The social care manager’s handbook
A practical guide for registered managers
Acknowledgements

This handbook was revised in January 2016, after originally being prepared and edited by the team at CPEA Ltd (www.cpea.co.uk) in consultation with the Board of the National Skills Academy for Social Care, the programme steering group and other key stakeholders. I’d like to take this opportunity to thank again all those involved in its original development and subsequent revision.
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As a registered manager your role is critical in making sure that the people you support always receive high quality, person centred care, but it’s not always easy.

We created this handbook as a comprehensive guide to the key aspects of your role. Throughout we aim to provide a useful mix of practical advice on key operational matters, as well as setting out fundamental principles like how leadership translates values from an abstract concept, into something that is in the DNA of every professional who offers care and support.

Things move quickly in our sector. Our aim is to ensure that this guide moves with it. As we further develop the registered manager networks and membership cohort, we will draw upon this collective intelligence to refine and update it, to ensure it remains current and thought provoking.

If there’s one thing I have learnt during my career in social care it is that at the heart of an outstanding service is a quality manager. Excellent registered managers really understand the core values; dignity, respect, compassion and person centred care, and lead their teams to ensure that these values are embedded in everything they do.

Having been a manager and leader for some time I still find that my thinking is challenged by the up and coming leaders I mentor. I enjoy these moments as it is a timely reminder that there is always something else that we can do better. The need for self-awareness and constant evaluation is particularly pertinent in a people business like adult social care, and underpins our thinking throughout this text.

The biggest endorsement I can give this handbook is that I wish it had been available when I started my management career, because I would have found it invaluable. I hope you do too.

Sharon Allen
Chief Executive Officer,
Skills for Care
Introduction

As a registered manager you’re the lead professional in your service. You’re the role model for all the staff. The skills, knowledge and values that drive your work also set the standard. You have a statutory role and a wide range of responsibilities. Above all, you’re the heart of your service.

With your team it’s you who can turn the service’s vision and purpose statement into real practice on the ground. To do this well means putting the people who use your service at the centre of everything, and constantly reflecting on whether or not you’re doing the very best that can be done.

Using this handbook

The handbook is set out in 11 sections which align to the headings within the Manager Induction Standards and the Level 5 Diploma in Leadership and Management for Adult Care (the recommended registered manager qualification), which were both updated in 2016 (diploma available from 2017). These headings are also used in the Level 4 Certificate in Principles of Leadership and Management for Adult Care which provides a progression route into management and an accredited route to the Manager Induction Standards.

Each section can be used independently and covers a particular area of the work of a social care manager, providing information, guidance and practical tips to support you in your day-to-day work.

At the start of each section, we list the relevant legislation that could apply as well as the main areas within the corresponding Manager Induction Standard(s) (MIS), and the relevant parts of the Leadership Qualities Framework (LQF). At the end of each section we provide sources of further information.

The handbook is designed as a guide to all the key aspects of your role, so that you can come back time and again and reference it as you need to. It’s not intended to be digested in one go. Instead, we suggest that you go through each section, one part at a time, involving your teams and service users, their carers and relatives.

Social care changes quickly, and this handbook will be subject to regular update. As a registered manager member you’ll receive updates on a regular basis. The regular ‘cut out and keep’ digest feature as part of your monthly newsletter can also be added to your file to enhance the handbook.
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Section 1
Leadership and management

1.1 Leadership and management
1.2 Leadership values
1.3 What is a team?
1.4 Leading and managing teams
1.5 Supervising and developing teams

Main areas within the MIS
- Leadership and management in adult care settings
- Team leadership
- Team development

Links to the LQF
- Demonstrating personal qualities - acting with integrity
- Working with others - building and maintaining relationships/working within teams
- Managing services - managing people/managing performance
- Improving services - encouraging improvement and innovation
- Setting direction - applying knowledge and evidence/evaluating impact
- Delivering the strategy
1. Leadership and management

1.1 Leadership and management
There’s a difference between leadership and management. In your role you have to do both.

The day-to-day delivery of your service is highly dependent on your management skills. Your ability to plan effectively, identify and oversee your budget and successfully deploy human, financial and other resources are critical to ensuring organisational objectives are met. As a manager you’ll need to monitor performance and adherence to a set of standards, and engage in problem solving if things don’t go to plan.

As a leader it’s important to take the long term view. You’ll need to set a vision which is overarching of objectives and standards. You’ll need to engage with your team, motivate them and inspire them to commit to it.

If management is about maintaining a steady state, then leadership is about initiating innovation and change. You’ll always need to be both a leader and a manager, but a key skill is knowing when to be more one than the other.

1.2 Leadership values
The values that underpin social care have developed through recognising that the very best practice comes from the highest standards of personal and professional integrity, and the commitment to deliver a service that centres on and responds to the people who use it.

As the professional role model, you’ll be aware that respect for the people who use your service is demonstrated in a number of ways. Whilst your staff will be able to follow your lead, they’ll also want to find support and guidance from supervision and in using the systems and processes that you’ve put in place to support development.

The integrity that has enabled you to progress to the role of lead professional in your organisation is an essential quality for all of your staff. Integrity is not just about day-to-day honesty, important as that is. It’s also about working in social care for the right reasons and showing the integrity of purpose that drives the best staff to provide the highest quality service.

The task is often made even more complex by the range of people and agencies who will attempt to impose their view of how things ought to be done. While of course you should welcome opportunities to explain your work, and to respond to suggested improvements, you remain the lead manager. It can never be good for your service to allow views to prevail that you believe will be detrimental to the quality of the service or the rights of the people you support.
Working in social care means having courage in some very difficult situations. Not all the decisions you make will be easy, and many of the situations you deal with will have practical and emotional risks and challenges.

Supporting your staff in facing difficult circumstances is a critical part of your role. Working with your team to identify, agree and share the values of your service and making sure that these underpin everything that you do is an incredibly valuable exercise.

**1.3 What is a team?**

It’s worth spending some time thinking about the teams that you’re part of and your role within each. It may seem obvious, but it’s not always clear cut. You may be a member of more than one team and you may have links into many others.

Working on the basis that a team is a group with an objective, it can be useful to think about the teams that exist in your work environment. For example:

- the staff team that you manage
- the staff team that you lead (which may be different from the above)
- regional or national teams of managers if you work for a large organisation
- your organisation as a team
- ‘teams around the person’ which will include families and other professional colleagues
- GPs, pharmacists and community nurses who manage medications as a team – this is just one of many examples of a multi-disciplinary team.

Groups can become teams. For example, a residential unit family network, where people discuss issues related to the home, is a group. But if the network decided one day that it would become a ‘friends of’ group and start fundraising – then it becomes a team, because it has an objective to achieve.

The aims and objectives of a team can be:

- set by an organisation that employs the team
- decided by the members of the team
- focused on those who receive the service provided by the team.

You may be in a team for a short period. For example, if you’re involved in a ‘task and finish’ group you may only work together for a short time, but if you have an objective and work together to achieve it, then you’re a team.
1.4 Leading and managing teams

Leaders of successful teams contribute to the following:

- Agreeing and sharing a common purpose, aims and objectives.
- Working on building relationships that value and respect all team members.
- Contributing to the planning process for all team activities.
- Making sure that all team members are involved in decision-making.
- Respecting and valuing the diversity of each team member.
- Valuing working together and recognising the difference between working at the same time and working together.
- Supporting the goals that have been agreed by the team.
- Praising and giving credit to the work of all team members.
- Using communication skills effectively when working with other members of the team.
- Working to identify and resolve conflicts within the team.
- Examining the way the team is operating, and being unafraid to initiate constructive and supportive criticism.
- Contributing to the growth and development of the team as a whole, the members of the team and yourself as an individual.

Your position means that you’ll often be leading the teams that you take part in and you’ll have the responsibility of motivating and inspiring them to achieve. Maintaining the focus and challenge of teams can help with keeping them keen and motivated. Teams also need to see their objectives achieved. Think about separating major challenges into smaller, achievable elements. This can help teams to feel that goals are being reached and successes can be celebrated.

Leaders need to present teams with a vision that shows where the organisation is going, and how it’ll get there. People tend to be motivated by results; seeing things happen and knowing they’re achieving personal objectives and contributing to collective goals. Providing your teams with a regular review of what’s been achieved and what’s next will go a long way towards keeping people keen.

Leaders have to direct and shape the teams they lead. Reviewing this on a regular basis is useful. It helps people to know that they’re still going in the direction they thought they were.
As well as providing inspiring leadership, social care managers have to deliver a safe and effective service that is meeting its objectives and contractual and legal requirements. This is the area where your performance management plans, goals and targets are monitored and measured. Constant review and vigilance means that any performance issues are picked up early and can be addressed before they become an issue.

Communicating well and keeping team members and partners ‘in the loop’ is vital here. The rumour mill rapidly fills gaps left by poor communication.

Feedback on progress and performance motivates team members as they can see improvement. Teams need to feel that they can look to you for support and to know that, provided they have not been negligent or totally non-compliant, they can rely on you. It’s easier for staff to look forward and keep making progress if they know that you’re covering their backs.
1.5 Supervising and developing teams

Supervising staff is key a part of your job that has a range of benefits. Firstly, for the staff; they’re able to set aside some time to reflect and consider their work, to discuss any concerns, and plan their own professional development. Secondly, for you; it’s an opportunity to monitor progress on individual issues among people using the service, identify any staffing issues, assure yourself about the work of staff members and develop relationships with your staff.

Regular supervision and professional discussion, alongside day-to-day observation is a fantastic opportunity to identify untapped potential within your team. Any organisation, regardless of size, benefits from seeking out and developing its best talent. Succession planning is key to successful businesses and ‘home growing’ your future team leaders makes more economic sense than having to search around for new people every time you have a senior level vacancy. Being able to see opportunities to progress is very motivating and is likely to result in improved retention of staff. It’s another economically sound strategy. (Supervision is discussed further in section 6.)

Further information

- The behaviours described within the Leadership Qualities Framework represent the core leadership skills required by registered managers and people at all levels within the adult social care sector. [www.skillsforcare.org.uk/lqf]

- The Level 4 Certificate in Principles of Leadership and Management for Adult Care provides a progression route into management and an accredited route to the Manager Induction Standards. More information is available on the Skills for Care website. [www.skillsforcare.org.uk/mis]

- Skills for Care’s People performance management toolkit developed with NHS Employers provides practical support for those managing teams. [www.skillsforcare.org.uk/ppmt]

- The Effective Supervision Guide supports employers to understand the benefits of effective supervision, including recommendations about choosing and developing supervisors, more information on how to get your copy is available on the skills for care website. [www.skillsforcare.org.uk].
Section 2

Governance and regulatory processes

2.1 CQC regulation and inspection
2.2 Governance

Main areas within the MIS
- Key drivers, legislation and policies within the social care sector
- CQC inspection process
- Role of the nominated individual
- Range of regulation processes
- Governance and accountability

Relevant legislation and policy
- Health and Social Care Act 2008

Links to the LQF
- Health and Social Care Act (Regulated Activities) Regulations 2010
- Care Act 2014
- Improving services - encouraging improvement and innovation / facilitating transformation / ensuring the safety of people who use services
- Setting direction - evaluating impact
2.1 CQC regulation and inspection

Within this handbook we’ve provided a brief overview of the key elements of regulation and inspection and what it means for you as the registered manager. The CQC have produced comprehensive provider handbooks which explain their approach in detail, which are recommended reading. Details of where to access these is available at the end of this section.

Registration

Before a provider can begin to provide a regulated activity, they must apply to CQC for registration. Currently almost two-thirds of care providers in England have to register with the CQC. Whether or not you have to register depends on the type of care service that’s being provided. CQC regulates providers of activity in England that would, typically, be provided in the following types of services:

- care home services with nursing
- care home services without nursing
- specialist college services
- domiciliary care services
- extra care housing services
- shared lives
- supported living services
- hospice services
- hospice services at home.

Registration assesses whether new providers have the capability, capacity, resources and leadership skills to meet relevant legal requirements. During registration the CQC collect information about applicants and the services they intend to provide, to make judgements about whether they are likely to meet the legal requirements of the regulations. These judgements include the fitness and suitability of applicants, the skills, qualifications, experience and numbers of key individuals and other staff; the size, layout and design of premises; the quality and likely effectiveness of key policies, systems and procedures; governance and decision-making arrangements; and the extent to which providers and managers understand them and use them in practice.
The regulatory framework
Registered providers must comply with the CQC’s Fundamental Standards which were introduced on 1 April 2015 and set the baseline for quality below which care must not fall. The standards sit alongside the five questions the CQC ask of all services, and rate against when they inspect.

<table>
<thead>
<tr>
<th>Is the service...</th>
<th>Are people protected from abuse and avoidable harm?</th>
</tr>
</thead>
<tbody>
<tr>
<td>...safe?</td>
<td>Does the care, treatment and support provided to people achieve good outcomes, promote a good quality of life and is it evidence-based where possible?</td>
</tr>
<tr>
<td>...effective?</td>
<td>Do staff involve and treat people with compassion, kindness, dignity and respect?</td>
</tr>
<tr>
<td>...caring?</td>
<td>Are services organised so that they meet people’s needs?</td>
</tr>
<tr>
<td>...responsive?</td>
<td>Does the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, support learning and innovation, and promote an open and fair culture?</td>
</tr>
</tbody>
</table>

Inspection
The CQC take an ‘intelligent monitoring’ approach. This means that they collect information and data from a number of sources in order to decide when, where and what to inspect.

