

A 'Responsive' Approach

Tools and support on the 'Responsive' Key Question, and other important sector updates.



Sharon Davies OBE

CEO

Hertfordshire Care Providers Association



Housekeeping



Please keep your mobiles on silent during the presentations



Exits



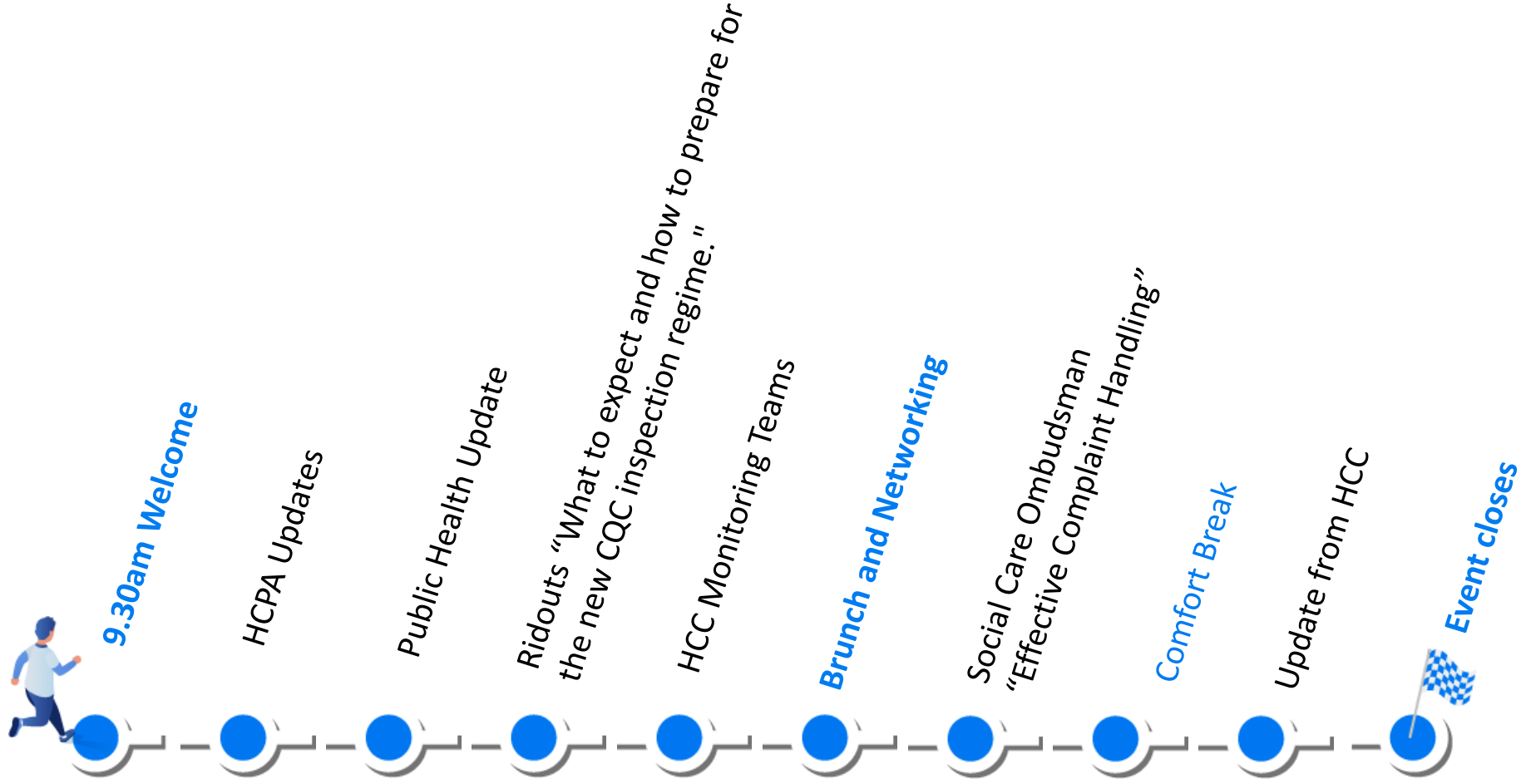
No planned fire drills



Comfort Break



Agenda



Today's Event



**Implementing a
"Responsive" approach**



Updates from HCC



**Effective Complaint Handling
Course**

Introducing our Visitor Communications toolkit

- **During COVID how did you get key messages out to the families of people you support?**
- All types of services can use these tips
- It's all about keeping in touch
- Access it online at www.hcpa.co.uk/visitorguide
A link will also be sent in the post event email.



