changes to the service.

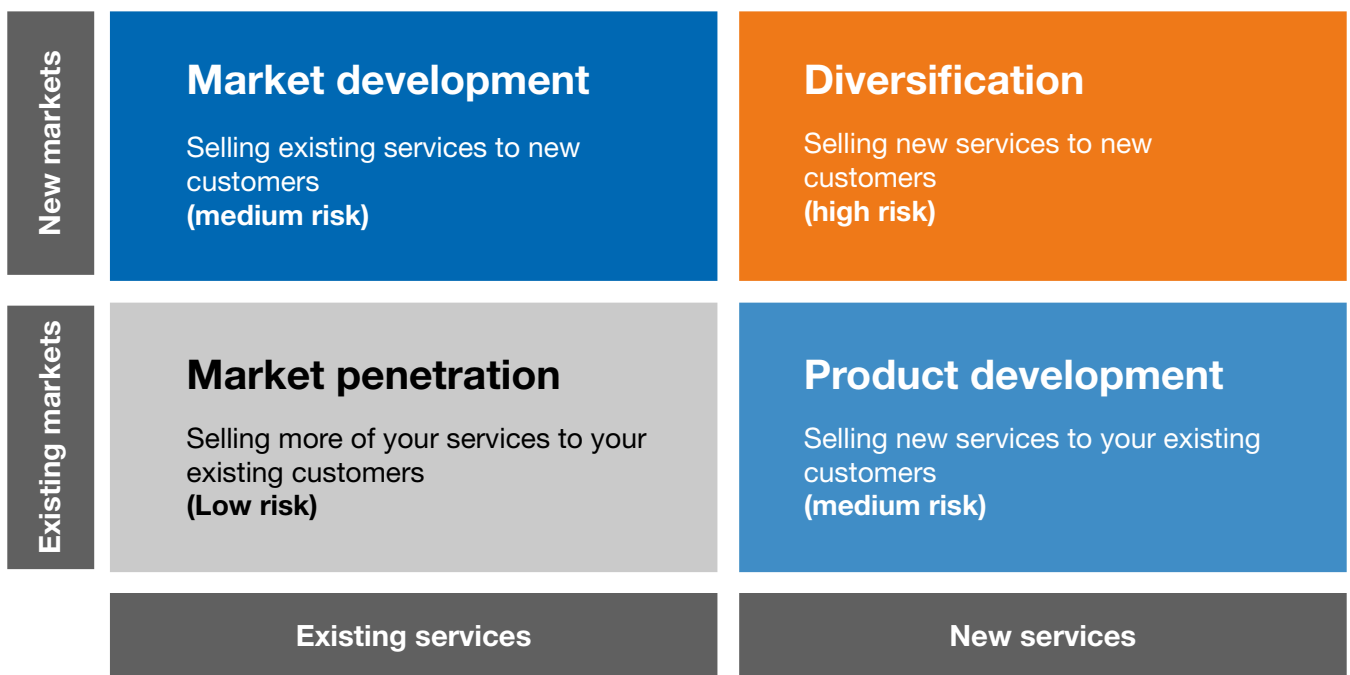
As outlined below, planning for growth is an approach that can be useful when assessing such potential changes.

Planning for growth

There are four ways that a business can be grown.

1. Sell existing services to new customers (for example, marketing to a nearby town).
2. Sell new services to new customers (for example, house sitting for pet owners).
3. Sell more of existing services to existing customers (for example, hairdressing services in a care home).
4. Sell new services to existing customers (for example, supported holidays abroad).

This is best illustrated in the below “Ansoff’s Matrix”, also known as the “Product/Markets Grid”.



■ Market penetration

When looking at ways to grow a service, the easiest and least risky is to sell more of the services you offer to existing customers and this offers the lowest risk to growing the business.

■ Product development

Knowing your customers and their needs will also help you to develop new products or services to meet a broader range of their requirements. This should be seen as a medium-risk strategy for growth as a new service or product requires investment before delivering any benefits and may take you outside of your current skillset as a business.

■ Market development

You can sell your current services to customers outside your customer base. This is also seen as medium risk, as although the existing services are clearly within your current skillset (and hence low risk), it will require investment by increasing your marketing budget to reach a wider customer base. For example, if you are a home care provider, you may wish to extend your marketing activity to the next town, or, for a greater investment, you may open a new office in another part of the country.

■ Diversification

The final quadrant is the most risky and is about selling new products or services to new customers. Developing new services can be costly and should be carefully considered before going ahead. It is wise to carry out market research before investing in a new service to assess whether it would be well received by current and potential customers. Whilst diversification is a high risk, it is likely to have the most impact on the business, if it is successful.


6.4 Budgeting

Budgeting is simply a financial plan that documents **what** the business wants and needs to achieve, and then works out **how** it can be achieved. This requires good financial housekeeping and controls.

There are different types of budgets, but they will include at least - an operating budget, a cash-flow budget, a capital expenditure budget and a master budget. The master budget brings all other budgets together in one place, so that the overall financial position of the organisation can be viewed. All the budgets will track income and expenditure and clearly show whether the business is able to meet its commitments within the budgets set.

Budgets must be aligned to the business objectives and the ability for those objectives to be delivered. Although budgets can cover any period, these typically cover a full financial year.

In order to establish appropriate budgets, the leadership team must take decisions in terms of how to fund the provision of the service to the required standards, without running out of cash.

It is incumbent on the nominated individual to oversee and challenge these decisions in the interest of the financial viability of the organisation and as part of your responsibility to meet [CQC's Regulation 13](#) .

Budgets as a road map

It is further incumbent on the nominated individual to monitor how the business is performing against your budgets throughout the current year. This is an important activity that should be carried out with the registered manager, ideally on a monthly basis, or if you hold the dual role as registered manager, you may wish to engage with someone else in the leadership team or someone external, such as the company accountant.

A simple way to monitor performance is to insert actual figures against the budget. This will help you to keep track of how you are doing throughout the year. Having the final column on the budget sheet as a running total for each line will help to assess the cumulative effect of any changes to the budgeted figures. Most common accountancy programmes offer this facility, but if not, a simple spreadsheet will suffice.

6.5 Managing expenditure

When budgets have been prepared and agreed, it is everyone's responsibility to manage expenditure. Staff may think that because they don't have the authority to spend company money, they have no control over expenditure, but this is not the case. A great deal of excess expenditure is waste. This means that every staff member and visitor to the service has a responsibility to minimise waste.

Common forms of waste in the care sector

- not storing PPE correctly, so it becomes contaminated
- food wastage
- poor use of rotas for staffing
- over-reliance on agency staff.

Setting limits on purchasing authority

It is prudent to set strict financial limits on how much staff can purchase without having to gain approval from senior management. This will vary according to role and responsibility. For example, it may be practical for an administrator to have a pre-paid debit card with a small balance, so that they can pay for postage or small items of stationery from local shops. A registered manager may have greater purchasing power, but still within a strict limit before seeking approval.

Setting limits on company funds creates a more thoughtful and responsible financial culture.

6.6 Accessing funding

It is prudent to utilise government funding streams when they are available. This will support organisations to continue to invest in their business to deliver high-quality care and support.

Investing in staff training is essential to retain a highly skilled and committed workforce and funding supports this. The following funding streams are available to the sector, but please note that funding opportunities are frequently updated and may no longer be available when you access this handbook.

The Workforce Development Fund (WDF)


There are a wide range of qualifications, diplomas and CPD workshops that attract funding. To be eligible to apply for funding from WDF, you need to have an ASC-WDS account that meets the WDF requirements.

At the time of updating this handbook in September 2024, it was known that the WDF would be scaled down in 2024/25. The Department of Health and Social Care has launched a new fund, the Adult Social Care Learning and Development Support Scheme (LDSS) for 2024 to 2025 and this new fund will be administered by NHS-BSA. Updates on funding will be provided on the Skills for Care website [here](#) [↗](#).


The investment of time to enter and update your workforce data in ASC-WDS pays dividends in many ways. You will be contributing important data that helps to produce insights into the sector. This helps to inform DHSC and other government departments of the needs of the sector, which influences funding decisions and further funding opportunities becoming available. It also produces a wealth of intelligence that can be utilised when planning for the future of the organisation.

