The care exchange – Series 5
Episode 8: I love audits!

Hosts
Pia Rathje-Burton and Wendy Adams

Guest
Adam Purnell, Quality Compliance Manager

Pia Rathje-Burton 00:00
Adam, welcome to the care exchange, the skills for care podcast for managers in social care. So in the podcast, we've got Adam Purnell. He is a little bit of a social care celebrity. Adam has worked in social care for over 15 years, and he has worked in a variety of roles, including register manager. He's currently working as a Quality Assurance Manager for Bayswood care home. Bayswood care home has a number of care homes with nursing for older people and those with dementia, and they operate in the North West and East Midlands.

Wendy Adams 00:37
In addition to his day job, Adam is also the co host of the social care chat show and podcast The Caring View that he hosts with Mark Topps, who's been a previous podcast guest on this podcast, The Caring View has a regular stage at care shows, and Adam's a regular public speaker and has talked about social care on television and on other media.

Pia Rathje-Burton 01:01
Yeah. Really looking forward to chatting to Adam about his current role and The Caring View as well, which both of us have been on, haven't we? Wendy, we have

Wendy Adams 01:09
indeed, yeah. So on with the show.

Adam Purnell 01:21
So welcome to the care exchange. Adam,

Speaker 1 01:23
thank you. I'm really glad to be here long time dream of mine, Pia and Wendy, to join you on your podcast.

Pia Rathje-Burton 01:29

Well, like I say, Likewise, likewise. We really been looking forward to having you on here. Just, could you start by just because obviously we know you maybe as from The Caring View and sort of your previous role. Can you tell us what you're doing now? What's your current role?

Speaker 1 01:46
Oh, so, yeah, daytime role. I'm a group quality manager for a small care organisation group. We've got four nursing homes, predominantly based in the northwest of England, and we've got one home in the Midlands as well.

Pia Rathje-Burton 02:01
Okay, so that quality role, what? What does that include? What do you have to do to for that?

Speaker 1 02:07
So I love it, because it's so objective. The one thing I love about my role at the minute is the objectivity. You know, I work on data, I work on facts. I look at our services and figure out whether we are meeting the regulations, whether we're going to be okay when CQC coming around, but more importantly, I have the great opportunity to go this is what we're doing really well, and this is why people enjoy living in our services. Or I've noticed these things are cropping up through audits, through through the data streams that are coming through to me, there are precursors to some big risks that might appear later on down the line. So let's manage it now, and let's prevent anything big from occurring later on down the line, and nip it in the bud. Let's be that responsive, proactive group that we want to be, rather than being firefighting. Oh my gosh, this has happened. Why didn't we know about it? My job is to make sure that I've got my eyes and ears to the ground, bit like the demon headmaster. I can, you know, eyes and ears everywhere. That's That's my Yeah.

Pia Rathje-Burton 03:02
And is that with directly with the managers of the services?

Speaker 1 03:05
Yeah. So I work closely with, well, I work closely with the senior leadership team. So it's myself, ops manager, and then we've got our directors, and we've got, obviously, finance managers, HR managers, and then I feed directly through to the managers on a weekly basis. And we have our digital tools that we use, I give them feedback, and they're line managed by our ops manager, so they will provide them that support and directly, and it's a really holistic sort of symbiotic relationship for me, is the only way it can work is for everyone to be involved and everyone to be updated of what's going on. But I love it. It's great. You know, coming from being a registered manager, coming from my stint as Director of Social Care for the Institute of Health and Social Care, it's like this is kind of where I really want to be. Now. I've always known that I want to bring change to social care and try to do it big scale, but didn't work for big reasons. And I thought, you know, actually I can't make the difference. What can I do that will make the direct change that I need to make. And I thought, well, quality role. Why not? I'm all about closing feedback loops. I'm all about identifying great progress and great practice, and I'm also about identifying practice that may not be so great and has areas for improvement. And you know, I'm not about blame culture, but I am about how do we get better? What can we learn from this? And once we've learned, how can other people learn from this? So it's really great that I get to do that in my day role, and then in my night time role, running The Caring View, the social care platform that we have. It's great to be able to share that learning further with managers, senior managers, directors, proprietors, whoever around the country to give them the education that they might not get elsewhere for free? Yeah, I