A recent **Health Watch** report recognised key areas for improvement when it comes to communications in care settings.

Adopting **clear and concise messaging**, which is updated regularly, will ensure that your client's friends and families, as well as your staff are engaged with your service.

Key areas include;

- A clear and concise **visitor/families** page on your website
- Collecting up to date contact details of client's family and friends
- Data protection around storing of personal data
- Internal communications, adopting a good internal communications structure

“

Effective communication is key to the successful running of any care service... check out our toolkit

”



HCPA have created a template visitor page which you can embed onto your existing website. You can easily populate the fields with your details.

Visit: <https://generate.hcpa.info>

Password: DslqWXgoF3nvXnWf

Next steps for you...

- Appoint a staff member to lead on Responsive
- Highlight the tips in this toolkit that are relevant to you
- Get going on your implementation
- Don't forget to shout about it so people know where and how they will be contacted
- Keep things updated
- Ask HCPA for further support if you need it



Privacy and Dignity in Residential Care settings

Residents entering other resident's rooms uninvited, leading to unwelcome intrusion, confrontation and potentially violent situations – Is this an issue in your setting?

HCPA working with **Hertfordshire Safeguarding Adults Board** to develop good practice examples that could reduce frequency of incidents and safeguard residents

Would you be willing to talk to HCPA about your experiences? Leave your contact email with Business Development or email jackietaylor@hcpa.co.uk



Social Media...

The world of social media can seem like a daunting place at first and knowing how to handle the different platforms can take some time. Which is why our handy guide is here to help!

Social media is a great way to stay up to date with the latest news, trends, and current events within the Care Sector.

It can also be a great tool in **promoting** your business and **attracting** your audience (if used wisely!).

The toolkit covers the most popular social media platforms you can use to market your business along with some handy tips to get you started.

The platforms covered in the Social Media Toolkit are;



Facebook



Instagram



Twitter



LinkedIn



Delegated Healthcare Tasks

HCPA will be reviewing delegated healthcare tasks across Hertfordshire, we will be exploring:

- What delegated healthcare tasks you currently carry out
- What new tasks are you being asked to carry out to support healthcare partners
- What support you need to carry out delegated healthcare tasks

HCPA will send more details in the coming months, this will include training

“
What are Delegated Healthcare Tasks?
A delegated healthcare intervention is a health intervention or activity usually of a clinical nature, that a registered healthcare professional delegates to a paid care worker. The type of delegated healthcare intervention will depend on the agreed protocol in your organisation and local health and care system.
”



The Oliver McGowan Draft Code of Practice is now open.

This consultation considers the draft code and if it gives CQC registered providers the guidance needed to meet the legislative requirement to ensure all staff receive learning disability and autism training appropriate to their role. The consultation closes on the 19th of September 2023. To access the draft code of practice, please [Click here](#)

Hertfordshire Care Providers Association has been asked to support the Hertfordshire and West Essex Health and Care System roll out the Oliver McGowan Mandatory training.

An E-learning package is the first part of both Tier 1 and Tier 2 of the Oliver McGowan Mandatory Training and is now live. Everyone will need to do the e-learning **no matter where they work and what tier they need to complete**. You can access the E Learning by going to:
<https://www.e-lfh.org.uk/programmes/the-oliver-mcgowan-mandatory-training-on-learning-disability-and-autism/>

What is right for your staff?

