



PREPARING FOR CQC

A PROACTIVE APPROACH FOR MANAGERS



Wesley Strahan-Hughes

Director of Operations
Hertfordshire Care Providers Association



Housekeeping



Please keep your mobiles on silent during the presentations



Exits



Comfort Break



No planned fire drills

Today's Event



The Cost-of-Living Crisis



**Preparing for CQC Inspections,
The 5 Key Questions**



Winter Preparations



Agenda



9.30am Welcome – CQC, A proactive approach for Managers

HCPA Updates

Cost of Living, The Money Advice Unit

Preparing for CQC, Introduction

The Key Questions

Brunch and networking

The Key Questions cont...

More Key Questions

Digital Social Care

Winter Preparations

Update from HCC

Networking

HCPA Close



Event closes



GOODCARE
Hertfordshire



HCPA
PROVIDER HUB
ASK US ANYTHING

hcpa  **Impartial Feedback Service**
Improving Care Delivery and Reputation



Support Services from
hcpa 



REAL SAVINGS

Making the most of your membership ensures that you can save up to £8000 yearly on key services for your business...



Recruitment service

Academy benefits programme

Provider portal

Training

Business Development Services

Over £8000 in savings



New Idea for Support Service

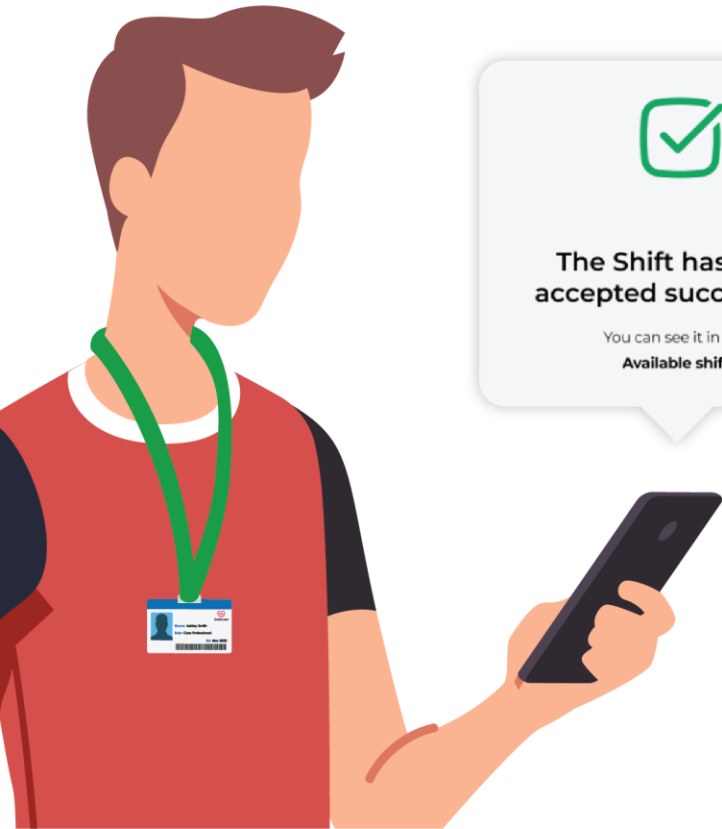
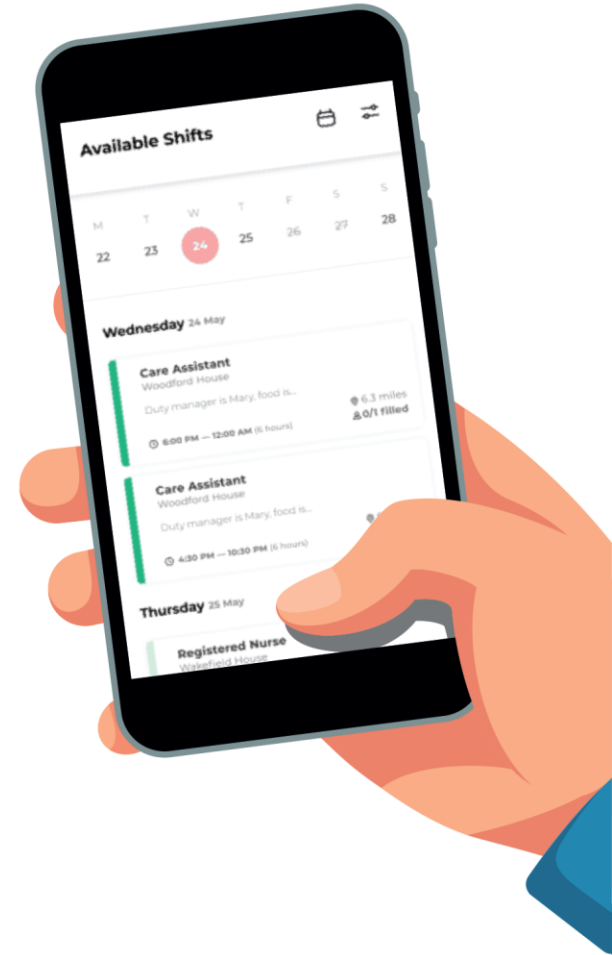
HCPA members have suggested:

- A new HCPA app offering Care shifts
- Upload shifts to care staff within Herts
- Cost of living: Staff are desperate for more hours
- You can have your shifts covered and can help others
- We could widen the 'cover pool' between us
- Mainly: Would help care staff earn extra money



The Shift has been accepted successfully

You can see it in your Available shifts





New Idea for Support Service

4 Questions

1. Would you be interested in participating?

2. Would you upload shifts that you need cover for?

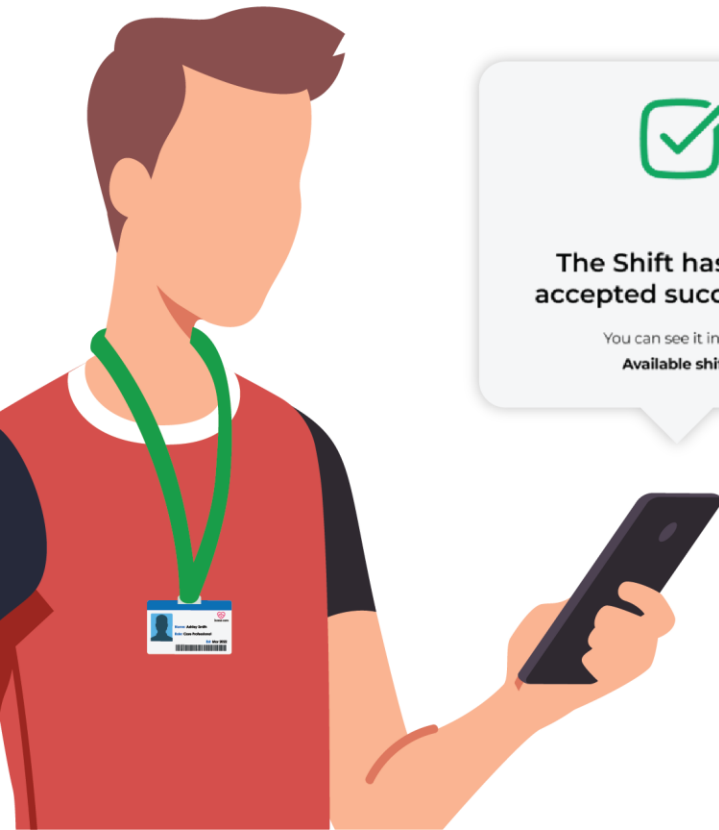
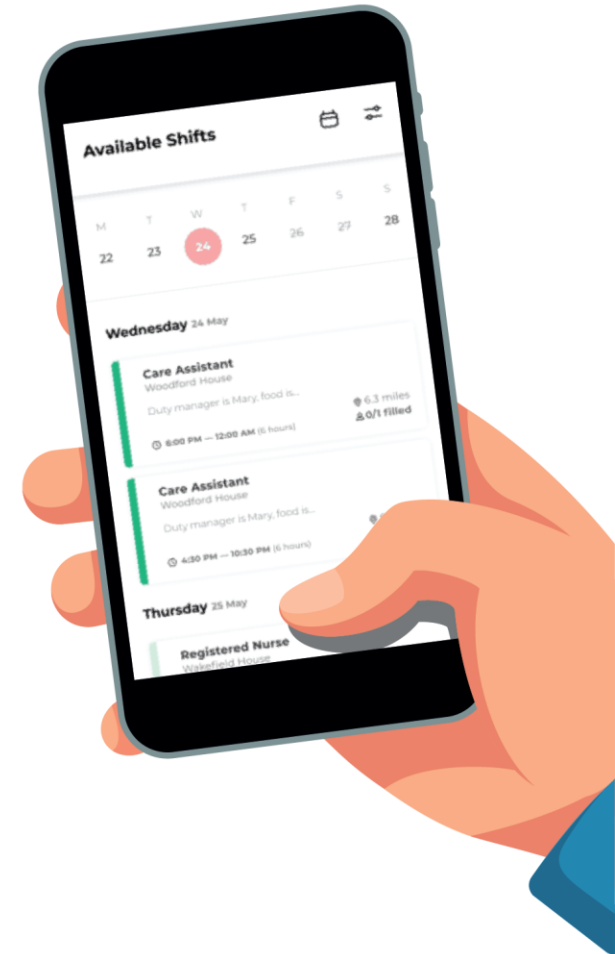
3. Would you be happy for your staff to pick up shifts outside of their working hours?

4. Do you think this is a good idea?



The Shift has been accepted successfully

You can see it in your
Available shifts



Join our Business Savings Webinar

Weds 14th December 10:00am

Current challenges

Government assistance available

Reclassification of the care sector as 'vulnerable'

Advice on how to cut your gas, electricity and utility costs in 2023



INCOME MAXIMISATION

Recruit | Retain | Support

Gary Vaux

**Head of Money Advice Unit | Community & Specialist
Services | Adult Care Services
Hertfordshire County Council**

The cost of living crisis

Gary Vaux
Money Advice Unit
Hertfordshire County
Council



SCOTTISH DAILY EXPRESS
WE'RE BACKING THE UNITED KINGDOM
FRIDAY, FEBRUARY 4, 2022
EXPRESS CAMPAIGN: SOMETHING TO CHEER THE NATION
HERE'S TO A NEW BANK HOLIDAY TO FOREVER HONOUR THE QUEEN!
SEE PAGE 14B
Partygate purge: Exodus at No10
SEE PAGE 9
COST OF LIVING CRISIS Rishi helps millions as energy bills soar and interest rates rise
TIGHTEN YOUR BELTS...BRITAIN IN GRIP OF BIGGEST SQUEEZE EVER
By Meera Hall and Tom Martin
RISHI Sunka attempted to ease the grim reality of the biggest fall in living standards for 30 years yesterday. The Chancellor has ordered millions to ration their living.

65p
JOURNALISM YOU CAN TRUST + BRITAIN'S FASTEST GROWING READERSHIP
EXCLUSIVE
Prince Andrew's accuser agrees to meet his lawyers
LEGAL
Mystery of Rebekah Vardy's missing messages
'Wagatha Christie' court battle escalates
WEDNESDAY 9 FEBRUARY 2022
OPINION
Carrie Johnson
Cost of living crisis: extra 1 million UK children set to go hungry
Free school meals rethink urged – to prevent many more children falling into food poverty
1.6m currently eligible, but concern for further 1m whose parents are hit by rising food prices
Government reluctant to relax rules to offer school meals to all families on universal credit
POLITICS
'He-shuffle'
Musical chairs after PM's three months from hell
CONSUMER
Blooming heck
Valentine's Day flower massacre
HEALTH
NHS backlog will grow for two more years
CULTURE – LOUISE BOURGEOIS AT THE HAYWARD P38 | WAUGH ON POLITICS P11 | MONEY PULL-OUT AND S'PERM P23 | TV & RADIO GUIDE P26 | PUZZLES SECTION – 37 GAMES & CROSSWORDS INSIDE P27
UK'S COST-OF-LIVING CRISIS
PAIN IN THE GAS
Energy bills soar by £700 from TODAY
Websites in meltdown as punters panic
Mad Vlad threatens to cut supplies
More Easter offers on page 6.
TESCO
Every little helps

The cost of living pandemic

Recovery from COVID 19, disruption of supply chains (especially from Europe) and increasing costs of raw materials/fuel

54

Energy price cap applies to AVERAGE households – was £1,277 in March, then £1,971 in April and now £2,500

That doesn't mean the most you'll pay is £2500. You'll still pay for what you use. Only protected to April 2023, then capped for 'vulnerable people' only. Average could rise to £3500 (Martin Lewis)

Inflation

Benefits rose by 3.1% in April 2022, based on inflation in September 2021

September 2022 inflation rate is 10.1% and should be used as basis for April 2023 benefits increase.

“Low-income inflation rate” is much higher – around 14% as more of income spent on basics (food and fuel), which have increased most.