Speaker 1 04:45

I think that's, that's, that's where we not I don't use the word fail, but that's where we don't succeed, where we should do in social care. Because the one thing I always say to people is, imagine, if you will, a target. So you've got a circle in the center, and you've got a ring around that circle, and then you've got the outside of that circle. Anything on the outside of that target is stuff you cannot control. The amount of managers that I've worked with in the past who've gone I just can't recruit because my home's in the wrong location, and I can't get people to it, and there's no bus routes coming to me. Okay, so how much of your time when you're talking about recruitment. Do you spend talking about your location and how much time do you spend talking about where the bus routes are? Because you can't change that, and because you can't change that, you're spending valuable time finding a solution on stuff that you can't directly impact. You can't, you can't, you can't make a new bus route. You might be able to influence it. Which is your inner sort of second circle? What's the stuff you can influence? Well, actually, I could write to my local council. I could say, we could do with an additional bus route. You could petition. You could get people in your local community around and sort of get them on board with it. But just focus on the stuff you can control. Focus on that stuff that you can directly impact. There's no point sitting there moaning that we don't get enough funding in social care all the time, saying my services aren't great because I don't get enough money. We don't get enough funding. We don't get enough funding. We can't change that. We cannot tonight overnight, change the amount of money that we get funding for providing care. What we can do is change our mindset to go, right? Well, actually, this is what we can't do. So what can we do? What is in within my control? What can I demonstrate? What can I how can I relocate my resources to better meet the needs of the people I'm supporting? And that's where things like digital solutions come in. Because I'm not saying that I want to replace people with robots, but actually, if I can free up my admin from doing 20 hours of work a week through using AI and digital services so that they can do other stuff, and I'm actually saving myself money in the long run, that that that disgruntledness of low commissioning starts to get quieter in my ear, because actually, I'm seeing the benefits from how I'm redistributing my resources. Should we have to do that? No, but actually it's something we should start considering now. Is our more effective way of problem solving. So, and I'm not gonna lie. So you know, I talk a lot on our podcast around resiliency. I'm in counseling now, you know, I sit with a counselor each week, and I go, Look, this is the stuff that's bothering me in my life, and I'm taking that approach to my life as well. So it's not just about my professional career, it's this is stuff in my life I can't control. Why am I letting it affect me now? I can't control it. Let's take it away. Let's build up my resilience. Let's protect number one, which is me, because unless I protect myself, how can I protect my team? So all around taking that pragmatic approach to I'm a stoic, though, so I also believe I'm not entitled to anything. You know, no matter how hard I work, I'm not entitled to the rewards. And people don't like hearing that, and people will disagree with that, and people are entitled to their own opinions, but I learned very early on in my career, no matter how much hard work I put in, I'm not always going to get the recognition I think I deserve. So the minute I stop thinking I deserve anything, and actually, my success comes from internally, and I measure my own success, and I get my own pleasure. That way you become a little less disappointed with the process as well. And that's helped keep my morale up through my career, because I know I'm measuring my success by myself. Yeah, my career has been successful, but actually I'm not entitled to that. And even though, even if I work really hard, I'm still not entitled to a promotion, because other people might be working really hard, you know, you don't know what's going on elsewhere and in social care. I think we just need to shift our mindset slightly around problem solving and entitlement to not fix the sector, but fix our mindset to something different.

Wendy Adams 04:45
think that's really interesting. What you're saying about, you know, focusing on the stuff that you can change. Because I think for lots of us in social care, we look at social care and think there are some big issues that need to be changed. But actually that's not within our gift to change. You know, as a registered manager, people listening to this podcast, they'll be thinking that some of this is not within my gift to change about the bigger social care picture, but actually, what can I do, and what can I

change within my own service to make things better for the people that we're providing care and support to? And I think that that care hom

Pia Rathje-Burton 09:13
And think about, you think about that inner circle. What are the things that I can, I can do to change, make changes. And you say that it's like in you can do, yes, I actually have responsibility, and I can do something about that. And then there's the kind of out so you can influence. And then there's the other stuff, which I can't do anything about, and just not worth spending lots of time and energy kind of looking at that. I just wanted to ask you, so you mentioned the care review already, what, sort of, what you know, what inspired you to start that? And sort of really involved, isn't it?

Speaker 1 09:49
Oh, I was incredibly narcissistic. I mean, during the pandemic, we did a lot of so for those who don't know my journey during the pandemic, I refused to stop visiting in my care home, and it wasn't. Our decision alone, it was a collective decision we made in CO production with the people who lived in our service and their relatives. Their relatives turned around and said, We do not want to stop visiting our loved ones. I said, I don't want you to stop visiting your loved ones. How do we make this work? How do we keep you all safe? Long story short, we did a lot of work, a lot of public media, a lot of TV, a lot of news reports. I worked with local and national government around changing the policies and procedures. Institute of Human Rights worked with them. Sort of changed that for Spain and France, and because they had some very poor experiences during the pandemic of people being left in nursing homes without the care they needed. So did a lot of work there, and we sort of got together and was like, people are asking us lots of questions every single day, on these on these forums, be it Facebook, be it WhatsApp, be it LinkedIn, people are coming to us asking us for support. Why don't we just do a Tuesday show? And, you know, go, All right, let's have a bit of a conversation. And we did one Tuesday show four years ago, and here we still are every single Tuesday live at 730 and it for us, it was around making sure that the knowledge we give out isn't just our knowledge, because there's only so much people can do listening to me, and we wanted it be a platform for everybody, so people who feel like they never really get a look in or I want to be able to give my opinion. I want to be able to share my experience. Great, come to us, you know, share your knowledge of everyone, because we shouldn't gatekeep it. You know, no one owns knowledge. We should be able to share it freely, and that's what people do every single week. They join us, they share their knowledge for free. It's free to access doesn't cost anybody anything. And, you know, we co produce documents and resources, and it is basically there just to support people going through whatever they're going through. You know, we're having a real problem finding out insurance. And what should we do about that? I don't know. Let's put a show on for you. We'll get some experts on, and they'll guide you international recruitment. We're really struggling. What do we do? I don't know. Let's get the experts on. They'll tell you what's going on, you know, and we can see the themes and trends and the conversations we have around what's well listened to as well, because we tend to take our live show and put it on our audio only podcast so that people can catch us wherever they want to. Yeah, and

Pia Rathje-Burton 12:04
are there any sort of kind of episodes or guests that kind of result in you making changes in your current role?