Tier 1 - For people who require general awareness of the support autistic people or people with a learning disability may need. HCPA plan to start this training from September. To express your interest in Tier 1 please [click here](#)

Tier 2 - For people who may need to provide care and support for autistic people or people with a learning disability. HCPA plan to start this training in August. To express your interest in Tier 2 please [click here](#)

Train The Trainer - HCPA are offering experienced suitable trainers the opportunity to apply to undertake training and be able to deliver the training internally to staff team. To express your interest in Train the Trainer please [click here](#)



Jim McManus

Director of Public Health
Hertfordshire County Council



Health Protection Update report July 2023

Geraldine Bruce Head of Health Protection

Prof Jim McManus, Executive Director of Public Health

Measles

What is Measles?

Measles is a morbillivirus of the paramyxovirus family. Measles is an infection that spreads very easily and can cause serious problems in some people.

Measles is preventable and having the MMR vaccine is the best way to prevent it.

Measles is one of the most highly communicable infectious diseases. Spending more than 15 minutes in direct contact with someone infected with measles is sufficient to transmit virus.

Measles is spread when an infected person coughs or sneezes. There are things you can do to reduce the risk of spreading or catching it such as hand and respiratory hygiene.

It takes from 7 to 18 days (average 10 to 12 days) after exposure for a patient to develop measles infection. A patient is infectious from 4 days before the onset of rash to 4 days afterwards.

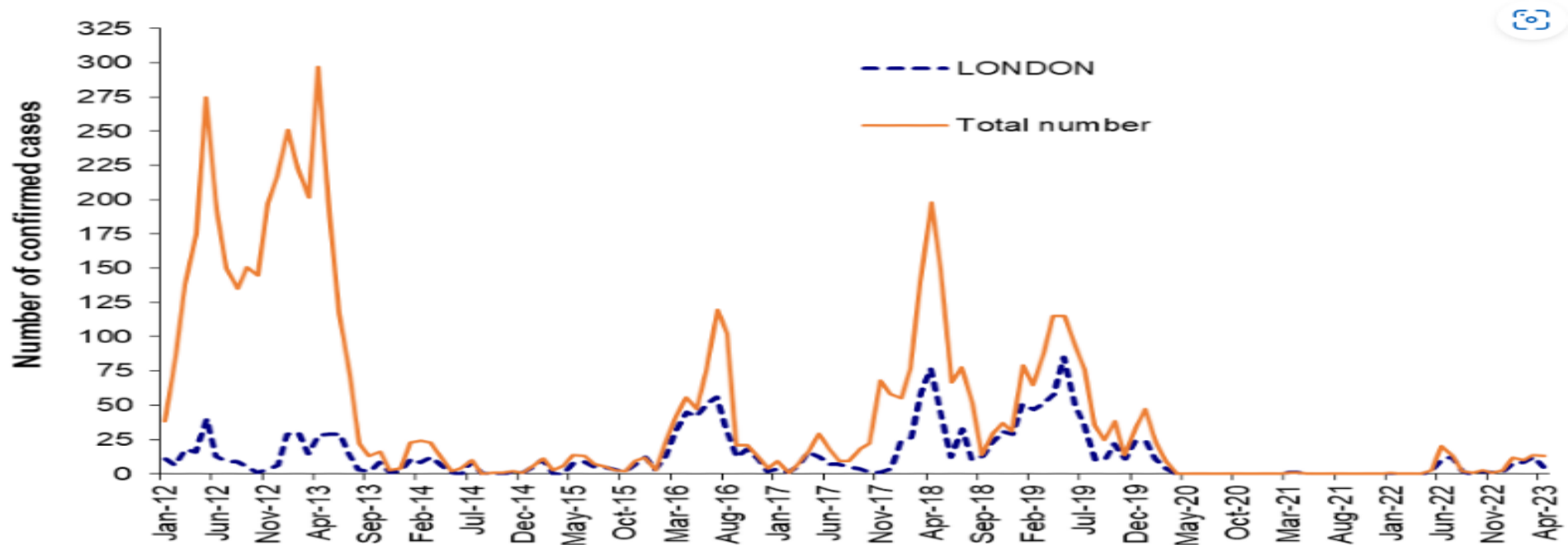
Current context

Measles elimination was briefly achieved in the UK in 2016 and 2017, but by 2018, measles virus transmission was re-established at a time when the whole of Europe was experiencing large epidemics.