Example indicators for adult social care services

<table>
<thead>
<tr>
<th>Outcome measures and safety events</th>
<th>Information from people using services and the public</th>
<th>Information from and about staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence of pressure sores, medication errors, falls.</td>
<td>People’s experiences of care.</td>
<td>Concerns raised by staff to CQC (whistleblowers).</td>
</tr>
<tr>
<td>Admissions to hospital for preventable conditions.</td>
<td>Local Healthwatch and other local groups.</td>
<td>Absence of, or frequent changes in, registered manager.</td>
</tr>
<tr>
<td>Previous inspection judgements and enforcement actions.</td>
<td>Safeguarding alerts and concerns.</td>
<td>Staff to client ratio, qualifications and training of staff, turnover, vacancies (this can be shared with the CQC from your NMDS-SC account if you wish).</td>
</tr>
</tbody>
</table>
One of the key pieces of information that the CQC use comes from you; the Provider Information Return (PIR). PIRs are electronic forms that you’ll be asked to complete and submit online. Within the PIR you’ll be asked to assess your service in terms of quality against the five key questions, and to set out any improvement plans etc. Submitting your PIR is important. It’s a requirement under Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. If CQC request a PIR but don’t receive the information they won’t usually award better than ‘requires improvement’ for the well-led question (see more on ratings below).

During the inspection, the inspection teams use a standard set of ‘key lines of enquiry’ (KLOEs) that directly relate to the five key questions listed above. Each KLOE is accompanied by a number of questions (prompts) that inspection teams may consider as part of the assessment. The KLOEs and prompts are available to view on the CQC website (see the end of this section for more details). As part of the inspection, the team will gather information by speaking to people using your service, yourself and your staff, and through other methods such as observation and reviewing records.

Ratings
Following the inspection and initial feedback CQC will produce a rating against each of the five key questions. These ratings are also aggregated (in line with the CQC’s ratings principles) into an overall rating for the location.

- **Outstanding**: The service is performing exceptionally well.
- **Good**: The service is performing well and meeting expectations.
- **Requires improvement**: The service isn’t performing as well as it should and CQC have told the service how it must improve.
- **Inadequate**: The service is performing badly and CQC have taken action against the person or organisation that runs it.

Following an internal assurance check, the CQC will publish your ratings on their website. You’re also required to display your rating, both physically where you have premises where a service is being delivered and on your website, if you have one.
What to expect when you’re inspected
For registered managers, inspection can be a stressful time. However, if you can think of it as an opportunity to get feedback on how the service is performing, much of that stress can be removed or at least reduced.

Some tips worth remembering
■ You’re the lead professional – so it’s right to be clear about decisions you’ve taken and be willing to discuss the issues and factors that underpin your decisions.
■ Be prepared - have information ready and not scattered all over the place.
■ It’s very worrying to an inspection team to discover some difficulty in a service that the manager didn’t know about. If there are things that aren’t right or need improvement, say so up front, and describe the actions in place to improve things.

In the sections below we have outlined the kinds of considerations that may be raised for registered managers during inspection.

Is it safe?
Inspectors will want to be able to assure themselves that people are safeguarded and protected from harm and abuse. They’ll probably want to ask people about how safe they feel, and will want to see any records of safeguarding alerts, look at records about staff training and ask questions about staff awareness and understanding of harm and abuse.

Is it effective?
Inspectors will want to know if your service is meeting people’s needs, or more importantly, the outcomes that people have identified. They’re likely to look at how people’s independence is being maximised and how they’re being helped to exercise choice and control. Inspectors are likely to identify this through care plans, conversations with people and their families and comparing the outcomes achieved with the outcomes identified. They’re likely to want to know about activities and approaches designed to provide development and improvement. Monitoring and performance records could be useful in demonstrating progress.

Is it caring?
Inspectors will want to satisfy themselves that the service is a compassionate one and that people are respected and lead dignified lives. The overall culture and atmosphere of a service, staff attitudes and approaches, along with conversations with people and families, are likely to form a basis for their judgements. This will be supported by evidence of a personalised approach that records time spent with people and whether or not staff have taken time and care to know the whole person.
Is it responsive to people’s needs?
CQC will want to assure itself that people are having a timely and appropriate response to their needs, whether physical or emotional. They’re likely to look at records of any medical treatments and check that they were provided quickly. Individual records should be able to show that emotional needs such as a person in distress or concerns from a family member were addressed without delay and in a caring and compassionate way.

Is it well led?
Your role is a key part of answering this question. More than 90% of services that receive an overall rating of good or outstanding have also been rated good or outstanding against the ‘well-led’ question.

There are other factors to consider as well. Inspectors will look at governance, so if there’s a board of directors or trustees or an individual owner, then their expertise, actions and influence will also be looked at.

The inspectors will want to satisfy themselves that the organisation is transparent and that people using the service know how to contact the senior team if they have a query, concern or complaint. They’ll want to look at the governance structure and how information is shared and the channels of communication.

They may look at staffing records and issues such as sickness levels and turnover, both of which can be indicators of low staff morale.

Inspections matter. They provide you with valuable feedback, but fundamentally your service needs to be guided by a commitment to quality and safety and be built around each individual that it supports. Have confidence in what you do, and if you’re doing it right, you will satisfy the inspectors.
2.2 Governance

Governance can be defined as the collection of systems and processes concerned with ensuring the overall direction, effectiveness, supervision and accountability of an organisation or service.

The values, behaviours, decisions and processes in your service will and should be open to scrutiny. Good governance means that accountability is recognised and accepted. It means that lessons are really learned and that there’s honesty and openness in seeing the best possible outcomes for people.

At times the scrutiny that is part of good governance may expose poor practice or abuse. For registered managers, there is an expectation that they’ll take appropriate action to address failings, as well as exploring and improving the situation that allowed any failings to occur.

Social care governance focuses on the responsibility of individual workers and teams to continuously learn from, and improve, their practice. It encourages professionals to take real pride in their practice and enables them to introduce changes and achieve better outcomes for carers and people who need care and support.

Further information

- The CQC publish provider handbooks which explain what they look for when they inspect services and guidance on meeting regulations which include the fundamental standards of care. [www.cqc.org.uk/content/guidance-providers]
- Think Local Act Personal (2012) Driving up Quality in Adult Social Care provides an overarching view of the principles required for a quality framework. [www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=9407]
- NICE quality standards are concise sets of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. [www.nice.org.uk/standards-and-indicators]
Section 3

Communication

3.1 Communicating effectively
3.2 Information governance

Main areas within the MIS
- Communicating effectively with others
- Systems for information management
- Information sharing

Relevant legislation and policy
- Health and Social Care Act 2012
- Equality Act 2010
- Freedom of Information Act 2000
- Data Protection Act 1998
- Human Rights Act 1998
- Care Act 2014

Links to the LQF
- Working with others - building and maintaining relationships/encouraging contribution
- Creating the vision – communicating the vision
3.1 Communicating effectively

In your role, you’ll probably use a wide range of communication methods - verbal, written, electronic and visual - not forgetting the non-verbal communication that underpins everything.

You’ll be used to working out the right way to communicate with the right audience. You know all about how to make good use of communication skills, or you wouldn’t be where you are, but it’s always worth running through a mental checklist.

- **Why?** Thinking about the purpose
  To share information? To ask for information? To encourage action? To discourage action? To request assistance?

- **Who?** Thinking about the audience

- **What?** Thinking about the message

- **How?** Thinking about the format

- **When?** Thinking about timing
  As soon as possible? After the dust settles? When we know more?

- **Where?** Thinking about the place
  Workplace? Home? Public? Private?

Your communication skills are what keep your service running smoothly. Poor communication is at the heart of many poorly performing services. It’s identified, almost without exception, as a major factor in every Serious Case Review.
Verbal communication
Talking is the most widely used communication method. The nature of your role means that you talk all the time - to the people you support, to staff, to families and friends, to other professionals, to suppliers, to commissioners – the list goes on. We use verbal communication because it:

- is the most usual way in which human beings make contact with each other
- is quick
- doesn’t usually need any equipment
- is convenient
- is generally how we make and build relationships.

Obviously some things have to be recorded to provide an audit trail or an information record, but sometimes it’s what is said to explain the formal record that brings them to life. For example, in a residential setting there will be handover summaries, but it’s the handover meetings, when people share the ‘soft information’, that are often the most useful.

Written communication
Unlike some other industries, in our sector hard copy documents are still frequently used. Even so; increasingly day-to-day written communication is by email, text or through an electronic information management system.

Plenty of communication is now by email or text message (SMS). Text is really useful for short messages, but is not secure. You may have set up secure email for sensitive and personal information. If not it’s worth considering. There are many different products available, but you could discuss it with your commissioners who can advise you on a system compatible with theirs.

Of course, because written communications are subject to the Data Protection Act, all organisations have to consider the importance of compliance with the requirements of the Act (see later in this section).

Regardless of the method, you and your staff should be running through a checklist like this one for all written communication.

- Is it in the right format and style?
- Is it clear and free from jargon?
- Does it cover all the key points you need to communicate?
- Is it legible (if it is handwritten)?
- Has the spelling been checked?
- Have you thought about it potentially being read by the person you are writing about?
Accessibility

There is nothing more unhelpful than information that can’t be understood. Effective communication is dependent on all of us checking that we are using the appropriate method of communication for the people we want to reach.

It’s important that you take the time to work out the best method of communication for each individual, and as a leader and manager, creating a culture where your teams do the same. You may support staff members to develop specialist skills in particular areas of communication. Makaton, British Sign Language, Easy Read, audio or using flash cards are specific skills that can benefit the whole of your service. You or some of your staff may have language skills to use with people whose first language is not English, or you may need to access translation services.

From 31 July 2016 all adult social care and NHS providers will be legally required to have fully implemented the Accessible Information Standard. The aim of the standard is to address the current disparity in the care received by disabled people. It will ensure that information is provided to all service users and patients in a way they can understand.

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. More information on the requirements is available on the NHS England website.
3.2 Information governance

Every manager’s day starts and ends with information, and it’s a key part of the hours in between. It’s the basis of your work, and is essential in providing the best services. Information governance – basically how you look after information in your service – matters, regardless of the size of your service. Large national organisations tend to have information governance systems and processes. Smaller organisations also have to have information governance systems in place, usually just less complex ones.

Information governance has four basic aims.

- To support the provision of high quality care by promoting the effective and appropriate use of information.
- To encourage staff to work closely together, preventing duplication of effort and enabling more efficient use of resources.
- To develop support arrangements and provide staff with appropriate tools and support to enable them to discharge their responsibilities to consistently high standards.
- To enable organisations to understand their own performance and manage improvement in a systematic and effective way.

Any organisation providing health or social care services has to comply with requirements around information governance. Our Guide to information sharing for social care employers provides a useful oversight (see further information at the end of the section).

Collecting information

Information can be a valuable resource for your service if the right information is collected and is stored effectively. How you receive information will depend on what it is and what you want it for. Service user records are one obvious information grouping, but there are many others, for example staff records, policy updates, local community information, feedback or research documents.

Later in this section you’ll find some headlines about the principles of the Data Protection Act in relation to collecting personal information. The Act is clear that you may only collect the personal information you actually need. You cannot collect and keep information because you may need it one day.

Information may come from:
- partner organisations
- professional colleagues
- people using the service
- families and friends
- staff
- neighbours
- commissioners
- regulators
- professional bodies
- journals and other publications.
The information they provide can be broadly split into primary information (original material) and secondary information (an analysis or interpretation of already existing material). Obviously service user information is primary information, but an analysis of service user information showing some trends or outcomes is secondary. In terms of information governance, it is principally the handling of primary information relating to people (people using your service or staff) that has to comply with legislation.

Information such as research or feedback, while not so sensitive, is still valuable. Sorting out this kind of information can be time-consuming and easy to let slip. So much else gets in the way you can end up with a physical or electronic mountain of information.

It’s worthwhile developing a physical or electronic filing system so that you know what information you have, where it came from and where to find it.

As part of your information governance arrangements, you’ll probably have a process of acknowledging safe receipt of any personal information that you receive. Being able to produce an audit trail for any information is another very good reason for comprehensive filing systems. Audit trails are important for inspections, reviews or enquiries, but also so that you can be assured that your service is operating a safe and traceable process.
Using information

Information is best collected when it’s to be used effectively for a valuable purpose. You can use information in a range of ways. Some examples are given below.

<table>
<thead>
<tr>
<th>Information</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service user information</td>
<td>Developing care plans and updating/ maintaining records</td>
</tr>
<tr>
<td>Feedback</td>
<td>Improving practice/developing services</td>
</tr>
<tr>
<td>Research and new thinking</td>
<td>Reflecting on and developing staff team and professional practice</td>
</tr>
<tr>
<td>Concerns/allegations</td>
<td>Safeguarding vulnerable adults</td>
</tr>
</tbody>
</table>

If you can’t find a use for it and it’s not a legal requirement – don’t keep it. All information should pass the CURB test. Is it:

- **Current?** No point keeping out of date information.
- **Useful?** Is it relevant for your service?
- **Required?** You have to keep statutory records or information that is needed by the regulator.
- **Beneficial?** How will this benefit your service and/or the people who use it or work in it?
Keeping information confidential

Having decided to keep information, it becomes subject to legislation and guidelines. The Data Protection Act lays down some basic principles to which information must conform.

