



## **The care exchange – Series 5**

### **Episode 7: I'm a CQC expert – by accident!**

#### **Hosts**

Pia Rathje-Burton and Wendy Adams

#### **Guest**

Louie Werth, Director of Care Research and CQC feedback expert!

#### **Pia Rathje-Burton 00:08**

Welcome to the care exchange, the Skills for Care podcast for managers in social care. I'm Pia Rathje-Burton,

#### **Wendy Adams 00:13**

and I'm Wendy Adams. Today on the podcast, we

#### **Pia Rathje-Burton 00:17**

have Louie Werth. He is the director of an independent research group called Care Research. Care Research have been supporting care services with feedback evidence collection for over seven years and work with 300 care services across England, Scotland and Wales, as well as being a feedback expert. Louie has seven years and worked with 300 care services across England, Scotland and Wales, as well as being a feedback feedback expert, Louie has extensive knowledge of the CQC and the single assessment framework.

#### **Wendy Adams 00:49**

So prior to founding Care Research, Louie's background was in educational research, and he's a former university lecturer at Canterbury Christchurch University.

#### **Pia Rathje-Burton 00:59**

So I'm looking forward to chatting to Louie - on with the show. So welcome to the care exchange, Louie. Thank you for having me. It's great to be here. It's really great to have it. Obviously, I did a webinar with you a while ago. So it's great to have have you come, come back to Skills for Care and tell us a little bit more about it. And we heard the introduction you, you kind of become a bit of an expert in CQC, in the single assessment framework, haven't you really,

**Louie Werth 01:34**

in many ways, sort of by accident. What I mean by that is that we were researching the single assessment framework from its kind of initial inception, because we knew it was really important to us, you know, as a as a feedback company, as a survey research company, to understand where the framework was going. And then it was actually my brother. I was on holiday, and my brother said, be the expert. What do you mean? He said, What if you've been learning about this stuff? Just, just talk about it. And just, you know, you can have the caveat of, you know, CQC are changing. Everyone was a bit worried to say anything, because they didn't want CQC to make a change and then for their information to look wrong. My brother was the one that said, just make sure that you make that clear and start speaking, and people probably start listening. Because if no one's talking about this and you're saying you've been reading up all about it, you'd be surprised. And lo and behold, that's kind of what happened. So I have my brother to thank next time I see him. But yeah, so it was something that really happened by almost by accident, but at the same time, obviously, because I've been university lecturer and done lots of speaking, I knew that I'd be able to communicate it in a way that made sense. It was just having the confidence and the will to to kind of stick your head above the parapet, as I described it, certainly at the time I was talking about it in June, July of 23 this is when people still didn't think it was actually going to happen. Yeah. So I was talking about it quite early on. I remember someone saying to me, don't worry, Eventually, when it lands, people will realize and they'll start listening. Because there was a good amount of time I was talking to no one,

**Pia Rathje-Burton 03:04**

and what, what have you sort of done in terms of helping managers prepare their workforce, prepare themselves for for the changes as they as they happen, because they sort of kind of evolve all the time, don't they?

**Speaker 1 03:19**

Certainly, so a big thing we've done is certainly last year, when there was lots of turbulence, shall we say, I was doing the Wednesday webinars to try and give people an update, usually every week or two, about kind of what was what was coming through. Since then, we kind of developed that into training days. We've been updating those training days.. We're doing training for managers called Get CQC ready. It's really for leadership and management to have an overarching view of, okay, what do we need to be doing in our services to meet, meet the framework, what are our strengths? What are our weaknesses? Where do we need to improve? And then, more recently, we've been developing our care staff confidence, which has been both an online and in person training option for care staff. Because for a lot of care staff, CQC has been this thing that the manager deals with. It's kind of their problem. And actually, one of the big shifts that the framework brought in was that actually care staff are seen as a

central evidence source for all of those areas. So actually, CQC want to speak to staff, and they sometimes are doing phone calls, sometimes they're doing emails for a lot of care staff that's a bit of a shift in experience. We've been kind of supporting care staff to have those conversations. How to answer these questions, also just how to have the confidence to say, do you know what I don't really understand that question. Can you rephrase it, or what do you mean by that term? Or, most importantly, I don't actually get involved with meds could you ask this person, because they'd be a better person, just making sure that staff had the confidence to say what they needed to say, so that services have a fair impression given to their inspectors.

**Wendy Adams 04:45**

And what are the key things you think that staff need to know in terms of the CQC assessment?

**Speaker 1 04:52**

Brilliant question. So I think the first thing that I always try and say to staff is that CQC are not there to judge you. You, you are giving evidence as they assess the service. And whilst I don't like this analogy, because the analogy of court brings up connotations, I often say to staff, just to help them understand, you are not on trial. You are giving evidence at a trial. Big difference there. And so what I try and kind of explain to staff is, you know, this is not about you. This is not it's not it's not about you losing your job, not about your competency. They want to speak to you, not to catch you out, because they've realized who's the one that sees the residents, the people who support every day, who's the ones that's working under the policies and procedures that management have dreamt up, who's the ones that families come to first, who's the one that's on the door when there's a professional partner, whether it be a physio or ambulance, it's you. You are the centerpiece of this whole thing. And CQC have realized that they have missed a trick in not giving you the space and time to have these conversations and really helping staff see. You know, this is a compliment. CQC have recognized that they have been missing out on this gold mine of information experience, and they want to hear your views. And I think the second thing I've also made it really clear with staff is, you know, services really care about these CQC ratings, not because they want to have a nice, big banner that they can do a thumbs up photo for Facebook, or because, you know, people are going to get big fat paychecks. Well done. That's not really how CCC ratings work. CQC ratings are important because actually, who wants to necessarily apply for a job in a service has been rated inadequate. Who wants to be placed in a home that's just been rated inadequate? This is about ensuring that as a service, we have the staff team that we want, and we can attract excellent staff to join our team, and about supporting the people that have the levels of need, level support that we feel comfortable to give so really helping staff see that this is an opportunity to celebrate so that our service is a stronger position, rather than we're just doing it because someone wants to say well done to themselves, and kind of really help them