Speaker 1 12:13
Oh, all time, all the time, like I selfishly say, every single week. The reason I truly do the show, and it's not so don't quote me on this, but you'll paraphrase this. Adam Purnell does The Caring View to benefit himself. But I do say, you know, one of the reasons I do The Caring View is every single week I learn, every single week I learn something new. I self reflect while I'm on it. You know, one of our recent

shows was around introducing digital systems and what you can and can't do what you should and shouldn't do, the common pitfalls. And I'm listening to our guest who's telling me how they did their installation and embedding of their program. And I sat there going, Oh, crumbs, I did this wrong. I should have done it your way. No wonder I've been having issues. But I'll admit that, and I'll talk about it openly, and I'll go, right, I'm going to I'm going to take this away, and I'm going to implement it in my own service. I'm going to take this approach and try and apply it here. And we have life backs installed across all of our homes. We did a podcast with the chaps who developed life backs. You know that it's like a toilet plunger for your face, and it sucks out anything that you're choking on, amazing devices now in all our nursing homes, you know we and that's not me saying, Oh, listen to my podcast. It's the best thing ever, you'll learn loads. All I'm saying is I learn loads every day is a learning day, and selfishly, every single week mark. And I will finish with a notebook full of stuff.

Pia Rathje-Burton 13:31
Yeah, sounds really good. And just kind of going back to your day job, I know one of the things you're sort of really passionate about, your managers understanding regulations, the health and social care tell us a bit about that. Why is that important?

Speaker 1 13:49
Well, I mean, honestly, this is an audio on a podcast, and no one saw me roll my eyes. Then the regulations, I swear the regulations are. So I do a lot of public speaking that's around the regulator, and it's commonplace that people will come to us afterwards or during the shows that we do and go, Oh God, the regulators are terrible. They don't know what they're doing, and they're changing this process, and they don't know how to do this. And I don't like the regulator because of X, Y and Z, and I go, Great, okay, fabulous. What's regulation 12? And the silence like the Tumbleweed that is palpable. Yeah, and they'd sit there and go, Well, I don't know. Oh, 17, 18, 9. What about the recently introduced 9a and they sit there and they go and like, these are the regulations. These are what you are as a registered manager, legally responsible for. The whole point you are registered is to make sure your service meets these regulations. Not meeting those regulations is basically a breach of law. You're breaching the Health and Social Care Act. You need to make sure that you get those regulations, yeah, quality statements, inspection framework, whatever KLOEs. The all that sort of stuff that changes, that's fluid. That is what people get frustrated about, because the process isn't solidified. Fine. Be frustrated about that. Do not be frustrated, though, if the regulator comes down and marks you down because of certain regulations, and you're not actually understanding what those regulations are. If you don't understand that you've got regulations out there which cover consent and dignity, person centered care, visiting and even to the point of having your recent CQC inspection up on a wall. You know, if you if you're not aware of those regulations, that's a concern and something that needs to be addressed. So for me, with my managers, my passion is going this is something identified. This is a risk, and this is why this is a risk because of regulation 18 this section, or regulation 12 states this. This is how we're not meeting that, which is why this is a risk. And for me, it it's all around smart planning. So specific, be specific about what it is if we're talking actions about measurable, achievable, but relevance. And for me, it's super important, not enough to say to someone, this is a risk, actually. Why is it a risk? Well, this is a risk because someone could harm themselves, but also under your registration, under your legal responsibilities, it is a risk because of regulation 18. It's very simple,

Wendy Adams 16:18
I think for a lot of managers they get focused on the the quality statements, and don't really understand the bit about regulations. If you were going to summarize for somebody, if you were going to summarize for me in two sentences, what the relationship is between the quality statements and the regulations, or the difference? How would what? What would you say? How would you explain it to your managers?