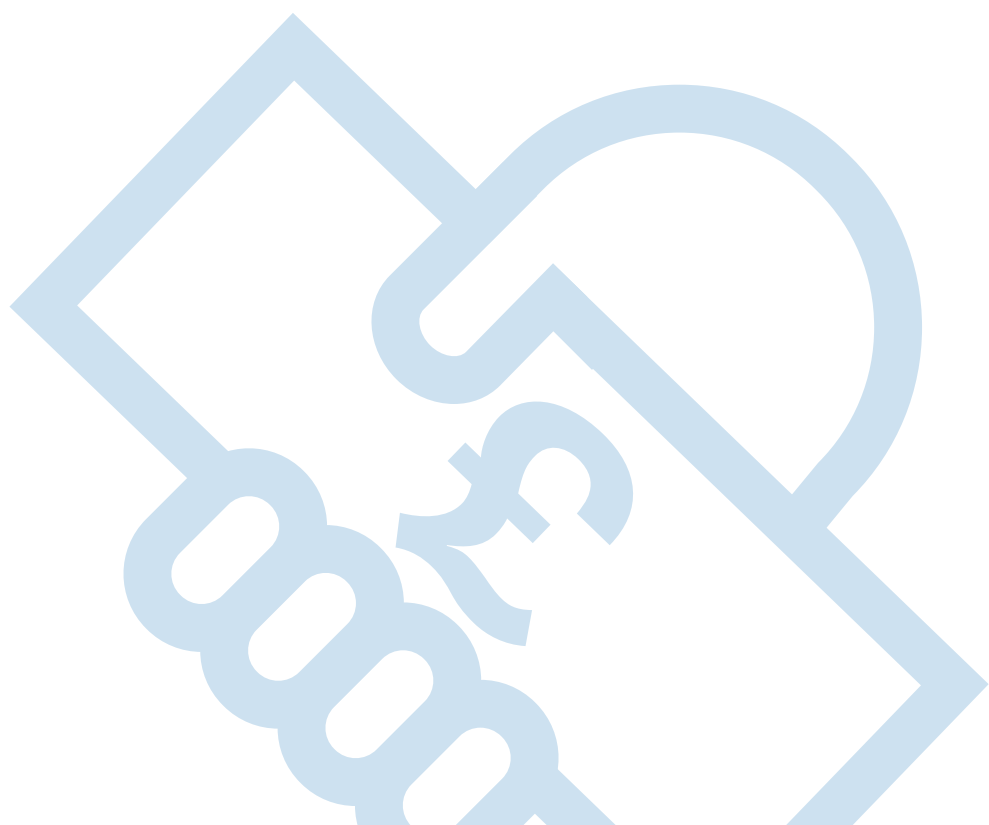
Another great benefit of ASC-WDS is having access to the free training and qualification feature, that holds all of your staff training records in a single location. You can define what training is mandatory for each job role, and get alerts when training is about to expire.

Lifetime skills guarantee

This is a government initiative to enable adults over the age of 19, who don't currently hold a level 3 qualification, to gain access to around 400 fully funded level 3 qualifications, including the Level 3 Diploma in Adult Care. Find out more on the [Skills for Care website](#) .

GrantFinder

This is a funding database in the UK covering local, national and international sources of funding. It is not social care specific but does include funding that is aimed at adult social care. For further information, visit the [GrantFinder website](#) .



6.7 Future-proofing the business

Maximising income opportunities can help to balance the books in any business. The primary source of income will be care fees, so it is important that attention is paid to retaining existing customers and attracting new customers through high-quality care and support and effective marketing.

Consider whether your service has other facilities that could potentially generate additional income while engaging with the local community.

For example:

- a meeting room that could be rented out to clubs or for business meetings
- running a luncheon club for people in the community to join residents for lunch at a small charge
- a care home renting their swimming pool to a children's swimming group once a week
- letting a flat on the premises to staff members from abroad for a small amount
- inviting local experts to deliver talks about interesting subjects, or local groups performing and charging a small fee for people in the community to attend.

How ASC-WDS can help future-proof the business

ASC-WDS is more than a way to access funding from the WDF. Used wisely, it can help to shape your business for the future.

Workforce intelligence produced from ASC-WDS is easily digestible and offers a wealth of information to aid decision making to future-proof your business. Use the information to benchmark your organisation against sector averages, monitor trends and identify challenges and potential opportunities that could be utilised. Take a look at the '[State of the adult social care sector and workforce](#) [↗](#)' annual report which, is a comprehensive analysis of the adult social care workforce in England and the characteristics of the people working in it.

6.8 Marketing the business

Many larger organisations will have marketing departments who oversee marketing activities, but there is much more to consider than that. Nominated individuals are not expected to be marketing experts; however, it is helpful if they have an understanding of marketing basics.

Marketing encompasses everything that you do to promote your organisation, both to potential customers and potential employees. This can be anything from a warm smile and friendly approach when people visit the care home or when you visit someone's home, to a comprehensive marketing plan.

The "4 Ps" of marketing are designed to guide you to consider offering the right product in the right place, at the right time, and at the right price. It can be helpful to consider these points when engaging with local communities.

The four P's of marketing



- **Product (or service)** - A clearly defined service will make it easy to promote. Imagine your ideal customer. How does your service meet their needs? Every service is different. Some will offer services aimed at local authority funded individuals. Some may offer high-end services, such as care homes with chauffeur driven cars to privately funded individuals only. Some services will fall between the two.
- **Price** - Maintaining a healthy balance of local authority funded individuals and privately funded individuals is important to keep most services viable. Monitor what similar services are charging. Check pricing frequently.
- **Place** - Services will usually gain individuals from their local community. This means that visibility is important, so that when care is needed, your service is the first that comes to mind.
- **Promotion** - Social media channels are excellent ways to share positive outcomes within your service.

First impressions count

Choosing a care provider often happens because of a crisis, so the first point of contact for your organisation should project a warm and reassuring approach. This approach should be reflected through every member of staff that the person encounters. A welcoming smile and greeting speaks volumes about a service.

If a potential customer visits the office, it should be clean, tidy and welcoming, as should all the facilities.

Potential customers are likely to conclude that the approach to the office environment will be reflected in the attention to detail when caring for their loved one in the care home or in their own home.

The nominated individual as an ambassador

Social care is a “people” business. The nominated individual should work closely with the registered manager to ensure that they build positive relationships and create partnerships in the community.

7

Working in partnership with the registered manager

The nominated individual is responsible for supervising the day-to-day management of the service, which means that the relationship and partnership between the nominated individual and registered manager is central to the culture and ultimate success of a service.

If the nominated individual is also the registered manager, it is still important that they have access to support and an independent perspective on the service.

If yours is a larger organisation, which has more than one registered manager holding a dual role, consider whether it might be possible for two or more managers to support each other.

If yours is a smaller organisation and the nominated individual is also the registered manager and/or director, it may be more appropriate to reach out to an external nominated individual from a different service.

7.1 Building trust

Trust takes time to build when working in partnership with anyone and your ability, as nominated individual, to create positive relationships with others has the potential to transform the lives and experiences of the people you support. For nominated individuals and registered managers, it is possible to lay good foundations to the relationship by talking openly about company values and how they are demonstrated within the service. Give the registered manager time to share their views, including areas of the business that they are most proud of and areas of concern. **Listen carefully without judgement.**

If the partnership between nominated individual and registered manager is to work well, it is important that you each understand the others' strengths and areas that you find challenging, so that you can work together to balance strengths and weaknesses. As detailed in Section 3 - Raising the profile of the nominated individual, it is important to clearly define the roles and responsibilities, so there is no overlap or duplication.

It can be helpful to begin the relationship with a conversation about your own strengths and areas that you find challenging. For example, you may have excellent knowledge of legislation and the CQC requirements, but you may lack understanding of the practicalities of delivering care. Sharing your strengths and challenges first can help the registered manager to feel more comfortable to share their own. This can lead to a healthy conversation about how you can support each other – or even if you need to bring in additional support in areas where you both lack knowledge and expertise. The focus should always be on forming the best working partnership that you can in order to enhance the outcomes of the service.