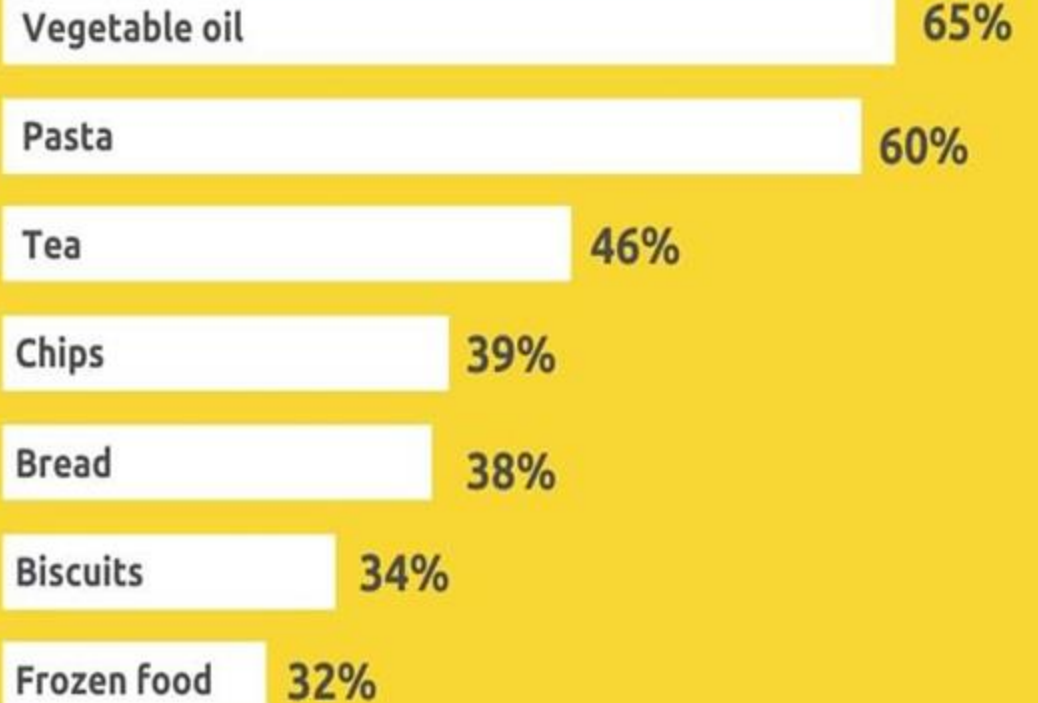
WEDNESDAY, OCTOBER 26, 2022 **£1.10** (88p to subscribers)

Eye-watering price rises of everyday groceries

SEE PAGES 10&11

Food and drink inflation is officially 14.6% and for a basket of basic goods, its 17%

Average increase in cost of lowest-priced items



Source: ONS

£400

FOR EVERYONE



**ENERGY BILLS
SUPPORT SCHEME**

**Credited to
customers' accounts**

**Over six months
from October**

£650

**FOR MOST
VULNERABLE**



**COST OF LIVING
PAYMENT**

**For those on means
tested payments**

**Two lump sums in
July and autumn**

£300

FOR PENSIONERS



**PENSIONER COST OF
LIVING PAYMENT**

**On top of Winter Fuel
Payment**

**Paid in November
or December**

£150

FOR THE DISABLED



**DISABILITY COST OF
LIVING PAYMENT**

**For those who get
disability benefit**

**Paid by Government
in September**

HCC - Household Support Fund (3rd Round)

£6.1m in Hertfordshire for
County Council to spend from
DWP

One-third has to be spent on
pensioners (£2m) by end of
March 2023

Payments towards costs of food,
energy and water bills - £150 to
all on pension credit already

What can we do for our staff?

[Help to manage the cost of living | Hertfordshire County Council](https://www.hertfordshire.gov.uk/about-the-council/news/help-to-manage-the-cost-of-living.aspx#money)

<https://www.hertfordshire.gov.uk/about-the-council/news/help-to-manage-the-cost-of-living.aspx#money>

Ensure they are aware of benefits especially Universal Credit

Don't be afraid to talk about money – stop it being a taboo subject

Be aware of staff over-committing with extra hours, second jobs, high-cost loans.

What help is out there in Hertfordshire?



Citizens Advice-

0800 144 8848

Age UK-

0300 345 3446

HertsHelp -

0300 123 4044

Creating a budget



[Guide to managing your money | MoneyHelper-managing-your-money](#)

[Making A Budget & Managing Money. Free Help. StepChange](#)

[Yourhousehold budget | National Debtline](#)

[Work out your budget - Citizens Advice](#)

[Budget Planner: how to manage your money - MoneySavingExpert](#)



“Here for you this winter”

Campaign website www.hertfordshire.gov.uk/hereforyou

Communications toolkit www.hertfordshire.gov.uk/hereforyoutoolkit

Winter health booklet www.hertfordshire.gov.uk/winterwellbeing

We're here for you this winter



To see what help is available to you, check out our website:
www.hertfordshire.gov.uk/hereforyou



A woman with blonde hair, wearing a dark green quilted jacket and a brown shoulder bag, is walking and smiling. She is holding the hand of a young boy on her right who is wearing a dark blue quilted jacket and blue trousers with yellow accents. To her left is another young boy wearing a camouflage patterned quilted jacket. They are walking on a paved path with a stone wall and some greenery in the background.

Our winter health booklet is
being delivered to Hertfordshire
households. Have you got yours?

NHS

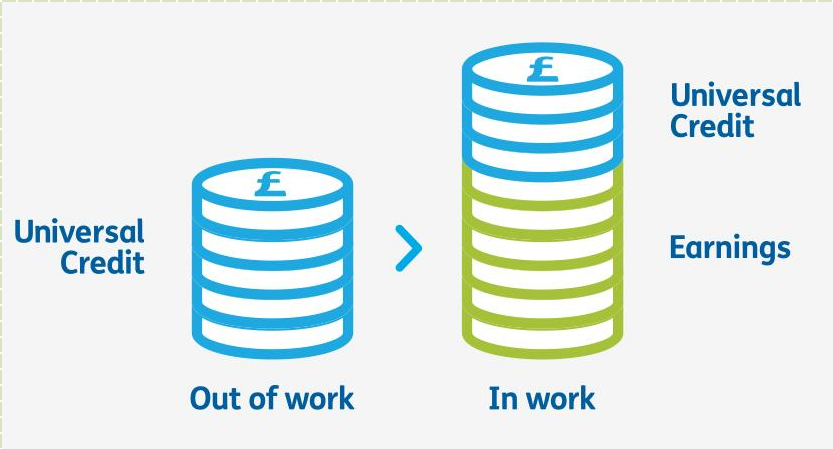

Hertfordshire

Warm Spaces

We're here for you this winter



Heating our homes is more expensive than ever, so HCC have worked with our partners to develop a network of Warm Spaces, which people can use to stay warm this winter. The online directory will let people find libraries, family centres and community spaces near them where they can stay safe and warm. [Click here to find a Warm Space local to you.](#)



UC Universal Credit

Universal Credit makes it easier to use existing staff for overtime and extra shifts

No 16 hour rule means staff claiming Universal Credit can increase their hours without worrying about their claim

Universal Credit allows extra shifts and responsibilities, helping staff develop their careers and **saving you money on recruitment**

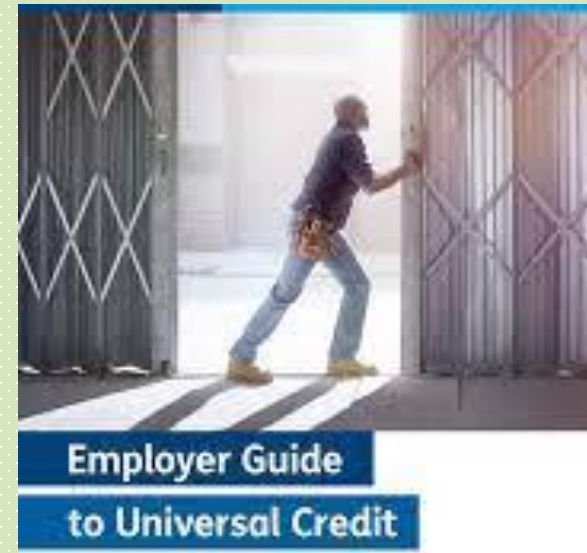
Universal Credit's more generous childcare support helps parents move into work and increase their hours

Universal Credit claims stay open, meaning jobseekers can take short term work, **giving employers more flexibility**

Universal Credit

- Based a means-test (income and savings)
- Assessed as part of a couple
- Re-assessed calendar monthly according to 'assessment period' dates.
- Paid in or out of work
- As wages go up, UC reduces and vice versa.
- Bonuses, tax rebates, overtime pay all count as income.
- Payment dates of wages can be very important – weekly, monthly, calendar monthly

- <https://www.gov.uk/guidance/universal-credit-information-for-employers>
- It includes how Universal Credit and earnings are worked out, employers' responsibilities and other support with links to further information where needed.



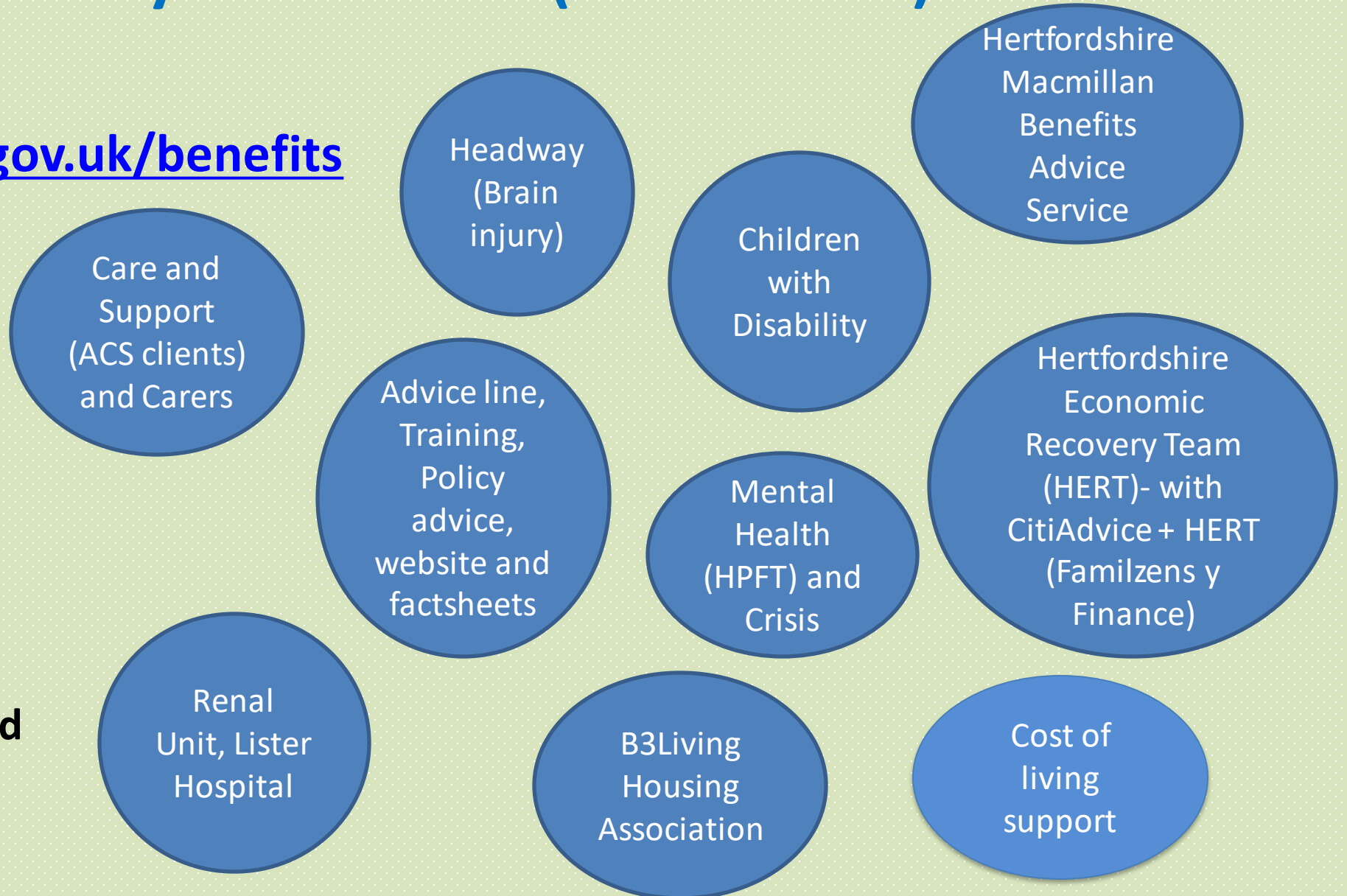
Money Advice Unit (not to scale)

Current areas of work

www.hertfordshire.gov.uk/benefits



MAU – 2021/22
4391 households
supported - £18.7m
additional benefits gained
(20% higher this year)



Pension Credit

- Guaranteed Credit - £182.60 pw
- Savings Credit – up to £14.48 pw
- Higher figure for couples (both over pension age)
- Extra if a carer or severely disabled and live alone without a carer
- Only 65% of those eligible claim it
- No upper savings limit
- **Telephone: 0800 99 1234**
- 3 month backdating

If you're over State Pension age, you may be eligible to get **Pension Credit** to help with the cost of living.



If you get **Pension Credit**, you may get other help too, like with housing costs, council tax or heating bills.



Disability Benefits

- Personal Independence Payment – age 16-65 (carries on past 65) – daily living and mobility
- Attendance Allowance – “help with bodily functions or danger to self or others” – up to £92.40 a week
- Tax-free and a “bonus”
- No rules about savings or income
- Live alone or with another person
- Based on the care you NEED, not what you get



Carers Allowance

- Looking after someone who gets attendance allowance or daily living part of PIP or DLA Care (top two rates)
- £69.70 a week but NOT a bonus
- “Overlaps” with other benefits such as pension and counts against pension credit, housing benefit, universal credit and council tax support
- Acts as proof of being a carer, as it triggers extra payment of those benefits worth up to £168 a month.



Sharon Davies OBE

CEO

Hertfordshire Care Providers Association



Intro

Preparation to help you
to be CQC Compliant in a
new landscape



CQC's Framework

**The new
single assessment
framework - what
do you need to know**



Why is the CQC changing what they do?



Building on the 4 themes in their published strategy

Embedding their learning from COVID-19

Integrated Care System (ICS) remit

Increased focus on outcomes for people that use services

Ongoing Assessment

In order for the CQC to update ratings more regularly, evidence will be collected on an ongoing basis. The timetable for collecting evidence will be based on national and local risk analysis and priorities, and this will be the minimum timetable for how often CQC will collect evidence.



What's staying?



THE 'FUNDAMENTAL STANDARDS'

THE 5 KEY QUESTIONS

RATINGS

THE PROVIDER INFORMATION
RETURN (PIR)

THE PRINCIPLES OF REGISTRATION
AND THE NEED FOR ONGOING
MONITORING OF SERVICES

NOTIFICATIONS

ENFORCEMENT ACTIVITY

AN INSPECTION IS AN
INSPECTION...