In 2019, there were 880 laboratory-confirmed measles cases in the UK and 82 cases were confirmed in early 2020, prior to the first coronavirus (COVID-19) lockdown in March.

The public health measures implemented in response to the COVID-19 pandemic, in particular the limitations imposed on international travel, led to a sharp decline in many infections, including measles, with only 2 cases of measles confirmed in the UK in 2021 and 54 in 2022 (as shown in the graph below). However since last year, measles activity has been slowly ramping up globally with large outbreaks currently underway in multiple countries in South Asia and Africa.

From 1 January to 20 April 2023, there were 49 lab-confirmed measles cases in England. Thirty three (67%) of these cases were in London, 2 cases in East of England. Forty per cent of cases were in children aged under 5 years and 27% in people aged 15 to 34 years (as shown in the table below). Twelve of the cases were imported or import-related, with the others reflecting community transmission in the UK, including a cluster involving a school and 2 cases in the traveller community.



MMR programme and uptake

The MMR vaccine is a safe and effective combined vaccine. 2 does of the vaccine are given at 1 year and again at 3 years and 4 months of age. Anyone who has not had both does can have the vaccine at any age. It protects against 3 serious illnesses:

- measles
- mumps
- rubella (german measles)

Uptake for the first dose of the MMR vaccine in children aged 2 years in England is 89%, and uptake of 2 MMR doses at age 5 years is 85.5%. This is below the 95% target set by the World Health Organization (WHO) as necessary to achieve and maintain elimination.

In Hertfordshire we are slightly better than the England average see below form Q3 report

24 MONTHS MMR

National Standard/Target: Acceptable ≥ 90% - Achievable ≥ 95%

	Q1 2021/22	Q1 2022/23
Hertfordshire	92.3%	92.2%
England	89.0%	89.7%
Compared to National Standard/Target		Acceptable
Compared to England Average		Above

5 YEARS MMR 2ND DOSE

National Standard/Target: Acceptable ≥ 90% - Achievable ≥ 95%

	Q1 2021/22	Q1 2022/23
Hertfordshire	91.1%	89.1%
England	86.3%	84.4%
Compared to National Standard/Target		Below Acceptable
Compared to England Average		Above

What are we doing to increase uptake



UKHSA has been working closely with the NHS and other partners to support the recovery of the routine childhood immunisation programme and to catch-up children who missed out on their vaccinations during the COVID-19 pandemic.

In addition to this the Health Protection team has been reminding parents to get their children vaccinated via schools channels and proactively visiting family centres in areas with the lowest uptake to promote the vaccination and address hesitancy.

In addition to the existing workstream the health protection team is developing a plan of action requiring the engagement of all stakeholders to increase the percentage MMR uptake closer to the 95% target across Hertfordshire. This plan will include:

- Working with the ICB and PCN leads to obtain practice level data on uptake by GP surgery.
- Supporting those GP surgeries with the lowest uptake to put on additional clinics where the health protection team can engage with districts and other community groups to promote the sessions.
- Consider supporting GP surgeries to call those who miss their appointments through the district health inequality leads.
- Actively engage with those who maybe most likely to miss out on the vaccination, such as asylum seekers, looked after children, Gypsy and Travellers and working with the Children's School Aged Immunisation Service deliver place based vaccinations.

Covid Vaccination Spring Booster

All eligible people (see targeted cohorts below) for this years Spring booster have now been contacted.

- Adults aged 75 years and over.
- Residents in a CQC registered care home for older adults.
- Individuals aged 5 years and over who are immunosuppressed

All care homes have been visited and any mop up visits are taking place

Those who are housebound have been identified and are being visited by community nursing teams

Walk in clinics are in place in addition to 29 PCN sites and 60 pharmacies across Hertfordshire

The spring booster programme is expected to be completed by 30 June 2023.