Speaker 1 16:42
Do you really want me to tell you how I explain it? I tell my managers not to read the quality statements is, I'll be honest, we have got quality statements up around the homes. I've developed posters which link to the regulations, and I show them which regulations link to what quality statements. That is all free to access on CQC's website, so you can go onto the CQC website and find out what those regulations are. My honest problem with the quality statements is they're quite repetitive. They've been designed in a way which is supposed to encapsulate all services. It's obviously not working for me. The quality statements are a guide on what we should be providing to people. So it's a guide of what to expect from receiving care, and it's a guide of what to expect when providing care. The regulations are your nitty gritty. So this is what the expectations are, the regulations are. This is how you meet it. The quality statements are there just as a guide. You know, they aren't, they aren't war and peace. It's not like reading Les Mis they are a page, if that you know, some of them are really, really succinct. So actually it's around making sure that you understand the quality statements are there to guide you through what's expected of us. But really the regulations are the underpinning foundations of delivering acceptable care. And I'm going to say acceptable care because meeting the regulations is the least you should be doing. Is the least you should be doing? It's not, you know, you don't do the regulations and go, Oh, I've got outstanding because I've met all the regs. No basics like that is basics. There is no ideal measure for what is outstanding and the metrics for that. I don't agree with that system. That's just my opinion. I kind of want us to go back to how it used to be, where you would get a tick. Regulation 12 met. Regulation 15 met. I'm objective. I like facts. I don't like allowing individual biases and opinions to come into things. I just want to run on facts. So that's probably why, that's I do well in my role, because I don't let that sort of personal influence come in, I am you've met, you've not met, you've met, you've not met, you've met you've not met. For me, there's no exceeding, because anything that's met is met, whether I think it's exceeding or not, is my opinion of whether it's succeeding.

Speaker 2 18:52
So are you using the regulations when you're auditing?

Speaker 1 18:56
yeah, so I provide guidance on that. We do our own internal quality inspections, and I provide feedback per regulation as well during those internal quality inspections. And we have tried in the past to do it alongside the quality statements. It doesn't work. I don't know how the regulator does it alongside this, but it's too repetitive, and it's actually a waste of time. It's not effective. So now what I tend to do is just break it down the regulations and go, right? I found all of this under regulation 12. On the staffing I found x, y and z. And, you know, for people listening, because regulation 18 is something that people don't really think about a lot of the time. Is workforce dependency tools. Do you have one? Agencies? Are you doing induction profiles? Are you getting the data through prior to an agency worker coming in. That's the sort of stuff that gets missed because it's not there on the quality statements. People don't think about it because it's not in the quality statements. But when you go into the nitty gritty of the regulations, you get more and you go, Oh, actually, yeah. How am I justifying this? How am I supporting that part? And oh, god, yeah. training, I haven't really thought so for me, I'm not saying everyone needs to know them off verbaten. You do look cool as hell. If you can, though, like you look like, proper, smart, if you can be like, Oh no, regulation, 14, nutrition, hydration, whatever, you know. I mean, so it's like, really important that you can do, and it's really beneficial, especially if you're going to go for new roles. Yeah, you'll look amazing in an interview, and the amount of people I've interviewed in the past, and I've gone right, can you talk me through how you would meet regulation 17, and they just hit their open mouth like a guppy fish. And I'm like that to me, is one of the most important ones. Regulations 12 safe care and treatment. Regulation 17, good governance. The most breached regulations in adult health and social care, yeah, the most breached. One of the last public talks I did,

nobody could name either of them, and they are the most breached regulations. If you breach elsewhere, say you breach 12,14, 15, premises and equipment, 18, staffing, whatever you are most likely going to breach regulation. 17, because where's your governance been as a

Pia Rathje-Burton 21:02
manager? Yeah, this your governance, isn't it? And in terms of auditing, so obviously, I'm assuming you have to do both create but also to do auditing. What are the you know, what's your sort of tips around auditing? Effective auditing

Speaker 1 21:16
involve people. That's a lesson I've learned. Um, is make sure people are involved in the auditing process. Um. Now I joined at a time where we didn't really have things in place, so I've had to create a lot um from scratch, but there's so much out there you don't need to create from scratch. So I adapt a lot of our audits from national standard audits that are out there, resources that are out there, utilize that for the best of your ability, but understand that audits aren't static, so there is no point doing a medication audit the same all the time, because if you're doing your medication audit the same all the time and all the time, you're not really picking up anything. But your audit doesn't really ask questions around a certain area, and that certain area you know is an issue. Focus your audits on those areas. Adapt your audit process to to meet the needs of your service at that that time, do something with the data. Don't just audit and then do nothing about it. Analyze your themes and trends. That is super important. It's the amount of people I've spoken to across the sector who don't understand the actual need for auditing. They don't get what we actually need to audit, the frequency of how we should how often we should be auditing, but then also what you do with that information. Because if you do an audit this month and this month, it tells you that I don't know your peeps, your peeps aren't up to date, your peeps aren't up to date, and next month you do an audit and your peeps aren't up to date, and next month you do an audit and your peeps aren't up to date. If I come around as your CQC inspector, I'm going to go, you pick this up three months in a row and you've done nothing about it. That's not really good governance, that I am not sure you're acting on and you know, I've already said, don't read the quality statements, but the first quality statements all around learning outcomes, you know, they are going to focus in on this if you're doing your audits and you're identifying stuff, work on the stuff you've identified, because the whole point of an audit is not to beat people with a stick. Audits are there to identify areas of improvement. They are to identify where processes are necessarily not being followed or aren't sufficient enough, and then they inform actions to improve those services moving forwards. So I've identified an issue. This is an action I've put in place. I am now going to re audit to see whether that action has made sure that that need is now met. That need is not met, okay? Action was not sufficient enough. I'm now going to try and this action. It's a, Q, a, i, p, it's a continual quality process. And then once that feedback loops closed, because you go, actually, that action has worked. Now, process has been followed. You don't stop auditing. You still audit. Because you go, it's been fine this month, it's been fine this month, this month, it's not been done. We know the process works. We know the process works. We've trialed this. So what's failed? Then you start looking at that, right? It's failed because a team member's not doing their job. Why are they not doing their job? How do we support them? Is there a learning deficit? Is there a skill deficit? It's not a case of just going, you've not done your job. I'm going to sack you now because you've failed us on these audits. It's identifying whether there's enough support mechanisms in there for that person to do that role, and that's the whole point of auditing is just to continually improve. It is not there to be negative. It is not there to beat people down. And all I will say is it is much, much better for you to pick up your own stuff in house than have an external stakeholder come around and go, you've not done this, this, this and this. Yeah, absolutely. This is an issue. This is an issue. You would much rather have the CQC come around and go, Oh, did you know that this is an issue? Here's my audit, here's the action plan, here's our process. These are discussions we've had. This is the impact we've had. You know, that's the most important bit. And if anyone is introducing new processes, one of the huge focuses of is all around the. Um, making sure that you've