<table>
<thead>
<tr>
<th>Data protection principle</th>
<th>Implications for practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairly and lawfully processed</td>
<td>No surprises. People should know what information you’re collecting, what you’re going to do with it and who else you may share it with.</td>
</tr>
<tr>
<td>Processed for specified purposes</td>
<td>Only use personal information for the purpose for which it was obtained.</td>
</tr>
<tr>
<td>Adequate, relevant and not excessive</td>
<td>Only collect and keep the information you require. You may not collect personal information ‘just in case’ you may need it.</td>
</tr>
<tr>
<td>Accurate and up to date</td>
<td>Information has to be checked and changed as necessary. You may not keep out of date records. They need to be updated if people’s circumstances change. Check before creating a new record - duplicate records should not be held.</td>
</tr>
<tr>
<td>Not held for longer than necessary</td>
<td>Regular ‘spring cleaning’ of records. Check commissioners’ retention policies.</td>
</tr>
<tr>
<td>Processed in accordance with the data subject's rights</td>
<td>People have rights to see their records and to refuse to have them shared. Systems must be able to cope with these rights.</td>
</tr>
<tr>
<td>Kept secure</td>
<td>Basic procedures – passwords kept secure, safe haven faxes, clear desk policy, being aware of confidential conversations, checking of callers, policies on confidentiality, policies on disposing of confidential records, staff training in information governance.</td>
</tr>
<tr>
<td>Not transferred to countries outside Europe without adequate protection</td>
<td>Protection needs to be in place, obtain consent, check location of where information is going and how it will be protected.</td>
</tr>
</tbody>
</table>

The Information Commissioner’s Office is the UK authority responsible for upholding information rights and data privacy. Their website (see further information at the end of this section) has plenty of guidance about your responsibilities and legal obligations relating to data and information.
Information sharing

Everyone who works in health and social care has a duty to pass on information when they know or suspect that a child or vulnerable adult who lacks capacity may be at risk, or is being or has been the subject of abuse or neglect. Where similar concerns arise in relation to a vulnerable adult who has capacity the situation is less clear cut, and this is discussed in the section on safeguarding. If you’re made aware that a crime has been or may be committed, you must report the information to the police. Occasionally there may be other situations where you are asked to provide confidential information as a result of a court order, or a requirement to notify a communicable disease.

Sometimes ‘data protection’ is cited as a barrier to sharing information and can result in people receiving lower quality care than they might do. Following an information governance review in 2013, the government produced A Guide to Confidentiality in Health and Social Care (HSCIC 2013). The guide identifies five basic rules for handling confidential information.

1. Confidential information about service users or patients should be treated confidentially and respectfully.
2. Members of a care team should share information when it is needed for the safe and effective care of an individual.
3. Information that is shared for the benefit of the community should be anonymised.
4. An individual’s right to object to their information being shared should be respected.
5. Organisations should put policies, procedures and systems in place to ensure that confidentiality rules are followed.

The rules are helpful because they remove many of the artificial barriers put in place in the name of data protection.

Usually, formal information-sharing agreements are in place between organisations such as local authorities, health service bodies and police, and this will normally include commissioned services. You may wish to have sight of the information-sharing agreements of your commissioners, and clarify how your service fits into any protocols.

As long as any personal information you share about a service user is used for the safe and effective care and support of the individual, you should be free from challenge. You would need to be able to show that the information you’ve shared is relevant and is proportionate for the purposes for which it has been requested. Because information can only be kept for the period that is absolutely necessary, you need to consider the regular disposal of confidential material.
Further information

- More information on the Accessible Information Standard is available on the NHS England website. [www.england.nhs.uk]

- Guidance on information sharing for social care employers is available on the Skills for Care website. [www.skillsforcare.org.uk/informatics]


- The Information Commissioner’s Office is in charge of upholding information rights. You can download guidance about your legal obligations and responsibilities. [www.ico.gov.uk]
Section 4

Relationships and partnership working

4.1 Partnership working
4.2 Partnerships, cooperation and integration
4.3 Working with carers, family and friends

Main areas within the MIS
- Partnership working
- Managing relationships
- Working with carers

Relevant legislation and policy
- Care Act 2014

Links to the LQF
- Working with others - developing networks/building and maintaining relationships
- Managing services - managing people
4.1 Partnership working
Partners are people who work together because they have a shared interest. You’ll work in partnership with the people who commission your services, whether NHS, local authority or the people who are using your service. You’ll also have partnerships with other colleagues, therapists, health staff, social workers, community nurses and local community and neighbourhood organisations. If you’re working with an individual or organisation because you have a common interest – they’re your partners.

Partnerships need some ground rules to work effectively. Rules are not always made explicit; they could be just generally accepted norms for professional working or they may be something you’ve discussed and agreed amongst team members. Ground rules help because they set out a structure for working and help people to feel more confident. Ground rules can be about how frequently, or for how long, the group meets or about the length of meetings. They could be about confidentiality of information shared in the group, about how contributions to meetings will be made, or about who leads the partnership. The important thing about ground rules is that they put a structure in place that should help the team in reaching its objectives.

Partnership also implies that each partner has responsibilities and that certain standards are expected. When people say that they’re doing or sharing something ‘in the spirit of partnership’, it implies an element of trust and an assumption that one partner will not attempt to take advantage of the other and that there will be a mutual advantage from working together. Partnerships don’t work well if members don’t feel valued and appreciated. Recognising and valuing the contribution of all members is a key part of success.

4.2 Partnerships, cooperation and integration
In order to meet the changing needs of people who need care and support, effective integration between those working in social care, health and other services is essential. Integration has been a cornerstone of public policy, particularly across health and social care for many years. The Care Act 2014 now makes integration, cooperation and partnership a legal requirement on local authorities and on all agencies involved in public care. The guidance lays out the primary purpose of integration:

For people to receive high quality health and care and support, local organisations need to work in a more joined-up way, to eliminate the disjointed care that is a source of frustration to people and staff, and which often results in poor care, with a negative impact on health and wellbeing. The vision is for integrated care and support that is person-centred, tailored to the needs and preferences of those needing care and support, carers and families.
Integration does not only mean the integration of services where someone has an eligible care and support need, but also relates to prevention, information and advice and coordinating a shared approach towards the market.

Within the Care Act it’s made clear that integration simply for its own sake is meaningless. The focus should always be on what it can achieve for end users, and in terms of ensuring that the delivery of care and support is cost effective. Across social care and health, precious resources are lost due to duplication of effort. Leaders and managers in both sectors need to do more to build on good practice and find new, creative ways to work better together, delivering higher standards of care and preventing wastage.

A suite of learning materials introducing changes brought about by the Care Act 2014, including a section on partnerships, cooperation and integration, available on the Skills for Care website.

Integration and the workforce
Successful implementation of integration is reliant on yourself and your team being flexible and adaptive, so workforce issues must be acknowledged and addressed from the beginning. For example; identifying learning needs, addressing issues of professional identity and recognising infrastructure issues such as employment arrangements, gives a clear message about the value you place upon your team, and your intention to take them with you to develop your service.

An environment in which workers feel safe and confident to raise questions, express concerns, talk about their experiences and make suggestions for service improvement based on their experience and relationships with people they support will create trust and help them and colleagues to feel supported. Acknowledging and valuing the expertise that workers bring to their changing workplace environment will make them feel valued and listened to. Creating a learning environment that draws on the experiences of workers will maximise innovation and appropriate risk-taking, and support the development of new models and ways of working.

People learn in different ways and at different paces, and are affected by change to varying degrees. The design and implementation of integrated strategies needs to reflect this, so that things are paced appropriately, with individual workers’ needs identified and met in a range of ways.

Skills for Care’s Principles of Workforce Integration take a view that better use of resources and better outcomes for people who need care and support are predicated upon nurturing the workforce, so that all workers have the confidence, knowledge, capability, motivation and enthusiasm to deliver the very best care and support. They were developed in partnership with Think Local Act Personal, Skills for Health, Local Government Association, the Centre for Workforce Intelligence, NHS Employers and the Association of Directors of Adult Social Services.
The Principles of Workforce Integration

**Principle 1**
Successful workforce integration focuses on better outcomes for people with care and support needs.

**Principle 2**
Workforce integration involves the whole system. Bringing together frontline workers without integrating all of the systems that support and enable those workers is not sustainable.

**Principle 3**
To achieve genuine workforce integration, people need to acknowledge and overcome resistance to change and transition.

**Principle 4**
A confident, engaged, motivated, knowledgeable and properly skilled workforce supporting active and engaged communities is at the heart of workforce integration.

**Principle 5**
Process matters - it gives messages, creates opportunities, and demonstrates the way in which the workforce is valued.

**Principle 6**
Successful workforce integration creates new relationships, networks and ways of working.

4.3 Working with carers, family and friends

Families and friends are key partners and an important part of the team around an individual. You have an important role in developing a culture that is supportive, and which recognises and values the essential contribution of families and friends to the wellbeing of the person they love and care about. For example, if a family member is visiting your care home, and the person visited does not recognise them, they might feel embarrassed, frustrated or upset. They need your help at this time; not only because you will want to help with their feelings, but also because they are a vital partner in supporting the wellbeing of the person using your service.

Where friends or family members act as a carer for the person using your service, it is critical that you and your team recognise them as expert partners in care, and develop cooperative relationships with them to ensure the best possible support is provided. Skills for Care and Skills for Health have developed the Common core principles for working with carers. These principles describe the behaviours carers would like to see when professionals are working with them, and provide a foundation for good practice and training for social care and health staff.
The Common core principles for working with carers

One
Carers are equal partners in care. Over time, carers become experts with skills that are to be valued and appreciated.

Two
Make no assumptions regarding a carer’s capacity or carers’ capacities and willingness to take responsibility for or to continue to care.

Three
Support carers to be as physically and mentally well as possible and prevent ill health.

Four
Work together to involve all carers in decision making and choices at all levels and at all stages in the caring role in a positive, timely and proactive way, following best practice in sharing information.

Five
Provide care and support with flexibility and understanding in a personalised way that reflects the circumstances, cultural background and lifestyle of the carer.

Six
Respect and recognise that carers will have their own support needs, rights and aspirations, which may be different from those of the cared for person.

Seven
Identify, support and enable both children and young people who are carers to be young as well as carers. Provide support and a safe environment to help learn, develop and enjoy positive childhoods.

Eight
Recognise the experience of carers as the caring role ends and after it has ended and offer support to carers accordingly.
Under the Care Act 2014, where an individual provides or intends to provide care for another adult and it appears they may have any level of needs for support, local authorities are required to carry out a carer’s assessment. You and your team can provide valuable support to carers in advising them of the assistance that may be available to them under the Care Act.

Further information

- A suite of learning materials developed by Skills for Care in 2014 are an introduction to the changes brought about by the Care Act 2014 and are available on the Skills for Care website. [www.skillsforcare.org.uk/careact]

- The Principles of Workforce Integration take a view that better use of resources and better outcomes for people who need care and support are predicated upon nurturing the workforce, so that all workers have the confidence, knowledge, capability, motivation and enthusiasm to deliver the very best care and support. The principles were developed by Skills for Care, Think Local Act Personal, Skills for Health, Local Government Association, the Centre for Workforce Intelligence, NHS Employers and the Association of Directors of Adult Social Services. They’re available on the Skills for Care website. [www.skillsforcare.org.uk/integration]

- A range of resources designed to help employers and staff identify and support the carers they come into contact with is available on the Skills for Care website [www.skillsforcare.org.uk/carers]
Section 5

Person-centred practice for positive outcomes

5.1 Explaining personalisation
5.2 Outcome-based working
5.3 The person in personalisation
5.4 Embedding personalisation in practice
5.5 Equality, diversity and inclusion
5.6 Quality

Main areas within the MIS
- Outcomes-based and person-centred practice
- Leading outcomes-based and person-centred practice
- Diversity, equality and inclusion
- Continuous quality improvement within your organisation/work setting
- Developing a culture of continuous improvement

Relevant legislation and policy
- Care Act 2014
- Health and Social Care Act 2008
- Putting People First 2007
- Health and Social Care Act 2001
- Community Care (Direct payments) Act 1996
- Equality Act

Links to the LQF
- Demonstrating personal qualities - acting with Integrity
- Working with others – encouraging contribution
- Managing services - Managing people
- Improving services’ - ensuring the safety of people who use services
5.1 Explaining personalisation

Personalisation is all about fitting the service around the individual – not the individual fitting into the service. It’s about recognising and treating people as individuals, people having choice and control over their lives, and people having independence and the ability to direct their own support services.

Personalising care services involves moving away from the traditional ‘gift model’ where we decided what people needed and then told them how we’d provide it. We ‘consulted’ and ‘involved’ people in decisions about their care, but we were still in charge. In the past we would ‘care’ for people by putting large numbers in residential facilities and just keeping them there – nothing was done to re-able people. Residential care was for life.