7.2 Healthy conflict

An important part of the role of nominated individual is that of critical friend to the registered manager. It is easy to praise and celebrate success, but challenging how a service is performing can often feel uncomfortable to discuss and explore.

The nominated individual should carry out or support audits and quality assurance activities, such as mock inspections as part of their role. It is inevitable that these activities will seek to highlight areas of good practice and evidence of improvement, but also identify areas for improvement.

If the registered manager holds a dual role and is also nominated individual, it might be helpful to use the services of an external consultant to carry out audits and mock inspections. In this situation, it is essential that transparency is embraced between both parties and that the consultant is able to offer candid feedback without fear of blame.

If the nominated individual, or their consultant is uncomfortable about raising contentious issues with the registered manager, the service will be unable to grow and improve.

Challenges should always be respectful and never personal. Healthy conflict is not about power struggles. It is important for the registered manager to trust that the nominated individual respects them in their professional capacity and has the best interests of the service at the forefront of any challenge.

It is helpful to talk about how you will address any issues that are revealed during your quality assurance activities at the beginning of the professional relationship, rather than wait until an issue arises.

Sometimes emotion can get in the way of professional relationships. The nominated individual may have made every effort to form a good working partnership with the registered manager, (or the other way around), but the other party simply will not engage. This will hinder your ability to carry out the role of nominated individual effectively, so it is important that you avoid having “no go” areas of discussion due to discomfort.

If a registered manager has been closed and non-communicative from the start of the relationship, the nominated individual could open the lines of communication by saying “It is important that we work together effectively for the benefit of the service, and this seems to be a challenge for us at present. To try to resolve this, it is necessary to talk openly together about the difficulties in getting on together, however difficult we may find the conversation.”

Be prepared to be honest and transparent in your communication, but also to listen carefully to difficulties that the registered manager has in their relationship with you as nominated individual. A deeper understanding of each other can help, but it is important that a commitment to change is agreed in order for the relationship to work, grow and evolve.

7.3 “Heartbeat” meetings

If the nominated individual is not based at the service, or nearby, a weekly “heartbeat” meeting can be an effective way of staying in touch with the registered manager via Teams or Zoom (or a platform of your choice).

“Heartbeat” meetings are a simple way to create accountability. Diarising a brief weekly meeting with the registered manager (or more frequent, if appropriate), will help to set a structure for accountability.

If the registered manager is also the nominated individual, it may be helpful to partner with another registered manager within the organisation who holds a dual role. This would offer the opportunity for peer-to-peer support and accountability to take place.

If the service is small and the nominated individual is also a director and registered manager, they could consider using the services of an external nominated individual with strong coaching skills to support them and encourage accountability.

“Heartbeat” meetings can take place face-to-face or in the virtual world. What is important is that they take place at the same time and on the same day each week and are protected time for the nominated individual and registered manager. Each meeting should take no longer than 30 minutes, but you can agree a timeframe which works for both parties.

As a suggestion, meetings could begin with the registered manager sharing what they achieved from the list of commitments from the previous week, what they haven’t achieved and why, and if they need any support to complete the task.

The registered manager then shares two actions that they will take in the coming week that will improve outcomes within the service.

Finally, they will share any challenges or what is keeping them awake at night. This offers the opportunity to share deeper concerns with the nominated individual.

The registered manager also holds the nominated individual accountable for what they agreed to do in the previous meeting.

The nominated individual then feeds back to the registered manager about what they committed to do, in the same way.



Sample agenda for running a “heartbeat” meeting

1. Review commitments made at last meeting – what tasks have been completed?
2. If tasks have not been completed, review the reasons why and agree action and support as necessary.
3. Agree which tasks are now obsolete.
4. Discuss plans for the coming week, including two things that the registered manager will do in the coming week that will improve outcomes within the service.
5. Discuss “what’s keeping you awake at night?”
6. Capture meeting in minutes. All actions must have deadlines and be clear about who is responsible for achieving them.
7. If a third party has been nominated to complete an action, the nominator remains accountable.

7.4 Supervision

An important element of the role of nominated individual is to ensure that the registered manager has access to professional and effective supervision, and the CQC expects to see staff offered regular supervisions to ensure that they’re competent and confident to do their role.


Supervision involves a person with appropriate knowledge and skill, (the supervisor), taking formal responsibility and accountability for work performance and mental wellbeing of the supervisee (the person being supervised).

If you hold a dual role of nominated individual and registered manager, it is essential that you arrange provision of supervision for yourself. This could be with a director, or even an external supervisor, but for the safety of the service and your own wellbeing, it is important that supervision takes place.

Formal supervision should ideally take place every four to six weeks, or more frequently if the service is experiencing issues or going through major change.

The purpose of supervision is to:

- offer a framework to the registered manager to reflect on their practice
- share information
- build skills and confidence
- support and signpost professional development
- offer mentoring and coaching to improve performance
- offer a safe space where both professional and personal issues affecting work can be shared
- create accountability.

More information about supervision can be accessed on the [Skills for Care website](#) , including an effective supervision guide and a registered manager webinar focusing on developing supervision skills to support your staff.

Also available on the [Skills for Care website](#)  is information on people performance management, including a toolkit which highlights the importance of supervision. There is also a one-day [CPD module](#) , delivered by Skills for Care's endorsed learning providers, on understanding the performance management.

Formal supervision

Supervision offers the registered manager confidential, protected time to reflect upon their own practice and how that impacts upon the service.



Supervision should also provide a safe environment for the registered manager to discuss concerns, both personal and professional, so it is important that supervisions take place in a private place where the conversation cannot be heard. This may need to be away from the service.



Planning

Effective supervision requires planning and must be supported by the culture of your workplace and its policies and procedures. It is good to have a supervision agreement in place and other details to consider include:

- frequency and length of supervisions
- where supervision will take place
- how supervision will be recorded
- how supervision records will be kept confidential.

Planning and doing effective supervision is detailed in the printed workbook edition of Skills for Care's Effective supervision guide, which is available for purchase on the Skills for Care [bookshop](#) . You can also access Skills for Care's [Recommendations for CQC providers guide](#)  for further information about supervision.

The supervision session

It is important that supervision is pre-planned with an agenda, to maintain focus. Agree the agenda with the registered manager and invite them to add items that they wish to discuss during supervision.

Sample agenda for supervision

1. Initial check-in with supervisee – are they ok?
2. Discuss supervisee additions to agenda
3. Discuss issues arising within the service – from supervisee (encourage reflection)
4. Supervisor feedback – constructive feedback about performance and results of audits etc.
5. Training and development needs
6. Anything else?
7. Minutes and action plan

Ensure that the minutes are signed by both parties. If there is a discrepancy between what the supervisor has documented and what the supervisee believes took place, it should be documented within the minutes.

If the supervisee discusses a personal issue that they did not wish to be included in their formal record, the supervisor should document “a personal issue was discussed, which (name) has asked to remain confidential”.

Maintaining a united front

As the nominated individual, it is important that you and the registered manager champion organisational values and culture and maintain a united front to staff, the people you care and support and other stakeholders. Disagreements should remain private.

The registered manager needs to ensure that improvement discussions with the nominated individual result in a change of practice in the service.

If the registered manager does not have a personal commitment to a decision, they will not be able to lead the necessary change. A lack of “buy in” to decisions may create divisions between the nominated individual and the wider team, as the registered manager distances themselves from the implementation of decisions.

It is essential that the registered manager is involved in any decision making about their service. They may also want to involve their team. For change to be successful, it requires “buy in” from the entire team. Listening carefully to the registered manager and inviting them to share any observations or concerns that they may have, will help to create a space to explore different options.

There will be times, however, when the registered manager does not agree with a decision which must be made. It is important that their commitment to the decision is gained, even when they don’t agree with it. Nobody likes to have decisions forced upon them, but it can help the registered manager to feel that they have been able to share their concerns and be heard, even if they don’t agree with the outcome.

This allows the manager to embrace the change, without losing confidence in their role. They can then comfortably champion the change and gain commitment from the team.

Top tip

For further tips on how best to support your registered manager, please listen to Series 2, Episode 8 of [The Care Exchange Podcast](#), where guest Zoe Richardson, Director of Operations/Deputy CEO, SJMT, talks about her role and how important it is to ensure registered managers are supported.