realize this does have an impact on all of us. It actually does have value to us as a service. It's not just a piece of paper or the word good we can stick on a banner somewhere,

**Pia Rathje-Burton 07:03**

and you it. Do you think it's important that staff understand, not just that these people have turned up in my service today, but or might contact me, and we'll talk a bit more about that in a moment, but actually understand, you know, what is a regulator? What does that mean? You know, all those things. You know, what powers do they have? You know, all those sort of kind of fundamental that a manager will know, but the frontline staff member may

**Speaker 1 07:32**

not. Certainly, I think what we try and do with the training, we do with staff, is we try and outline that, but not in a way that's too heavy handed at the end of the day. They don't need to have a history lesson on you know, CQC was founded in 19 blah blah blah, hey don't need to know the history and every single power. But to understand the regulator is, is government appointed they are. Their role is for the public, so the public can have trust in the services. And their role is to check that service is delivering good levels of care, that they are obeying the law, and that as a result of that, the public, you me, we can trust that a relative placed into this, this, this, this location, will be kept safe. And so, yeah, I think it is helping them in a in a in a fair and in a way that's not too arduous and doesn't take the whole day to understand that, you know, this is there for the public, and actually it's to protect people. It's not about, you know, getting people in trouble. It's about protecting the public. It's big thing, I think, as a sector, we've had to rethink so I think we've often thought of CQC as, for us, like it's to help care homes improve, and it's to help home care improve, and there is an element of that, and the new, you know, the CQC, assessment framework, there is a focus on quality, but at a fundamental level, it's actually about the public. And I think that sometimes, as a sector, we need to recognize that their role is to enforce regulation and to ensure quality for the public, rather than being an advice source or a kind of a consultancy, as it were, for our homes, for our services, for the services that we provide. I think that's something that actually, as a sector, we've had to start to get our heads around a little bit more about who is CQC for, and what does that mean in terms of, you know, the relationships that the sector has with CQC.

**Pia Rathje-Burton 09:19**

And I suppose if you're new to the sector. So if you're new into care, and you know, you've got, you know, it probably is mentioned doing your induction at some point, but you don't really understand it having some way and it, you know, it could be for you, or it could be something that people have developed, some way of of training, you know, maybe a bit of a strong word, but somewhere provide information early on to sort of saying, Well, this is what, this is how social care works, in terms of being regulated. And most people might know about Ofsted and and school so, you know, trying to kind of just make it a bit real, isn't it? I think it's what you're

saying that. It's not, you know, it's not something that's happening and it's nothing to do with me. It is to do with me because I work in the service, but I don't have the responsibility.

**Speaker 1 10:09**

It's putting it in its place so that people understand this is important. It matters. It's not the be all and end all. But at the same time, it's not something needs to be ignored. I think another big piece that that's within that is actually practicing having these conversations. I think for a lot of staff, it can be a daunting experience. So one of the things that we often say to services, it's something we do with our training, but we say to services, whatever they do, is give your staff space to practice answering questions out loud, not because we don't believe they have the ability, but because it's the confidence we want to build, not necessarily the knowledge, the confidence, because, you know, it can be a bit of a, you know, rabbit in the headlight situation if you've never actually spoken out loud about your job before, which has never spoken to someone that you don't really know so much about your role,

**Pia Rathje-Burton 10:55**

yeah. So just to go back a bit with that, so incase people managers listening to them may not be aware. So I think that the change is that part of a CQC assessment, the inspector will choose to contact some will choose to look at immediate feedback from the people who are who are working for the organization, for the workforce. So tell us a bit about what experiences you are hearing about that

**Speaker 1 11:26**

yes, so it has been quite mixed, to be really honest. And I think this is something that CQC have been exploring and learning about, certainly over 2024 as the framework was rolled out and moving into 2025 I think what CQC inspectors have done is used a range of approaches to try and access and speak to as many staff in as many ways as they are comfortable with. So we've seen staff that have been obviously spoken on site, that obviously can continue. Yeah, we have, you know, staff that will speak to CQC during a visit. We'll also have CQC perhaps making phone calls. So phone calling staff outside of those visit days, possibly outside of standard work hours. We've had staff that have spoken to CQC for half an hour, 45 minutes on a weekend, on a phone call. They've also done emails. So we've had services where emails have been sent out by CQC with, you know, sometimes quite a list of questions. And I think there's two ways of looking at it. Some people kind of think, oh my goodness, you know, is this overreach or what's going on here? And I do understand that concern. For me, I think what's the CQC are trying to do is give people opportunity to speak candidly. And there is always that moment of, I'm in the home that I'm employed by, I'm being asked about how good or the qualities of this home, and all of my colleagues are sitting here watching me, and my manager is just around the corner in that room, you can see why CQC felt. Maybe there are some opportunities, you know, you know, with consent and with with done properly, that we