got those observed outcomes and impacts there. So making sure you've got those observed outcomes and impacts. Because if you go, we've introduced this new software, or we've introduced this, I'm going to go, Hmm, what benefits has it had to the people who live here? How has it benefited your team? How has it benefited you? And if you can't tell me how it's a case of, why do you got it? You know, don't solve a problem that doesn't exist because your team aren't going to buy into it. So there's all of that, but the auditing, for me, is around that identify areas of improvement, following it through to monitoring that improvement. That's why you need to check them each month, or however often you're doing them. Some can be daily. You know, I've got daily audits that they're done every single day by the team, daily walk around audits. You know, they will go around and they will make sure that bathrooms are free from clutter, doorways aren't obstructed. Fire exits are all okay. You know, residents are happy. Team are happy. We know who the fire marshal is. Med rooms are okay. You know, it sounds a lot of work, but actually a manager should be having a quick walk around anyway every day, and there's your assurances that everything's okay. I can identify my themes and trends from those on my digital system, because I can see what's passed and what's failed, and I can go, this is a precursor to a risk, or this is really great. This is improved. You picked this all up last month, but actually this month wonderful. I mean, I'm a bit anal. I do it on a weekly basis, so I observe my themes and trends throughout the month, so I can try and spot things in things early and get those early warning signs and but it's all around that continual quality improvement.

Wendy Adams 26:29
And I think managers sometimes get caught up in the audit, sometimes ends up being almost like an end in itself, right? Okay, we've achieved the audit. We've completed the audit, when actually what you're describing is the audit is only the start, because the audit is about identifying the things that need to change and the actions that need to happen following that that audit. Do you have so when you develop action plans? Do you have any any top tips when you develop those action plans,

Speaker 1 27:02
yeah, I mean, well, so first off two points, and this is something we don't get in social care, so the audit is actually, for me, the second step. Audits have always been introduced after something's happened that we've not previously audited, you know? So something could happen and we go, why don't we know about this? Need to check on this now. So it could be that you develop an audit, something internally, because something's happened that you've not been aware of, and go actually need to address this. So an audit could be your actual second step. And in social care, we're not used to having so many audits. You know, we've got people like, Letby, Shipman, Winterbourne View, all of those people. Jimmy Savile, all of those people to thank for the actual drastic changes we've had in the cross health and social care, which is why we're seeing more and more audits take place. You have a you have a serious death in a care home. Oh, my God, you need an audit for this. There's someone chokes on think and easy. You need processes in place for this. So a lot of it is actually quite reactive. But yeah, I mean, I love audits. I could wax lyrical about them all day long. I'm a sad, sad, sad git and action plans for me, though, my number one tip is be smart, like literally be smart, depending on how you use your action plans, however you develop them, however you send them out. There was nothing worse than receiving an action that says, Please, can you do this? Do do what? What is it you want me to do? When do I need to do it? By? What is it that I need to get done? How am I going to achieve this? You know? Why am I doing this? Not sound like a petulant child, but why I'm really busy. Why do I need to do this? So for me, it's around making sure your actions are smart. The acronym for those who don't know Specific, Measurable, Achievable, Relevant, time bound. So one action that I use this as an example quite a lot, is put a poster up for me. Okay, I'll come in the next day. The post is not there. You've not put the poster up. Well, I didn't know what poster it is. You wanted up. You just sent me an accident saying, Can you put a poster up? Oh, well, it's this poster for hand washing. All right, yeah, okay, I want it done. Okay, come in the next thing. I can't find that poster. You've not put it up. Oh, I have put it up. Well, where have you put it? I'll put it in the activity lounge. Well, have you put it in the