Disabled people led the development of the ‘social model’ of disability. We began to understand that equality was what empowered people, gave them choices and the ability to make their own decisions. The social model showed that it was society that disabled people, not a physical or mental condition. If everything fitted around the individual, then the disability was overcome. The questions changed from ‘what is wrong with Mike that he can’t use the swimming pool?’ to ‘what is wrong with the swimming pool that means Mike can’t use it?’

The personalisation agenda changed traditional thinking. Many people started to take control of commissioning their own care and support through direct payments or by specifying the services they wanted the local authority to commission on their behalf. **As the lead professional, you’re the public face of your service and your ability to market and adapt your service to the needs and wants of the people you support - your customers - is likely to become increasingly important.**

Personalisation also signalled a change of thinking around the difference between ‘long term’ and ‘permanent’ care. Some significant changes in approach have led to a different way of thinking about residential provision and recognition that people can sometimes move on into more independent ways of living after a period of re-ablement in residential care. Assessment moved from the ‘deficit’ model of looking at the things that people were unable to do, to an ‘asset model’ where the starting point is looking at people’s strengths and abilities and what they can do for themselves. Services then fill in any gaps that the person identifies.

**Personalisation is not just about putting people at the centre of everything you do. It’s about putting them in control of their own lives.**

What does a personalised service look like?

- People make choices about their own support and how and when it’s delivered.
- People choose their own lifestyle.
- Services are delivered for individuals and are based on people’s strengths and abilities.
- People live as independently as possible.
- People who use the service make decisions – not the staff delivering the service.
This is what will be behind the culture of your service. There are ways that you can change how services are delivered, but your leadership determines the culture and that makes the difference.

5.2 Outcome-based working
The key to delivering personalised care is outcome-based working.

<table>
<thead>
<tr>
<th>Input</th>
<th>Mostly what the workforce does</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process</td>
<td>How you go about providing a personalised service and the systems involved</td>
</tr>
<tr>
<td>Output</td>
<td>For example, how many people you care for and support and for how long</td>
</tr>
<tr>
<td>Outcome</td>
<td>The difference you made to a person's quality of life</td>
</tr>
</tbody>
</table>

The move away from inputs being the basis of performance monitoring has made a major difference to how services are delivered. However, there are still ‘support plans’ that assess people’s needs as inputs, for example ‘4x30 minute calls a day’, with little comment about what outcomes the individual wants to achieve and no reference to the ‘so what?’ question in relation to commissioning ‘time and task’ provision.

As the leader of your service, you’re the person best placed to challenge support plans based on inputs, and to encourage those assessing and brokering services to think personal. Your opposite number in a local authority commissioning your services is the service manager or head of service. If you’re not getting support plans that include clear outcomes that allow you to plan a good quality personalised service – such as “Sarah wants to feel less isolated and lonely”; “Joe wants to be involved in gardening again” – call a meeting and explain what you need from a support plan so that you can deliver effectively.
5.3 The person in personalisation

Knowing the people you are providing a service for is another cornerstone of providing a personalised service. When your staff team takes the time to get to know someone and understand their preferences, beliefs and achievements, it’s far more likely that the person will be treated with dignity and respect and not be seen as a ‘condition’ or a ‘set of symptoms’.

Families are important in a personalised service. You’ll be encouraging your staff to work in partnership with families, friends and any support from the local community (see section 4 for more information).

Personalised care means getting your service used to having a different starting point, working from the point of what someone can do rather than the traditional ‘deficit model’ of assessing what they can’t do.

A different starting point gives a different sort of plan, because people’s strengths are the basis for any care and the support plan fills in the gaps that individuals, their families, friends and local community can’t cover.

You know how much time and patience this takes, but in terms of the quality of your business, it is an investment that will bring rewards in terms of:

- improved outcomes for individuals
- improved quality of service
- improved staff job satisfaction
- positive feedback
- improved staff retention
- reduced safeguarding concerns.

It may not sound like a great business model, to support your clients to reach a point where they need you less or even no longer need you at all, but every positive outcome you achieve will promote your service and increase demand.

You may be commissioned by a local authority, through continuing healthcare, or by the individual through a personal budget or their own money. Regardless of how the service is commissioned, the start of a new service provides an opportunity to work in partnership and to share ideas about new approaches and ways of working that can help to maximise independence.
5.4 Embedding personalisation in practice

Person-centred support won’t be achieved if it’s seen as an ‘add-on’. Every aspect of what you lead, manage and deliver needs to be aligned with the personalisation agenda. Delivering a personalised care service involves a change to the whole system.

Financial systems

The Care Act 2014 legislated for personal budgets, moving the control of care to each individual and placing a firm emphasis on person centred care. In turn, as many block contracts are phased out, your financial systems may have to change to accommodate a large number of individual contracts. You’ll also need to be able to identify spending against personal budget allocations if you are managing an Individual Service Fund (ISF) for someone. Not only can these changes facilitate personalised services but they may also support the flexible contracting arrangements that are needed between councils and their partners.
Marketing
As your customer base changes there may be an increasing need to market your service – yet another skill for managers to develop. This will involve you:

■ knowing your marketing budget – does it run to glossy ads in local magazines, or is it about developing an ‘off the peg’ website?
■ understanding the commissioning intentions of local authorities through market position statements
■ using web-based marketing tools
■ using web-based procurement sites and checking for tenders
■ placing bids to be included in commissioning frameworks if they’re used locally
■ seeking out feedback forums provided by user organisations
■ delivering a high quality service – word of mouth recommendations are still the best marketing tool.

Developing staff
Leading and shaping the culture of your service is your job, but this can be greatly supported by arranging the right learning and development opportunities for staff teams so that your leadership is reinforced through the learning. The importance of staff development is discussed in more detail in sections 1 and 6.

Care plans and recording
Care plans and recording are another key area of personalised care. It’s not the best use of staff time to find out people’s life stories if they are not recorded. A recording system aligned with the aims of personalisation will encourage staff to focus on people’s strengths and positives rather than on what they cannot do.

Delivery models
In order for staff to spend time with individuals and work to achieve outcomes, you’ll need to build in the necessary flexibility for outcome-based working and look at options for moving away from rigid time and task dominated rotas.

Some residential and supported living providers have developed a ‘core and flex’ model. The beauty of this is that it can be used, even where there is still a block contract in place, and it works to give people in residential care what is in effect an Individual Service Fund. It involves breaking down the ‘core’ or background hours that are shared by everyone and identifying the ‘flex’ hours that can be spent with each individual.

The person can then decide how they want to use those flex hours to achieve the outcomes they’re looking for. One woman wanted to visit her husband’s grave, another man wanted to go to watch bowling in the local park. The important thing is that people can make choices about how they use their time.
People making choices, taking risks and being in control of their lives is very positive, but not everyone sees it that way. You may have to promote the ideas to families and carers who want their loved one to be safe and protected, not taking decisions to do risky things.

Sometimes professional colleagues from other areas of work may struggle with the concept of doing ‘with’ rather than doing ‘to’. You may have to explain the principles behind how you work – or better still someone who uses your service could explain. The best promotion is to look at real life examples of personalised care in action, so that people can see the real positive differences it has made to people’s lives.

### 5.5 Equality, diversity and Inclusion

A commitment to equality and diversity goes hand in hand with personalisation. The Skills for Care Common core strategic equality and diversity principles provide a sound basis for quality working. If you can embed these principles in everything your organisation does you’ll have a firm grounding in quality provision.

The principles are:
- commitment to equality, diversity and human rights values
- promotion of equality, diversity and human rights in decision making
- advancement of equality, diversity and human rights
- monitoring of equality, diversity and human rights performance
- commitment to equal access and open standards.

### 5.6 Quality

Whist most providers endeavour to provide a high quality service, there may be wide variation in what this means in practice. Every marketing statement from providers will state that they offer a ‘high quality’ or a ‘top quality’ service. There is a risk that quality will become a meaningless word.

**Measuring quality**

There are dozens of quality frameworks with hundreds of different criteria for measuring quality in social care. It’s difficult for managers to be clear about which framework to follow because they measure different things.

A guide from Think Local Act Personal, Driving up Quality in Adult Social Care, identifies three overarching factors that represent quality in services:
- the individual experience of people receiving care and support and their personal expectations and outcomes
- services which keep people safe through recognised standards, safeguards and the adoption of good practice, and
- the recognised processes that ensure the effectiveness of services including their value for money.
It may be that your organisation has its own quality system and undertakes quality assurance on a regular basis. If not you may want to use an existing framework, or develop your own. The two key types of framework are outlined below.

**Outcome-based frameworks** use measures based on the quality of life that people using a service experience. The ASCOT (Adult Social Care Outcomes Tool) developed by the Personal Social Services Research Unit at the University of Kent is an example of this. It uses the Social Care Related Quality of Life (SCRQoL) domains as a measure.

- **Accommodation, cleanliness and comfort**
  The person using the service feels their home environment, including all the rooms, is clean and comfortable.

- **Control over daily life**
  The person using the service can choose what to do and when to do it, having control over their daily life and activities.

- **Dignity**
  The negative and positive psychological impact of support and care on the personal sense of significance of the person using the service.

- **Food and nutrition**
  The person using the service feels they have a nutritious, varied and culturally appropriate diet with enough food and drink they enjoy at regular and timely intervals.

- **Occupation**
  The person using the service is sufficiently occupied in a range of meaningful activities whether it be formal employment, unpaid work, caring for others or leisure activities.

- **Personal cleanliness and comfort**
  The person using the service feels they are personally clean and comfortable and look presentable or, at best, are dressed and groomed in a way that reflects their personal preferences.

- **Safety**
  The person using the service feels safe and secure. This means being free from fear of abuse, falling or other physical harm and fear of being attacked or robbed.

- **Social participation and involvement**
  The person using the service is content with their social situation, where social situation is taken to mean the sustenance of meaningful relationships with friends, family and feeling involved or part of a community, should this be important to them.
Standards-based frameworks are based on measuring against a set of standards, for example those often used by local authority quality assurance teams. This type of measurement assumes that quality is about the infrastructure and practice that supports an ‘ideal’ service.

The Health and Social Care Act 2012 gave a new role to the National Institute for Health and Care Excellence (NICE) to develop guidelines and quality standards for social care, in addition to those they already produced for healthcare. There is a rolling programme of evidence-based social care standards development covering areas such as home care and challenging behaviour in people with learning disabilities. Check the NICE website to find any guidelines or standards relevant to your service.

Getting feedback

How do you get the information to help assess the quality of your service? The feedback that you collect from the people using your service and their families is the most useful place to start. It’s also worthwhile collecting feedback if you can from people who considered using your service, but then chose not to. Finding out the reasons why can give you some very useful knowledge.

Feedback from your own staff also matters. Your staff team are essential to your service and you need to know that they’re satisfied and feel valued, supported and considered within the service. You may have to make staff feedback anonymous in order to get anything valuable. If you do, ask yourself why you had to do that and why staff didn’t feel able to provide feedback openly.

You may also ask for feedback from other professional colleagues who work in partnership with you, and from your neighbours in the local community. This could be achieved via a registered managers network, a quality circle, an action learning set or a provider forum. The opportunity to benchmark against professional colleagues is invaluable, but it’s not always easy to achieve as sometimes people are reluctant to share information that they view to be commercially sensitive.
Improving quality
There will always be things you could do better, and the information and feedback that you collect will help you to identify where improvements are needed. The simplest approach is to identify what you need to do, work out how you’ll do it then develop an action plan. You may need to prepare an action plan with different stages. It may not be possible to achieve everything at once, so a staged approach may be easier. If there’s a simple way, then use it. The most useful action plans have a small number of headings.

- Where are we now?
- Where do we want to be?
- How will we get there?
- When will we get there?
- How will we know when we’ve got there?

Assuring quality
One of the challenges of measuring quality is that any measurement will only be a ‘snapshot’ of a particular moment. To be assured that quality is maintained and improved you’ll have put a monitoring system in place so that you are regularly checking your service against your chosen set of standards and criteria.

You know what you want from your service and you know the quality of provision that the people who use it are entitled to expect. If you’re focused on the quality of what is being delivered and never accept anything less than the best, you can promote a culture of care and support in your service that will guarantee safe, high quality and effective care and support.
Further information

■ The new Common core strategic principles for equality and diversity provide a framework to support leaders in adult social care to consistently make sure that equality and diversity issues are central to strategic decision-making and embedded at all levels of their organisations. [www.skillsforcare.org.uk]

■ Think Local Act Personal’s Individual Services Funds (ISFs) and contracting for flexible support guide sets out how councils can contract flexibly with service providers to give people more control over their support. [www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=10714]

■ SCIE (2010) Personalisation e-learning modules may be useful for staff learning and development. [www.scie.org.uk/publications/elearning/personalisation]


■ The Personal Social Services Research Unit ASCOT Framework provides a range of domains as a basis for measuring the quality of life of people using your service. [www.pssru.ac.uk/ascot/domains]

■ Skills for Care is developing local registered manager networks across England. [www.skillsforcare.org.uk/registeredmanagers]

■ Our Governance for Adult Social Care e-learning programme is designed to support board members, non-executive directors and trustees of adult social care businesses and charities. [Available at www.skillsforcare.org.uk/governance].
Section 6

Professional development, supervision and performance management

6.1 Workforce development
6.2 Core skills
6.3 Professional supervision
6.4 Performance management

Main areas within the MIS
- Professional development
- Developing appropriate literacy, numeracy and digital skills
- Professional supervision
- Performance management

Links to the LQF
- Demonstrating personal qualities - continuing personal development
- Managing services - managing performance/managing people

Relevant legislation and policy
- Health and Social Care Act 2008
6.1 Workforce development

Workforce development is one of your key roles - even if you work in a large organisation where there is a corporate workforce development plan and an in-house learning and development team. A fundamental goal of workforce development is competence and quality at the front line. As the lead professional at the service, you’re uniquely placed to assess this.