can gather people's views outside of that, in the moment, on the day, in the middle of your shift, with all your colleagues and your and your your manager kind of not quite watching you, but, but you know, possibly just around the corner. So I think CQC have been trying to ensure that staff feel that they can be open, and that's why they've they've done these other ways of reaching out to people outside of that visit day. The challenge, of course, is that for some staff, well, for many staff, this is quite a big step in terms of going from I'm providing care, I'm passionate about my job, I love what I do, to speaking to someone that perhaps don't know, sometimes in quite some detail, either over the phone or via email. And I think for a lot of people, for a lot of services, there's been, there's been a question mark around, how ready are my staff to do this? I know they know what they do, but if a stranger, a CQC inspector, obviously not complete stranger, but speaks to them and says, can you tell me about the way that care plans are changed and adapted based on a person's need? Give me an example that for some staff, they'll just kind of go into exam mode and have a bit of not quite know what to do. So it's not that they don't know, of course, you know, if they sat down, had a conversation, they could tell you about, you know, 100 care change, care plan changes over that month, but in that moment, on the end of the phone with someone they don't know suddenly becomes a big deal. And this is where we've been sent to services. We've gotta give staff a chance to talk through these so that when they have that phone call or that email, that one to one conversation, it's not the first time they've ever talked about this stuff. Yeah, and I think that's, that's where it at. It's about. It's about, you know, the brain is a muscle, and a bit of the brain that thinks and the bit of brain that speaks aren't in, you know, they aren't naturally connected to each other, which is why you can have a chat and think about something completely different. Completely different. Yeah, we need people to exercise that talking muscle so that what comes out of their mouth is what they're thinking in their heads, which we've all we've all been caught out with that, haven't we? We've all thought a bunch of things, then our mouths have opened and yeah, it hasn't come out properly. That's the challenge. Yeah.

**Wendy Adams 15:00**

So if managers are listening today and thinking, Well, I really want to get my staff starting to talk about the work that they've done in preparation for CQC. What's the question most asked by CQC? Or are there any particular themes that managers might want to think about the most

**Speaker 1 15:19**

important question of all time that anyone that gets a pay slip, whether it's someone that's providing food or it's a cleaner, whether it's staff member, whether it's someone that comes and helps out with some activities as a volunteer, every single person that wears your badge needs to know the answer to what is safeguarding. What would you do if you had a safeguarding concern? What would you do if you had a safeguarding concern about the person that you're supposed to go to about safeguarding? Those are the three absolute fundamentals that you know. Sometimes during our training, we have kind of cooks, or we



have cleaning staff, and sometimes they kind of cross their arms in the meeting like, why am I? Why am I spending a morning learning about CQC? They're not going to speak to me. And I always say there is one question they could ask absolutely anyone, and that is around safeguarding what you would do if you had a safeguarding concern, and what you would do if the safeguarding concern was about the person you would usually go to? I think that's a central question that everyone must. It's not about memorizing the lines, but they must have a genuine understanding of and

**Pia Rathje-Burton 16:27**

I'm just sort of thinking back when I was a registered manager. And you know, if you work for an organization where providing training is not possible for whatever reason, I suppose I think how I would approach it would be something along the lines. And when I did my monthly audits, I used to ask staff questions, as you know, the residential home. So as I walked around, you know, obviously they, they kind of cotton onto it after a while. But, you know, so I had different themes. But, you know, everybody I met on, you know that, you know, two, three hours when it was time I spent doing an audit, and some of it was wandering around. Someone was in my office. Was me asking, you know, a question. So you could, kind of, you could kind of have part of your audit. You could have question of the month, or, you know, theme of the month. So people get used to somebody randomly, suddenly asking you, I'm not obviously randomly that knew me, but you know, somebody suddenly asking you, out of the blue, if you had a safeguarding concern, how would you know safeguarding? You know, who would you go to? If you came to me and you were actually but it was actually me, you're concerned about who with, who are the other people that you you know. So you start having, you know, getting people ready for, for that, because it's part of they get used to the fact that that somebody's asking them a regular

**Speaker 1 17:51**

basis. Totally, we had people say, you know, they're, they're 10 at 10s, or they're 11, you know, they're kind of morning meetings. They'll maybe, you know, one or two of them a week. They'll chuck out a question and go right for a minute or two. I've got a question here about, you know, how do you know that the needs assessments in the home are accurate? Yeah, go talk amongst yourselves. Let's come up with an answer together. And it's not that you're trying to get people to have perfect, memorized answers. That isn't possible. You know, none of us can perfectly memorize answers for all these questions. Watch those for quality statements. And actually, that's not what this is about. What we want to facilitate is the confidence to have the conversation. You know, conversations I often think of are, they're like a dance. And actually, often, maybe it's just me, but often I think as I'm speaking, so as I'm speaking, I'm actually starting to do a thinking process at the same time. And what we need to do is, if we can get people to have the confidence to speak the thinking and the thoughts will flow. It's just getting over that initial hurdle of talking about your work, of thinking that little bit

more deeply, rather than just doing the role, but actually verbalizing all the whats and whys that you do know you just have never had to say them before. And I think that's what we're trying to say. This is not say. This is not about new knowledge that staff need. This is about a new confidence that staff need to express that knowledge. Yeah, and

**Pia Rathje-Burton 19:12**

just thinking back on sort of kind of practicality, I almost like to bring practically. So of course, CQC, you know, I'm having a CQC assessment, and CQC says, I want to talk to your staff my staff, you know, away from you, because I think we've all known of and I do understand why they want to do that. We often, we've all known situations where somebody suddenly gets asked to go home for the day because they perhaps you're not the person that you want CQC to see So, you know, I'm fully aware that that that could would take place. But anyway, so CQC are saying to you, right? Um, Pia, I want to speak to some of your staff, please. Can you provide me with a list? How practically can I do that? Prepare in advance? What would you suggest?