Autumn Vaccinations

- Autumn covid booster people at higher risk
- Flu – social care
- Shingles (older people)
- Anyone who is severely immunosuppressed and over 50 will be able to get two doses of the Shingrix vaccine – currently the vaccine is only available to those over 70.
- From 1 September 2023, those turning 65 and 70 will also be able to get the vaccine after their birthday, in addition to those already aged 70-80. Patients will be contacted by their GP practice when they become eligible

Child flu vaccine (Nasal spray)

- children aged 2 or 3 years
- all primary school children (reception to year 6)
- some secondary school aged children (with long term conditions)
- children aged 2 to 17 years with long-term health conditions
- **Some children will need the flu vaccine injection**
 - a weakened immune system
 - had a [severe allergic reaction \(anaphylaxis\)](#) to egg in the past
 - asthma that's being treated with steroid tablets or that needs treatment in hospital

Recent increase in Mpox

UKHSA has been notified of an increase in the number of confirmed cases of mpox, in May 2023 with 10 cases reported from London between 4th May and 19th May 2023. This increase follows a period of very low case numbers in the UK.

All the cases were diagnosed within London, with half of them in unvaccinated individuals and 2 in those who had only received one dose. Five of the cases acquired the infection in the UK, 4 are thought to have acquired the infection abroad and one remains under investigation.

The risk to the general population remains very low.

Working with our commissioned sexual health services our message is to remain vigilant, with a call to get second dose vaccines sorted by end July 2023.

Avian Influenza

- The UKHSA has detected Influenza A (H5) virus in two poultry workers (not in Hertfordshire) following the introduction of an asymptomatic testing programme for people who have been in contact with infected birds.
- UKHSA has not detected evidence of human-to-human transmission and these detections do not change the level of risk to human health, which remains very low to the general population.
- Current evidence suggests that the avian influenza viruses we're seeing circulating in birds around the world do not spread easily to people. However, we know already that the virus can spread to people following close contact with infected birds and this is why, through screening programmes like this one, UKHSA are monitoring people who have been exposed to learn more about this risk.
- Globally there is no evidence of spread of this strain from person to person, but we know that viruses evolve all the time and we remain vigilant for any evidence of changing risk to the population.
- It remains critical that people avoid touching sick or dead birds, and that they follow the Department for Environment, Food and Rural Affairs (Defra) advice about reporting.

Current incidents and outbreaks the LA Health Protection team are supporting

- Possible measles in a young child who attended a mother and baby group in Elstree. (awaiting confirmation test)
- Salmonella outbreak linked to a restaurant in Watford, typing has linked the cases involved here to a wider clad of cases nationally, indicating a food chain supplier issue.
- iGAS outbreak linked to 4 service users residing in two separate care homes in Watford all have the same emm typing so are linked. All received district nursing care and so district nursing team is being swabbed to identify a possible link.
- 4 Care homes for older adults are currently experiencing an outbreak of Covid, all service users are well and the settings are being supported.

For all of the above situations all key stakeholders are engaged and working together. Reactive communications are available if required.

In addition to reactive work the Health protection Team is committed to proactive prevention and leads on workstreams and initiatives through various boards including the multi agency Health Protection Board.

End

Thank you!



RIDOUTS

SPECIALISTS IN HEALTH AND SOCIAL CARE LAW

CQC'S new approach to regulation & how to prepare

LAURA P SHELTON
SENIOR ASSOCIATE SOLICITOR

12 July 2023



Overview

- CQC's current system and move to new Single Assessment Framework(SAF)
- How the SAF will work in practice
- Timeline for implementation
- How to prepare for the SAF
- Themes arising from our Provider surgery



Where are we currently with the CQC?