What's changing?

A SINGLE FRAMEWORK - THE SAME CRITERIA FOR ALL SERVICES

KEY QUESTIONS NOW PHRASED AS 'I' STATEMENTS

INTRODUCTION OF 34 'QUALITY STATEMENTS' AS A REPLACEMENT FOR THE KLOES

QUALITY STATEMENTS ARE:

PHRASED AS 'WE' STATEMENTS

DETAIL WHAT 'GOOD' LOOKS LIKE

'PROMPTS' AND 'CHARACTERISTICS OF RATINGS' ARE GOING

DATE OF INSPECTIONS NO LONGER LINKED TO RATING

AN 'ALWAYS ON' FRAMEWORK - FLEXIBLE AND 'RISK BASED'

**CHANGES
AHEAD**



What's changing?

A WIDER RANGE OF EVIDENCE FROM MULTIPLE SOURCES

'SCORING' EVIDENCE ON A 1 - 4 SCALE TO COME TO A JUDGEMENT

DEVELOPING AND SHARING THE RANGE OF EVIDENCE THAT THE CQC WILL NEED TO SEE

FOCUSING ON ISSUES RELEVANT IN YOUR GEOGRAPHICAL AREA

LOOKING AT THEMES - SUCH AS ACCESS TO SERVICES, VALUING STAFF ETC.

MORE 'DESKTOP ASSESSMENT' AND FORMING A REMOTE VIEW OF YOUR SERVICE

CHANGES AHEAD



What's changing?

SHORTER, MORE FOCUSED REPORTS

MORE REGULAR UPDATES ON
QUALITY OF YOUR SERVICE

RATINGS MAY BE CHANGED
WITHOUT SITE VISITS OR LOOKING
AT ALL QUALITY STATEMENTS

THE CQC HAS STATED IT WILL BE A
MORE 'SIMPLIFIED' PROCESS

ALSO, MORE APPROACHABLE AND
OPEN TO CONVERSATIONS

**CHANGES
AHEAD**



Quality Statements more detail...

QUALITY STATEMENTS HAVE
AN INCREASED FOCUS ON:



INDEPENDENCE

COMPASSION AND DIGNITY

PARTNERSHIP WORKING

PROMOTING HEALTHIER LIVES

IMPROVING OUTCOMES

RIGHTS AND EQUALITY OF STAFF

EQUALITY OF ACCESS TO CARE PROVISION

ENVIRONMENTAL SUSTAINABILITY

GOVERNANCE AND LEADERSHIP

BEST PRACTICE AND INNOVATION

Sources of Evidence...

PEOPLE'S EXPERIENCE OF HEALTH AND CARE SERVICES

**DIRECT TO CQC FROM RELATIVES, PEOPLE
USING SERVICES OR OTHERS**

**EVIDENCE FROM YOU ABOUT PEOPLE'S
EXPERIENCE INCLUDING SURVEYS, RESPONSES TO
CONCERNS AND IMPROVEMENTS MADE**



Sources of Evidence...

FEEDBACK FROM STAFF AND LEADERS

**COMPLIMENTS AND CONCERNS
SHARED WITH THE CQC**

STAFF SURVEYS

FOCUS GROUPS

YOUR SELF ASSESSMENTS (PIR)



Sources of Evidence...

FEEDBACK FROM PARTNERS

COMMISSIONERS

OTHER PROVIDERS

MULTI AGENCY BODIES

HEALTH SERVICES



Sources of Evidence...

OBSERVATIONS OF CARE

**MAINLY ON A SITE VISIT
TO THE OFFICE**

**OFF SITE INTERVIEWS WITH STAFF
AND PROFESSIONALS**

USE OF 'EXPERTS BY EXPERIENCE'



Sources of Evidence...

PROCESSES

POLICIES AND
PROCEDURES

CARE
PLANS/REVIEWS/
INVOLVEMENT
OF OTHERS

INFECTION
CONTROL/RISK
ASSESSMENTS

COMPLAINTS/
SAFEGUARDING

TRAINING/
RECRUITMENT/
INDUCTION/
SUPERVISION

COMPLETED
AUDITS AND
ACTION PLANS

ACCIDENTS/
INCIDENTS/
NOTIFICATIONS



Sources of Evidence...

OUTCOMES

IMPROVEMENTS IN
HEALTH, WELLBEING

TANGIBLE RESULTS WHERE POSSIBLE E.G.
WEIGHT, NUMBER OF HOSPITAL OR GP VISITS,
INVOLVEMENT OF COMMUNITY TEAMS

UNDERSTANDING WHAT IS
IMPORTANT TO THE
PERSON

THE 'SO WHAT?'
QUESTION

PERSONALISED
APPROACH TO CARE



What should I do now?

REFLECT ON THE SOURCES OF EVIDENCE ON THE PREVIOUS SLIDES, BUT SPECIFICALLY:

UNDERSTAND CQC THINKING

WOULD YOU EXPECT TO PASS AN EXAM WITHOUT KNOWING THE SUBJECT OR REVISING?

SIGN UP FOR THE CQC 'CITIZEN LAB'

SIGN UP FOR THE CQC NEWSLETTERS

UNDERSTAND YOUR LOCAL AREA, ISSUES, DRIVERS AND PRESSURES

ENSURE YOUR PIR IS UP TO DATE AND COMPLETE

KEEP A RECORD OF WHAT YOU ARE DOING THAT IS INNOVATIVE, CREATIVE AND MEETS AN IDENTIFIED NEED



What should I do now?



TALK TO OTHER MANAGERS, SERVICES AND SHARE KNOWLEDGE AND IDEAS

SURVEY, SURVEY AND SURVEY AGAIN...

THEY ARE A MAIN TOOL TO PROVIDE EVIDENCE OF HOW WELL YOU ARE DOING

ANALYSE RESULTS

MAKE CHANGES ('YOU SAID, WE DID')

USE HCPA SURVEYS SUCH AS STAN AND IFS TO HELP YOU

LOOK AT THE TECHNOLOGY YOU CURRENTLY USE, DOES IT ALLOW YOU TO:

INTERROGATE AND ANALYSE DATA?

BE PERSON - CENTRED AND SUPPORT THE CARE YOU ARE PROVIDING?

UPDATE INFORMATION EASILY?

SHARE EVIDENCE WHEN NEEDED?

KEEP INFORMATION SECURE?

What should I do now?

FOCUS ON AREAS THAT THE CQC HAS STATED ARE INCREASINGLY IMPORTANT:

INFECTION PREVENTION AND CONTROL (IPC)

CHOICE AND INDEPENDENCE

EQUALITY

CULTURE

ORAL HEALTH

STAFF WELLBEING

BEST PRACTICE

INVOLVEMENT OF PEOPLE THAT USE SERVICES

SUSTAINABILITY

CONTINUOUS IMPROVEMENT

MEETING LOCAL NEED



When will this happen?



'EARLY ADOPTERS' FROM NOW...

**UPDATES AND CHANGES EXPECTED
IN DECEMBER**


**IN NEXT FEW WEEKS, RELEASING
EVIDENCE CRITERIA FOR TYPES
OF SERVICE**

**ROLLOUT WAS PLANNED FROM JANUARY
2023, BUT LATEST INDICATION IS THAT IT
MAY BE A PHASED APPROACH FROM
APRIL 2023**

Evolution not revolution Key Questions and Quality Statements

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as '**we statements**', they show what is needed to deliver high-quality, person-centred care.

The quality statements show **how** services and providers need to work together to plan and deliver high **quality care**. They directly relate to the regulations listed. When they refer to 'people' CQC mean people who use services, their families, friends and unpaid carers.



There will be an activity before we discuss each Quality Statement area for you to join in – please use the form on your table to capture your three 'Quick Wins' - what are you going to take away from today and implement?



Hertfordshire's Support

Make the most of your HCPA membership and access our survey services, currently free to HCPA members...



Get open and honest feedback from your service users, families, staff and professionals based on the Key Questions (updated to new CQC framework from Jan 2023)

[Visit website](#)



Find out how competent, confident and knowledgeable your staff feel carrying out their care role. A great supervision tool, which enables you to evidence your commitment to developing a quality workforce.

[Visit website](#)



How do staff feel about your company culture?
This survey evidences your commitment to your staff team and can be used within your recruitment marketing as well as compliance.

[Visit website](#)

Davyd Strahan-Hughes

Leadership Education Manager

Hertfordshire Care Providers Association



What are the 'We Statements'?

What could these 'We Statements' be?

Here is one Example - *Freedom to speak up*

We foster a positive culture where people feel that they can speak up and that their voice will be heard.

If you were in a position of inspecting a service what else would you be looking for relating to the 'Well Led'?

Activity: Write a 'We statement' on your table



WELL-LED

'We Statements'

Shared direction and culture

We have a **shared vision, strategy and culture**. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.

Capable, compassionate and inclusive leaders

We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and **embody the culture and values** of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.

Freedom to speak up

We **foster a positive culture** where people feel that they can speak up and that their voice will be heard.

Workforce equality, diversity and inclusion

We value diversity in our workforce. We work towards an **inclusive and fair culture** by improving equality and equity for people who work for us.

Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and **collaborate for improvement**.

Learning, improvement and innovation

We **focus on continuous learning, innovation and improvement** across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

•Environmental sustainability – sustainable development

We understand any negative impact of our activities on the environment, and we strive to make a positive contribution in reducing it and support people to do the same.



Capable, compassionate and inclusive leaders

We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation.

They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.



WELL LED

leaders who are:

Inclusive

Supportive

Role model the culture and values

Leaders who have:

Skills

Knowledge

Experience

Credibility

Leaders who demonstrate:

Integrity

Openness

Honesty

**Capable,
compassionate and
inclusive leaders**





WELL-LED

'Key Focus'

- Leading a positive Culture
- Team Building- Why it is important
- Management Fundamentals- Supervision, Performance, Appraisals
- Good Governance – *Policies, Procedures, Auditing, Observation and Competencies*



WELL-LED



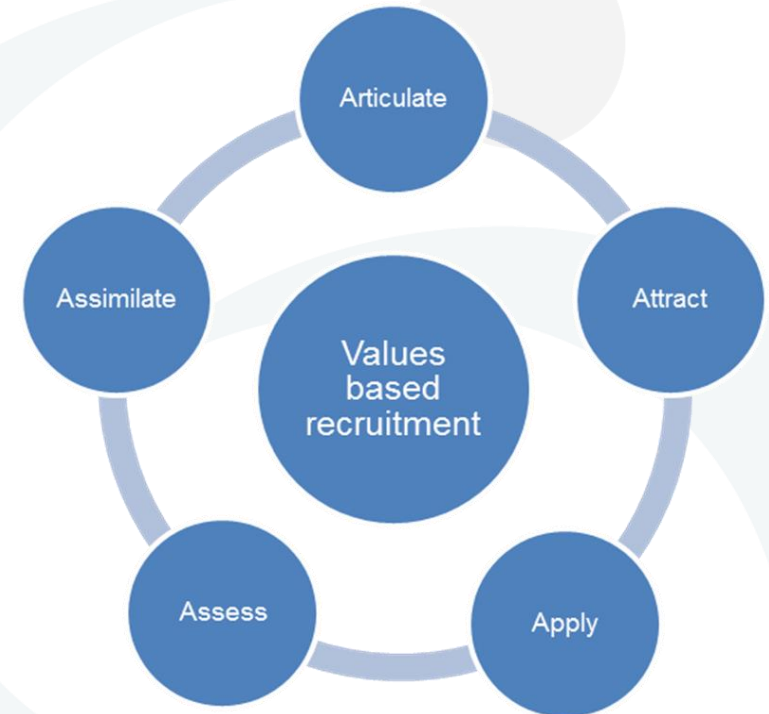


WELL-LED

Culture – What is it?

- Unwritten rules
- How to ‘fit in’
- Values and assumptions
- Norms and expectations
- Lines of communication
- Sub-cultures

‘Culture is the character and personality of your organisation. It's what makes your organisation unique and is the sum of its values, traditions, beliefs, interactions, behaviours, and attitudes.’