**Speaker 1 20:01**

always, I would always just prepare in advance. If it doesn't exist today, make it one of the things you want to get done by the end of the end of the month. Yeah, whenever you're listening to this, because it is really important to have it ready, because you don't want to be scrambling in the midst of an inspection, getting people's contact details. What we typically say is, there's you don't just want to go name and contact detail, because you're missing out an opportunity to inform CQC on who they're speaking to. So we suggest you put in their name the contact details, whether that's email, phone number, their role, that's a really important one, because if CQC are phoning up three chefs and ask them about meds, it might not be the most appropriate conversational, more importantly, the most appropriate source of information about that issue how long they've worked in the service. Because again, if someone's been here for four months, maybe they will know information about some areas, but other areas would be better to speak to people that have been there for three years. And then the most important area we also have is kind of notes, any notes? So if you're sitting there going this person just come back from maternity leave. Maternity leave, or you might want to mention, this person's in the middle of kind of a review, or maybe there's been an issue that you kind of without giving all the details you might you make it clear that there's stuff going on here. I think that's really important for two reasons. Number one, it means that CQC know who they're talking to. And that's important because actually, if CQC are going to spend a day emailing or phoning people, if you can give them the space to target better, they're more likely to speak to people that are one willing, and two have the information CQC want to, want to discover. Yeah. And secondly, for you, you cover yourself in terms of ensuring that people that CQC go into those conversations with the knowledge of who they're speaking to, because we all know that, you know, Adult Social Care is complex. People are complex. Staff have a lot going on. So



giving that context information can be really helpful, because you know that CQC have an understanding of who they're speaking to, whether what they see, you know, is, is based on a large amount of experience, or very small amount of experience, whether their role relates directly to some of the areas you're exploring. So I think preparing that, get the Excel sheet, get the names, yeah, get the details, and include their role, the amount of time they've worked for service, and then any other key points, and maybe

**Pia Rathje-Burton 22:19**

things like, if their English is a second language, 100% that kind of like, you know, if they've got any additional learning needs that they're happy to, obviously, that the person is happy to, to be shared with the CQC.

**Speaker 1 22:30**

Of course, we've suggested for English an additional language for some and again, depends. Every individual is different. Everyone's communication preferences are different. But we've sometimes said to some services, look, you've got quite a large group of individuals of English as additional language, why don't you explain to staff that as a result of that, it probably makes sense for us to do an email because actually with email, number one, you have space to think, yeah. So if you send someone, send you an email, you don't have to respond the second it comes in Secondly, of course, with things like Google Translate and so forth. People can take time and translate the question, make sure they understand it before they write a response. I think for some individuals, emails certainly makes sense. If English is an additional language, not all of course some would prefer to speak,

**Pia Rathje-Burton 23:13**

yeah, okay, really, really interesting. And I think just, and I suppose it's just keeping that information up to date, isn't it? You might do this end of this month, as you recommended, but then you kind of need to look at it, you know, monthly or quarterly, to make sure that it's up to date. Because obviously, things things change, don't they certainly, um, so you've mentioned feedback already, so let's just kind of go back to that and talk a little bit more about why feedback is so important in terms of CQC inspections, but I think, in general, why is this feedback important for managers to think about?

**Speaker 1 23:52**

Yeah, so I think feedback. I'll do the CQC bit, and then I'll do, in my view, the more important bit, yeah. So the CQC part, as I'm sure you know, there are five evidence categories for Adult Social Care, four, if you're a home care service, three of those four or five are feedback. You've got people's experiences, people receiving care in their families, feedback from staff and leaders and feedback from partners, and they make up over 60% of the evidence CQC will collect, which goes on to affect what rating you get. So in short, you can have the best