- Risk-based, 'point in time' inspections
- Inspectors gathering evidence using the KLOEs
- Ratings based on characteristics
- Monthly monitoring
- Increase in enforcement action
- Transition phase
- Consulting on the new regulatory model



**Current assessment
system**



**New Single Assessment
Framework**



Current system v Single Assessment Framework (SAF)

Current System	New SAF
<ul style="list-style-type: none"> • 4 assessment frameworks for different services 	<ul style="list-style-type: none"> • Single assessment framework for all
<ul style="list-style-type: none"> • Risk-based monthly monitoring 	<ul style="list-style-type: none"> • Ongoing assessments not tied to set dates or previous rating/ update ratings at any time
<ul style="list-style-type: none"> • ‘Point in time’ inspections • Inspectors gather evidence using the KLOEs 	<ul style="list-style-type: none"> • ‘Multi-point’ inspections • New Quality Statements / focus on specific “topic areas” under each key question • 6 evidence categories
<ul style="list-style-type: none"> • Ratings based on ratings characteristics. 	<ul style="list-style-type: none"> • Scoring system - 1 (being significant shortfalls) to 4 (being exceptional).
<ul style="list-style-type: none"> • Longer form inspection report published. 	<ul style="list-style-type: none"> • Service ratings are calculated, put on CQC’s website & short statement published.

Current system v Single Assessment Framework (SAF)

Why is CQC's inspection model changing?

- Current point in time inspections criticised for being subjective & lacking clarity.
- New SAF - more dynamic, data-led & reflect how care is delivered by different types of services
- Inspection visit will only be one of the tool's used – ratings can change anytime



Single Assessment Framework

What will the changes mean?

- SAF will replace 4 existing frameworks
- One SAF for providers, Local Authorities, Integrated Care Systems and Integrated Care Boards (ICBs)



**How will the Single
Assessment
Framework work in
practice?**



How will the SAF work in practice? (1)

- Frequent monitoring - not tied to set dates or driven by previous rating
- 'Real time' rating
- Use a range of information to assess.
- New online Provider Portal for all online interactions between CQC and Providers



How will the SAF work in practice? (2)

- Score evidence to make judgements structured & consistent
- On site inspections to assess quality
- Data & feedback to decide which services to visit.
- Shorter 'simpler' reports to show most up-to-date assessment



How will the SAF work in practice? (3)

CQC's Single Assessment Framework

Our framework will assess providers, local authorities and integrated care systems with a consistent set of key questions, from registration through to ongoing assessment

Aligned with "I" statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as "We" statements; the standards against which we hold providers, LAs and ICSs to account

People's experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group



How will the SAF work in practice? (4)

5 Key Questions / Topic areas

- The 5 key questions remain (Safe, Effective, Caring, Responsive & Well-led).
- Under each key question there will be topic areas (34 in total) & quality statements



How will the SAF work in practice? (5)

Quality Statements

- Quality reviewed more regularly through Quality Statements.
- **'We'** statements – provider's commitment to deliver high-quality, person-centred care.
- Intended to show what is needed to deliver high quality person- centred care.



How will the SAF work in practice? (6)

Quality Statements - Fall under each domain & link to Regulations:

<https://www.cqc.org.uk/about-us/how-we-will-regulate/five-key-questions-and-quality-statements>

Example:

- **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.

Related regulations

[Regulation 9: Person-centred care](#)

[Regulation 11: Need for consent](#)

[Regulation 12: Safe care and treatment](#)

([Regulation 10: Dignity and respect](#))

How will the SAF work in practice? (7)

6 evidence categories under Quality Statements

- To understand how quality of care is delivered against quality statements.
 1. People's experience
 2. Feedback from staff and leaders
 3. Observation of care
 4. Feedback from partners
 5. Processes
 6. Outcomes of care



Single Assessment Framework – ratings & scorings



SAF – Ratings & Scorings (1)

New scoring system

6-stage system followed to produce a key question and overall rating for a service:

- Review evidence types within the required evidence categories for each quality statement
- Apply a score (1-4) to each of these evidence categories
- Combine the required evidence category scores to give a score for the related quality statement.
- Combine the quality statement scores to give a total score for the relevant key question.
- This score generates a rating for each key question.
- Aggregate the key question ratings to give the overall rating.