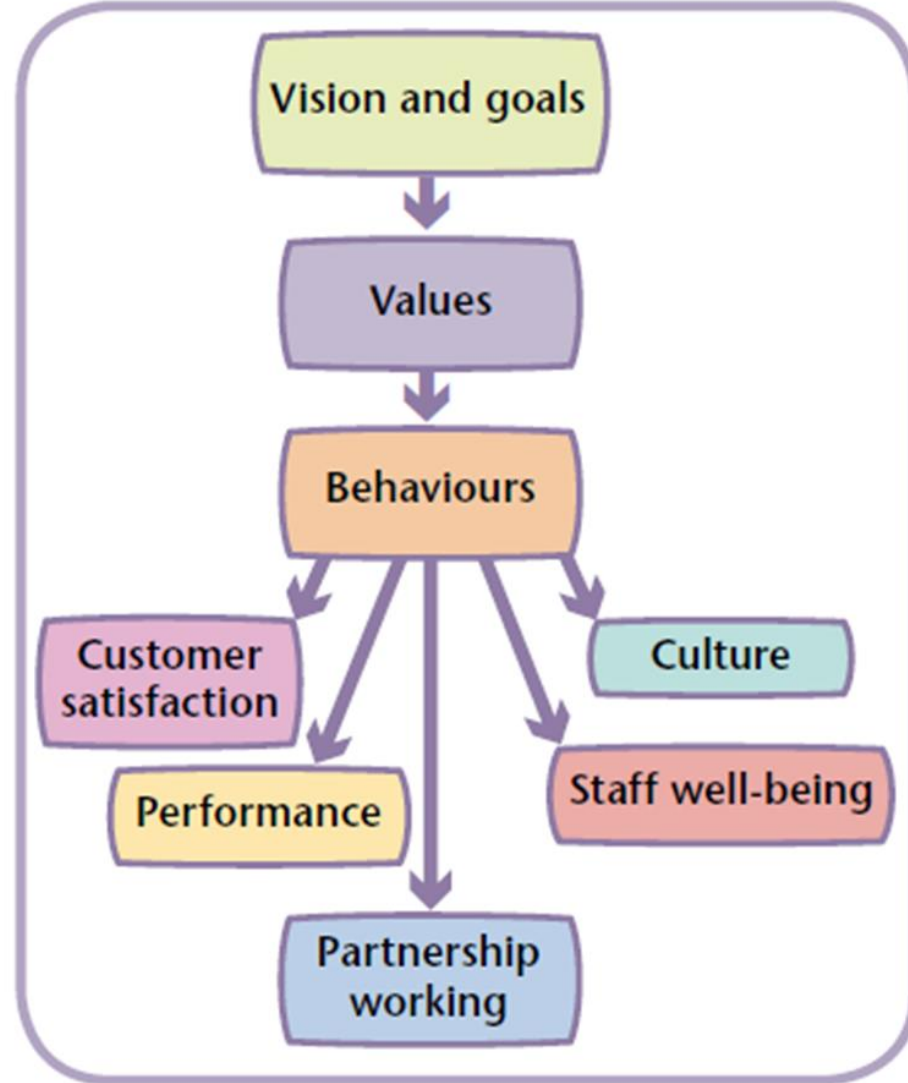


Workplace culture: What it is, why it matters and how to define it (ERC, 2013)

Behaviours Framework



WELL-LED



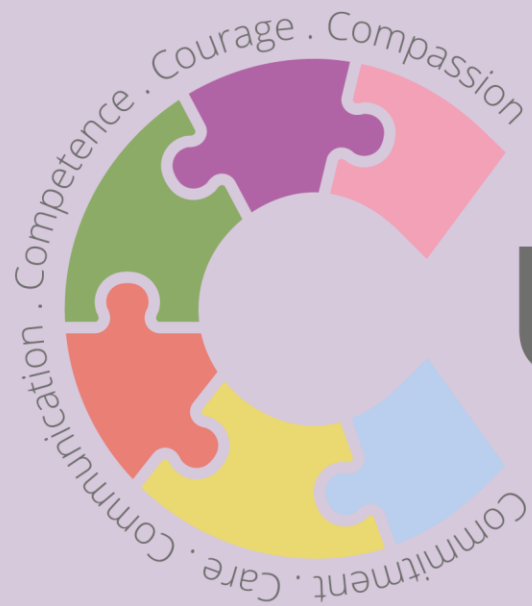


Hertfordshire's Support

How can we help?...

Quick wins...





ulture Check

Intensive intervention courses

THU
17 November - 2:00 pm - 4:30
pm
**Managing
difficult conversations: A
guide for Leaders – Cohort 2**

THU
1 December - 10:00 am - 4:00
pm
**Managing People:
Proactively raising
productivity
through performance
management**

THU
8 DECEMBER - 10:00 AM -
4:00 PM
**MENTAL HEALTH IN
THE WORKPLACE FOR
MANAGERS – LEADERSHIP
STRATEGIES (ACCREDITED)**

MON
12 DECEMBER - 10:00 AM -
4:00 PM
**PROFESSIONAL
SUPERVISION PRACTICE
(ACCREDITED)**

WED
14 DECEMBER - 10:00 AM -
4:00 PM
**TEAM LEADING
(ACCREDITED)**

Senior Qualifications

FULL Level 5 Diploma in Leadership and Management for Adult Care

CQC state that all Registered Managers' hold or be working towards an appropriate level 5 qualification as **advised by Skills for Care**. They recommend the Level 5 Diploma in Leadership and Management for Adult Care

The current qualification recommended by Skills for Care for those wishing to become a registered manager is the Level 5 Diploma in Leadership and Management for Adult Care

HCPA are able to offer with a new Cohort starting in the new year.

[Click here to Express Interest](#)

Need something for your Developing Managers?

Level 4 Diploma in Adult Care coming soon!

We will also be delivering Level 4 Diploma for Deputy Managers very soon.

This is aimed at aspiring managers and will enable you to gain more experience before completing your Level 5.

[Click here to express an Interest](#)

Understanding Workplace Culture

is a practical CPD module aimed at registered managers and other managers currently working in adult social care services.

The programme is delivered through one interactive module covering the objectives below:

- develop a clear understanding of what culture is
- understanding the relationship between culture, values and vision
- understanding approaches for assessing culture and steering action
- understanding simple rules for turning values into action
- understanding nudge as applied to head, heart and environment
- awareness of a range of nudge activities for developing culture.



TEAM BUILDING **TOOL**

Governance Education and Tools

**A guide to ensure your
Care Service is CARING**

Available from New Year

**A guide to ensure your
Care Service is SAFE**

Available from New Year

**A guide to ensure your
Care Service is
RESPONSIVE**

Available from New Year

**A guide to ensure your
Care Service is
EFFECTIVE**

Available from New Year

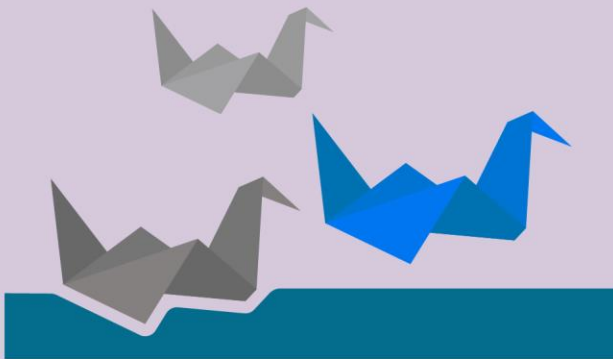
**A guide to ensure your
Care Service is WELL
LED**

Available from New Year

All Champions will cover
Best practice and
Governance for their
topic area



TEAM BUILDING TOOL



ulture Check®



Verity Forbes

Prevention and Enablement Team Manager



EFFECTIVE

People and communities have the **best possible outcomes** because their needs are assessed. Their care, support and treatment reflects these needs and any protected equality characteristics.

Services work in harmony, with people at the centre of their care. Leaders instil a **culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work.**

Everyone is supported to see what works well and not so well based on indicators of quality. Continuous improvement is always guided by this insight.





EFFECTIVE

What are the 'We Statements'?

What could these 'We Statements' be?

Here is one Example - ***Consent to care and treatment***
We tell people about their rights around consent and respect these when we deliver person-centred care and treatment

If you were in a position of inspecting a service what else would you be looking for relating to the 'Effective'?

Activity: Write a 'We statement' on your table



EFFECTIVE

We Statements

Assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their **health, care, wellbeing and communication needs with them.**

Delivering evidence-based care and treatment

We plan and deliver people's care and treatment with them, including **what is important and matters to them.** We do this in line with legislation and current evidence-based good practice and standards.

How staff, teams and services work together

We work **effectively across teams** and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

Supporting people to live healthier lives

We support people to manage their **health and wellbeing so they can maximise their independence, choice and control.** We support them to live healthier lives and where possible, reduce their future needs for care and support.

Monitoring and improving outcomes

We routinely monitor people's care and treatment to continuously **improve it. We ensure that outcomes are positive** and consistent, and that they meet both clinical expectations and the expectations of people themselves.

Consent to care and treatment

We tell people about **their rights around consent and respect these when we deliver person-centred care** and treatment.



EFFECTIVE

Key Focus

- Outcomes – linking to Connected Lives
 - 5 WHYS
 - Risk positive
 - Goal setting
 - Movement
- Supporting people to live lives healthier by evidencing good practice – Prevention and Enablement Framework



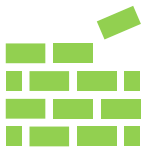
EFFECTIVE

Outcomes

Outcomes are defined as the impact, or end results, of services on a person's life



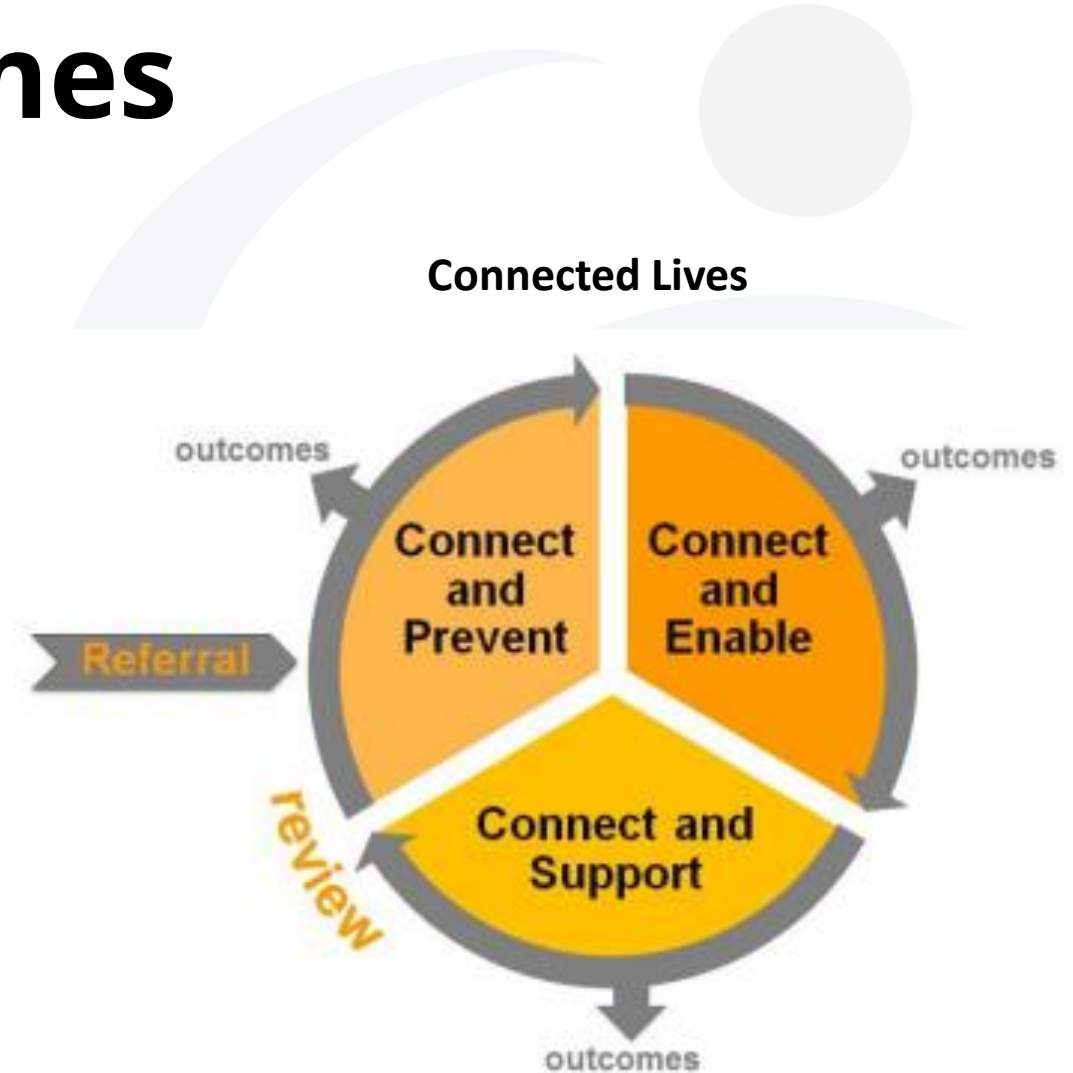
People are supported to live the best lives possible.



Building on their own strengths and capabilities.



Enabling people may mean people gain confidence to learn and/or regain some of the skills and independence they may have lost.





EFFECTIVE

Prevention and Enablement

We strive to see a culture of Prevention and Enablement to see positive outcomes in getting people moving more, sitting less and improving quality of life, while looking at where we can improve people's outcomes, such as measuring quality of life, reducing falls, hospital admissions and focusing on individuals physical and mental wellbeing. - **evidencing outcomes!**

This is completed by education that empowers, supports providers, gives Care Professionals practical skills to take to work with them and for staff to have a questioning approach.



Hertfordshire's Support

How can we help?...

Quick wins...

EVIDENCE

EMPOWER

ENABLE



EFFECTIVE

Prevention and Enablement:

How to monitor and improve – 5 why's



By asking the question why (5x max) you can start to find the root cause of the problem.



1: Write down a specific problem



2: Use brainstorming to ask why the problem is occurring, asking 'why?' again. This may take 5 or more 'whys?'



EFFECTIVE

Prevention and Enablement:

How to monitor and improve - Risk Positive

- It is important to weigh up the benefits of the task against the risks
- Every individual is different, and what is high risk for one person may not be for another
- People may need a risk management plan in place for certain activities
- Duty of care requires you to keep someone safe BUT not if that means the risks to them are actually higher if they are kept 'safe'

Enabling Care means we need to take managed risks to help people to improve!



EFFECTIVE

Prevention and Enablement: Supporting people to live healthier lives– Goal setting

S

M

A

R

T

- ✓ Self-monitoring and involving individuals in their goals
- ✓ Overcome barriers
- ✓ Education on the 'how' with individuals
- ✓ Celebrate the successes!



EFFECTIVE

Prevention and Enablement: Supporting people to live healthier lives – Movement

- Physical inactivity leads to around 37,000 premature deaths in England
- Muscle strength decreases up to 1.5 % a day, up to 20% in first week
- Muscle mass 1-1.5 kg loss from hips, glutes and quads (used when standing)
- Bed rest in hospital leads to a reduction in physical activity and also increase fear of falling.
- The longer someone stays in bed, this impacts confidence, motivation, anxiety and embed the higher the risk of infection, loss of mobility, fitness and strength.
- Every 10 days of bed rest in hospital is the equivalent of 10 years muscle ageing in those over 80.
- The ability of older frail people to 'bounce back' from illness or injury is limited

Every opportunity to promote mobility and independence needs to be taken and then evidenced.