observation in the world, the best processes in the world, but if the feedback from the people who are supporting their families, staff partners, is not effective, is not accurate, is not positive and well organized, it's going to be difficult. And we've actually heard from services who called us and said we weren't given an outstanding because we didn't have enough feedback for the CQC to justify an outstanding rating. And you know, the main thing we've been saying services, if you want to maintain or gain a good or outstanding you need to do that feedback part well, because without the feedback being done, well, if you just rely on your observation, if you just rely on your processes, you've got a bit of an open goal. So I think that's from a CQC perspective why it matters, but I think there's a deeper reason, which is that feedback is a can be if it's done well, a central driver to service improvement and quality. If we want to improve services, we need to get out of the boardroom, and we need to make sure we are hearing the voices of those that are receiving care, their families, your staff and we're appropriate as well your professional partners. I think what feedback does is it enables services to understand how people are feeling and actually care is a is an emotions, is an emotional world. It's an emotional space. You know, we're not dealing with, you know, just numbers on the screen. And so if we can get the views of people receiving care, their families, staff partners, if we can get them involved, if we can do that properly and well and really listen, we can improve the quality of the care that we're providing. Actually, when we first back in 2023 when we first kind of met with CQC at a care show and said, Look, this is what we're doing with with feedback and surveys and all this sort of stuff, the individual on the stands said, you know, what's great about this is that it doesn't matter if we don't turn up. There's innate value in the fact that you're doing feedback properly. This is not just a tick box exercise for us. If you do feedback well, it will genuinely improve and change your service. And I think moving it away from a tick box exercise is a really important thing, doing it well, making it shape your service. Person Centered is based on hearing the person. I think that's a really cool part of what we're trying to do with Care Research and with care surveys, to make sure that everyone is heard, so that services can make the right changes, not just the ones that middle management have kind of come up with as a result of a wonderful training day or a trip to somewhere that they went on a visit. We need the relatives, the residents, staff, to be the engine of change, and that happens via feedback. So

**Wendy Adams 26:54**

one of the things you've said a couple of times there was about the importance of doing this well, and I think for some managers, the thought of doing a survey is probably a little bit daunting. What would be your advice about surveys? What? Yeah, what would you advise people to do or where to start?

**Speaker 1 27:11**

So I think the key thing that we always say is you want to use the structure of the framework for your survey, because then you're you're hitting two birds with one stone. What a lot of

people do is they make a random survey, and then they have to sit there and go, Oh, goodness. What does this actually mean? So what we first say is, build your questions around the quality statements. Ensure that each question is linked to a specific quality statement, so don't have generic questions that kind of you haven't hooked on to anything. The next thing we suggest is, because CQC has scoring quality statements between one and four. Give people four answer options, not 10, not five, not seven. Give them four. Typically, for the work that we do with our clients, we do strongly agree through to strongly disagree. Because what you can then do is, let's say you have 50 people doing a question around person centered care, which is one of person centered care, you know, one of the areas, one of the quality statements, let's say that out of those 50 respondents, the average score you got is a 3.2 well, you can say our residents, our families, scored us a good because it's in the good range for that quality statement. And so I think the first thing we always say is use the quality statements to shape your questions. Use one to four scoring, because then your residents, your families, your staff, are giving you the ratings for each of these areas. Now that's what we do with with ourselves as Care Research, with our care surveys platform, and we when we run the process for for services, but we're always very open. Look, you know, it's it's not magic. We are using the framework to build useful surveys, rather than building a random survey and then trying to crowbar it in to a framework that we have just realized, we should have probably have been using all along.

**Pia Rathje-Burton 28:52**

And so, you know, currently 34 quality statements, so we're doing 34 questions. That's quite a long survey. So

**Speaker 1 29:01**

it's a good point. As you say, there are 34 quality statements, at the moment, that would be a bit of a mega survey. I don't think anyone really wants to sit and do those. What we typically suggest is people do maybe two surveys across the year with maybe 15 questions each, which which obviously adds up to 30. If you go through the quality statements, you'll recognize there are some quality statements that maybe don't make sense as a survey question, there's also a lot of quality statements that are overlap where a question could potentially hit multiple quality statements. So I think it's, it's being sensible. Yeah, I remember one client who gave us their suggested survey with 60 questions. We had to delicately explain that I don't know any staff member in their spare time, its going to answer all 60 for you. So yes, I think, you know, it's much better to do something shorter, maybe twice a year than to go for some mega survey that's gonna not really be filled out.

**Pia Rathje-Burton 29:50**

And I sort of kind of free things to create good survey a good response, I suppose.

**Speaker 1** 29:57

Of course, there's loads of off the shelf. Of, you know, you've got your survey monkeys, you've got type form, which can be a really good one as well. Microsoft forms. They can all be done. They can all be used, obviously. And, you know, they can be free or very cheap. Obviously, we have our own platform that's built for the sector, and it has all the outputs kind of automatically done. I think the main thing is the structure. If you can get the structure right in terms of the quality statements, terms of the wonderful scoring, then you can start to think through, okay, you can start to more easily think through. What is this telling me? Because, as you said, Wendy, people don't often go into care to do surveys and do research. Um, ironically, we did, and that's why we're kind of sharing this information and services with this but I think if you're doing it yourself, you need to set it up in such a way that you don't have to do lots of extra work to work out what it means. And I think, you know, what we often say to people we support, we say, you know, the change management bit is the bit that you care about. If you can get the survey and the data collection bit set up effectively and set up so it does the thinking for you, then you can jump onto the bit you like, which is the change management

**Wendy Adams** 31:04

one of my, one of my dilemmas about surveys is always, should, should they be anonymous? Because the advantage of Anonymous is that people might be more honest, but the disadvantage of Anonymous is that you can't then go back to follow up with people. What's your views about that?