activity lounge? I need it up in the hand wash basins, in the sluice rooms. We never told me that. Ah, right. Okay. So for me, it's just around saying attached to this action is a hand washing poster. Can you please put this hand washing poster up laminated after printing it off, using if you need to the office printer. There is a laminator in there with pouches. Please pop this up in all areas where there are hand washing basins. This needs to be done by Friday. This makes sure we meet regulations while safe care and treatment for infection prevention, control and regulation. Prevention, control and regulation, 18 for staffing, making sure that you're all protected. I will check this on my daily walk around on Friday. I know exactly what I need to do from that action. I know that was a printer available in an office that I can go and use, and there's a laminator there for me to go and laminate it. I know that I need to put it in everywhere that's got a hand washing basin in. I know it's to actually meet regulation needs, and I know my manager is going to check on me on Friday. I have no leg to stand on, going, I'm sorry. I don't know what you want. I don't know what you wanted. There is pushback on that from managers around the country, because I've spoken this with managers from all sorts of places on that. But it takes so long, like it takes so long to write these actions, and it's like, we're not asking for war and peace. But also go back to your circle, your target. What's one thing that you moan about? I don't have enough time. I don't have enough time. I don't have enough time, right? What can you influence? How much of that time are you spending chasing up people who aren't doing actions? How much of that time are you spending reiterating what actions are if you just have your actions specific and measurable and achievable and relevant and time bound to start, all of your time can then be focused on assurance, checking they've not done it. You've got that level of accountability now to go, Why have you not done it? Well, I didn't know what I was doing. Please explain to me a part of that action that you didn't understand. Because I apologize if my action wasn't specific enough, and if they can't, you've got that you're just not doing your job. I mean, I wouldn't say that out loud to somebody, but you've you what you want to be able to do as a manager is bring those levels of accountability to go actually, I've given you everything you need to do. One thing that I find really important in my role, and I think anyone in a senior management position, especially if you're in a sort of quality manager role, is make sure that your first priority is you're doing everything you can do as a provider. The last thing you want to do is end up in a CQC inspection or in coroners, heaven forbid, and it be pinned to provide a lead failure. You don't want that provider led failure is one of the worst things that could potentially happen. So what you want to make sure is you've provided all of the resources for your team, and even if you've provided all of those resources, you then back it up with the competencies and the checking on them to make sure they understand those resources, they know what they're doing. Yeah, and I'm not saying that we're here to part blame onto somebody, but if processes fail, you want to be able to demonstrate that as a provider, as a manager, as a senior leadership person, you've done everything you possibly can do to support an individual because if then it comes down to individual failure, you know, as a provider, you're not going to get those hefty fines. You're not going to get those criminal investigations. Peace Earth. Great. I'm not about pointing blame, but there has to be an element of you protecting your own businesses, and that can only be done by you providing your team your resources. And I'm not saying that's the only reason you should do it. By God. You should be investing in your team, 24/7, providing them the knowledge, providing them the resources, giving them the succession planning, giving them that support. But the other side of that is from a provider led point of view, you're not going to fail, and that's where those actions come into place. And I would also say assurance, check them. So once you've got your actions smart, review them. So our team should, as the process is bring it up at every flash meeting in the morning. These are the actions we've got coming up this week. Who's doing, what? How we are going on this action, what we doing on this action, and then what I do for the big action. So if we've had a CQC inspection, or we've had my own internal inspection, or we've had issues, and we've put big actions in place, like I've identified something in the ceiling that needs repairing. I then go around and check that action myself, take a photo, log my evidence, and go I have assurance check this. I am confident that this action is now completing and it can be closed. Don't just let people close those actions down. If they are as a manager, you want to check on them yourself and have that oversight, because the last thing you want to do is CQC come around and go, did you know that that

fire door doesn't close properly? And you go, Oh, doesn't it? Yeah. And your action plan here says it was fixed and it's been closed down, has it? Yeah. Did you check it? No. Oh, you look like an idiot.

Pia Rathje-Burton 33:43
You need to, you need to, kind of build that in somehow. Don't you part of your audits or something

Speaker 1 33:47
assurance checking is there's continual quality improvement. Yeah, you can't, not check, check 10% of your audits. There's that, I will admit this, we have an audit that got failed on an inspection because someone had put in not applicable for laundry room? Did we? Did we lose a laundry room overnight? Like, what the heck? Yeah, the laundry room is still there. Why is it not applicable? So you've got to actually go and check those audits as well, because an audit is only as good as the information input into it. So if your team are sat there going, everything's fine, everything's wonderful, everything's amazing. And CQC come around to you and they say, Absolutely, your cap on. So shocking. Why is shocking. Why is this not been picked up on a cap on audit? You do but and your questions are fab, like the questions in your audit are amazing. You've not picked anything up. You're going to get marked down for regulation 17 good governance, because you've not got the oversight your audit aren't telling you what you need them to tell you.