Ensuring that the workforce can access appropriate development opportunities both for vocational qualifications and for continuing professional development is a priority, but there are other aspects of professional development that are equally important.

All members of the workforce – including you! – should have a professional development plan that identifies goals and targets for professional development. This should be a working document under continuous review. You’ll want to check that learning and development opportunities are identified and staff are informed and encouraged to take them up. Your teams will all benefit from looking at their own learning styles, and developing an understanding of how they learn best and what motivates them to learn.

The aim should be that all members of the workforce become reflective practitioners who use reflection to improve and develop practice. Providing constructive feedback and reviewing mistakes and ‘near misses’ in a no blame environment encourages the development of a learning culture within the service and will support improvements in practice and professional performance.

6.2 Core skills

Every job in adult social care requires the core skills of English, maths, digital technology and the ability to work in a team, to be reliable and enthusiastic, to solve problems and to continue learning. People with poor skills in reading, writing, using numbers and computers can often lack confidence and this can affect their ability to provide high quality person-centred care.

Core skills are the crucial functional and employability skills that enable individuals to:

- use information and communicate effectively
- make a positive and effective contribution as an employee.

Functional skills include the ability to use English, maths and digital technology confidently and effectively at the level necessary to work safely and meet quality standards.

Employability skills include the ability to:

- self-manage
- work with others
- problem solve
- learn and develop.
Core skills are key enabling skills. They underpin the capability and confidence of your staff, and of your service. Core skills enable individuals to work competently and develop. They are what make an individual an invaluable part of your team, whatever their role. You’ll rely on the core skills of your staff to enable them to function flexibly and effectively.

You’re responsible for the skills of your staff, and this includes core skills. These skills are critical in ensuring that the care and support they provide meet the standards you would expect. In addition, the regulations require that you:

- ensure staff have the qualifications, skills and experience necessary for their work
- support staff with training, professional development, supervision and appraisal.

See further information at the end of this section for details of resources that can help.

### 6.3 Supervision

Supervision sessions with your staff are opportunities to identify any development needs, to look at ways to enhance their skills and develop their role and to discuss future career aspirations. Supervision is your regular opportunity to really get to know your staff team and to explore how they are developing skills and knowledge.

Your role as a supervisor is to support and advise staff and to make sure they know and understand:

- their rights and responsibilities as an employee
- what their job involves and the procedures in place to help them carry it out well
- the approach to social care in your service – the beliefs, values and culture, and how you demonstrate values in the way you do your work
- their career development needs – their aspirations and any development needs for both their current role and to progress with the pathway they have chosen.

**Supervision should be regular, scheduled in advance, and every effort should be made by both parties to keep to appointments.**

There are two types of supervision; professional and management. There is a tendency to confuse supervision and management because in social care we tend to be supervised by our line manager.

Professional supervision can be provided by anyone with the right qualifications and experience and is about people’s professional skills, growth and development. Professional supervision provides feedback and enables reflection.

Management supervision is provided by a line manager and is about ensuring achievement of goals, following due process and being compliant with legislation and standards. In social care, we tend to deliver both types of supervision at the same time, usually by a line manager.
6.4 Performance management

People performance management (PPM) is important and how well you do it has a big impact on the quality of care that your service provides.

The way you recruit, supervise and develop your team will make a difference to how they feel about their job and their ability to work to the right standard. Your leadership will set the tone and help to create conditions for a positive workplace culture that is focused on delivering high-quality care. Good leaders create a positive environment for employees so that they feel engaged and are focused on caring for others.

As a manager you’re responsible for knowing if your team members are performing well. That means that they are conducting themselves in a way that is guided by the values important to your service.

Every time you discuss work with your employee you are managing their performance, so PPM is really just one long conversation. People work best in an environment that encourages openness and honesty in a positive, constructive and professional way. These communications should be two-way, involving a balance of feedback and active listening from both manager and employee.

Good PPM could therefore be even better described as one on-going open and honest two-way conversation that starts on day one of employment and continues until the employee leaves your team. The performance management conversation begins when you decide on the duties and responsibilities of a job and then continues through each step in an employee’s journey.
You’ll find that investing time and effort into performance management will bring positive benefits to you as a manager, to your team, to your service and organisation, and to the people using your service.

**Benefits for organisations**
PPM is the system you use to align your organisation’s goals with the work of your employees to:
- get better results for your organisation
- monitor and improve individual and team performance
- understand individuals and how they need to develop.

Where a PPM system is working well, employees are more likely to engage with the goals of the organisation. If employees are engaged in their work they are more likely to be doing their best for your service. An engaged employee is someone who:
- takes pride in their job and shows loyalty towards their line manager, team and organisation
- goes the extra mile - particularly in areas where employees need to be creative, responsive or adaptable.

**Benefits for line managers**
Managing the performance of your employees will enable you to:
- lead from the front
- listen to your employee’s real concerns and pick up on their ideas
- understand what makes your team tick and how they contribute to the success of your service
- achieve results.
Benefits for employees

From an employee perspective, the benefits of good performance management might include:

- a clear understanding of where they fit into the organisation and their role in achieving the organisation’s goals
- a greater understanding of the skills, competences and behaviours needed to fulfil their role
- having a recognised system for talking to their line manager
- being appropriately supported to fulfil their potential within a positive workplace environment
- feeling happy and performing well at work.

(Adapted from ACAS website)

Further information

- Skills for Care has produced the People performance management toolkit in partnership with NHS Employers to support managers in social care and health. [skillsforcare.org.uk/ppmt]
- To help managers make sure their staff have all the skills they need to carry out their duties Skills for Care has produced Core skills: a practical guide. [skillsforcare.org.uk/coreskills]
- ACAS provide information, advice, training, conciliation and other services for employers and employees to help prevent or resolve workplace problems. [www.acas.org.uk]
- The Effective Supervision Guide supports employers to understand the benefits of effective supervision, including recommendations about choosing and developing supervisors, more information on how to get your copy is available on the skills for care website. [www.skillsforcare.org.uk]
- The Learning and Development section of the Skills for Care website includes a wide range of information and resources to help you to develop the skills and knowledge in your team so that you can provide high quality care and support. [www.skillsforcare.org.uk]
Section 7

Resources

7.1 Resource management
7.2 Financial resources
7.3 Human resources
7.4 Managing buildings

Main areas within the MIS
- Resource management
- Finance management
- Human resource management
- Value based recruitment and retention policies
- Performance management of the service

Relevant legislation and policy
- Health and Social Care Act 2012

Links to the LQF
- Managing services – planning/managing resources/managing people/managing performance
- Improving services - ensuring the safety of people who use services/critically evaluating
- Setting direction - applying knowledge and evidence/evaluating impact
7.1 Resource management
In this section, we look at the different kinds of resources - how you can access them, use them effectively in the pursuit of quality services, maintain them, and how you might look at sharing them.

Defining resources
There are various types of resources available to you as a social care manager:
- financial
- people
- buildings/spaces
- goodwill
- emotional.

There are never enough. You can always use more resources because there’s always so much more that you want to do. You may find that you have to spend a considerable amount of time seeking out opportunities and chasing resources of one sort or another so that you can improve the services you provide.

Using resources wisely can make them stretch. Sharing resources with colleagues may mean that the same amount of resource can provide a service for twice as many people. For understandable reasons, providers are not always that good at working together, but if you’re part of a provider forum or network you may find a colleague who can see the mutual benefit of sharing some resources from time to time. For example, sharing the cost of a learning provider to deliver training to staff from your own and another nearby service will enable far more to be achieved for the same cost.

Linking to groups in the local community may also give you an opportunity to share resources for mutual benefit. Local involvement in an outing or an activity could make it possible to do more than you could have done alone. Community skills development is a way to help and empower local people to understand how the skills and knowledge they have can be enhanced and shared to improve the wellbeing of others in their communities.

7.2 Financial resources
As a service provider you’re running a business and, like all businesses, your financial resources are dependent on two things:
- how many people are prepared to pay for your service
- how much people are prepared to pay for your service.

If you’re part of a large organisation, you may only feel the impact of this at a secondary level, as your service will have a budget that you have to work to, and the overall income generation side of the business is dealt with at a national level. If you are a single provider, or part of a small group, you may be very aware of the impact of fee levels from commissioners or the importance of marketing to attract people with personal budgets, or who self-fund.
You’ll know the importance of good financial management to the future viability of your service. There are many financial management programmes available and it’s likely that you’ll have an electronic system linked to staffing, rotas and purchasing. This may not be the case with smaller services and you may have had to develop your own system for managing costs.

### 7.3 Human resources

The ideal approach to dealing with human resources and creating an effective organisation can be summed up by the employer ‘I will’ statements within the Social Care Commitment - the adult social care sector’s promise to provide people who need care and support with high quality services.

#### Social Care Commitment employer statements

**Statement 1**
I will take account of potential employees’ values, attitudes and behaviours when recruiting new staff.

**Statement 2**
I will provide thorough induction for all new staff and for those changing job roles.

**Statement 3**
I will provide timely, appropriate and accessible education, learning and development opportunities to enable my employees to develop and strengthen their skills and knowledge.

**Statement 4**
I will encourage everyone I employ to sign up to the Social Care Commitment and to commit to any codes, standards or registration systems applicable to their job role.

**Statement 5**
I will take responsibility for the values, attitudes and behaviours that my employees display at work, including upholding and promoting equality, diversity and inclusion.

**Statement 6**
I will regularly monitor the skills and behaviour of everyone I employ, ensuring that feedback is encouraged from anyone they support or have direct contact with, including families and carers.

**Statement 7**
I will work to ensure a positive culture and working environment where all employees are supported to do what they’ve said they will as part of their Social Care Commitment.

Signing up to the Social Care Commitment and making a commitment in each of these areas ensures that you are making the best use of your most valuable resources - your staff team.
Recruiting the right people is the key to a successful service. If people are your most important resource, you have to make sure you have the right ones. How to recruit people with the right values and behaviours to care in the right way is the key question for all service providers. All social care employers - big, small and individual - are asking: how do we find and attract sufficient applicants for our vacant posts, and then how do we check that they’re suitable for the work and are likely to stay, develop and progress? Our Values-based recruitment toolkit has useful resources for assisting with recruitment from advertising to interview questions.

Additional support from volunteers can add real value to your service. But receiving this support from volunteers is not a matter of luck. **Volunteers and local communities respond to an inclusive vision and to encouragement from you.** Families and friends who provide a support group are one thing - they have an obvious link into your service. Voluntary support from members of the local community is different. They will respond to openness and a willingness to be involved on your part.
7.4 Managing buildings
For residential and day care services, your buildings are a major asset, so it pays to make sure that they’re well looked after. Regular maintenance is essential. Large organisations will have a regular schedule of checking the building’s fabric and supply of gas, electricity and water.

If you’re managing a smaller organisation, you may have to do this using a spreadsheet or calendar to remind you when to check the roof or the drains or the windows. If your organisation doesn’t have a maintenance team, developing your own list of local tradespeople is invaluable, especially those who will come out quickly and at strange hours in order to deal with a crisis.

Yet another of your responsibilities is maintaining the infrastructure and environment of your building. Checking provision of telephone and internet access and making sure that the gardens are maintained are just some of the tasks in your in-tray.

Keeping buildings safe
Hazardous substances
The Control of Substances Hazardous to Health (COSHH) Regulations 2002 apply to substances that have been identified as toxic, corrosive or irritant. This includes cleaning materials, pesticides, acids, disinfectants and bleaches, and naturally occurring substances such as blood, bacteria and other bodily fluids.

The Health and Safety Executive states that employers must take a number of steps to protect employees from hazardous substances. Employers are required to focus on the following eight principles of good practice in the control of substances hazardous to health.

1. Design and operate processes and activities to minimise emission, release and spread of substances hazardous to health.
2. Take into account all relevant routes of exposure – inhalation, skin absorption and ingestion – when developing control measures.
3. Control exposure by measures that are proportionate to the health risk.
4. Choose the most effective and reliable control options that minimise the escape and spread of substances hazardous to health.
5. Where adequate control of exposure cannot be achieved by other means, provide, in combination with other control measures, suitable personal protective equipment.
6. Check and review regularly all elements of control measures for their continuing effectiveness.
7. Inform and train all employees on the hazards and risks from the substances with which they work and the use of control measures developed to minimise the risks.
8. Ensure that the introduction of control measures does not increase the overall risk to health and safety.
In addition to following the regulations about storing and using hazardous substances, managers have to make sure that procedures are in place for the safe disposal of any of the substances in the COSHH file, and also of any body fluids or body waste.

**Fire safety**  
Fire is a particularly serious risk for services operating from fixed premises. Managers have a responsibility to ensure that all staff are up-to-date with the procedures to be followed in the event of fire. The Regulatory Reform (Fire Safety) Order 2005 requires that all businesses must have a person responsible for fire safety and for carrying out a risk assessment.