**Speaker 1** 31:20

Yeah, brilliant question. So my personal view is that anonymous is best, and I'll talk about how you deal with the second bit in a moment. The reason why I think Anonymous is best is because if we want to have valuable feedback, we have to give people a space to be honest. And actually, I remember one of the first services we ever worked with, they gave us a survey that had, you know, you have to put your name on it. The first question was, tell us your views about the home manager. And at the bottom of survey, it said, Please hand in all surveys to the home manager. You sort of think, what a massive own goal. And whilst that's an extreme, you can see how you know any mild sense of criticism, people are going to be very nervous to do if their name is pinned on it. And the problem you have there is, let's say you get 50 people that filled it out, and they put their name on it and they say what they want to say. You don't know for certain that when CQC give them a phone call, they'll say a bunch of other stuff when they can actually be be more candid. So that's why, for me, I think anonymity is really helpful what we often say, and it's something, you know, we are we are developing as well is we say, look, here's your fundamental surveys. This is for your day to day, your experiences, your feelings, your views of the service. This is to kind of get a sense of where you're at broadly, your complaints, your compliments that's where we'd love to have your name and we'd love you to be if you have a very specific, significant complaint or issue or compliment. Let's go

through that channel so that we don't want the surveys to themselves become the fundamental complaint point. We want to sign post another way so that people can put their name to it and say something if they wish that that's more direct. Some people do want to make anonymous complaints, and sometimes that does have value, particularly if you know, be blunt, if seven people complain about the same person, we've got a pattern here we need to explore. It doesn't matter who those seven people are. It's coming through as a theme. It's coming through as something we need to explore. So for me, anonymity, for the kind of the sense checking survey and then a separate process for compliments and complaints, signposted, where people can, if they choose, put their name and give perhaps more detailed or more serious feedback around the complaint they want to raise.

**Pia Rathje-Burton 33:30**

And do you think so? Again, practically, you know, so you know, the question I get the four, four different options, you know, you know, all that stuff. Yeah, do you then put a comment section after that? Or do you do that at the end? Or how should managers think about that brilliant question?

**Speaker 1 33:47**

So we've been doing this for seven years, and we've done it right, we've done it wrong, and we've done in between. And what we discovered is what didn't work was when you stuck one comment question at the end of the survey. So what happens is people either go, Oh, thank goodness that's over, and just don't fill it in, or they go, it's payback time, and write about 11 paragraphs of everything they want to say, yeah, what we do is we make sure that you know, throughout the platform that we have if someone clicks a positive answer, like, I strongly agree or agree. It comes up with a little comment option, what's going well if they click a negative answer, disagree, strongly disagree. It comes up with something like, how could the service improve? Or what could we do better? And the reason why is you want to give people the option to explain their answer, and it's always optional. There's no if you force people to make comments, they'll get two questions in, and then they'll stop bothering. If you give people the option to explain their answer, often times people will give really useful information if you don't just want to know the what they think you want to know the why they think it so we suggest giving the option to give a comment, and ideally a comment that is kind of prompted on their answer. So it's positive, something positive, it's negative, something something negative. It just means that you can collect through and go through. Okay, we got a 3.2 over there. That's good, but it's not as high as we want it to be. Let's see what some of these negative answers have said about why they gave us a two or why they gave us a one for that question. Yeah, that's helpful. Thank you. And also the positives, a lot of people go into surveys and just go on a rant about what's wrong. If you motivate people say what's going well, yeah, you're surprised all the amazing things people will say that they probably just wouldn't say. If you just left it as a comment box at the end.

**Pia Rathje-Burton** 35:21

Yeah, I get that absolutely. So I wanted to ask you something a little bit different, sort of, kind of away from surveys. So you were involved with the recently published care workers charity, the well being survey. What? What was that all about?

**Speaker 1** 35:36

So it was a great opportunity to work with the care workers charity, which I'm sure many of the listeners know are a fantastic organization that support care workers and support and really champion their well being. And we were approached to run a big survey for their organization to really look at where are care staff well being. Where is it at right now, lots of different domains, financial well being, mental health, perceptions of care, physical well being. And it was really to get a bit of a touch point on where are we at today? We've had a lot going on the last six months. Yeah, where is staff well being at? What are the issues that that the care workers, charity and really adult social care in general, should be championing? And it was a great opportunity for us to get involved and kind of really get a finger on the pulse with where, where well being is at in our wonderful, you know, care worker staff group,

**Pia Rathje-Burton** 36:27

and what was sort of the main findings from that. So,

**Speaker 1** 36:31

I mean, it would be impossible to go through all of it in a few hours. I can go through it all. What I would say is the if someone was said, describe the results in one sentence, I'd say, care workers love their job, but they feel they're being taken advantage of by many stakeholders, yeah, lawyers, in some instances, the people they support. There's a sense in which people came into this work because they genuinely do care. And that narrative, oh, you know, people go into care because they haven't got qualifications and they can't get a job in this and that, so they just go into care. Completely rubbish. We had people who were screaming at the top of their lungs about how brilliant their role was, how much they loved genuinely changing people's lives. But on the flip side of that, we saw huge issues. So I'll give you a couple of little stats I think are really important. Just under 23% of respondents had used a food bank. Yeah, that's 3% of the National 3% of the national population. So almost eight times as many people representative. So again, a clear example of financial well being. Again, mental health issues. We saw quite a large number of people. 47.5% of respondents had suffered burnout, but less than 10% had actually received any paid time off of work. So we can see that reaching into other spaces. I think that the headline that was pretty headline grabbing was the challenge around, you know, physical environments and physical well being so, just under 40% of respondents had personally experienced or witnessed physical violence in the last 12 months, and whilst, out of those that had experienced it, you know, 93% had said that was at the result