8

Working with the wider community

Most of us do not work in isolation; we manage and maintain a complex web of relationships with a range of other people, teams and organisations, both within the service and beyond. It is important that the nominated individual works with the wider community and it is helpful to create a team community map, as working together with others ensures you are providing compassionate, person-centred care.

8.1 Integration

Integrated care is about people telling their story once and getting the high-quality seamless care and support that they want and need. It's about the right services being provided and care being given by appropriately skilled workers. It involves local partners: social care providers, local authorities, the NHS and others, planning, working and taking decisions together and with an understanding of each other's services. When people talk about 'integration' they are not talking about an end in itself, but a way of improving and delivering the right care, in the right place, and at the right time.

The Care Act 2014 makes integration, cooperation and partnership a legal requirement on local authorities and on all agencies involved in public care. The guidance lays out the primary purpose of integration:

For people to receive high-quality health and care and support, local organisations need to work in a more joined-up way, to eliminate the disjointed care that is a source of frustration to people and staff, and which often results in poor care, with a negative impact on health and wellbeing.

The vision is for integrated care and support that is person-centred, tailored to the needs and preferences of those needing care and support, carers and families (Care Act Guidance 2020: paragraph 15.1).

Integration does not only mean the integration of services where someone has an eligible care and support need, but also relates to prevention, information and advice and coordinating a shared approach towards the market.

Where it is working well integration should improve outcomes for people using services: reducing duplication, prioritising personalised care and taking a preventative approach which means an individual can live in the place they call home, with the people and things they love.

Integrated care systems (ICSs) and the future

Building on the Care Act 2014, the Health and Care Act 2022 reinforces the absolute need for all agencies to work in an integrated way, not just in health and social care, but housing, community and other service providers to join up the care and support they provide at a system, place and neighbourhood level.

At the heart of the changes brought about by the Act is the formalisation of integrated care systems (ICSs).

ICSs are partnerships that bring providers and commissioners of NHS services across a geographical area together with local authorities and other local partners to collectively plan and deliver joined up health and care services (“integrated care”), to improve the lives of people who live and work in their area.

When a population needs health and social care, it is rarely for an isolated reason. For example, a person may need a hip replacement, but they may also have diabetes, have recently been widowed and are lonely. In the past, all of these issues would have been dealt with by unconnected services and each treating their specific area of the individual’s needs without context to the “whole person”.

There are 42 ICSs across England. Their aim is to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS to support broader social and economic development

A key feature of ICS policy is that much of the activity to integrate care will be driven by organisations collaborating over smaller geographies within ICSs, often referred to as ‘places’, and through teams delivering services working together on even smaller footprints, usually referred to as ‘neighbourhoods’ ‘systems within systems’.

ICSs differ in size and tend to cover large geographical areas, so the different levels enable better design and deliver change to meet the needs of local populations.

- **The System** is the level of the ICS typically covering a population of 1–3 million people. It sets the overall strategy, manages resources, performance and leads change.
- **The Place** is a town or district within an ICS, often (but not always) co-terminous with a local authority or borough, typically covering a population of 250,000–500,000 served by a set of health and care providers in a town or district, connecting Primary Care Networks to broader services, including those provided by local authorities, community hospitals or voluntary organisations.
- **The Neighbourhood** is a small area, typically covering a population of 30,000–50,000 where groups of GPs and community-based services work together to deliver coordinated, proactive care and support, particularly for groups and individuals with the most complex needs.

The outcome of the ICSs is that they aim to bring systems together to provide seamless services and deliver better outcomes for local people and to meet local population need, in the belief that people want a life, not a service, with more choice and control.

Each ICS is now made up of [two parts](#) ^[7]: an [integrated care board \(ICB\)](#) and an [integrated care partnership \(ICP\)](#) ^[7].

ICBs are tasked with the commissioning and oversight of most NHS services and will be accountable to NHS England for NHS spending and performance. There is one ICB in each ICS area.

ICPs bring together a wider range of system partners, including NHS organisations, local authorities social care providers, voluntary, community and social enterprise sector (VCSE), and more to develop a single plan that addresses broader health, public health and social



Getting involved

Adult social care providers are critical partners in ICSs. Over 1.5 million people work in care in England, most of whom are employed by small and medium-sized independent providers, including voluntary and community providers. With that in mind, ICSs must recognise and involve providers in planning, delivering and improving services and outcomes for people.

The role that adult social care needs to play is recognised by government. Guidance has been published which sets out expected ways of working between these ICPs and providers.

The guidelines are intended to offer a firm basis on which to establish mutually supportive ways of working. At the centre of that guidance are a small number of core principles:

- **Partnership** - providers are critical partners in planning, delivering, and improving care and outcomes.
- **Inclusion** - ICPs and providers should collectively support the whole adult social care voice to be heard.
- **Subsidiarity** - ICPs should promote place-based (i.e. local) integration, building on the partnership arrangements that already exist and foster new working relationships.
- **Knowledge sharing** - ICPs should facilitate sharing of knowledge across places and systems to improve health and care services.

These principles, alongside other guidance, should help to ensure providers are involved in service planning in ICPs across England.

Why should you get involved?

By getting involved with your ICS, you can:

- Ensure that social care is at the heart of decision making when it comes to planning, commissioning and financing care and support services locally.
- Promote the importance and understanding of the benefit of social care to our society and the skills and values-based approach of its workforce.
- Access funding and development opportunities through the ICS.
- Inform the development of systems and processes designed to enable smoother transfer of people and information across health and social care.
- Get involved with shared initiatives, such as with recruitment and developing staff, for example through placements across health and social care services.
- Help to make health and social care sector a more attractive and better understood career option.
- Demonstrate to the Care Quality Commission (CQC) that you are taking proactive steps to work in partnership across sectors.
- Build trust and relationships with healthcare services to enable better outcomes for the people you support.

Ways you can get involved – practical examples

Adult social care providers joining ICS workforce groups can help raise the profile of adult social care with partners identifying the challenges that the sector are facing, for example recruitment and retention, hospital admission/prevention, hospital discharge and working together to identify joint solutions.

Many ICSs have realised the importance of looking at careers that take into account roles across both social care and health. The Northamptonshire ICS social care nursing placement programme has proved successful in establishing greater relationships between health and social care providers. The programme makes careers in care more attractive to potential recruits and helps to fill workforce gaps across sectors. It is actively changing people's perceptions of different roles and care settings and increasing understanding of social care across the region.

Providers attending the Kirklees & Calderdale End of Life Care Education meeting have the opportunity to influence, shape and identify the training requirements of their staff teams who are supporting individuals at the end of their life. Their contributions, knowledge and experience influence the development of the training programmes. Providers in adult social care have access to the funded training programme, which supports their staff teams to develop their skills and increase their knowledge.

The Northamptonshire ICS 'Social Care Tour' originated from a desire to increase practical awareness and understanding of adult social care services amongst members of the ICB's People Function. Organised by the local Skills for Care representative, three members of the ICB People Function visited a learning disability service, a local home care provider office, and an older persons' care home. At each location, the ICB representatives had informal meetings with the registered manager to understand more about their service, their People challenges,

and training and development. ICB representatives had the opportunity to discuss their work and how this could be adapted to include the social care workforce.

For further examples, Skills for Care showcases examples of where integration across sectors is working well. You can find the case studies [here](#) ^[7].

How to get involved?

[Skills for Care locality managers](#) ^[7] work with adult social care providers at a local level, as well as with every ICS in England. They can help you to make connections with groups and individuals within social care with a remit for supporting integration, commissioning and workforce planning in your area.

8.2 Think Local Act Personal (TLAP)

Making it real framework

People who draw on care and support should be empowered to live a life that is rich and fulfilled. This includes having control over choices that are made, maintaining healthy relationships with family and friends and playing an active part in their community. The [Making it real framework](#) ^[8] is built around six themes which reflect the essential elements of personalised care and support.

- 1. Wellbeing and independence** - Living the life I want, keeping safe and well
- 2. Information** - Having the information I need, when I need it
- 3. Active and supportive communities** - Keeping family, friends and connections
- 4. Flexible and integrated care and support** - My support, my own way
- 5. When things need to change** - Staying in control
- 6. Workforce** - The people who support me

Each of the themes includes a series of statements that describe what good looks like from an individual perspective. The statements are followed by “We” statements that explain what organisations should be doing to make sure that the reality of individual’s experience of care and support meets the statements.