The government recommends a five-step approach to a fire risk assessment.

1. Identify hazards: anything that could start a fire, anything that could burn.
2. Identify who could be at risk and who could be especially at risk.
3. Evaluate the risks and take action to reduce them.
4. Record what has been found out about hazards and the actions taken. Develop a clear plan of how to prevent fire and how to keep people safe if there is a fire. Train staff so they know what to do in the case of fire.
5. Keep the assessment under regular review and make changes if necessary.
6. For staff working in the community, including those visiting people in their own homes, a good understanding of fire safety and associated risk is key to helping them minimise the risk of fire.

**Infection control**  
You are also responsible for ensuring that steps are taken to reduce the spread of infection. Infections are caused by micro-organisms (bacteria or viruses). The purpose of infection control is to break one or more links in the ‘chain of infection’ to stop the spread. This will include steps such as:

- all staff using correct hand washing procedure
- cleaning equipment with appropriate materials
- disposing of waste correctly
- wearing personal protective clothing where necessary
- maintaining personal hygiene.
Security
Part of your responsibility is to consider the security of your service. Most social care services are not under lock and key. People must have choice and their rights must be respected, but they also have a right to be secure.

Security in a social care environment is about:

- **Security against intruders**
  In large organisations, such as NHS trusts, local authorities and most large companies, all employees are easily identifiable by ID badges with photographs. These usually contain a microchip that allows the card to be ‘swiped’ to gain access to secure parts of the building. This makes it easier to identify people who do not have a right to be on the premises. If you’re in a smaller organisation, you may issue badges to visitors or you may use a keypad with a code number known only to staff and those who are legitimately on the premises. If your service provides home care you may sometimes have concerns about people’s security in their own homes and will need to employ techniques such as using Key Safe and agreeing passwords with regular callers.

- **Privacy and unwanted visitors**
  If you provide a service in people’s own homes, whether in the community or in supported living, it’s easier for people to decide who they want to see and if they want some time on their own. This can be less easy in a day centre or residential environment. As part of a personalised service, people must always be able to have some private and personal space and to choose the people they see. It can be hard for staff to have to turn away unwanted visitors who believe they have a right to see their relative. Staff may need support from you, or your senior staff, to explain that people have the right to choose their visitors.

- **Protection from abuse or harm**
  People need to feel safe wherever they live and whoever is supporting them. It’s part of providing a quality service. Your security checks will extend from your own staff to volunteers and others who may come onto the premises such as tradespeople and delivery drivers.

- **Security of property**
  Making sure that the property itself is safe and secure goes along with your regular maintenance and checking of all services. Issues such as PAT testing all electrical appliances, and regular maintenance and servicing of gas appliances all contribute to reducing any risk of damage or harm resulting from electrical fires or gas explosions. Ensuring that water temperature is at a safe level and that water heaters are working correctly also reduces the risk of injury.
Further information

- Skills for Care, in partnership with local communities, employers and commissioners developed a range of resources and practical tools to embed community skills development. [skillsforcare.org.uk]

- The Social Care Commitment is the adult social care sector’s promise to provide people who need care and support with high quality services. [www.thesocialcarecommitment.org.uk]

- Our Values based recruitment and retention toolkit puts social care values at the heart of the recruitment and selection process, by providing employers with tools and resources which support values based recruitment. [skillsforcare.org.uk]

- This website provides practical advice and guidance on the Control of Substances Hazardous to Health Regulations 2002 [www.hse.gov.uk/coshh]

# Section 8

## Safeguarding, protection and risk

### Main areas under the MIS
- Promoting safeguarding and protection
- Responding to suspected or alleged abuse of children and young people whilst working with adults
- Health and safety
- Use of restrictive practices
- Managing complaints within the workplace
- Positive risk taking in the context of person centred and outcome based practice
- Mental capacity

### Relevant legislation and policy
- Care Act 2014
- Making Safeguarding Personal

### Links to the LQF
- Improving services - Ensuring the safety of people who use services

### Relevant legislation
- Fraud Act 2006
- Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Sexual Offences Act 2003
- Care Standards Act 2000
- Criminal Justice Act 1998
- Public Disclosure Act 1998
- Protection from Harassment Act 1997
- Police and Criminal Evidence Act S17 1984
- Mental Health Act 1983
- Theft Act 1968
- Offences Against the Person Act 1861
8.1 Understanding safeguarding

Safeguarding is a way of working and a way of thinking – not a process. However it’s easy for it to feel like a process when there seems to be significant amounts of bureaucracy involved. One of the issues that all social care managers have to address is how safeguarding reports are perceived by commissioners, contract managers and safeguarding teams. The problem for providers is that a lack of safeguarding reports can be interpreted as a service that is not recognising or reporting safeguarding incidents. Alternatively, too many reports of safeguarding incidents will raise concerns that there is a problem with the service. It can be a tricky balance to get right.

Recognising safeguarding issues

Crucially you need to know what is and what isn’t safeguarding and then report accordingly. Many safeguarding services will have guidance that identifies the thresholds at which matters are regarded as requiring intervention under safeguarding procedures. Working alongside the local safeguarding team and confirming their thresholds will be really useful.

The way thresholds are shared may vary, and some of the criteria may be different. The following table shows the kinds of examples you may find in a local authority safeguarding threshold document. It’s intended to help you to identify the sorts of concerns that you need to report. These are examples only and by no means a definitive list.
The following are **NOT** likely to be considered as safeguarding concerns.

- Short term lack of stimulation or opportunities for people to engage in meaningful social and leisure activities where no harm occurs.
- Service users not given sufficient voice or involved in the running of the service.
- Service design where groups of service users living together are inappropriate.
- One-off incident of low staffing due to unpredictable circumstances, despite management efforts to address. No harm caused.

The following **MAY** be considered as safeguarding concerns.

- Denial of individuality and opportunities for service users to make informed choices and take responsible risks.
- Care planning documentation not person-centred.
- Denying adult at risk access to professional support and services such as advocacy.
- Poor, ill-informed or outmoded care practice – no significant harm.
- More than one incident of low staffing levels, no contingencies in place. No harm caused.

The following **ARE** likely to be considered safeguarding issues.

- Rigid or inflexible routines.
- Service user’s dignity is undermined, e.g. lack of privacy during support with intimate care needs, shared clothing, underclothing, dentures etc.
- Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted.
- Failure to refer disclosure of abuse.
- Inappropriate or incomplete DNAR (Do Not Attempt Resuscitation).
- Ill-treatment of one or more adults at risk such as unsafe moving and assisting.
- Failure to report, monitor or improve bad care practices.
- Unsafe and unhygienic living environments.
- Failure to support an adult at risk to access health and or care treatments.
- Punitive responses to challenging behaviours.
Safeguarding, protection and risk

Risk factors
Being aware of known risk factors makes recognition of abuse more likely. It also helps with prevention by thinking ahead in potentially risky areas. Several different pieces of research have identified some common high risk factors in relation to services that social care managers will do well to keep in mind. These include:

- low staffing levels and/or high use of agency staff
- geographically isolated services
- a neglected physical environment
- weak management
- lack of practice leadership
- lack of policy awareness
- poor staff morale
- high proportion of service users who lack capacity and/or are very frail.

Recognising where there are high risk factors will help you in identifying situations in which you need to be very aware and alert for any signs of potential abuse.

Embedding safeguarding
Getting your staff teams to think about safeguarding as a way of working is the key to developing a safe organisation. Embedding personalisation is embedding safeguarding. People who are empowered by having choice and control over their lives are much less likely to be victims of abuse. Working in a personalised way means that staff recognise those that they support as real people, who they treat with dignity and respect.

Creating a high level of awareness of potential abuse makes it more likely that it will be recognised. Seeing abuse is never easy, but it is sometimes easier to report concerns about family, friends or neighbours than about people you work with. Continual vigilance by everyone in your service is essential. Awareness of safeguarding issues should be a part of the culture and through all aspects of practice.
8.2 Reporting safeguarding concerns

You’ll need to have clear reporting procedures and all staff will need to be aware of them. Depending on the size and type of organisation, there may be a safeguarding lead who deals with all safeguarding reports and liaises with the local authority safeguarding team.

You’re likely to be dealing with three broad types of safeguarding reports.

- A potential safeguarding incident within your organisation that was reported to you, or that you became aware of such as a medication error or a diet and nutrition error.
- A safeguarding concern about a relative or friend that took place in the community.
- A whistle-blowing report from a member of your staff, or a person using your services, concerning a member of staff.

You’ll be reporting on each of these, initially through safeguarding procedures, but also directly to the police if you think there may have been a criminal offence. If anyone using your service discloses abuse to you, or to a member of your staff, they are doing so because they want it to stop. You have the responsibility to make it stop.

The Public Interest Disclosure Act 1998 protects whistle-blowers and ensures that they cannot be victimised by an employer for reporting abuse, or any other illegal acts. The Act protects people making disclosures about:

- a criminal offence
- the breach of a legal obligation
- a miscarriage of justice
- a danger to the health or safety of any individual
- damage to the environment
- deliberate covering up of information tending to show any of the above five matters.

The basis for being protected by the Act is that the worker is giving information that they ‘reasonably believe tends to show that one or more of the above matters is either happening now, took place in the past, or is likely to happen in the future’.

The worker must have reasonable belief that the information tends to show one or more of the offences or breaches listed above. It may not prove to be right - it might be discovered on investigation that they were wrong - but as long as the worker can show that they believed it to be so, and that it was a reasonable belief in the circumstances at the time of disclosure, then they are protected by the law.
8.3 Safeguarding investigations

If there’s an allegation concerning a member of your staff, your procedures are likely to require you to suspend the person pending the outcome of the investigation or, at least, find them duties that do not bring them into contact with vulnerable adults. Once the safeguarding or police investigation has concluded, and if the allegation is upheld, you’ll then have to follow your organisation’s disciplinary procedures to decide what happens next.

If someone working in social care is arrested and charged with a criminal offence, the police will notify the Disclosure and Barring Service (DBS) and the local safeguarding team, as social care is a ‘notifiable profession’. If there are no criminal charges, but a safeguarding investigation concludes that an allegation is upheld, then the responsibility rests with you as the employer to notify the DBS.

Having a member of staff who abuses vulnerable people is difficult to deal with and will inevitably make you question how it happened and reflect on what you could have done to prevent it. Everyone in the team is affected by this sort of event and a ‘review and reflect’ session with staff can help to re-settle a troubled team.

**Participating in investigations**

You should be fully involved in any safeguarding investigation. If you’ve managed to develop a good partnership with your local safeguarding team that should not be a problem, but if you haven’t worked closely with them now is the time to start. Local authority safeguarding teams will all work slightly differently, but the process will generally follow seven stages outlined in the following diagram.
### Section 8

**Safeguarding, protection and risk**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Action</th>
<th>Timescales</th>
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</thead>
<tbody>
<tr>
<td>Alert</td>
<td><strong>Safeguarding</strong> contact point</td>
<td>Information gathered within 24 hours</td>
</tr>
<tr>
<td>Referral</td>
<td><strong>Information gathering</strong></td>
<td>Manager’s decision within 24 hours</td>
</tr>
<tr>
<td>Strategy meeting or discussion</td>
<td><strong>Plan investigation/assessment</strong></td>
<td>Within five working days</td>
</tr>
<tr>
<td>Investigation/assessment</td>
<td><strong>Investigation/assessment finding</strong></td>
<td>Completed within four weeks (28 days or 20 working days) from the date of referral</td>
</tr>
<tr>
<td>Case conference</td>
<td><strong>Further investigation/assessment or monitoring of protection plan</strong></td>
<td>Completed within four weeks (28 days or 20 working days) from the completion of the investigation/assessment</td>
</tr>
<tr>
<td>Review</td>
<td></td>
<td>Completed within a maximum of six months after the case conference</td>
</tr>
<tr>
<td>Closure</td>
<td></td>
<td>At any stage</td>
</tr>
</tbody>
</table>
Recording investigations
Making accurate records of all aspects of a safeguarding investigation and keeping them so they’re easily accessible to you is important. You’ll also need to have a process in place for getting all the staff involved to make accurate records. Notes made at the time of the incident are acceptable evidence. Don’t allow staff to delay recording what they know. Delay means that some key details could be forgotten. Remind staff to make a clear difference between fact, opinion and hearsay when recording.

8.4 Assessing risk in the workplace
Risk assessment in health and social care is important for everyone. Employers, employees and the self-employed are required by law to identify and assess risks in the workplace. This includes any situations where potential harm may be caused.

There are five key stages to undertaking a risk assessment, which involve answering the following questions.

1. What is the purpose of the risk assessment?
2. Who has to assess the risk?
3. Whose risk should be assessed?
4. What should be assessed?
5. When should the risk be assessed?

The Management of Health and Safety at Work Regulations 1999 state that employers have to assess any risks associated with the workplace and work activities. This means all activities, from walking on wet floors to dealing with violence. Having carried out a risk assessment, the employer must then apply risk control measures. This means that actions must be identified to reduce the risks. For example, alarm buzzers may need to be installed or extra staff employed, as well as steps such as providing extra training for staff or written guidelines on how to deal with a particular hazard.