of those they were supporting, which you know, can be understandable. Yeah, people also just under 11% had also stated that they had received or experienced or witnessed physical violence as a result of their their manager, their team leader or other colleague. Yeah, which I think was something that was quite surprising. And again, in the harassment and bullying realm, 54.26% of those that had experienced witness or witnessed verbal bullying abuse had said it had come from the people I support. But 65% in fact, just under 66% 11% more, had said that harassment, that bullying, that verbal abuse, had come from a leader, a manager or a colleague. So we're seeing that there's this kind of, these really challenging circumstances that that's that care staff are working in. So I think we saw that there was a passion, a love for the role, a passion and a love for the sector. But the individuals in that sector felt like they weren't being given a good deal financially, terms of mental health, in terms of, you know, protections and well being and and that's just not on a bit of a wake up call and a strong reminder that pay and conditions for our wonderful adult social care workforce is not where it should be, and we are running on the fumes of people's willingness and goodwill.

**Pia Rathje-Burton 39:37**

Yeah, and what do you think if you are manager reading that report. What do you think you would sort of kind of change, you know, what other things are, sort of, kind of, you think that, you know, that's something I can do. Because I think, you know, some people listening to this will say, Well, I It's difficult for me to do anything about the finances. We are, we are, you know, all those things and just kind of reflecting a bit of, kind of with that, with surveys and feedback. And then I think that sort of, kind of is quite a strong link.

**Speaker 1 40:07**

Certainly, I think what we're talking about here is listening, and what we're talking about here is finding ways to hear the the experiences of people that we're supporting. Now obviously these extreme examples, in terms of things like the violence and potentially, to some extent, the food banks. We're not saying this is the case for all staff across all services, across all service types, etcetera, but what it does show is that for many of us, we probably assume we're doing okay because we're sticking by the rules and we're not doing anything to out of, out of out of ordinary, following guidance from wonderful groups like Skills for Care, for example but that doesn't mean that within the system that we are leading, the issues and cracks are not appearing. So I think it really highlights the importance of listening, of spending time directly on the floor where at all possible. I always have huge respect for the managers and the leaders that get on the floor a few days a year, even, just to see, how does it, how does a Tuesday in my care home look like? Yeah, um, how does a Thursday or a Sunday in my domiciliary service, supporting, shadowing some of our lead staff look like? Because I think, I think it's so important for us to realize that just because in a policy, just because in the training manual, just because it's something that's in our vision and values, doesn't mean that it's being fully and totally materialized on the ground. So I think taking a view, having opportunity to speak directly

with staff and gaining that feedback, jumping on the ground, at ground level, as it were, I don't mean ground level in a negative way. I mean as boots on the ground, doing the front facing work. I think is a really important step in making sure that these results don't reflect your own current service. Very easy. Oh, that's just all the bad ones, all the bad services we are one of the good ones. So I think that's a really important step. I think another thing to do is to just make sure you've got an open dialog with your staff. One thing I have seen some services do that, again, depends on the culture of your service. Depends on relationships that everyone has with one another, but you know, having staff representatives that can, you know, speak on behalf of the staff body to you without repercussion, having someone that doesn't feel like a manager plant, you don't mean like, oh, it's the person that runs home who happens to be the spokesperson for us. Yeah, nothing wrong with employing people within your family and your networks you trust, but making sure that there is a mechanism for staff to raise things to you, potentially through some kind of champion or well being champion. I think that's a really as well.

**Pia Rathje-Burton** 42:44

And I think one of the things that really stuck out for me was the number of people who who were so passionate but didn't, didn't know if their manager felt that they were doing a good job. And I think, again, it's, it's quite a small thing to to be able to do something about, isn't it? You know, if somebody's doing well and, you know, really high satisfaction about training and supervision and appraisal. So it's not about that. It's about those everyday kind of you're doing great, you know, you know, and that that doesn't take that much as it you know. And it doesn't have to be one person you know, one registered manager that you know. If you've got a organization where you got more than, you know, you got, you know, senior team leader or deputies, you know, just getting that into people's head to say you're doing great, you know, makes a huge difference. You know, from from reading that report, that was the kind of the one thing that sort of really stood out

**Speaker 1** 43:34

to me. So I think encouragement is such a big deal, because when we work within Adult Social Care, when people are working frontline, supporting people. It's long days. It's long hours. You know, the staff do amazing things that are often, rarely picked up on, because the individuals they're supporting perhaps don't have the awareness, the cognitive capacity, in some cases, to say thank you or to recognize the extra mile that's that that's being gone. And so I think if we can, if we can showcase and celebrate and support people and give them that encouragement. Yeah, it's a huge impact. I will share one quote. I think it was just the perfect summary of the result. It's one of the quotes. We got 100s, I think seven or 800 comments through the surveys. You know, huge amount. This one summed it up perfectly. Working in care is great for your soul, but does nothing for your pocket. Yeah, I think that as a statement very clearly. I mean, you didn't just say I like it here, or it's quite great for your sole. Yeah, this

individual recognizes the personal impact this job has on them as well as you know the impact they're having, but in this example, does nothing for your pocket. And I think the research showed there was a number of other areas where perhaps people feel like they're being short changed in terms of their experience, but their passion for the role, their passion for helping people is for now, keeping them going. But as we said, we can't run on the fumes of goodwill,

**Wendy Adams** 44:58

so we always have our time for care slot in every episode you've given us lots of tips today that are just going to be fabulous. But what's your most time saving tip for managers?