EFFECTIVE

Prevention and Enablement Framework:

How to evidence the steps you are taking to show your service is meeting the key question of effective.

The Prevention and Enablement Self-Assessment Framework will actively promote 10 topics that we feel underpin prevention and Enablement, linking in with Effective and its quality statements.



EFFECTIVE

Prevention and Enablement:

How to evidence the steps you are taking





EFFECTIVE

Prevention and Enablement:

To summarise – we statements linking to the key question
of EFFECTIVE

- ✓ **Assessing needs:** Needs are assessed effectively so efforts can be made to improve individuals, evidencing this shows what works/doesn't work from current outcomes.
- ✓ **Working together** to promote healthier lives by evidencing good work that you do, evidencing working with AHP's.
- ✓ **Delivering evidence-based care and treatment:** Involving individuals in their care, what is important and matters to them: Positive risk taking, goal setting.
- ✓ **Monitor and improve outcomes by** following Enabling core principles: Choice, empowerment, independence, positive risk taking and to complete prevention and enablement framework.
- ✓ **Supporting people to live healthier lives:** Now the drive is to further improve the delivery of care to one that *maximises an individual's potential* to fully participate in their life, physically, mentally, emotionally and socially.
- ✓ **Consent to care and treatment:** To enable someone, you need to know what their choices and wishes are.



Hertfordshire's Support

How can we help?...

Quick wins...

EVIDENCE

EMPOWER

ENABLE



Hertfordshire's Support

PREVENTION & ENABLEMENT
FRAMEWORK

CONNECTED LIVES
[Watch the Connected Lives
webinar](#)

CHAIR BASED EXERCISE
INSTRUCTORS

Webinars:
[Falls Prevention – Risk factors,
Assessment and Intervention](#)

[Falls and Frailty – Reducing risk](#)

CHAMPIONS –
Enabling and Mobility
Enabling and Posture
New Dates Coming Doon

Care Home Support Teams

Resources:
[Enabling Care resource - older
adults](#)
[Enabling Care resource for
Adults with a Learning Disability](#)

Brunch



Joanna Zinczuk

Care Education Team Manager



CARING

People are always treated with kindness, empathy and compassion.

They understand that they matter and that their experience of how they are treated and supported matters.

Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them.

This includes supporting people to live as independently as possible.





What are the 'We Statements'?

What could these 'We Statements' be?

Here is one Example - **Independence, choice and control**

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and wellbeing.

If you were in a position of inspecting a service what else would you be looking for relating to the 'Caring'?

Activity: Write a 'We statement' on your table



CARING

'We Statements'

Kindness, compassion and dignity

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and wellbeing.

Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act

Workforce wellbeing and enablement

We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care.



Responding to people's immediate needs

Treating people as individuals

- Care Plans-Meaningful Outcomes
- Quality of life tool for inspecting services
- Right support, right care, right culture
- Advanced Statements
- Positive Behavior Support (PBS) structure
- MCA assessments and Best Interest Decisions





CARING



The MCA Resource Pack

For care homes, supported living, community support

1. Resources
2. Roles and Responsibilities
3. Example Assessment & Best Interest Tool
4. Step by Step Guide
5. Example Supporting Care Plan

[Click here to view](#)



CARING

Kindness, compassion and dignity

- Observations of practice and competencies-[Click here](#)
- Dignity Champion Audit Tools-[Click here](#)



Support Workers Doing Positive Behavioural Support Well



A Competence Checklist

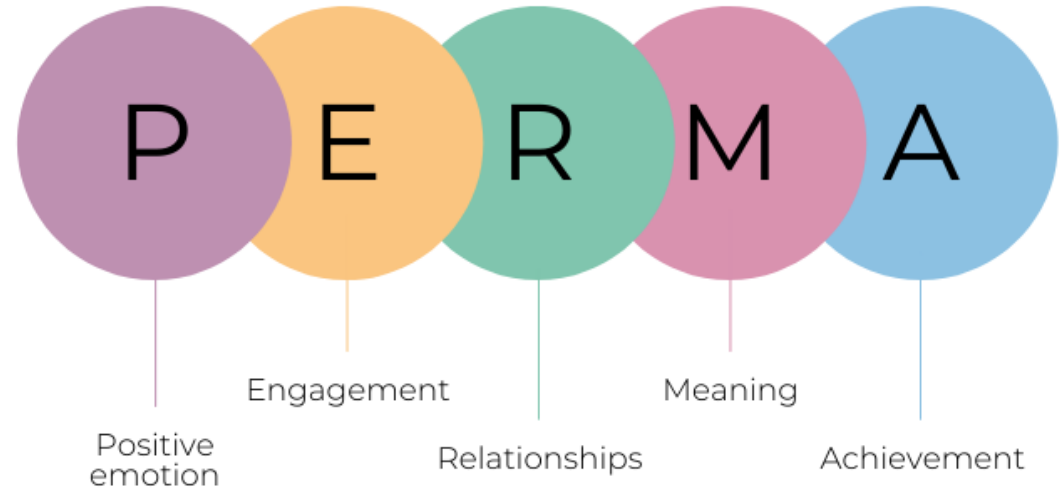


CARING

Treating people as individuals

Independence, choice and control

Workforce wellbeing and enablement



Psychoeducation
linked to Training
Needs

Individual's we
support/Family/
Care staff surveys

Staff wellbeing
support

Reflective
Supervisions



Hertfordshire's Support Quick wins...

Audit Care Plans –
CARE PLANNING TOOLKIT

HERE FOR YOU

Impartial Feedback Service

Hertfordshire PBS Community of
Practice

Embed PBS processes

Education-
PBS, Care Planning, Condition
Specific

SWELL & WELLBEING
GUARDIANS

Dignity Reflection Team Meetings

Review the HCC MCA Guide

Jessica Ives-Keeler

Clinical Education Team Manager



RESPONSIVE

People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood, and they are actively involved in planning care that meets these needs.

Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics.

People, those who support them, and staff can easily access information, advice and advocacy. This supports them in managing and understanding their care and treatment.

There is partnership working to make sure that care and treatment meets the diverse needs of communities. People are encouraged to give feedback, which is acted on and used to deliver improvements.





RESPONSIVE

What are the 'We Statements'?

What could these 'We Statements' be?

Here is one Example - ***Care provision, integration, and continuity***
We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

If you were in a position of inspecting a service what else would you be looking for relating to the 'Responsive'?

Activity: Write a 'We statement' on your table



RESPONSIVE

'We Statements'

• **Person-centred care**

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

Care provision, integration, and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Providing information

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

Listening to and involving people

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

Equity in access

We make sure that everyone can access the care, support and treatment they need when they need it.

Equity in experiences and outcomes

We actively seek out and listen to information about people who are most likely to experience inequality in experience or **Planning for the future**

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.



RESPONSIVE

Planning for the future – required in all settings regardless of age!

Person centred care planning in line with connected lives model

Using care planning toolkit as a guide for auditing and dip-tests

[Universal principles of Advance Care Planning](#)

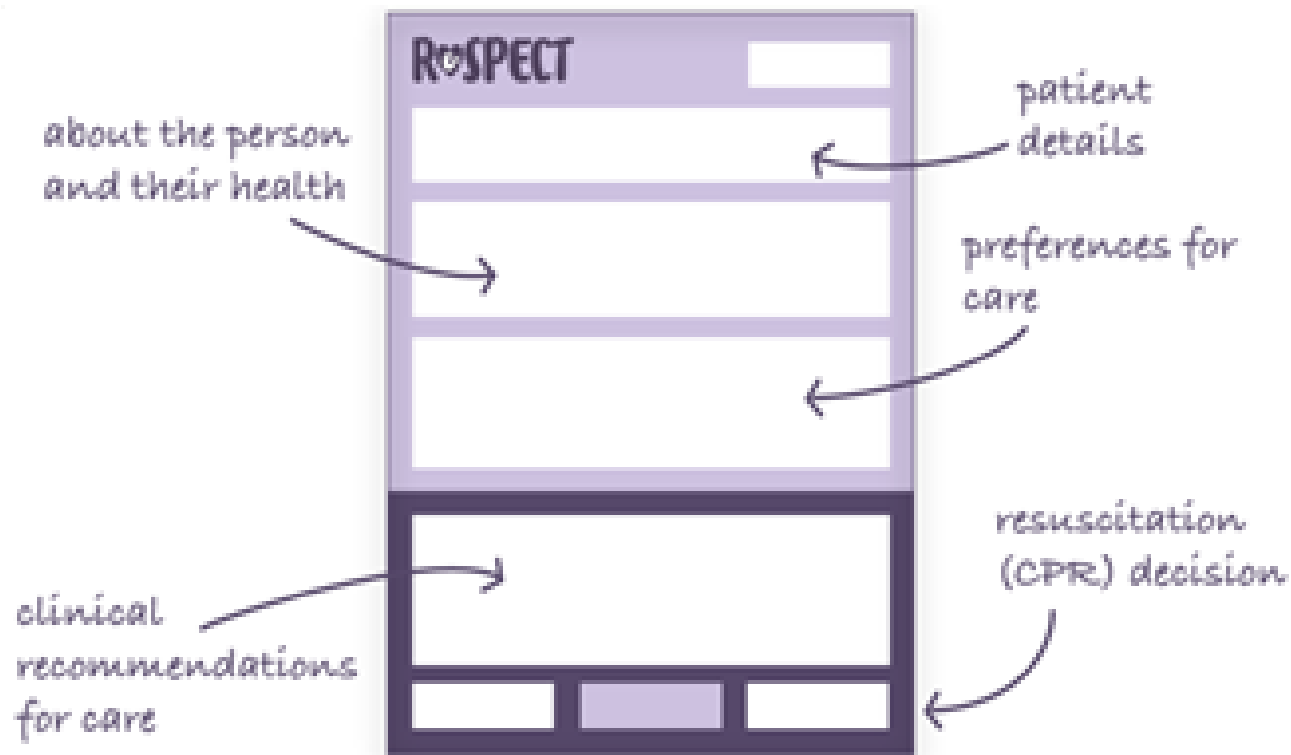
[NICE: A quick guide for practitioners supporting people growing older with learning disabilities](#)

[CQC: quality of life tool for inspecting services for people with a learning disability](#)



RESPONSIVE

Would you be surprised if an individual died in the next 12 months?



RESPECT

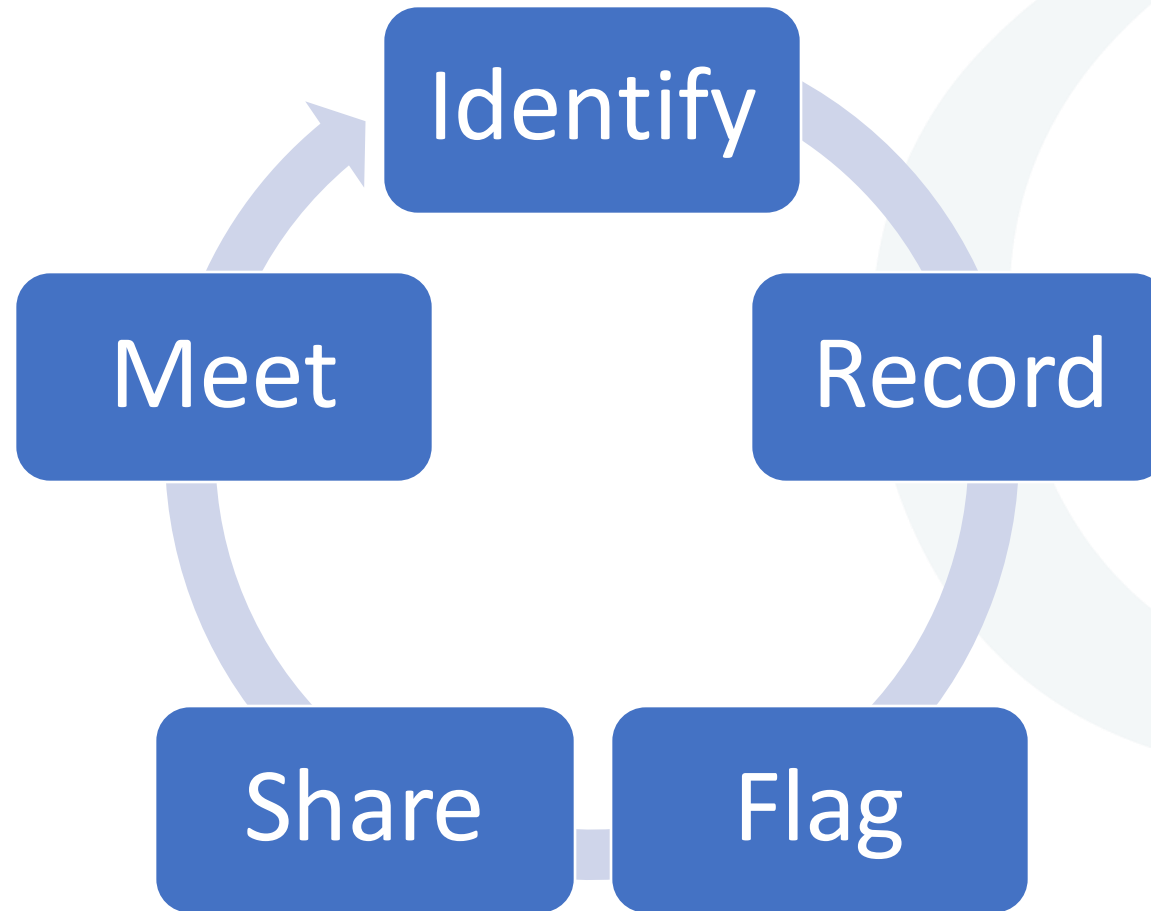
Recommended Summary Plan for
Emergency Care and Treatment

Other Documents in place DNACPR and PEACE



RESPONSIVE

Accessible Information Standard



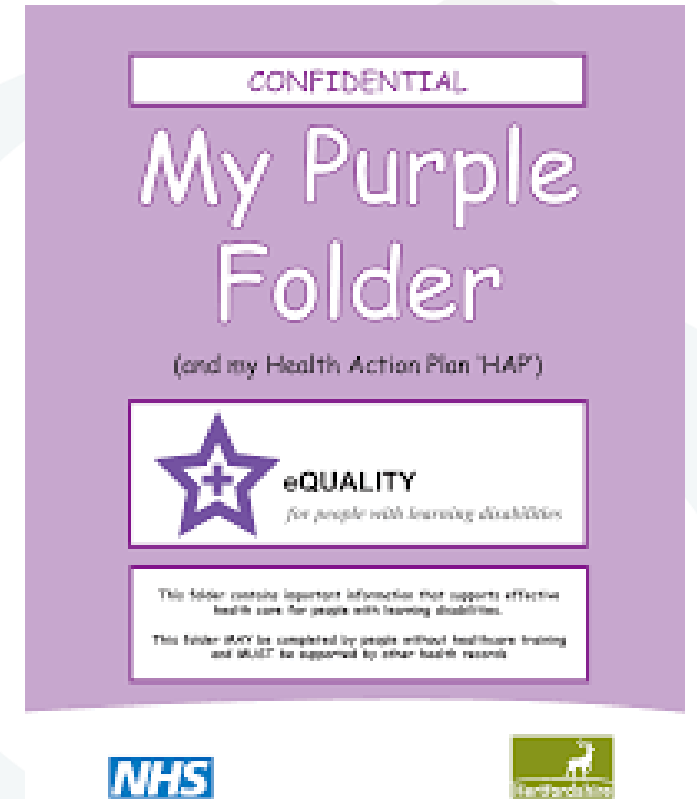


RESPONSIVE

How does this link to MCA's and purple folders?