Managers need to ensure that the entire workforce is aware of the potential hazards in the particular workplace. These will vary according to the needs of the people being supported. Obviously the types of hazards and risks for a group of older people with dementia are different from those for a group of people with learning disabilities. The hazard checklist in the following table is a general guide, which can help you to develop your own tailored checklist.
<table>
<thead>
<tr>
<th>Area</th>
<th>Hazards</th>
<th>Check</th>
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</thead>
<tbody>
<tr>
<td>Environment</td>
<td>Floors</td>
<td>Are they dry?</td>
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<td></td>
<td>Carpets and rugs</td>
<td>Are they worn or curled at the edges?</td>
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<tr>
<td></td>
<td>Doorways and corridors</td>
<td>Are they clear of obstacles?</td>
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<td></td>
<td>Electrical cables</td>
<td>Are they trailing?</td>
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<tr>
<td>Equipment</td>
<td>Beds</td>
<td>Are the brakes on? Are they high enough?</td>
</tr>
<tr>
<td></td>
<td>Electrical or gas appliances</td>
<td>Are they worn? Have they been safety checked?</td>
</tr>
<tr>
<td></td>
<td>Lifting equipment</td>
<td>Is it worn or damaged?</td>
</tr>
<tr>
<td></td>
<td>Mobility aids</td>
<td>Are they worn or damaged?</td>
</tr>
<tr>
<td></td>
<td>Substances such as cleaning fluids</td>
<td>Are they correctly labelled?</td>
</tr>
<tr>
<td></td>
<td>Containers</td>
<td>Are they leaking or damaged?</td>
</tr>
<tr>
<td></td>
<td>Waste disposal equipment</td>
<td>Is it faulty?</td>
</tr>
<tr>
<td>People</td>
<td>Visitors to the building</td>
<td>Should they be there?</td>
</tr>
<tr>
<td></td>
<td>Handling procedures</td>
<td>Have they been assessed for risk?</td>
</tr>
<tr>
<td></td>
<td>Intruders</td>
<td>Have the police been called?</td>
</tr>
<tr>
<td></td>
<td>Violent and aggressive behaviour</td>
<td>Has it been dealt with?</td>
</tr>
<tr>
<td></td>
<td>Who is out?</td>
<td>Where are they? Who are they with? When are they due back?</td>
</tr>
</tbody>
</table>
8.5 Positive risk taking

If you’re managing a residential, nursing, supported living or day care facility you’ll be used to identifying and managing hazards and risks. You’ll also be checking that the workforce understands the importance of promptly reporting any hazards they notice.

Risk aversion has unfortunately become embedded in parts of social care. Registered managers who fully understand health and safety are able to act positively to manage risk and prevent unwarranted restriction of people’s lives. Health and safety requirements and guidance rarely stop people from doing things that they want to do. There is an expectation that risk is assessed, understood by those involved and that risks are managed. Blanket refusal to allow a person to do something on the grounds of health and safety is not only damaging to personalised care but is also not a professional response to the legislation.

Getting the balance right between safeguarding and independence is a challenge and a daily concern for most managers. Respecting that people have a right to make choices and take risks, while at the same time recognising their right to a life free from harm and abuse, is just one of the finely balanced judgements that managers regularly have to make.

Giving people choice and control inevitably means giving people the choice to take risks. Risks are part of life, but because people are vulnerable, we want to protect them. Delivering on personalisation means that you’ve recognised people’s right to take risks, and also recognise that taking risks is not necessarily a negative thing. A Positive Approach to Risk and Personalisation commissioned by the West Midlands Joint Improvement Partnership (JIP) provides a helpful set of principles for positive risk-taking.
Principles of working positively with risk

1. Risk is a normal everyday experience.
2. Risk is dynamic and constantly changing in response to changing circumstances, therefore its assessment and management need to be ongoing, with management plans being regularly updated and reviewed.
3. All people, including vulnerable people, have the right to take risks.
4. An individual’s right to take risks does not give them the right to put others at risk.
5. Information will sometimes be partial and should be tested to inform decision-making. Decisions should be made using information that is available within a reasonable period and should be checked for accuracy. Some decisions may need to be made prior to all information being available.
6. Identification of risk carries a responsibility to do something about it.
7. People who use services, their advocates and where appropriate, their family will be involved in risk assessment and decision-making.
8. Decisions will be based on clear reasoning using the principles of multi-disciplinary and inter-agency working in proportion to the risk and impact to self and others.
9. Risk management will involve everybody working together to achieve positive outcomes for people.
10. Confidentiality is a right, but not an absolute right and may be breached in exceptional circumstances when children or vulnerable adults are deemed to be at serious risk of harm or it is in the public interest.
11. Guidance procedures and risk assessment tools should support positive risk-taking including ensuring that staff receive appropriate organisational support and supervision from their immediate line management.
12. Where risk-taking results in negative outcomes for people who use services or others, the experience should be learnt from and used to inform future decisions.

Skills for Care’s Learning to live with risk resources are built on values from the Common Core Principles to Support Self Care, and can help you begin to develop an appropriate risk policy that will be your cornerstone for supporting both staff and people who need care and support.
8.6 Mental capacity

The principles of the Mental Capacity Act 2005 will underpin much of your work on personalisation. These principles can be summarised as follows.

- Everyone is assumed to have capacity unless there is evidence that they do not. There can be no assumptions based on an illness or condition.
- People must be fully supported to make decisions for themselves.
- Even if there is evidence that they lack capacity, they should be as involved as possible in any decisions.
- People are able to make unwise decisions. Making a decision that may seem unwise cannot be used as evidence of a lack of capacity.
- Any decisions made on behalf of someone who lacks capacity must be in their best interests.
- Any actions taken on behalf of a person who lacks capacity must be the least restrictive option.

A report in March 2014 from a House of Lords Committee (more information at the end of this section) found that more needs to be done to ensure that this legislation is understood and used to inform and manage how capacity is assessed, and especially how Deprivation of Liberty Safeguards (DoLS) are used. Their view was that people were being deprived of their liberty without proper checks and assessments being made.

If you’re working in a residential or nursing home and you’re regularly having to prevent someone from leaving, confine them to a particular area, restrict who can visit them or administer medication in order to control them, then the Mental Capacity Act requires that you make a DoLS application to the local authority.

- A best interests assessor and a mental health assessor will visit the person, and speak to you and to their family.
- If it’s considered that there is a deprivation of liberty, and that it’s in the person’s best interests, you will be given authority to deprive the person of their liberty for a certain period of time.
- You’ll have to renew the application when it runs out if the situation remains the same.

Assuming capacity, and protecting people’s rights not to be kept against their will unless it’s in their best interests, are vital aspects of a personalised service.
Further information

- Skills for Care recommends the Level 3 Award in Awareness of the Mental Capacity Act 2005 for those wishing to further develop their understanding of providing care in accordance with the Mental Capacity Act 2005 [www.skillsforcare.org.uk/mca]

- A Positive Approach to Risk and Personalisation [www.thinklocalactpersonal.org.uk/Browse/safeguarding/?parent=8625&child=9115]

- Skills for Care’s Learning to live with risk resources are built on values from the Common Core Principles to Support Self Care, and can help you begin to develop an appropriate risk policy that will be your cornerstone for supporting both staff and people who need care and support. [www.skillsforcare.org.uk]


Section 9

Manage self

9.1 Developing self-awareness
9.2 Managing yourself
9.3 Your own personal and professional development

Main areas within the MIS
- Self-awareness
- Managing own behaviour
- Management of own workload
- Own personal development
- How to champion the vision of the organisation

Links to the LQF
- Demonstrating personal qualities - developing self awareness/managing yourself/continuing personal development/acting with integrity
- Creating the vision - embodying the vision
9.1 Developing self-awareness

Self-awareness; the capacity to think about and reflect upon your personality, strengths, weaknesses, thoughts, beliefs, motivations and emotions, is a fundamental ability of good leaders and managers.

You and your team should strive to demonstrate self-awareness in everyday practice. As the lead professional, it's important that you support staff to develop awareness of the impact their actions and behaviours have on colleagues and the people they support, and to create the space for staff to reflect upon and potentially adjust their behaviour and approach.

In order to develop self-awareness you must be willing to examine your own values, principles and assumptions, while also learning from your experiences.

Good leaders:
- recognise and articulate their own values and principles, understanding how these may differ from those of other individuals and groups
- identify their own strengths and limitations, the impact of their behaviour on others, and the effect of stress on their own behaviour
- identify their own emotions and prejudices and understand how these can affect their judgment and behaviour
- obtain, analyse and act on feedback from a variety of sources.

Reflecting on your practice and behaviour may sometimes feel like a luxury you don’t have time for – it isn’t. It’s a very important way of improving and developing yourself by understanding why you’ve acted in a particular way. Could you have done something differently? What were the reasons that something did or didn’t work? Reviewing and reflecting on your behaviour and your strengths and weaknesses helps you to be a better practitioner because you understand who you are and why you work in a particular way.

9.2 Managing yourself

Managing yourself means being able to organise yourself to perform your own role effectively, while also taking account of the needs and priorities of others. As the lead professional with ultimate responsibility for the delivery of your service your role is complex and multi-faceted. The ability to manage the conflicting priorities within your workload, whilst maintaining a focus on your fundamental aims is critical - and challenging! You must be prepared to challenge yourself to try new things, be innovative and create a supportive culture which enables others to innovate.

Good leaders:
- manage the impact of their emotions on their behaviour with consideration of the impact on others
- are reliable in meeting their responsibilities and commitments to consistently high standards
- ensure that their plans and actions are flexible, and take account of the needs and work patterns of others
- plan their workload and activities to fulfil work requirements and commitments, without compromising their own health.
9.3 Your own personal and professional development

Don’t neglect your own development. As the lead professional in your organisation you’re responsible for developing your team. However reflective practice and professional development plans are equally important for you. On-going personal and professional development is best achieved through a combination of formal training and development, personal experience and feedback from others.

An excellent way to support your development is to join a professional network. Networks are a useful way to exchange professional development ideas, while at the same time not jeopardising any business sensitive information. Skills for Care is developing local registered manager networks across England and you can find out about the one nearest to you by checking the website or contacting your local Skills for Care team.

One of the formal ways of reflecting on your own practice and identifying strengths, weaknesses and areas for development is during training opportunities. On a course, or at a training day, aspects of your practice and areas of knowledge that are new to you will be discussed, and this will often open up avenues that you had not previously considered. This is one of the major benefits of making the most of all the training and education opportunities that are available to you.

How you are able to access supervision and development will vary depending on your circumstances. A large organisation providing many different services is likely to have a workforce development team who will provide you with professional support. If you are based in a smaller organisation, you may have to source your own opportunities for development. One action you may consider is to link to a mentor, who can provide you with support, guidance and the opportunity to reflect.

In order to ensure that you maintain a focus on your own development, you should:

■ actively seek opportunities and challenges for personal learning and development
■ acknowledge mistakes and treat them as learning opportunities
■ participate in continuing professional development activities
■ change your behaviour in the light of feedback and reflection.
Further information
Skills for Care is developing registered manager networks across England.
[www.skillsforcare.org.uk/registeredmanagers]
Section 10

Decision making

10.1 Making decisions
10.2 The decision making process
10.3 Applying knowledge and evidence
10.4 Evaluating impact and reviewing decisions

Main areas within the MIS
- Purpose and process of decision making
- Making decisions
- Communication when making decisions
- Reviewing decision making process

Links to the LQF
- Managing services - planning
- Improving services - critically evaluating
- Setting direction - making decisions
**10.1 Making decisions**

Leaders have to make decisions and provide direction. The service that you lead is not a collective or a democracy; team members contribute and share views that you should consider and respect, but part of your job is to make the final decision and set direction accordingly. Clear decisions supported by clear evidence are usually welcomed and respected by team members, even if they disagree with them.

When leaders make decisions they do so basing their judgements on both the available evidence and their own values.

**In your role it’s critical that you:**

- participate in and contribute to organisational decision-making processes (especially when they impact upon your service)
- act in a manner consistent with the values and priorities of your organisation and profession
- educate and inform key people who influence and make decisions
- contribute your unique perspective to team, department, system and organisational decisions.

**10.2 The decision making process**

Whilst you will be making decisions frequently, on occasion an issue will arise that is unique, particularly urgent or important or has significant implications, and as such warrants particular attention.

You will also need to effectively delegate decision making on some issues to members of your team. In doing this you’ll need to ensure that your team are clear on their role, responsibilities, remit and escalation points.

In these cases it is a good idea to employ a structured approach to decision making and to make sure your team uses it too.

There are a number of published decision making processes which will appeal to different people dependent on the scenario and circumstances. The key thing is that the process you choose supports you to organise and structure your thinking.
Most decision making processes define a number of common stages

1. Define and clarify the issue - how important or urgent is it? What is the scale of the impact?

2. Investigate the issue - big decisions often have wide implications, in order to prevent unintended consequences it’s important that you gather all the facts and understand the potential implications.

3. Generate options and alternatives - generating a series of courses of action may initially seem to add further complexity, however this is important to provide the space to consider the issue from every angle and identify innovative solutions. Think about or brainstorm possible options and solutions.

4. Explore the options - compare the strengths and weaknesses of each.

5. Select the best option - if you have worked through a clear process you will feel confident in choosing the best way forward.