Pia Rathje-Burton 34:37
Basically, yeah, absolutely, and I think it's really good just going back to your smart to smart that, I think is interesting you're saying about how it's time consuming. But I suppose if you get into the habit of writing, every time you write an action that you really kind of think about all that you know, that you know what, what is it you're trying to ask somebody to do, or you're doing yourself, and. Just including it. So if you have it in your head, and you get used to doing it, it's probably much, you know, it's like anything. The more you do it, the more the easier will be. When it will be difficult at the beginning, because you will be going, Oh, what is the measure? I don't know. You know, you'll be, you'll be doing that. But then when you're doing if you're doing it all the time, and that's just part of one of those, I've done an audit. I've noticed something. There's an action. Are you smart? There you go. I know exactly how to do that now and then. Use just part of your process.

Speaker 1 35:29
One of the easiest ways to explain to people, because I get that people have different levels of learning, different levels of accessibility, and I'm not there to shame anybody. So the one way I tend to describe it is, if you received that action, could you complete that action without going back to the person who sent it? You to ask for more information. If the answer to that is no, you need to put more info in. If the answer to that is yes, send the action. Yeah, put yourself in that person's shoes. Again, there is some subjectivity there, because I might think it's common sense, and I might think, you know, well, that's clear, and everyone should be able to do that. The one thing I will say is common sense doesn't exist. And that's not me being rude or negative, but common sense is like saying normal. You know, normal doesn't exist. Common sense doesn't exist. People's brains work different. People's brains are wired different. Just something, just because something is, I don't know, obvious to you doesn't mean it's obvious to somebody else. It's obvious to you because it's on your mind. It's not obvious someone else because they're focusing on something else. So it's around making sure that you have to truly think outside of your realms of comfort and go. Would I truly know what this meant if it was sent to me? If so great, if not, work on it, and it will become second nature. But also have the confidence to say to somebody, you've sent me an action I'm sorry I don't understand it. Do you ever want to talk me through it or go back and resend it? Because I want to make sure that I'm doing it efficiently. I don't want to waste the time. I don't have the time to waste things like and, you know, I know we don't have long. And I could talk well, you know, I could talk forever. Introduce the Eisenhower matrix into your

services, because one of the things I hear a lot of is we don't have the time. We don't have the time, we don't have the time. Circle of control. What can't you control? I've already said that actually, we can identify that we're spending a lot of our time talking about stuff we can't control. That's a waste of time. Eisenhower matrix helps you identify that what's important, what's urgent, what's important but not urgent, what's urgent but not important, what's neither urgent or important. Because if you're doing stuff that's neither urgent nor important, God, stop doing it. I literally stop doing it, you're wasting time. You know, if you're doing something that is really urgent and important right now, and something else comes through that is important but not urgent, delegate it, give it to somebody else, or shelve it and schedule it to do it another time. You know, if it's really important and urgent, do it yourself. If it's urgent but not important, get your nurses to do it. Get your seniors to do it. You know, get somebody else to do that for you. It's all around identifying where you're spending your time throughout the day. And I do talk to people around that time management aspect quite a lot. I still do it myself. I waste a lot of time in my days. I don't, know, um, reading stuff that I probably could have read in the evening, for example, or having a 20 minute conversation with someone, because I don't actually get too many people in my role unless I'm actually doing on the site, um, inspections, you know, I don't get that time to talk to people. So I that's one of my weaknesses. I love to talk love to talk so paddle boarding this weekend built a Lego and I think to myself, That's 20 minutes Adam you could have spent reviewing an audit. And that's not to be cold or rude, not talking to people, but also, I then don't have the ability to go, Oh, do you know I'm really busy and I'm out of time, or I've not got the time because I've wasted that time. So that's that's on me, especially

Pia Rathje-Burton 38:43
just you probably just about answered your first question. Wendy about Yeah, so time saving

Wendy Adams 38:50
What's your most time saving tip, but I think you've probably answered that without me needing to ask it.

Speaker 1 38:57
So, Eisenhower, matrix. Eisenhower, write down, diarize what you've done throughout the day. Just identify what's been important, what's not been important. What could you have delegated? Because at the end of the day, when you go on holiday as a manager, you should be able to come back from a two week holiday and go, oh, there's a few things I need to do regulatory wise. But actually, I'm just going to get back into it. Very rarely the case. Most managers I hear will turn around and go, Oh, my God, I'm joking. I've got two weeks off, which means I'm gonna have so much to catch up when I get back. No wrong No. Delegate succession plan. Get your team behind you. Delegate that work out. For me, a good manager looks like someone else doing nothing. If you're sat in your office and it looks like you're doing nothing. For me, is a real good sign of a good manager, because that shows me you have got a team full of work that is going on that you are just overseeing. You are guiding that ship. You're setting sail. You're on that way to the sort of utopia that you want to go to. You're on that path, and everyone else is supporting you in doing it. Someone falls overboard, not an issue, because you're not overworked, you're not burnt out, you'll jump in. You'll go, it's all right. I'll get on the poop deck for a while, and I'll help out. By the way, that wasn't a derogatory about social care. The poop decks are part of a ship, isn't it? I was trying to continue the metaphor. I wasn't trying to be derogatory about social care. I'll go starboard. Plus you the different one, I'll go starboard, you know, I'll spin the wheel, I'll get the mop out, I'll raise the flag, because you've got the ability to do that. If you're constantly doing everything for everyone, then you're going to burn out. Your team aren't empowered. They don't feel supported, they don't feel encouraged, they don't feel inspired. They're not going to do stuff when you're not there. So it really is around developing your team to get them to do your job for you and you support them, and giving them that oversight mark. And I have this thing where it is train people to