**Speaker 1** 45:11

Excellent question. I think my most time saving tip for managers is to and I said it 15 million times already. Build your surveys correctly. Because what a lot of services are doing is they're doing feedback, and then they've got, you know, I spoke to a service who said it took them seven months to work out what to do with all the survey because they hadn't been they hadn't really thought about the question they'd asked, they hadn't thought about the answers they've given people comments galore, and they just had too much to deal with. So build your survey sensibly, because then you can save time and jump straight to the change management. It's the bit you probably care about.

**Pia Rathje-Burton** 45:50

Yeah, and I suppose, if you've never done it before, if or, you know, some you know, start small, you don't end with so much that it's going to take you, it's going to be out of date, isn't it by seven months time,

**Speaker 1** 46:02

exactly, you know, start small and focus on getting the whole process finished, not just getting the surveys out and getting responses. Make sure you do something with that information.

**Pia Rathje-Burton** 46:11

Yeah, and we haven't really spoken about the doing something, but I think that's a really important point, isn't it really about, you know, you've got, you've got the survey, you've got, you've got lots of information. What? You know? What happens if it's negative? And what would you do with that? But I don't think we'll go we'll go into that now. Thank you. We'll do that

46:27

for the next one. Yes.

**Wendy Adams** 46:31

So our final question, I want to imagine that we're in lift on the 10th floor, and we're going down with a group of registered managers, and before everyone gets out at the bottom, you want to tell them what you think is the most important. So what's your key message that you'd want to leave them with,

**Speaker 1** 46:49

that you need to help your staff to feel confident to speak about their their roles, about their jobs, and that this is something that, rightly or wrongly, they will hold you to account for if they have a really difficult CQC conversation, even though it's not your fault, it might be that inspector kind of being difficult, fundamentally, if you haven't prepared them or supported them, rightly or wrongly, they'll think, why didn't you do that for me? Yeah, so I would say to staff, consider it a responsibility of yours as part of workforce, well being as part of staff check in, to make sure your staff feel supported for those conversations.

47:28

Really good

**Pia Rathje-Burton** 47:30

advice. Thank you. Yeah, and really important message to Edward, thank you very much, Louie, that was great. Thank you so much for today, and thank you being part of the care exchange.

**Speaker 1** 47:39

It's been a pleasure. Thank you for having me bye bye

**Pia Rathje-Burton** 47:42

bye bye. Winter. That was a really interesting conversation with Louie. There.

**Wendy Adams** 47:55

It was great. He had loads to say didn't he, and really some good tips for managers to think about how they can use those in their services and preparing for the CQC assessments as well.

**Pia Rathje-Burton** 48:07

Yeah, and I think so obviously Louie and Louie and I did a registered manager webinar last year, which you can still access on the website. The recording is there. The title of that webinar was called Providing impactful feedback in your CQC assessment. And I think Louie has such a extensive knowledge of the sector of CQC on that importance of providing feedback. And you know, I think if you are looking at this subject, I think definitely check out that that webinar, because we talked a bit about today in the podcast with Louie. But I think if much more

information about, you know, the how and and why, and the practicalities of of gathering that feedback for CQC evidence. And I think it's an it's a new area, or it could be a new area for people to kind of get their head around that, you know, the importance of feedback, that you know when you when you talk to managers about, you know, what evidence do you have for CQC assessments? They're kind of thinking about that, those processes that practice that kind of, you know, the care plan and the risk assessment and all those things, and then the observations that might happen on the day, but thinking about feedback as evidence as well, I think it's obviously what Louie has specialized in. And, you know, we've, we've, I said, we've got that webinar and and today, I think I between the two, you've got a really good information that, that you could kind of start, start that journey of collecting evidence, if on feedback. If you haven't got that, I haven't done that so already.

**Wendy Adams 49:51**

Yeah, I was really interested in what he was talking about, about preparing for CQC assessment, and how to work with staff about that. And it made me think about the eLearning Modules that we've got around CQC assessment, and we've actually got one on being prepared for CQC assessment, which talks about some of the same things that Louie talked about, about why the assessment is important, and how you ensure that staff understand the importance of it, the sorts of areas that CQC are going to assess, but also about who can help you prepare for that assessment. And that's a really great module. There is a cost to that module, but actually you can claim that money back from the LDS fund, providing you've got your adult social care workforce data set up to date. And obviously there's two additional modules as well. There's there's the one I've just mentioned about being prepared for CQC assessment. But there's also two additional ones, one around improving your CQC rating, and one around delivering outstanding care. So some really good resources there, and they're only an hour long. So not a huge, a huge commitment for people, but a good way to start thinking about how you can prepare in advance for CQC to ensure that you show your service offer to its its full advantage.

**Pia Rathje-Burton 51:19**

Yeah, exactly. And I think when you have got, you know, a workforce that perhaps are new to care, you know, thinking about, you know, you know, either use, utilizing that module, or, you know, you know, some of the other things that we talked about with Louie, but just having a plan around, I suppose, is what we were trying to get across. You know, thinking about, well, it's important that your staff understand how, how this, how the service that they work for is regulated. So yeah, a really interesting conversation, and I hope everybody listened to it, enjoyed it. So that's it for this episode. Thank you very much for joining us. Remember all the resources that we've talked about are in the show notes and on the Skills for Care website. Bye, for now.

52:06

Bye, you.