SAF – Ratings & Scorings (2)

- 4 ratings remain - Outstanding, Good, Requires Improvement and Inadequate
- CQC will use numerical score for each evidence category to determine quality on ongoing basis.
 - **4** = exceptional standard of care
 - **3** = good
 - **2** = shortfalls
 - **1** = significant shortfalls



SAF – Ratings & Scorings (3)

New scoring system continued...

Thresholds are used to convert percentages to scores or ratings:

- 25 to 38% = 1 / Inadequate
- 39 to 62% = 2 / Requires Improvement
- 63 to 87% = 3 / Good
- Over 87% = 4 / Outstanding

Example of calculation on CQC website (updated 4 July):

<https://www.cqc.org.uk/assessment/quality-performance/reach-rating-example-gp-practice>



SAF – Ratings & Scorings (4)

- CQC believes scoring system will assist providers
- It will indicate how close the service is to another rating. E.g with 'Good' rating – score will show if closer to R.I or Outstanding.
- Scores meant to help CQC determine if quality is moving up or down within a rating.
- Scores to be updated regularly



Timeline for implementation of SAF



Timeline for SAF implementation (1)

Delays due to CQC:

- Putting technology in place
- Engaging with stakeholders
- Establishing new Regulatory Leadership
- Training staff



Timeline for SAF implementation (2)

Now

- Post COVID-19 risk-based approach to inspection in place
- Unfair in some cases - inaccurate or out of date ratings.

Summer 2023

- Roll out of new online Provider Portal & notify providers about signing up
- CQC to improve how it uses information received through the Give feedback on care service.



Timeline for SAF implementation (3)

Later in 2023

- CQC will gradually start assessing via the SAF
- CQC's online interactions with Providers will be via online portal
- 'Improved' process for checking factual accuracy of draft reports
- To allow more time for testing, CQC delaying rollout of 'improved' enforcement processes



Timeline for SAF implementation (4)

2023 into 2024

- Changes will take time to be implemented
- CQC to provide more detail about how it will use SAF including what 'good' looks like & what evidence CQC will prioritise
- How providers will interact with new operational teams



How to prepare for the SAF



How to prepare for SAF (1)

- Await publication of CQC guidance re: rolling multi-point inspections. Website update 4 July: <https://www.cqc.org.uk/assessment>
- **Skills for Care** - 'Good and Outstanding (GO)' online toolkit to support providers prepare for CQC inspections.
- The [two GO toolkits](#) cover the current CQC Assessment Framework & upcoming SAF
- Helpful for providers if they want to prepare for CQC's monitoring & inspection.



How to prepare for SAF (2)

Be aware of CQC 'Hot Topics'

- Whistleblowing / Safeguarding
- Workforce and staffing
- Fire safety



Key Takeaways

- CQC's current assessment framework is still being used.
- Familiarise yourself with the SAF – refer to Skills for Care Toolkit
- Have someone to monitor the process & keep up to date with changes
- Try to manage your inspection process – be aware of CQC 'Hot topics'



Themes from Provider Surgery

- When will the new system be fully up and running?
- Re-inspections
- Risk based regulation & enforcement – e.g. Warning Notices & s31
- Prosecutions
- Challenging ratings and judgments



QUESTIONS?



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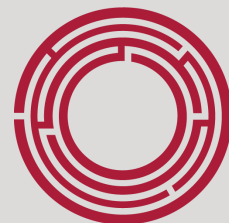
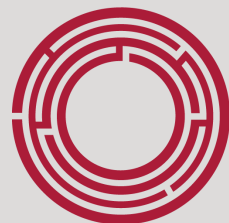
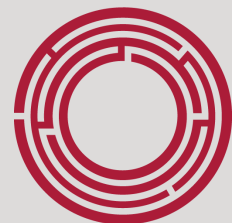
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Complaints