6. Communicate your decision and implement it - it will be important to explain your decision to those effected in order to engage them to take necessary action.

Before arriving at and communicating a final decision, some experts advocate a final sense check. The UK Institute of Business Ethics suggests a simple ‘test’ for ethical decision-making in business. If you can answer ‘yes’ to the following questions then you are likely to be making an ethical decision.

1. **Transparency** - am I happy to make my decision public, especially to the people affected by it?

2. **Effect** - have I fully considered the harmful effects of my decision and how to avoid them?

3. **Fairness** - would my decision be considered fair by everyone affected by it?
10.3 Applying knowledge and evidence

Using and applying knowledge and research evidence is the basis of sound decision making, but can also save you time and money and supports you in developing and improving your service.

The first step to using evidence is finding it. The next step is appraising the quality of the research evidence. The final step is applying what you’ve found.

It’s likely that you’ll already be using evidence in your decision-making. Evidence can include findings from research, organisational learning, financial reports, local intelligence, feedback from people using your services and their families, practitioners’ wisdom, policy direction and so on.

Evidence informed practice means interpreting and personalising this evidence in a way that is sensitive to your specific context, taking into account:

- the culture and values of your organisation
- your organisational business and sustainability needs
- the needs of people you provide care and support to
- local and national policy demands.

Research evidence is the result of a formal process of inquiry, which sets out to answer a specific question. It includes things like service evaluations to measure impact, consultation with people who need care and support or feedback from professionals through surveys or interviews to hear more about their knowledge.

Developing an evidence base can help with many tasks and activities. It’s particularly useful when the implications of your decision or chosen approach is significant and where there may be considerable financial investment required. For example when you are:

- designing a new service or wanting to make improvements
- deciding how to use your resources
- reviewing your policies to make sure they are current and reflect best practice
- wanting to find out more about why something has happened.

Part of your role is managing the competing demands upon yourself, your team and your service, and it’s likely that these demands are on the increase. For example, the Care Act 2014 has set out changes to social care services that we will need to meet over the coming years with an increasing emphasis on safeguarding those people who use care and support services. All of this must be achieved in a financially difficult time and when efficiency is critical.

Research evidence will be able to help you find out more about what others have learned before implementing changes of your own, so you can learn what works and what doesn’t. It can help you to identify characteristics of good practice when you want to do something different or new, and to find out more about potential pitfalls and barriers to success. It can also help you to find out more about the impact of particular approaches or programmes.
Drawing upon existing information and evidence can help you to make the best decisions in this challenging environment by:

- saving you time and money
- increasing your confidence, integrity and justification in decision making
- contributing to your business case and accountability processes for changes
- building capacity for thinking about practice to question and challenge with rigour
- supporting workforce planning and development.

See further information at the end of this section for sources of information on how to find and use research evidence.

10.4 Evaluating impact and reviewing decisions

As a leader and a manager you must stand by the decisions that you make. However, this doesn’t mean that you shouldn’t be prepared to review and revisit your decisions. When things don’t go to plan, take the lead in acknowledging this and take appropriate action.

Making a decision and acting on it is just the start of the process. You’ll need to monitor the impact that it has on an on-going basis. This means taking note of the changes that come about because of it; both the intended and unintended consequences.

You’ll need to measure and evaluate outcomes and impact in a series of different areas. Financial and efficiency outcomes are extremely important, but don’t lose sight of impact that change may have on your team and on the people using your service and their families.

When something works it should be celebrated. It’s really important for you and your team to highlight the positive impact of new approaches and disseminate learning from changes which have been introduced. This may be within your own organisation, but also within the wider health and social care community.
Further information

- The Institute of Business Ethics was established in 1986 to encourage high standards of business behaviour based on ethical values. [www.ibe.org.uk]
- The research evidence section of the Skills for Care website hosts the latest research reports [www.skillsforcare.org.uk/research].
- The Research Knowledge Base (RKB) is a free online searchable database that provides access to a wealth of information about the adult social care workforce. [www.skillsforcare.org.uk/rkb].
Entrepreneurial skills and innovation

11.1 Developing and championing the organisation’s vision

11.2 Managing change

Main areas within the MIS
- Wider market of social care provision
- Entrepreneurial aspects
- Importance of vision
- Change management

Links to the LQF
- Improving services
- Setting direction
- Creating the vision – developing the vision for the organisation/influencing the vision of the wider health and social care sector
11.1 Developing and championing the organisation’s vision

As we’ve said frequently in this handbook, the social care sector and the people who use social care services are constantly and quickly changing. To survive and thrive in this challenging environment you will need to be adaptive to change. To make sure that the people you support get the best possible care, you must lead your service so that it is responsive to their needs.

An important part of adapting well to change is taking control by setting direction. As the registered manager it’s down to you to develop and present a clear vision that shows where your service is going, and how it will get there. If you’re part of a larger organisation, this will need to align within the overarching corporate vision. Critically, the vision for your service must be something that your team, the people using your service, and other key stakeholders understand and can buy into.

When developing the vision remember to:

- actively engage with colleagues and key influencers, including people who need care and support and the public, about the future of the service
- broadly scan and analyse the full range of factors that will impact upon your service, to create likely scenarios for its future
- create a vision which is bold, innovative and reflects the core values of social care
- continuously ensure that the service’s vision is compatible with future developments within the wider organisation and/or social care system.

Just as critical as developing the vision for the service is ensuring that it’s communicated and embedded into your work. If the vision has been developed collaboratively, it’ll be relatively easy to communicate it in a way that engages and empowers others. In order to communicate, and demonstrate your commitment to the vision you must:

- communicate your ideas and enthusiasm about the future of the service confidently and in a way which engages and inspires others
- express the vision clearly, unambiguously and vigorously
- ensure that stakeholders within and beyond the service and organisation are aware of the vision and any likely impact it may have on them
- take time to build critical support for the vision and ensure it is shared and owned by those who will be communicating it
- act as a role model, behaving in a manner which reflects the values and principles inherent in the vision
- demonstrate confidence, self-belief, tenacity and integrity in pursuing the vision
- challenge behaviours which are not consistent with the vision
- identify symbols, rituals and routines within the organisation which are not consistent with the vision, and replace them with ones that are.
11.2 Managing change

The vision sets the course, now you need to develop your team and your service to move them in the right direction. You will need to be responsive to the changing environment, but also be able to initiate, manage and lead change.

Identifying the context for change requires you to take a variety of factors into account and develop an in depth understanding of your operating environment. To do this you will need to:

- develop and maintain an awareness of the political, social, technical, economic, organisational and professional environment
- understand and interpret relevant legislation and accountability frameworks
- anticipate and prepare for the future by scanning for ideas, best practice and emerging trends that will have an impact on social care outcomes
- develop and communicate aspirations.

The fundamental driver for change should be the needs and aspirations of people who use your service, their families, carers, staff and the wider community. This is important to keep in mind as you will often be managing a range of conflicting drivers.

**As the lead professional it's your job to encourage innovation and create a commitment to continuous service improvement within your team.**

Within this context, good leaders question the status quo, act as a positive role model for innovation, encourage dialogue and debate with a wide range of people, and work with their team to develop creative solutions to transform services and care.
John P Kotter sets out eight key steps to understanding and managing change. Each stage acknowledges a key principle relating to people’s response and approach to change.

1. **Increase urgency** - inspire people to move, make objectives real and relevant.
2. **Build the guiding team** - get the right people in place with the right emotional commitment, and the right mix of skills and levels.
3. **Get the vision right** - get the team to establish a simple vision and strategy, focus on emotional and creative aspects necessary to drive service and efficiency.
4. **Communicate for buy-in** - involve as many people as possible, communicate the essentials simply, and to appeal and respond to people’s needs. De-clutter communications - make technology work for you rather than against.
5. **Empower action** - remove obstacles, enable constructive feedback and lots of support from leaders - reward and recognise progress and achievements.
6. **Create short-term wins** - set aims that are easy to achieve in bite-size chunks and have a manageable numbers of initiatives. Finish current stages before starting new ones.
7. **Don’t let up** - foster and encourage determination and persistence - on-going change - encourage on-going progress reporting - highlight achieved and future milestones.
8. **Make change stick** - Reinforce the value of successful change via recruitment, promotion, new change leaders. Weave change into culture.
To help organisations who are undergoing any form of organisational restructure or transformation, Skills for Care has developed The Principles of Workforce Redesign which acknowledge the significant role that workers have in transforming services. The seven principles set out the key things you need to take account of when changing the way your staff work.

**1. Take a whole systems view of organisational change**
The way that people relate to each other in organisations and across partnerships affects what needs to change and how people are affected. Workers, people who need care and support, their families and friends are all part of the system and cannot be treated in isolation from it. A planning and workforce development process that is participatory, inclusive and evolving has more chance of success. The culture and the character of an organisation or partnership is determined by the people who work for it and who take responsibility for problems and solutions. Supporting people in different parts of the system through the whole process of change is integral to any strategy and vision.

**2. Recognise the different ways people, organisations and partnerships respond to change**
Change can be threatening to individuals, making them feel ‘de-skilled’ and vulnerable. People are resistant to change that goes against the current work culture. Resources to support change, including time, need to be in place if transformation is to be successful and sustainable. People learn and change at different rates, so change programmes need to be flexible to accommodate this. Regular and two way communication that keeps people involved and updated will help to reduce negativity and anxiety. Opportunities to support individuals in developing the confidence, skills and expertise they need to work in redesigned services need to be incorporated into all plans.

**3. Nurture champions, innovators and leaders - encourage and support organisational learning**
Environments in which managed risk is encouraged help people feel safe to express concerns, discuss ideas and experiment. Appropriate and supported delegation of tasks and responsibilities encourage creativity at the local level. Champions, innovators and leaders are key to successful organisational transformation. They should be identified, supported, sustained and encouraged to share their learning, including learning that arises from failure. High quality supervision will empower people to be innovative, dynamic, adaptable and flexible. Organisations with a non-hierarchical view of knowledge, experience and expertise encourage individuals to feel valued and able to contribute to learning and the development of new and innovative services.
4. Engage people in the process - acknowledge, value and utilise their experience

Identifying and sharing the experiences, ideas and concerns of people within the organisation, gives a strong and positive message about the way in which individuals are valued. Sharing learning and experience across organisations, partnerships and communities provides a strong foundation for service transformation and supports the creation of effective networks and relationships. Encouraging the use of life experience in the workplace, and seeking out the learning from people’s work enriches and improves the quality of care and support. What works in practice is best learned from those people directly involved in it. Systems and processes that encourage the sharing of learning across organisations and partnerships are the infrastructure that makes this possible. Everyone should be encouraged to contribute to creating a positive workplace culture that is a good place to work.

5. The different ways that people learn should influence how change is introduced and the workforce supported

Adults tend to be goal-oriented and motivated by seeing the benefits of any learning they undertake. Adults are keen to learn where they see a practical application and can use their learning to help them solve problems. Learning is reinforced when it is used in everyday practice. People learn in different ways, and at different paces. Previous learning and educational experiences have an impact on confidence and attitude towards present learning. This can be positive or negative. The way in which learning takes place can be as important as the content. Learning occurs in many different settings, including daily activities, observing others, and supervision. Good learning environments blend these with opportunities for training and qualifications.

6. Encourage and utilise the understanding of values, behaviours and practice to shape innovation

Working with people’s attitudes, beliefs and understanding has a greater impact on cultural change and service transformation than focusing on behavioural changes. Individuals with a personal commitment to the organisation’s values and goals make a positive contribution to transformation and on-going improvement. Listening to people, encouraging questioning, valuing experiences and supporting new ideas makes people more confident and proactive in contributing to service transformation. ‘Doing the same better’ limits any vision of high quality care and support. Focusing on the preferences and identified needs and wishes of people who need care and support encourages imaginative and innovative ways of working with people.
7. Engage with your community to understand its cultures and strengths - work with the community to develop inclusive and creative workforce planning

Social care and support takes place within local communities, and is itself part of that community. Local communities are made up of people with diverse skills and talents. Lifestyles vary according to culture and other circumstances. Involving the whole community in discussions and decision making about transformation ensures local need is identified and encourages people in the local area to contribute to its delivery. Approaches to recruitment, volunteering and employment should reflect the local picture, encouraging talented people from all backgrounds into social care and support roles. People living in the local community needing care and support should have their needs met in ways that fit with their individual lifestyle and preferences. The more diverse the workforce, the better this will be achieved. Many people find themselves both in need of, and giving care and support. The dividing line between ‘cared for’ and ‘carer’ can be blurred, changing over time. To maximise community resources, and enable individuals to contribute as they wish, it is important to know both what people need, and what they have to offer. Transformed services need to incorporate sufficient flexibility to allow individuals to move between the different roles. Organisational boundaries do not serve communities effectively. Relationships and networks that have the community and people at their heart enable services to work together with a stronger community and person-centred focus. The voluntary sector, including smaller, informal or grassroots organisations, has a significant contribution to make to the provision of care and support. Workforce commissioning strategies and market position statements should reflect this.

Further information

- John P Kotter is a Harvard Business School professor and leading thinker and author on organisational change management. Kotter’s eight step model is explained in more detail on his website [www.kotterinternational.com]
- More information on The Principles of Workforce Redesign and their practical application is available on the Skills for Care website. [www.skillsforcare.org.uk/powr]