8.3 The role of adult social care

It is well-documented that a timely discharge from hospital has a positive impact upon health and wellbeing. Many people remain in hospital because they are not well enough to go home, but do not require hospital treatment.

Adult social care can be the answer to this dilemma. A well-planned discharge to a care home or care at home can free a bed for another patient and enable the person to recover in more comfortable and familiar surroundings.

Quality care from well-trained staff can avoid unnecessary hospital admittance, which will reduce the pressure on the NHS.



It is important that the nominated individual spends time with the registered manager to audit training and ensure that staff are trained and competent to appropriately support needs of the people they care and support, with specialist training pursued if needed.

8.4 Engaging with local partnerships and related services


Connecting and engaging with the local community is beneficial for people who draw on care and support, allowing them to live happier and more fulfilled lives.

It is important to remember that the experience and expertise of staff working within services can be invaluable to people living in the local community. A useful way to engage with the local community may be to arrange a support group for people supporting a loved one with dementia, or short talks about your area of expertise. This will enhance the reputation of the service, and also improve engagement with local people.

It is important that the nominated individual and registered manager are connected to a range of partnerships, for example, a dentist who will visit a person in their home or care home, the district nurse, the local mental health team, etc.

Encourage the registered manager to attend one of Skills for Care's local [registered managers networks](#)  and seek out other opportunities to engage with a range of local services. It is helpful for the nominated individual join one of Skills for Care's [nominated individual networks](#) .

Looking beyond your service and reaching out to build new connections will strengthen your presence within local partnerships and help you to build valuable networks. Be generous – share resources and good practice with other services. This will help to build mutually beneficial relationships in the future.

[SCIE](#)  also offers guidance on developing community links – specifically in relation to working with people living with dementia, but the top tips shared could be applied for other people you care and support.

8.5 Seeking out community projects and resources

The nominated individual should have a large network of local contacts, so that they are aware of any initiatives that may be of interest to the people they support, especially those which are not necessarily care related.

Local newspapers, although in decline, still share details of what is going on locally, so they are a useful resource, together with a range of local websites and Facebook pages.

For example, a village in Wiltshire has an annual “clear the brook” week, where residents and volunteers gather to clear the small waterway that runs through the village. It is advertised on signs in the street and on the local Facebook page. Everyone is welcome. There is a great community spirit, with drinks and snacks provided to keep people going, lots of laughter and fun, while carrying out an important task. This would be a fun day out for a person with dementia or a learning disability. They wouldn’t be defined by their disability, only as “part of the team”, which would enhance their self-esteem and wellbeing.

There are a wealth of community projects taking place around the country. They are a valuable resource that should be accessed.

Other local resources are likely to include parks, rivers, museums, gyms, swimming pools etc. Many of these are free or will charge a reduced fee for people who draw on care and support.

8.6 Taking a proactive approach to create partnerships

The primary aim of creating new partnerships is to enhance the wellbeing of people who draw on care and support, but in doing so, the lives of others are also likely to be enhanced.

Taking an innovative approach to partnerships will create numerous new opportunities which will benefit all partners.

Examples of partnerships

- Some care homes host a weekly play session with children from a local nursery. The children have fun and residents can enjoy being a “grandparent” again.
- The gardens of a stately home being tended by people with disabilities. The head gardener teaches the individuals gardening skills and supervises their work, which is paid.
- Men’s Sheds are community-based activities for men, designed to reduce loneliness and isolation.
- An amateur operatic group who performs its dress rehearsal at a care home for people with dementia. The residents and their families enjoy the show, and the group enjoy an audience for its dress rehearsal.
- A wholesale florist delivered flowers each week to a care home so that residents could engage in flower arranging activities. The flowers were nearing their use-by-date, so would have been discarded. Instead, they gave hours of pleasure.

8.7 Creating a positive local profile

Care services are primarily local, so it is important that your service is seen as a professional and well-respected organisation.

Everyone who works for the organisation will have an impact on the public image of the service. For example, how staff speak about the service, both in person and on social media, can have a huge impact on public opinion. If staff are respected and well-led, they are more likely to have a positive experience of their workplace, which will be reflected in their interactions with the local community.

As nominated individual, you need to ensure that frequent “good news” stories are released. Public celebrations of success will make the service a more attractive proposition for employment or volunteers.

Raise your profile by regularly engaging with your community and earning their trust and respect.



As a nominated individual, your role and responsibilities in the service becoming ‘digital ready’ is both as a catalyst for change and in overseeing digital transformation as needed.

Developing digital leadership and growing the wider sector’s digital skills are inter-dependent. Growing and developing confident and skilled digital leaders will ensure the digital development of your team and staff.

Ambitions for a digitally enabled care system cannot be realised without a workforce skilled and confident in using technology. Building on findings from the [digital skills baseline report in 2021](#) [\[7\]](#). Skills for Care continues to provide comprehensive digital learning opportunities, including accessible training and online resources to build transferrable digital skills and practical guidance for all care settings. This includes targeted digital leadership support for decision-makers who can drive cultural change at a senior level.

Given the pace of which the digital landscape in the adult social care sector is developing and evolving, it is important to keep updated by signing up to Skills for Care’s fortnightly [eNews](#) [\[7\]](#) or contact your Skills for Care [locality manager](#) [\[7\]](#) for more information.

Skills for Care, along with other organisations, has partnered with [Digital Care Hub](#) [\[7\]](#) to enable this sector’s digital transformation. Funded by the NHS Transformation Directorate, Digital Care Hub is a dedicated space offering advice and support for organisations on their digital journey. You can also stay informed of any sector developments by signing up to Digital Care Hub’s [newsletter](#) [\[7\]](#).



9.1 Digital terms explained and what they mean in social care

Your role as a nominated individual requires appropriate digital skills and capabilities to help your service become digitised. Understanding how to use technology and its benefits is crucial for better outcomes for those you care for and support. Here are some commonly used digital terms in adult social care.

Digital

Refers to the adoption and use of technology to support the secure and effective delivery of services across the sector, including internet use, technology-enabled care, social media, digital care applications, cyber security, machine learning, and artificial intelligence.

Digital skills

Abilities in using technology to support safe and effective care delivery and other role aspects, including:

- Using software applications.
- Safely handling and communicating electronic information.
- Using the internet and social media safely.
- Connecting through video calls and online services.
- Understanding ethical aspects of using digital technology.

Digital capabilities

The combination of learned digital skills with behaviours, confidence, and motivation to apply these skills in a social care context to achieve desired outcomes. Staff with higher digital capabilities will better adopt and use technology to support effective care delivery, learning, and decision-making.

Digital leadership

Involves leading the adoption and use of technology and developing the workforce's digital skills to improve care services and business activities. Digital leaders are innovative, with strong networking and collaboration skills, guiding their organisation through technology adoption and embedding technology to remain effective and competitive.

Digital maturity

Measures an organisation's capability and sophistication in adopting and using technology. It includes organisational culture supporting innovation, digital leadership, workforce skills, and technology capabilities. A digitally mature provider may be paper-free, have a detailed website, protect data securely, and use systems to tailor services to the needs of the people you care and support.

Digital readiness

The extent to which staff can plan and deploy technology in care services. Self-assessment tools are available to measure digital readiness.

Data protection

Adult social care providers need to store and share information safely and securely - on paper and digitally. Better Security, Better Care is a national and local support programme to help you to store and share information safely, and help you to evaluate and improve your data and cyber security. This means you can reassure the people you care and support, their families, your staff, commissioners, regulators and health and care partners, that you are following good practice - and meeting legal and regulatory requirements.