Principle 2 – individuals supported to make their own Decisions (Help me make a decision)

Purple folders need to be of good quality





RESPONSIVE

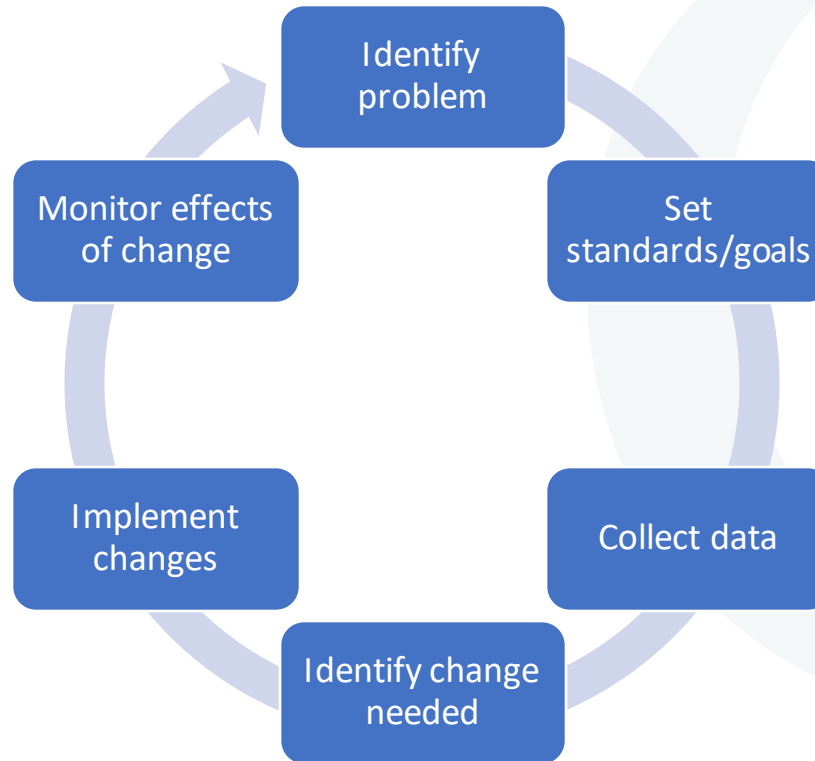
How are concerns and feedback listened to?





RESPONSIVE

Learning from concerns and complaints





RESPONSIVE

How do you judge the quality of your service against the following topics?

Basic health observations

Moving and assisting

Infection Prevention and Control

Medication

Specific Conditions





Hertfordshire's Support Education and Tools...

Moving and Assisting

Train the Trainer
Staff Refreshers and CPD
Governance for Managers
Governance Toolkit
Competency Templates

Medication Management

Champions
Governance for Managers
Standards Guidance
Competency Templates
Pharmacy Review and Support

Infection Prevention and Control

Champion
Governance Toolkit
Observation and Competency
Templates
Webinars

Basic Health Observations

Governance for Managers
Governance Toolkit
Competency Templates
Onsite Support- Care home support
teams

End of Life

Champions
Hospice Support Line
Hospice Education
Webinars and Members Zone

Sensory and Condition Response

Sensory Webinar
Neurological Champion
Diabetes
Epilepsy, Parkinson's, Stroke...



Hertfordshire's Support Quick wins...

Feedback- Share within teams
Meetings

Attend End of Life
Documentation Webinars

Raise Awareness of Surprise
Question

Ensure you know your key Health
Contacts including Hospices

Make Health Contact information
and process available to all staff

Audit your service against
Accessible Information Standards

Regular Observations and
Learning for Medication, IPC and
M&A

Use Members Zone for
competence and Audit Tools

Education

Michelle Airey

Head of Education and Quality Improvement



Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation.

Where people raise concerns about safety and ideas to improve, the primary response is to learn and improve continuously. There is strong awareness of the areas with the greatest safety risks. Solutions to risks are developed collaboratively. Services are planned and organised with people and communities in a way that improves their safety across their care journeys. People are supported to make choices that balance risks of harm with positive choices about their lives. Leaders ensure there are enough skilled people to deliver safe care that promotes choice, control and individual wellbeing.





SAFE

What are the 'We Statements'?

What could these 'We Statements' be?

Here is one Example - ***Safe and effective staffing
We make sure there are enough qualified, skilled and experienced
people, who receive effective support, supervision and development.
They work together effectively to provide safe care that meets people's
individual needs.***

If you were in a position of inspecting a service what else would you be looking for relating to the 'Safe'?

Activity: Write a 'We statement' on your table



SAFE 'We Statements'

Learning culture

We have a proactive and positive culture of safety based on **openness and honesty**, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to **continually** identify and embed good practices

Safe systems, pathways and transitions

We work with people and our partners to establish **and maintain safe systems** of care, in which safety is managed, **monitored and assured**. We ensure continuity of care, including when people move between different services.

Safeguarding

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while **protecting their right to live in safety**, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we **share concerns quickly and appropriately**.

Involving people to manage risks

We work with people to **understand and manage risks by thinking holistically** so that care meets their needs in a way that is safe and supportive and **enables** them to do the things that matter to them

Safe environments

We **detect and control potential risks** in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

Safe and effective staffing

We make sure there are enough **qualified, skilled and experienced people**, who receive **effective support**, supervision and **development**. They work together effectively to provide safe care that meets people's individual needs.

Infection prevention and control

We **assess and manage** the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.

Medicines optimisation

We make sure that medicines and treatments are **safe and meet people's needs**, capacities and preferences by enabling them to be involved in planning, including when changes happen.



SAFE

We Statements - **Safeguarding**

Focused needs training for staff.

Policies and Procedures.

Equality Act 2010

Lessons Learned.

Recording and Reporting.

Communication.

Individuals we support.

Governance



SAFE

Build your Champion team!

Champion courses are a great way to develop and empower senior care staff, giving them the enhanced knowledge and confidence to drive change and mentor staff. As well as ensuring your service is following best practice from local and national guidance.

Why should my organisation have Champions?

- Champion courses are a great way to develop staff, empowering them to take responsibility to ensure best practice standards are met for your service
- Development often leads to better retention and improved quality of care
- Intensive course allows for in-depth learning, ensuring a deeper understanding of topic areas
- Organisations can demonstrate their dedication to staff training in specialist topics
- Champion can cascade best practice throughout your service and create greater links with partners
- Champions receive even more points on the Care Academy to unlock even more rewards and savings

**HCPA will be expanding for more dates
in the New Year!**



SAFE

We Statements – **Safe and effective staffing**

Meeting the Staff Skills Frameworks

Mandatory
and Core

Core
Capabilities
LD and Autism

Dementia
Training
Standards

Mental health
Core Skills

Leadership
and
Management

Look out for
new Career
Pathways...



SAFE

We Statements – **Medicines Optimisation**

- Medication Training
- Competency checks, observation and spot checks
- Knowledge
- Lessons learned
- PRN medication and EOL medication
- Governance

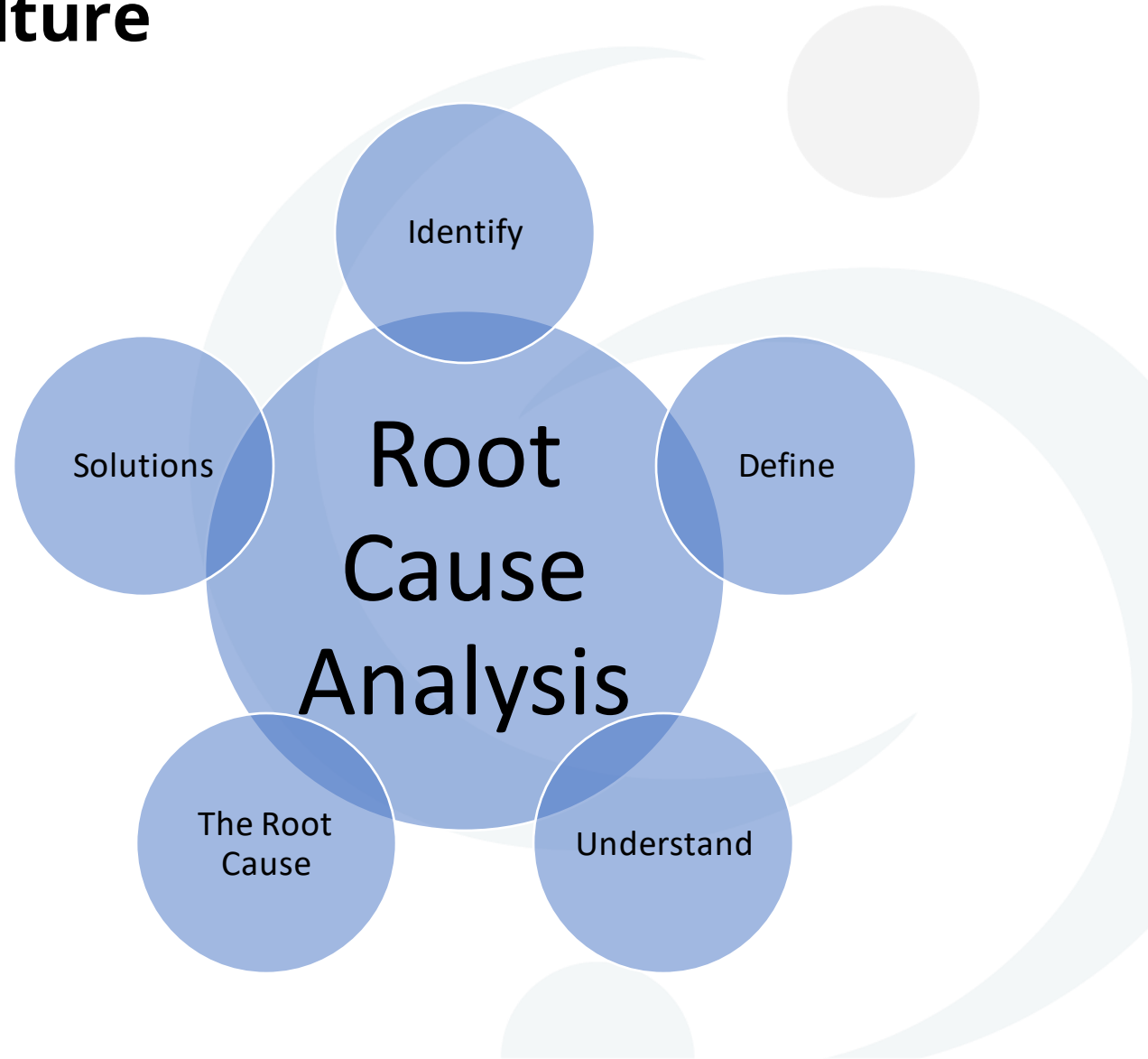


SAFE

We Statements - Learning Culture

CQC Success Factor 9: Continuous learning and curiosity

- [1. Committed leadership](#)
- [2. Principles in action](#)
- [3. Staff equality](#)
- [4. Improvement through equality](#)
- [5. Staff are improvement partners](#)
- [6. Serving the person better](#)
- [7. Involving others](#)
- [8. Courage](#)
- [9. Continuous learning and curiosity](#)



Service Specific Manager Forums

For Managers, Team Leaders & Senior Staff

- Older Persons Care Home Forum
- Homecare Service Forum
- Adult Disability Service Forum
- Nursing Service Forum
- Mental Health Service Forum
- As well as Study Days and Webinars





Hertfordshire's Support Quick wins...

SAFEGUARDING Education

Career Conversations and
Development

ACADEMY – providers portal and
training matrix

HSAB RESOURCES AND COURSES

CHAMPIONS COURSES

STAN+ – Training Needs Analysis

Root Cause Analysis Tool

Business Continuity Planning

MEDICATION EDUCATION

Attend Forums and Webinars

Team Learning Sessions

Create service Audit and
Observation Timeline

Digital Social Care Transformation Fund

Digital Care
Records

Falls Sensor
technology

Technology
trials

Funding Starts April 2023

Joan Plant

Assistant Director of Resilience and Quality Improvement

Hertfordshire and West Essex ICB



Hertfordshire and
West Essex Integrated
Care System



Hertfordshire and
West Essex
Integrated Care Board

Herts and South & West Essex
Integrated Care Board (HWE ICB)

HCPA Forum Event

16th November 2022

Winter Preparedness

Working together
for a healthier future



Winter preparedness

- Flu
- Covid
- Prevention of admissions



Hertfordshire and
West Essex Integrated
Care System



Flu

- Vaccinations
- Commisceo



Covid

- Vaccinations
- PPE
- If in doubt



Hertfordshire and
West Essex Integrated
Care System



Prevention of admissions

- Watching for early signs of deterioration
- Basic Observations, Do you need training?
- Using alternative options



Hertfordshire and
West Essex Integrated
Care System



So:-

What can you do?