leave you or treat them so well they don't want to go. Because for me, one of the first questions I asked in an interview when I used to be a manager was, how long have I got you for? Seriously, I want to know how long I'm employing you for. This isn't a temporary role. This is a full time permanent position, but permanent isn't your life. So how long do you envision being here? What do you want to do at the end of this? What do you want to achieve from this? Because I want to help you get there. I will help you get there, but I need to know when I need to start replacing you, because I want to develop other people along the way. Because if they say, well, actually, I want to be a manager in four manager in four years time, I'm going to make you a manager. In four years time, you're gonna be the best employee I've got, because you're going to want a good reference. It's going to benefit me, because I've got someone doing my job for me, and I know in three and a half years time I need to start recruiting

41:34
for your position. Yeah, good point.

Wendy Adams 41:36
I feel like we could talk to you forever, Adam, but we we're probably about ready for our final question, which is a question we ask all of our podcast guests. So I want you to imagine that you're on a lift in the 10th floor going down with a group of registered managers, and before you get to the bottom, you want to tell them what you think is your key message that you want to leave them with so short and snappy, because you've only got 10 floors in which to say it. What would that be? Trust yourself.

Speaker 1 42:07
Trust yourself. Stop letting people tell you what you're good and you're not good at. You know what you're good at. In social care, we know what we're good at. We do social care day in, day out. Trust yourselves. Admit when you're wrong. Hold blame to yourself. If you need to and go, I need support. I need support, but I know I'm trying to do the right thing. There is so little love for ourselves in social care right now that we need to learn that again. Learn to love yourself. Learn to trust yourself and engage with the knowledge that's out there. Unless you continually improve yourself, you're going to struggle, you're going to fail. Love yourself, trust yourself and learn. That's all I would say to people, because no one knows everything.

Pia Rathje-Burton 42:46
No, I think that's very good point, and particularly continue to improve. And I think it's so important. I think it's so often gets forgotten, you know, or not prioritized, maybe not forgotten, not prioritized, because there's so many other things, but continuing to improve yourself is so important. Thank you so much. Adam, I could chatter to you for hours

Speaker 1 43:06
I'm sure we'll have you. Yeah, we will.

Pia Rathje-Burton 43:10
So thank you so much. Bye, thank you bye, bye, bye.

Speaker 3 43:20
A long, interesting chat, wasn't it? Wendy, would you

Wendy Adams 43:26
think definitely Adam just had so much, so much to talk about. We could have chatted for ages. Yeah, exactly. And who would have thought? Who'd have thought that chatting about audits could be, could

be so interesting, but it's just one of those areas that I think managers often really struggle with. And while Adam was talking, I was thinking about the webinar that we did for Skills for Care a little while ago now, around providing evidence to the CQC. So the webinar was all about preparing to make sure that CQC, when CQC come in, that we've got the evidence at hand for their assessments and and any inspections. And that webinar is available on our website. But in addition to that, there's two really great resources that are linked to that, one of which is practical approaches to quality assurance. But there's also a practical approaches to quality improvement, and that links into a lot of what Adam was talking about, about that continuous improvement

Pia Rathje-Burton 44:30
cycle. Yeah, absolutely. And I think he had so many good tips, and really, you know, things that I perhaps haven't thought about before, in terms of, you know what he's doing every day, the great work he's doing around audits and making it exciting. You know, I kind of always wanted to do an audit, just because he was, it was so, you know, the way he described it sounds like such a positive experience, rather than just a kind of a bit like drag. So I thought was really interesting when he was talking about how. So it's, it's important that, you know, you're almost training the whole of the team around you to do so many things, both with in terms of its smart goals, but also how you want your team to be working almost for you. So you kind of just have that overview and really kind of developing, you know, new managers, new deputies, your staff, to be able to kind of function at a really high level. The new Developing managers and deputy guide that we released earlier this year really gives a lot of help with that. It really sort of looking at, either, how do you how do you develop somebody? What does succession plan look like? You know, what are the things you can do to to kind of really develop, develop the people around you, your managers, your your senior support workers, whoever they are within the organization, to to elevate their their skills, really. So it was really interesting that he highlighted that as something to to think about. That's it really for this episode, we're going to make this a bit shorter because we chatted for so long with Adam. So thank you very much for joining us today. Remember that the resources that we've just spoken about will be on in the show notes and on the skills for care website. And bye for now,

46:21
bye, bye.