Cyber security

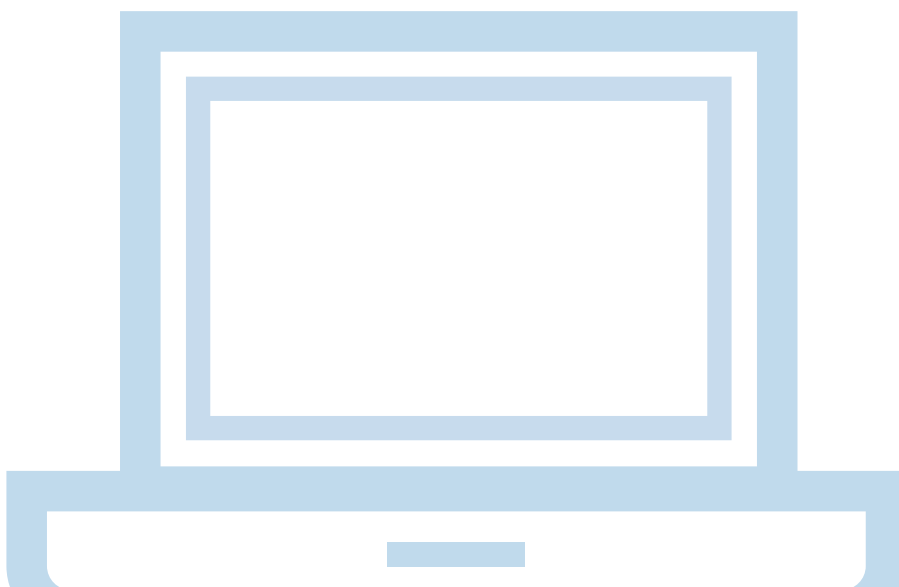
Protection against criminal or unauthorised use of electronic data. The Data Security Protection Toolkit (DSPT) helps adult social care providers evaluate and improve their data and cyber security, setting standards to protect information from breaches or cyber attacks.

9.2 Why digitisation is important in social care

Digitising social care brings many benefits, including:

- Improving care for people receiving support.
- Minimising administrative tasks through automated reminders and digital record-keeping.
- Providing management with better oversight of service activities.
- Enhancing the accuracy of care information, access control, and staff accountability.
- Supporting more integrated care and improving population health.

Digital technology offers opportunities to maintain independence and improve outcomes using tech-enabled care. Digitisation requires investment and buy-in from stakeholders and should go through normal business planning and approval processes.



9.3 Supporting nominated individuals to develop digital skills

What Good Looks Like

In May 2023, the government published the [What Good Looks Like \(WGLL\) framework](#),^[7] outlining goals for local authorities and care providers in their digital transformation journey. This framework, developed by NHS England and the Department of Health and Social Care (DHSC), is supported by the Digital Skills Framework, which provides resources to help care professionals use digital technologies effectively.

The WGLL framework is structured around seven success measures for digital working in adult social care services:

1. Well led.
2. Ensure smart foundations.
3. Safe practice.
4. Support workforce.
5. Empower people.
6. Improve care.
7. Healthy populations.

Digital Skills Framework

A free resource funded by NHS Transformation Directorate, this [framework](#)^[7] helps support the development of digital skills across the adult social care workforce, which includes seven key themes for effective digital working:

1. Using digital technology in a person-centred way.
2. Technical skills for using digital technology.
3. Communication through technology.
4. Being safe and secure online.
5. Ethical use of data and digital technology.
6. Using and managing data to deliver care.
7. Digital learning, self-development, and wellbeing.

Digital skills e-learning modules

Skills for Care has produced a series of free-to-access bite-size [digital skills e-learning modules](#)^[7], which are linked to the Digital Skills Framework.

The modules were co-developed with the adult social care sector, with contributions from care providers, local authorities, people drawing on care and support and subject matter experts.

The modules offer people working in adult social care the opportunity for developing a broad base of digital knowledge and skills, and they link and signpost to wider resources for further learning and development.

Digital self-assessment tool

The [digital self-assessment tool](#) ¹ measures digital readiness and provides information on becoming a digital social care organisation. This includes practical advice from care providers who've introduced digital technology.

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9.4 Supporting nominated individuals with digital transformation

Digital Social Care Record (DSCR)

[DSCRs](#) ¹ allow digital recording of care information, replacing traditional paper records, and plays a crucial role in integrating care across social care and NHS services. By March 2025, 80% of CQC-registered adult social care providers are expected to have a DSCR in place that can interoperate with local shared care records. The DHSC has commissioned an [Assured Supplier List](#) ¹ to support providers in selecting DSCR solutions.

Funding opportunities and access routes

There may be funding available to help you adopt or implement new technology. For the latest information on funding available from DHSC and NHS England, you can find details on the Digitising Social Care [website](#) ¹.

Data Security and Protection Toolkit (DSPT)


DSPT is an online self-assessment tool to help providers evaluate compliance with data security standards. Additional resources for [cyber security and data protection](#) ¹ are available, including the Better Security, Better Care programme, which supports care providers to complete the DSPT.

9.5 Supporting nominated individuals as digital leaders

Level 5 Digital Skills Leadership Award

The Level 5 Digital Skills Leadership Award, launching in Autumn 2024, was developed by Skills for Care and The National Care Forum, working together with a variety of adult social care providers from across England. The award will enhance leaders' confidence and capability in using technology to improve care quality and drive digitisation with their organisations. Information about the launch of the award will be shared via Skills for Care's eNews and on the website.

Digital leadership programme


Skills for Care and The National Care Forum have refreshed their [digital leadership programme](#)  for those working in adult social care and who are taking a leadership role in digitisation. This four-day programme covers:

- Why digital leadership is crucial.
- Technology in action.
- Existing technology, barriers, and solutions.
- Culture change.

Digital champions


Skills for Care offers training and support for individuals in the digital champion role, helping others adopt and use technology in care settings. Nominated individuals can fulfil the role of digital champion within their service.

The Adult Social Care Workforce Data Set (ASC-WDS)

The [ASC-WDS](#)  is a free online service that supports care providers in managing business and training needs, offering intelligence, benchmarking, and access to funding and benefits.

9.6 CQC's digital expectations

Regulatory standards and guidance

The CQC assesses care providers on their use of technology, digital records, and data management as part of their inspection process. [Key expectations](#)  include effective technology use, accurate digital record-keeping, and robust data security.

Digital maturity and capability

The CQC encourages care providers to assess and enhance their digital maturity, including evaluating their technology use and capabilities.

Training and competency

The CQC expects providers to ensure staff are trained and competent in using digital tools, providing ongoing support to develop digital skills.

Benefits of meeting the CQC's digital requirements

Meeting CQC's digital requirements can improve care quality, increase efficiency, ensure compliance, enhance data management, and build trust with the people you care and support and stakeholders.

9.7 Technology's importance for people who need care and support in adult social care


Technology plays a critical role in adult social care, offering numerous benefits for the people you care and support:

- **Enhanced communication:** Technology facilitates communication with family and friends, reducing feelings of isolation.
- **Improved monitoring:** Assistive technologies and remote monitoring devices help track health conditions and ensure timely interventions.
- **Personalised care:** Digital tools enable the creation of personalised care plans, tailored to individual needs and preferences.
- **Access to services:** Technology provides easier access to healthcare services, including telehealth consultations and online support.
- **Increased independence:** Technology such as smart home systems and adaptive devices promotes independence and self-management.

9.8 Ethical use of technology and data in adult social care

Importance of ethical practices

Ethical use of technology and data is vital in adult social care to ensure the protection and respect the rights of the people you care and support. Key aspects include:

- **Informed consent:** Obtaining clear and informed [consent](#)  from the people you care and support for data collection and technology use.
- **Data privacy:** Ensuring that personal data is kept confidential and secure, complying with data protection regulations.
- **Transparency:** Being transparent about how technology and data are used, including informing the people you care and support about data collection and its purpose.
- **Beneficence:** Using technology to benefit the people you care and support and enhance their quality of life, while avoiding harm.
- **Accountability:** Holding individuals and organisations accountable for ethical practices in technology and data management.

Building trust

Focusing on ethical practices helps build trust with the people you care and support, their families, and stakeholders. It demonstrates a commitment to safeguarding personal information and ensuring that technology is used responsibly to improve care outcomes.

9.9 Summary

Digitising social care, embracing technology, and focusing on ethical practices are essential steps in improving the quality and efficiency of adult social care services. Meeting CQC's digital requirements and supporting staff in developing digital skills are crucial for achieving positive outcomes for the people you care and support. By integrating technology effectively and ethically, care providers can enhance care delivery, safeguard data, and build trust within the care sector.