Where can you go?



Hertfordshire and
West Essex Integrated
Care System







Single Point of Access contacts for South & West Hertfordshire Care homes

Service	When to Contact	How to Contact
<p>HAARC</p>  <p>Hertfordshire Admission Avoidance Response Car</p>	<p>If your resident is suffering from symptoms of –</p> <p>Head injuries (without loss of consciousness) / Wounds / Burns & scalds / Joint & limb injuries / Soft tissue injuries / Rib injuries / Back pain / Chest infections / Urinary Tract infection / Dizziness Vomiting / Minor Allergic reactions</p>	<p>Call: 03456010552 06.30 - 23.00 7 days a week</p> <p>Ensure you are with your resident when you call</p>
 <p>CLCH Prevention of Admission Pathways</p> <p>Rapid Response (RR) and Early Intervention Vehicle (EIV)</p>	<p>RR and EIV pathways are delivered by joint multi-disciplinary teams comprising of Nurses, Paramedics, OTs, Physios and Healthcare Support Workers to prevent avoidable hospital admissions. Care Homes will typically refer patients suitable for an EIV response. The services are available to adult patients living in Herts Valleys and registered with a Herts Valleys GP.</p> <p>Typical Referrals Accepted: Urinary Tract Infection / Falls with no/minor injuries (including patients currently on the floor) / Minor head injuries (without loss of consciousness) / Back Pain / Chest Infections / Joint and Limb pain / Dizziness Vomiting</p> <p>For any life-threatening conditions, call 999 (Not breathing, unconscious, chest pain, signs of stroke, heavy bleeding)</p>	<p>Call: 03000 200 656, Option 2, Option 8, Then ask to refer to EIV</p> <p>EIV and RR referral calls are triaged by the same team who will determine the most appropriate response. 08.00 - 20.00 7 days a week</p> <p>NB: For wound and catheter care, please continue to refer to the Community Nurses in the established way.</p>



Single Point of Access contacts for South & West Hertfordshire Care homes



Service	When to Contact	How to Contact
	<p>For out of hours health advice from</p> <ul style="list-style-type: none"> • GP • Palliative care nurse • Mental health nurse • Pharmacist • Dentist 	<p>Call: 111 option *6 24 hours a day 7 days a week Ensure you are with your resident when you call</p>
	<p>For life or limb threatening emergencies only</p>	<p>Call: 999 24 hours a day 7 days a week</p>
 <p>End of Life</p> 	<p>The Palliative Care Referral Centre provides advice as a 1st point of contact for palliative and end of life patients.</p>	<p>Call: 03332340868 Monday - Friday 9.00 - 17.00 Saturday, Sunday & Bank Holidays 10.00 - 14.00 Specialist Palliative Care advice is available 24 hours a day - Call: 020 3826 2377</p> <p>Call: 01923 330 330 Our Inpatient Unit is open 24 hours a day 7 days a week Our administrative office hours are 09.00 - 17.00 Monday to Friday Email: education@peacehospicecare.org.uk</p>



Hertfordshire and West Essex Integrated Care System





Single Point of Access contacts for South & West Hertfordshire Care homes

Service	When to Contact	How to Contact
 <p>Mental Health</p>	<p>Contact for advice relating to:</p> <p>A resident experiencing a mental health problem for the first time or is in need of urgent help (If your resident is already using the service contact their case worker).</p>	<p>Call: 0800 6444 101 or 01923 633 263 24 hours a day 7 days a week</p>
 <p>Mental Health via Hertfordshire Partnership University NHS Foundation Trust</p>	<p>HPFT Care Home Function</p> <p>Aims of the Care Home Function and Overview of the service:</p> <ul style="list-style-type: none"> • Prevent hospital admissions from Care Homes - when appropriate and safe to do so • Help facilitate early discharge from in-patient care and support care homes to manage this transition period • Liaise with families and carers to identify meaningful occupation for service users • To support service users to live well with dementia by promoting occupational engagement and maintaining existing skills • Improve the knowledge and confidence of care homes staff to use non-pharmacological and pharmacological interventions with service users • To provide complex information and training to care homes staff, service users and their families • To support care home staff with short term treatments such as medication changes or behavioural support plans • To liaise with GPs, Families and other stakeholders 	<p>Email: enherts.smhtop@nhs.net</p> <p>Or telephone -</p> <p>NW (Dacorum & St Albans) 01442 275 628</p> <p>SW (Watford & 3 Rivers, Hertsmere) 01923 837 148</p> <p>North (Stevenage, Baldock, Letchworth) 01438 792 190</p> <p>East (Hatfield, Hertford, Bishop's Stortford) 01707 364 012</p> <p>Opening Hours: 09.00 - 17.00 Monday - Friday</p>






Single Point of Access contacts for South & West Hertfordshire Care homes

Service	When to Contact	How to Contact
 <p>Community Adult Health Services (CAHS)</p>	<p>Community nurses, community matrons, physiotherapists, occupational therapists and specialist palliative care nurses who support with:</p> <ul style="list-style-type: none"> • Wound care management • Chronic disease management • Palliative treatment and care • Injections/eye drops • Tissue viability • Leg ulcer management • PEG management • Bladder and bowel management • Therapy assessments and treatments 	<p>Call: 03000 200 656 Option 1 08.00 - 22.00 7 days a week</p> <p>Website: CLCH.nhs</p>
 <p>Wheelchair Service</p>	<p>Provide wheelchairs and equipment such as:</p> <ul style="list-style-type: none"> • Manual wheelchairs • Powered indoor and outdoor wheelchairs • Specialist buggies, wheelchairs and seating for children • Specialist bespoke seating systems for use with a wheelchair • Pressure relieving cushions and some accessories for wheelchairs 	<p>Call: 0808 1753040 08.00 - 18.00 Monday - Friday (For current wheelchair users)</p> <p>*New users should be referred into the service by a qualified healthcare professional such as a GP, district nurse, physiotherapist, occupational therapist</p>





Single Point of Access contacts for South & West Hertfordshire Care homes

Service	When to Contact	How to Contact
 <p>Community Speech and Language Therapy (SLT)</p>	<p>Contact for advice and support relating to:</p> <ul style="list-style-type: none"> • Difficulties with communication, eating, drinking and swallowing • Newly identified or as a result of medical conditions, such as stroke, head & neck cancer, Parkinson’s disease and dementia 	<p>Call: 01438 285287 09.00 - 17.00 Monday - Friday</p>
 <p>Community Diabetic nursing team</p>	<p>Contact for advice relating to:</p> <ul style="list-style-type: none"> • Advice and education for adults with diabetes • Healthy living • Diabetes treatments • Initiation of insulin • Blood glucose monitoring and how to use a glucometer 	<p>Call: 01707 621152 09.00 - 17.00 Monday - Friday</p>
 <p>Community Dieticians</p>	<p>Contact for advice and support relating to:</p> <ul style="list-style-type: none"> • Diabetes and weight Management • Nutrition support • Home enteral tube feeding • Long term conditions 	<p>Call: 01727 732011 09.00 - 17.00 Monday - Friday</p>
<p>The Heart Failure Team</p>	<p>Known to have heart failure and known to the community heart failure team?</p>	<p>Call: 03000200656 Option 5 Email: clcht.South & Westherts.communitycardiology</p>



Single Point of Access contacts for South & West Hertfordshire Care homes

Service	When to Contact	How to Contact
 <p>Community Respiratory team</p>	<p>Contact for advice and support relating to:</p> <ul style="list-style-type: none"> • Pulmonary rehabilitation • Home oxygen • Hospital at home • Community respiratory clinic • Chronic obstructive pulmonary disease (COPD) • Asthma • Bronchiectasis • Interstitial lung disease (ILD) • Obstructive sleep apnoea (OSA) • Non-invasive ventilation (NIV); and tuberculosis nursing service 	<p>Call: 07944 960825 09.00 - 17.00 Monday - Friday</p>
	<p>Membership: Anyone who provides adult social care in Hertfordshire can be a HCPA member. From Residential and Nursing Homes, Care at Home, Day Services, Nursing Agencies and Hospices, to Direct Employers and Support Living.</p>	<p>Call: 01707 536 020 Email: enquiries@hcpa.co.uk Website: HCPA</p>
<p>Herts Valleys Medicines Optimisation in Care Homes (MOCH) Team</p>	<p>Support and training with medications</p>	<p>Call: 01442 898888 Email: <u>PMOT (NHS Hertfordshire and South & West Essex ICB)</u></p>



Single Point of Access contacts for South & West Hertfordshire Care homes




Service	When to Contact	How to Contact
Herts Valleys Care Home Improvement Team (CHIT)	Supporting and training care homes to ensure the prevention of avoidable hospital admissions and to provide the best quality care	Email: CHITnurse (NHS Hertfordshire and South & West Essex ICB)
UK government guidance on Care Home visiting		Visiting-care-homes-during-coronavirus
For Patients with Needle Phobia	HPFT support patients with needle phobia and the referral route is the same as for any other IAPT referral	Please can you encourage people to make a self-referral via our patient portal available on our webpage HPFT-iapt.nhs



Hertfordshire and West Essex Integrated Care System





Single Point of Access contacts for East & North Hertfordshire Care homes

Service	When to Contact	How to Contact
	<p>For out of hours health advice from</p> <ul style="list-style-type: none"> • GP • Palliative care nurse • Mental health nurse • Pharmacist • Dentist 	<p>Call: 111 option *6 24 hours a day 7 days a week Ensure you are with your resident when you call</p>
	<p>For life or limb threatening emergencies only</p>	<p>Call: 999 24 hours a day 7 days a week</p>
	<p>The Palliative Care Referral Centre provides advice as a 1st point of contact for palliative and end of life patients.</p>	<p>CALL 0300 123 7571 (select the appropriate option when prompted) 24 hours a day 7 days a week</p> <p>Call: 01923 330 330 Our Inpatient Unit is open 24 hours a day 7 days a week Our administrative office hours are 09.00 - 17.00 Monday to Friday Email: education@peacehospicecare.org.uk</p>



Single Point of Access contacts for East & North Hertfordshire Care homes

Service	When to Contact	How to Contact
 <p>Hospital at Home (Previously Prevention of Admission)</p>	<p>Residential and Nursing Care Homes have access to the Hospital at Home service for same day urgent responses to avoid patients being admitted to hospital, including end of life.</p> <p>Please use this service if you are concerned that a resident may require a hospital admission for an urgent but non-life-threatening condition. This is not for everyday issues; your regular GP will continue to deal with these.</p>	<p>CALL 0300 123 7571 (choose professional line when prompted) 08:00 – 20:00, 7 days a week For same day urgent visits, the last referral for therapy 16:00, and nursing 18:00</p> <p>Email: hct.hospitalathome@nhs.net</p>
 <p>Mental Health</p>	<p>A resident experiencing a mental health problem for the first time or needs urgent help. (If your resident is already using the service contact their case worker directly)</p>	<p><u>Informal Advice</u> UPPER LEA VALLEY, LOWER LEA VALLEY, WELHAT, STORT VALLEY & VILLAGES 01707 364003 NORTH HERTS, STEVENAGE 01442 275628 9am – 5pm (Mon – Fri)</p> <p><u>New Patient Referrals</u> 0800 6444 101 24 hours a day 7 days a week</p> <p>Email: hpft.spa@nhs.net for non-urgent enquiries</p>



Single Point of Access contacts for East & North Hertfordshire Care homes

Service	When to Contact	How to Contact
<p>Care Home Clinical Leads</p>	<p>Care Home Clinical Leads can provide advice and support with completing care plans, including advanced care planning and treatment escalation plans. CHCLs also provide training, education and advice for care homes and co-ordinate regular multi-disciplinary meetings to discuss complex residents.</p>	<p><u>UPPER LEA VALLEY</u> Pamela Rumble; Morgan Rodgers; Sam Norris; Mandy Lewis</p> <p><u>LOWER LEA VALLEY</u> Jane Roper; Sam Norris; Mandy Lewis</p> <p><u>STEVENAGE</u> North: Katy Ball South: Matthew Heath</p> <p><u>STORT VALLEY & VILLAGES</u> Ngaire Lushington</p> <p><u>WELHAT</u> Emma Jakes; Justine Musiime</p> <p><i>To speak to a Clinical Lead, please ask the care home for the telephone number of their assigned Clinical Lead.</i></p>



Single Point of Access contacts for East & North Hertfordshire Care homes

Service	When to Contact	How to Contact
Frailty Nurse (North Herts only)	Assess residents for frailty and offer a Personalised Care and Support plan which includes Advanced care planning. Also review residents who are generally deteriorating and offer 4 monthly reviews.	<u>NORTH HERTS</u> Madeleine Kinnar ;Annie King; Tanya Catton Email: hct.carehometeam@nhs.net



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SBAR tool - to support you to structure your conversations when discussing your residents with professional colleagues

S	<p>SITUATION</p> <ul style="list-style-type: none"> Your name and Care home name Name of patient , age, DOB What is the concern, what has happened? Describe symptoms which are different than normal. Does the patient have capacity to tell you what is wrong? 	<p>Examples of symptoms you might describe:</p> <ul style="list-style-type: none"> Falls – are there injuries? Confused, disorientated, dizzy, unsteady Drowsy or hard to rouse Hot / flushed/sweating. Cold / clammy / shivering / pale Breathing harder or faster, slower or shallower Complaining of pain, grimacing, posture indicating pain if unable to communicate - describe where pain is Weakness in legs or arms / facial differences Coughing / bringing up phlegm / wheezing Vomiting / nausea - how long for Change in urinary continence / Smelly urine, blocked or problem with catheter Change in bowel habit /Diarrhoea Not eating or drinking / loss of appetite Bleeding from what area?
B	<p>BACKGROUND</p> <ul style="list-style-type: none"> How long have symptoms been present? Did they come on suddenly? Does the person have any other long term illness? Have they already been seen by the GP for this change? If so was any medications started? What instructions were given to the home? Have you got a list of their current medication? Has the patient recently been into hospital? If so what for? Does the patient have a current DNAR in place? If yes be clear why you are ringing 	
A	<p>ASSESSMENT</p> <ul style="list-style-type: none"> What actions have you already taken? Is the patient in a safe place? Has the person lost consciousness? Be very clear is it a true loss of consciousness? If yes how long for in minutes. Are there any obvious signs of injury or bleeding? 	<p>Examples of assessment actions you might describe:</p> <ul style="list-style-type: none"> First aid options used /Recovery position Pressure on bleeding area BP, Pulse, respiration rate, temperature, urine analysis - give results
R	<p>RECOMMENDATION</p> <ul style="list-style-type: none"> Explain what you need - be specific about the request and timeframe Make suggestions i.e. ECP or Dr or advice only Clarify expectations <p>Note: an ambulance can take from 9 – 60 minutes depending on urgency</p>	<p>Examples of recommendations you might describe:</p> <ul style="list-style-type: none"> Review by GP urgently Ambulance Call back from Clinical Advisor Clarify what is happening as a result of call – when you can expect a visit or ambulance



SBAR COMMUNICATION TOOL- AIDE MEMOIRE

FINAL

If an ambulance is sent these are suggestions of what do whilst waiting for the ambulance to arrive?