Bryony Morris



Contractual Requirements

- The Provider shall ensure that it has a complaints procedure in place from the Commencement Date in respect of complaints about the Services, which is in accordance with the Ombudsman guidance on a complaints system, which shall be approved by the Council from time to time. For information regarding the Council complaints procedure please see the following website.
[Hertfordshire County Council – Complain or Comment](#)
- The Provider shall notify the Contract Manager within ten (10) Working Days (or sooner if the urgency or significance of the complaint justifies it) if it receives any complaints in relation to the Services with details of how the Provider proposes to resolve the complaint. If the complaint is not resolved to the satisfaction of the Contract Manager within the time specified by the Contract Manager, the Contract Manager may take action in accordance with Clause 36.
- The Provider shall ensure that the information specified below is included in its complaints procedure:
 1. That the service is being provided on behalf of the Council.
 2. That in the event any Service User, or any member of the general public is dissatisfied with the manner or the standard to which the Service is being provided, that they may (but only after exhausting the Service Providers complaints procedure) make a formal complaint to the Council; and
 3. The telephone and email address of the Council complaints team is **01992 556 685** / ACS.Complaints@Hertfordshire.gov.uk
- If the complaint is not resolved to the satisfaction of the Council within the time specified by the Council, the relevant Council may take action in accordance with Clause 36.

How is this assessed

People who use the service

Policy and procedures

Records and Learning

And Finally

There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.

- The service can evidence contact with the Local Authority and appropriate teams, Care Manager or Locality Team: Evidence of sharing complaint with LA, where it is a reportable event, outcome etc.
- This can be confirmed by the relevant team / person.
- Appropriate investigations completed and lessons learnt are shared.
- CQC notifications.

Any Questions

If in doubt you can contact your Commissioning Manager at Hertfordshire County Council or your Monitoring Officer to discuss

Brunch



Local Government &
Social Care
OMBUDSMAN

Effective Complaint Handling:

**Training for
Hertfordshire Care Providers Association**

Rob Draper, Assessment Manager

12 July 2023

Further reading



www.lgo.org.uk

- > Annual reports and statistics
- > Reports and subject guidance
- > Decisions
- > Guidance on complaint handling, administrative practice, remedies and unreasonable complainants
- > Manual for Link Officers
- > Learning resources page for course participants
- > Our own policies and procedures

Local Government & Social Care Ombudsman

Weekly emails



Ombudsman training team



www.lgo.org.uk/training



training@lgo.org.uk



0330 403 4042



Chris Badger

Director, Adult Social Care
Hertfordshire County Council



Wesley Strahan-Hughes

Director of Operations
Hertfordshire Care Providers Association

International Recruitment

could it help solve the recruitment crisis?

Eastern Region is developing resources to support care providers
– virtual launch event is on the 25th July

<https://www.eelga.gov.uk/events/eastern-region-international-recruitment-ir-adult-social-care-asc-resource-launch-event/>

We want to hear your feedback to help shape learning and development so tell us:

- your experiences – good and bad
- what training would help overseas workers to swiftly adapt to working in Care in the UK
- what else would help

Please stop at the Business Development stand if you would like to help us with this or email jackietaylor@hcca.co.uk



GOODCARE Hertfordshire MONTH

- HCPA's free recruitment service
- Supporting you to fill your vacancies
- Providing you with recruitment, onboarding, and retention guidance and education
- Campaigning to inspire the public to work for you!



July
2023

The
Hertfordshire
Care
Awards



Now Live for Nominations

1. The Support At Home Outstanding Achievement Award
2. The Compassion Award for Residential Care
3. Outstanding Achievement in Adult Disability Services
4. The Inspirational Leader Award
5. The Rising Star Award
6. Most Improved Support at Home Team
7. Most Improved Residential Care Team
8. Most Improved Adult Disability Support Team
9. The Care Culture Award

don't hesitate nominate today!

hcpa.info/the-hertfordshire-care-awards/

Still using paper-based records?

You can claim up to 50% of funding for Digital Social Care Records if you are:

- CQC Registered
- Based in Herts and West Essex
- Currently using paper-based records, or implemented an Assured Solution after April 2022

Complete an application form by 20th August to receive current funding

www.hcpa.co.uk/funding-and-digital-trials/



Find out more at the Data Security Stand



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.co.uk/hub

HCPA: 'Sharing best practice in care through partnership'