If your service is going to deliver personal care in England, it will most likely need to be registered and regulated by the Care Quality Commission (CQC). The CQC regulates all health and social care services in England and ensures the quality and safety of care in hospitals, dentists, ambulances, and care homes, and the care given in people's own homes. The CQC is an executive non-departmental public body, sponsored by the Department of Health and Social Care (DHSC).

The powers and requirements of the CQC are set out in acts and regulations, which are referred to as the 'relevant legislation'.

Social care is highly legislated and changes to legislation occur frequently. Therefore, it is essential that the nominated individual (and registered manager) stays well informed of any changes to legislation, policy or best practice.

10.1 The assessment process

An unannounced assessment by the CQC can occur at any time, so it is important that the service is always "assessment ready".

Following an announcement in 2022, the CQC formally started assessing all regulated providers using their Single Assessment Framework at the beginning of 2024.

As part of this process, the CQC will continue to focus their assessment around the following Key Questions:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

Each Key Question is broken down into a number of different Quality Statements. The quality statements relate to different areas under each key question. They clearly lay out what providers are expected to deliver, based on the experiences of the people who draw on care and support and the standards of care that they expect.

Quality statements are the commitments that providers, commissioners, and system leaders should meet. Expressed as ‘we statements’, they show how a service delivers high-quality, person-centred care.

The quality statements describe how services and providers need to work together to plan and deliver high-quality care. They directly relate to the CQC regulations.


There will be six new evidence categories to enable information to be organised under each of the statements.

The six evidence categories adopted prior to and during an inspection are:

- people’s personal experience of health and care services
- feedback from staff and leaders
- feedback from partners
- observations
- processes
- outcomes.

Whilst a lot of evidence will be gathered around interviews, the CQC will also want to understand your processes and request documented evidence to back up what they have heard.


The CQC has decided to limit observations to residential care environments only, whilst evidence of outcomes will be limited to healthcare providers only.

For more information about the CQC’s new approach to regulation, please refer to its [website](#) .

Skills for Care has developed an [inspection toolkit](#) , which can help providers get prepared for assessment by understanding the criteria the CQC will use to rate your service.

10.2 The provider information return (PIR)

As a nominated individual, you and the registered manager are responsible for sending the CQC information about your service every year, including any changes you have made and how you make sure that your service is safe, effective, caring, responsive and well-led.

The CQC uses this information to monitor the quality of care you provide. The requested information needs to be forwarded to the CQC annually in the [Provider Information Return \(PIR\)](#) .

Invitation to complete the PIR





If you’re a registered manager, the CQC will invite you to complete the PIR. Each year, the CQC will send the invitation in the anniversary month of the first time they assessed your location. You will have four weeks to complete and submit the PIR.

If you're the nominated individual, the CQC will write to tell you the registered manager has been invited to complete the PIR. The CQC will not send you a link to the PIR (unless you are also the registered manager). It is therefore imperative that you collaborate with the registered manager and invest the necessary time into completing and submitting the PIR on time.

How to complete the PIR

The questions need to be answered in the correct order. This way, you won't miss any mandatory answers. The CQC will ask you to complete a different PIR for each type of service you provide.

To help you prepare your answers, the following are questions the CQC will ask depending on your service type:

- [Residential questions for the PIR](#) 
- [Community questions for the PIR](#) 
- [Shared Lives questions for PIR](#) 
- [Specialist college questions for PIR](#) 

In the PIR, the CQC is looking for a snapshot of your service. Some of your answers are limited to 500 words. You will not be able to enter more than 500 words, so it's helpful to write your answer in a Word document and then edit before adding to the PIR.

If the CQC needs more information, your inspector will contact your registered manager.

Submitting the PIR

Ensure that you complete and submit the form within four weeks of the letter the CQC sent to you. If you do not submit the PIR on time, your rating for Well-led could be limited to Requires Improvement.

Top tip

Instead of awaiting the arrival of the PIR for completion, the registered manager should create a 'PIR working document' that is updated monthly with any innovations and examples of improvements to the service since submitting the previous PIR. The time invested throughout this period will save time when your PIR request for completion and submission arrives. This proactive approach also reduces the likelihood of you forgetting to include examples of 'going above and beyond' within your service.



10.3 The Care Act 2014

The [Care Act 2014](#) ¹ is the law that sets out how adult social care in England should be provided. Local authorities are responsible for ensuring that people who live in their area:

- receive services in a timely manner, that either prevents care needs from becoming more serious, or delays the impact of care needs
- are offered the information and advice they need to make good decisions about care and support
- maintain a range of high quality, appropriate services for people to choose from
- are empowered by giving them more control over how their care and support is organised.

This law also sets out what local authorities (and some other organisations in the social care sector) must do related to:

- safeguarding adults (including by setting up a Safeguarding Adults Board in their area)
- promoting people's wellbeing
- promoting integration of care and support within health services
- providing information and advice
- promoting diversity and quality in provision of services
- assessing people's needs and deciding how to meet them
- imposing charges and assessing people's finances
- planning care and support and reviewing those plans
- setting personal budgets (the amount the authority will pay towards someone's care).

The Government has developed a series of factsheets on the Care Act 2014, which can be accessed [here](#) ².

10.4 The Health and Social Care Act 2008

The [Health and Social Care Act 2008](#) ¹ requires all providers of 'regulated activities' in England to register with the CQC, and to comply with the requirements and fundamental standards set out in regulations made under that Act.

CQC statutory notifications

Registered providers must notify the CQC about certain changes, events and incidents that affect their service or the people who draw on care and support. Below details the types of events and incidents that would require completion and submission of a statutory notification to the CQC.

Events and incidents

- [Absence of a registered individual for 28 days or more](#)
- [Allegations of abuse \(safeguarding\)](#)
- [Death of a detained mental health patient](#)
- [Death of a person using the service](#)
- [Death of a registered provider \(and plans for the service\(s\)\)](#)
- [Events that stop a service running safely and properly](#)
- [Liquidator or trustee's plans for a service](#)
- [Outcome of an application to deprive a person of their liberty \(DoLS\)](#)
- [Police involvement in an incident](#)
- [Return of a registered individual after an absence of 28 days or more](#)
- [Serious injury to a person using the service](#)
- [Unauthorised absence](#)

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

The regulations clearly lay out which services and activities require registration, and in some cases, details about the stages at which different types of providers will be brought into the registration system.

The [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) set out the scope of these regulated activities, and some of these requirements. It also introduces new fundamental standards which set out basic requirements that health and social care providers should meet and the standard of care that people who draw on care and support should expect to receive.

- [Regulation 4: Requirements where the service provider is an individual or partnership](#)
- [Regulation 5: Fit and proper persons: directors](#)
- [Regulation 6: Requirement where the service provider is a body other than a partnership](#)
- [Regulation 7: Requirements relating to registered managers](#)

The following regulations are fundamental standards:

- [Regulation 8: General](#)
- [Regulation 9: Person-centred care](#)
- [Regulation 10: Dignity and respect](#)
- [Regulation 11: Need for consent](#)
- [Regulation 12: Safe care and treatment](#)
- [Regulation 13: Safeguarding service users from abuse and improper treatment](#)
- [Regulation 14: Meeting nutritional and hydration needs](#)
- [Regulation 15: Premises and equipment](#)
- [Regulation 16: Receiving and acting on complaints](#)
- [Regulation 17: Good governance](#)
- [Regulation 18: Staffing](#)
- [Regulation 19: Fit and proper persons employed](#)
- [Regulation 20: Duty of candour](#)
- [Regulation 20A: Requirement as to display of performance assessments](#)

The Health and Care Act (2022)

The [Health and Care Act \(2022\)](#) [↗](#) formalises integrated care systems (ICSs), which are local partnerships including local authorities, providers and commissioners of NHS services, care services and other partners. The aim is to create a “joined-up” approach to planning health and care services to best meet the needs of the local population. It is designed to move from a competitive focus to a new collaborative framework.

[The King’s Fund](#) has developed guidance on making sense of the Health and Care Act (2022).