Reassure the resident and stay with them, continue to monitor for signs of deterioration which may mean a further call to the service. Ask another staff member to follow the check list. Do you need an escort? Do you need to ask senior management to attend the home?

In no particular order:-

1. Inform relatives.
2. Prepare the RED BAG; Photocopy medication charts and bag all medication. Is there any in the fridge, room or cupboards?
3. Photocopy main care plan details or grab sheet making sure the details are up to date. Especially where you have allergies or special instructions around other medical conditions. Include copy of DNAR form. Is there any special information which may help staff to communicate or deliver care for the resident, (i.e. strategies to adopt when the patient is anxious especially with dementia residents)? Are there any triggers which are not recorded?
4. Prepare an overnight bag for the resident. Remember to take items that may offer reassurance. Maintaining the residents' dignity is paramount so having their own belongings may help.



SBAR link to assist in e-learning

[SBAR Communication in Care Homes - e-Learning for Healthcare \(e-lfh.org.uk\)](https://e-lfh.org.uk)



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UTI PROFORMA



Resident:.....
 DOB:.....
 Care Home:.....
 Date:.....
 Carer:.....

Older Residents (>65) with Suspected UTI (Urinary Tract Infection)

Guidance for Care Home staff:

- Complete sections 1 to 4 and residents details and fax to GP
- Add the original form to the residents notes
- **DO NOT PERFORM URINE DIPSTICK** – NOT recommended in patients >65 years
- **CLEAR URINE** – UTI highly unlikely
- **Send MSU** if treatment failure or ≥ 2 signs of infection (especially dysuria, fever or new incontinence)



1) Catheter: N / Y

Reason for catheter:.....

2) Signs of any other infection source? N / Y

Circle any NEW symptoms:

- *Cough *Shortness of Breath *Sputum Production *Nausea/Vomiting *Diarrhoea *Abdominal Pain *Red/warm/swollen area of skin

3) Can the resident communicate symptoms? N / Y

4) Tick the signs and symptoms present in the two tables below:

NEW ONSET - Sign/Symptom	What does this mean?	Tick if present	Sign/Symptom	Tick if present
Dysuria	Pain on urinating		New onset or worsening confusion or agitation	
Urgency	Need to pass urine urgently/new incontinence		Temperature above 37.9°C or 1.5°C above baseline on two occasions during 12 hours (if able to measure)	
Frequency	Need to urinate more often than usual		Heart Rate >90 beats/min (if able to measure)	
Suprapubic tenderness	Pain in lower tummy/above pubic area		Respiratory rate >20 breaths/min (if able to measure)	
Haematuria	Visible blood in urine		Diabetic ? Y / N (if able to measure)	
Polyuria	Passing bigger volumes of urine than usual		If N - Blood glucose >7.7 mmol/L	
Loin pain	Pain either side of spine between ribs & pelvis		Bloods taken? N / Y	
			If Y - WCC >12/µL or < 4/µL	

Any other information:.....

5) GP Management Decision - circle all which apply and notify home of decision made:

- (a) Review inhours (d) Arrange trial without catheter
 (b) Mid Stream Urine specimen (MSU) – particularly if ≥ 2 symptoms (e) Antibiotic Prescribed:.....
 (c) Give person specific hydration advice

NB. Urine should be sent in case of suspicion of complicated infection, symptoms suggestive of pyelonephritis, failure to respond to initial therapy or recurrent symptoms after treatment of previous UTI.

Other action:..... Name:..... Signed:..... Designation:..... Date:.....

[ENHCCG Prescribing Guidance](#) (follow link)

Download the [Herts Antibiotic Guidelines App](#) by visiting the appropriate app store for your device and searching for 'Herts Antibiotic'.

[HVCCG Prescribing Guidance](#) (follow link)

Version: December 2017

Adapted from 'To Dip or Not To Dip' BaNES CCG



Hertfordshire and West Essex Integrated Care System



COVID-19 vaccinations near you

<https://hertsandwestessexics.org.uk/covid-19-vaccinations-near>



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HCPA Networking Event



Chris Badger

Executive Director, Adult Care Services

Political Context



What's happening with social care reform?

- What was it anyway?
- Delay likely
- What about the money for it?

Hunt set to postpone cap on social care costs

● Chancellor prepares to delay policy for a year ● Tory revolt over threat to pensions triple lock

Chris Smyth Whitehall Editor

Jeremy Hunt is preparing to delay Boris Johnson's flagship social care reform and has been warned that his spending cuts may have to be tougher even than George Osborne's era of austerity.

The cap on the sum people pay for care in old age is set to be put back by a year or more in the first of a series of "eye-watering" cuts the new chancellor is considering to balance the books.

Treasury officials suggested scrapping the reform entirely or delaying it indefinitely, but Hunt is said to believe that a one-year delay is politically feasible as he tries to save the public finances by ripping up Liz Truss's plans.

Yesterday No 10 provoked a Tory rebellion after admitting that Truss might abandon a key manifesto promise that pensions would rise in line with inflation. She said during the Tory leadership campaign that she was committed to the so-called triple lock, but yesterday her spokesman refused to rule out capping pension costs.

Councils have asked to put back the social care reforms because they are not ready to administer them, making it easier to argue for the delay. This would save £1 billion yearly, rising to £3 billion if the postponement were longer.

After a meeting with officials over the weekend, Hunt was said to be "minded to delay a year" from the planned start date of next October. But he killed off a similar policy as health secretary, and a new delay will prompt an outcry from social care campaigners, who fear it will be the prelude to dropping the reforms completely despite repeated promises from Truss and Johnson.

In other developments:
● More than half of Tory members think Truss should resign and a majority would support a coronation of a new prime minister by MPs, a poll has found.
● Michael Gove said it was a matter of when, not if, Truss was removed as a split opened in Rishi Sunak's camp



News that Liz Truss may go back on a Tory manifesto pledge to upgrade pensions by inflation enraged her fractious MPs

about whether the former chancellor was "too divisive" to replace her.

● Truss is set to abandon Johnson's schools bill and trim plans to curb industrial action in public services, excluding schools, the NHS and firefighters.

● The prime minister reiterated her commitment to boost defence spending to 3 per cent of GDP by 2030 after cabinet ministers threatened to resign.

● Allies of Hunt said he was preparing to raid the profits of banks and energy companies to reduce the need for cuts, the Financial Times reported last night.

The chancellor told the cabinet yesterday that departments would have to find "ways to save taxpayers' money", with letters going out seeking bigger cuts than the 2 per cent planned before he took over. He said ministers must "focus on areas which would not affect the service the public receives".

The Institute for Fiscal Studies estimates that the size of the cuts needed to balance the books over five years are only "slightly smaller" than those imposed in 2010 under Osborne and may be harder to find after a decade of re-

straint, struggling services and rising demand from an ageing population. Ben Zarako, senior research economist at the think tank, said that Hunt would need to find £23 billion from cuts after £32 billion of tax U-turns and a £7 billion reduction in the cost of government borrowing. It had previously estimated a £62 billion shortfall.

"If he was just to knock that off existing public spending plans you're looking at about 1.5 per cent a year [savings per department] for two years. That

Continued on page 2


Recruitment and retention i

[Download PowerPoint](#)

Use the drop-down menus to change the sector and/or job role.

Select a sector: All sectors |
 Select a service group: All services |
 Select a job role: All job roles

Number of filled posts:
30,000



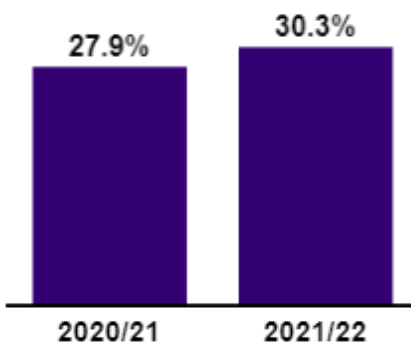
The **turnover rate** in 2021/22 was
30.3%
(or 8,300 leavers).

Sickness



The average number of sickness days taken in 2021/22

Turnover trend



Select a view:

Turnover
 Vacancy

Vacancy and turnover trends have **increased** at a **national** and regional level since **March 2021**

[COVID-19 dashboards](#)

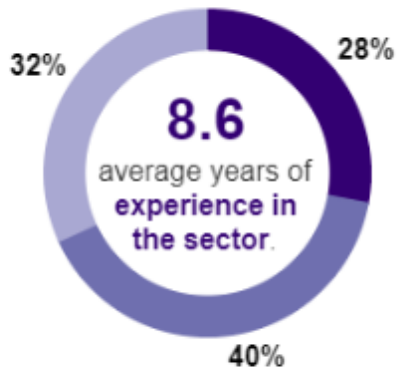


11.0%
vacancy rate
(3,400 vacant posts) in 2021/22.

Experience in role




Experience in sector



Key:

- Less than 3 years
- 3 to 9 years
- 10 years or more



68%
of staff recruited from within the sector.

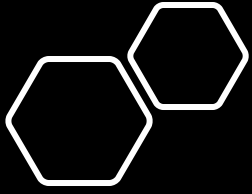
What's happening about fees and inflation?

- Mini-budget key **tomorrow**
- Things to look out for:
 - Living Wage
 - Council tax flexibility
 - Social care precept
 - Energy support beyond April 2023



Fair Cost of Care

- Submissions reviewed for issues and queries raised
- Ability to verify costs extremely limited
- 17% response rate from Homecare providers and 43% from residential
- From submitted returns
 - Median values for each expenditure line have to be calculated
 - Individual lines then added together to arrive at overall median value



Commissioning Intentions

- Increased nursing provision and new models of care
- More people supported at home
 - Supported Living
 - Homecare
- Watch out for **Market Sustainability Plans** in February



Adults with Disabilities

- [Overview of service](#) >
- [Current Position](#) >
- [Commissioning intentions](#) >
- [Helpful links and information](#) >

Overview of service

The Adult Disabilities Service (ADS) supports 4,600 people in Hertfordshire. While Covid19 has had a significant impact on many individuals and services over the last 18 months, much of the sector has also been very stable through this challenging time. The hard work, dedication and commitment of our colleagues, in all organisations, in supporting the health and wellbeing of adults with disabilities in Hertfordshire, continues to be remarkable.

During the pandemic period we have seen innovation and flexibility in many places, including effective use of technology, and it will be critical to ensure this is acknowledged, built upon and expanded as appropriate. Covid19 will undoubtedly continue to provide an extra challenge in how we support people

Connected Lives

- Practice – model
- Look out for training from HCPA
- Monitoring on quality will reflect this as will social work interventions
- New specifications will reflect this

Help to manage the cost of living

Find out what support you can get with the cost of living.

HertsHelp



If you need help, contact HertsHelp – trained advisors are here to offer free, confidential assistance. They can put you in touch with relevant services and local support.

0300 123 4044
info@hertshelp.net
www.hertshelp.net

Help for households



Central government is offering support with energy bills, transport, childcare and household costs.

Also includes:

- [Council Tax rebates](#) advice
- [discounts and offers](#).

[See what you're eligible for](#)

Citizens advice



- Crisis intervention including energy advice.
- Welfare benefit appeals support.
- Debt advice.
- Universal Credit support.
- 1 to 1 budgeting advice.
- Employment advice.
- British Sign Language advice.

[Contact Citizens Advice in Hertfordshire](#)

Money advice >

Energy and heating support >

Food support (including food banks) >

Thank you and questions?

THE HCPA CARE PROVIDER HUB PROVIDING PEACE OF MIND.....



ASK us anything! We are your support service, here to answer your questions on all topics Adult Social Care related.

- Govt guidance, laws, standards and expectation.
- Covid: PPE, vaccinations and infection control.
- Liaison with Hertfordshire County Council.
- Funding, contracting and commissioning.
- Staff wellbeing and recognition.
- HR, Staffing and recruitment.
- Training and education.
- Business continuity.
- Data protection.
- Monitoring.
- Equipment.
- Insurance.

Your hub, your support service.....

01707 708108 / assistance@hcpa.co.uk (Mon to Fri - 9am to 5pm). www.hcpa.info/hub

HCPA: 'Sharing best practice in care through partnership'



Thank You