10.5 The Mental Capacity Act 2005

The [Mental Capacity Act \(MCA\) \(2005\)](#) [↗](#) applies to people aged 16 and over. The MCA (2005) protects and empowers people who lack mental capacity, to make their own decisions about how they wish to live their life, their care and their treatment.

People who **may** lack capacity include:

- a person with a dementia
- a person with a severe learning disability
- a person who has had a stroke
- a person who has a brain injury
- a person with a severe mental health illness
- a person who is unconscious, for example if they are under a general anaesthetic or have been involved in an accident.

It is important to remember that a person having any of these conditions may still have capacity to make some decisions, so the MCA (2005) prescribes that it is “decision specific”.

Decisions can be small, such as what they wish to wear each day, or may be serious decisions, such as whether to undergo major surgery or sell their home and move into residential care.

The Government has developed a code of practice giving guidance for decisions made under the MCA (2005), which can be accessed [here](#) [↗](#).

The five principles of the MCA (2005) are:

1. Assume that a person has capacity unless it is proved otherwise.
2. Use a range of methods to help people to make their own decisions, for example, choosing a time when they are alert and not tired, using pictures or sign language to support the discussion, enlisting the help from an expert.
3. People are allowed to make unwise decisions – this does not necessarily mean that they lack capacity. Most of us make decisions at times that others would consider unwise.
4. If a decision must be made for a person who lacks capacity, it must be in their best interests.
5. Decisions made for a person who lacks capacity must be the least restrictive option, upholding their basic rights and freedoms as far as possible.

The two-stage mental capacity assessment

When a person is working in social care, they constantly assess the capacity of the people who draw on care and support, often without realising it. Capacity can fluctuate at different times of day, if a person is unwell or has a temperature, or if they are simply not in the mood to engage with staff. It is therefore important that assessments are carried out correctly, according to the MCA (2005).

1. Does the person have an impairment of their brain or mind?

This could be due to an illness, such as described above, or it could be due to drug or alcohol abuse. The impairment does not have to be permanent. It is decision specific at the time. For example, if someone is under the influence of alcohol, they may have recovered in a few hours, but at the time of the assessment, they do not have capacity.

2. Does the impairment mean that the person is unable to make a specific decision at the time when it is needed?

Whenever possible, time and support should be given to people to enable them to make their own decisions. Every effort should be made to give a person the opportunity to make their own decision before deciding that they lack capacity.

A person lacks capacity if are unable to:

- understand the information that is relevant to the decision
- retain the information so that they can consider it
- weigh up the information as part of the decision-making process.

The person may be able to do all three of the above, but may find it difficult to communicate their decision, for example if they are non-verbal.

It is important that time is taken to support the person to communicate their decision. It could be as simple as saying to someone, “open your eyes if yes, and close them if no”. Test the method out first with a question that you know the answer to, so that you can be assured that it works. Some people may be able to write or draw but can’t speak. Ensure that a person’s communication method is documented, so that all staff can use it.

Best interests

If a decision must be made for a person who lacks capacity, it must be made in their best interests. When considering what is in the best interests for another person, it is helpful to speak with close relatives and friends, or a person that has been named by the individual. People who know them well and have been caring for them, may be able to offer important information.

Check whether an attorney has been appointed under Lasting Power of Attorney or Enduring Power of Attorney.

Check whether the Court of Protection have appointed a deputy to make decisions on behalf of the person.

The MCA (2005) states that:

- assess whether the person is likely to regain capacity. If this is likely, the decision should be delayed if possible, until the person is able to make their own decision
- the individual should be encouraged to participate in the decision making
- identify all the circumstances that the person lacking capacity may have considered if they were making the decision for themselves
- be guided by the person's views, including past and present wishes and feelings, their values, and beliefs.
- do not make assumptions based on age, condition, or behaviour. This could be discriminatory.

Deprivation of liberty

This relates to restrictions being place upon a person, which may deprive them of their liberty. For example, living in a care home with a keypad on the front door, so that they can't come and go as they wish.


Other examples of deprivation of liberty include:

- forcing an individual to take medication against their will
- controlling who can or cannot visit a person in need of care and support in an independent living setting
- refusing to purchase cigarettes for an individual when doing their shopping because of personal beliefs
- reading an individual's personal mail when visiting to deliver care and support.

In order to carry out any action that would deprive a person of their liberty, an application must be made to the local authority, who will assess the person's care and decide whether a deprivation of liberty is in their best interests.

[Liberty Protection Safeguards \(LPS\)](#)  is the new legislation, which will replace Deprivation of Liberty Safeguards (DoLS), although the implementation of LPS has been delayed.

10.6 The Data Protection Act (DPA) 2018 and General Data Protection Regulation (GDPR)

The [Data Protection Act \(2018\)](#)  controls how your personal information is used by organisations, businesses or the government. The DPA (2018) is the UK's implementation of the General Data Protection Regulation. It is essential that the nominated individual has a good understanding of GDPR. Failure to comply with the rules can result in large fines and severe reputational damage to the service.

GDPR gives individuals greater protection about how businesses gather and use their personal data. Personal data is any information about a living person that allows them to be identified, either directly or indirectly. It can be as simple as a name or address, or it can be less apparent, such as IP addresses and cookie identifiers.

Under GDPR, certain personal information is given greater protections. This includes information about race or ethnicity, religious beliefs, sexual orientation and health. It also covers political opinions and membership of trade unions and genetic and biometric data.

Any data held about an individual must be held with their understanding and permission. It should be the minimum required to fulfil the purpose for which is required and must not be kept any longer than is necessary for the original purpose.

An example in care might be an individual's father sharing his telephone number so that he can be contacted in an emergency, and this phone number being used by the fundraising team for the purpose of gaining a donation.

The seven key principles of GDPR are:

- lawfulness
- fairness and transparency
- purpose limitation
- data limitation
- accuracy
- storage limitation
- integrity and confidentiality (security)
- accountability.

The nominated individual should ensure that the service has a robust GDPR policy in place, and that it is adhered to. It is essential that clear documentation is in place that describes the handling of personal data, and the procedures that are in place to ensure that data is held securely and shared only on a “need to know” basis.

Staff should receive training about data protection as part of their induction and regularly refreshed.

If a breach of data protection occurs, which includes the destruction, loss, alteration, unauthorised disclosure or access to people's data, it must be reported to the Information Commissioner's Office (ICO) within 72-hours of discovery. It is also required by law that the breach is shared with the individuals who the breach impacts upon.

For more information about data protection and GDPR, please visit the ICO [website](#) .

Health and Safety at Work etc Act 1974

The main reason for health and safety legislation is to protect people at work and those who are affected by work activities.

This Act sets out the responsibilities of employers, employees and the self-employed must work in a safe way. Every person working on the premises is responsible for the health and safety of themselves and others.

Under the [Health and Safety at Work etc. Act 1974](#) [\[?\]](#) are a range of “regulations” which must also be adhered to. These include:

- [The Management of Health and Safety at Work Regulations 1999](#) [\[?\]](#)
- [Control of Substances Hazardous to Health Regulations \(COSHH\) 2002](#) [\[?\]](#)
- [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013](#) [\[?\]](#)
- [The Regulatory Reform \(Fire Safety\) Order 2005](#) [\[?\]](#)
- [The Manual Handling Operations Regulations 1992](#) [\[?\]](#)
- [The Provision and Use of Work Equipment Regulations \(PUWER\) 2002](#) [\[?\]](#)
- [The Lifting Operations and Lifting Equipment Regulations 1998 \(LOLER\)](#) [\[?\]](#)

Section 51 of Health and Safety at Work etc. Act 1974 - Exclusion of application to domestic employment

Depending on the type of work carried out, a domiciliary care worker may not be covered by the Health and Safety at Work etc. Act 1974 in the same way that a worker in a care home is.

Section 51 applies to what it refers to as a domestic servant. This applies to any tasks that are carried out for a person you support in their private household, such as shopping, cooking, basic personal care, and domestic services.

A worker may be covered by the Health and Safety at Work etc. Act 1974 if:

- They carry out complex healthcare activities such as operating life support or palliative care equipment.
- They require specialist training to carry out their work, such as people moving or dealing with behavioural issues.

Guidance on Section 51 is available on the Health and Safety Executive [website](#) [\[?\]](#).

