

**Key aspects of practice that you ‘need to know’**

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**Why this resource?**

A close up of a girl

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There are a number of key areas of practice that staff working in social care ‘need to know about’. It is a lot to learn and it can be quite confusing and overwhelming. Our job is to help you have a solid grounding in relation to these key areas of practice and to ensure that you are able to show your understanding both in terms of communicating it and demonstrating it in the ways that you work.

In many ways this resource is designed to ‘cut to the chase’. It is the ‘key stuff’ about the ‘key stuff’. Know this and you will know much of what you need to know.

Each section provides you with a brief explanation as to why that area of practice is important for you to understand. It then provides you with a series of questions and the answers in relation to these areas. Just the basics … but a solid grounding.

You can use it as a reference and we can use it as a resource to test your knowledge and help you build both your understanding and your confidence in it.

The bottom line is that we need to be confident that you are confident. This resource is designed to help both these things.

**Our vision and values**



*Brief overview*

As an organisation it is important that we have a clear vision and people know what we stand for and are trying to achieve. This is important for people wanting to use our services as well as for us as an organisation and our staff in relation to delivering these services.

**Questions for staff**

1. **What is our vision as an organisation?**

1. **What are our values?**
2. **Why is it important to have a vision and a set of core values?**

Having a clear vision enables all the staff and people who want to use or buy our services to be clear about what we stand for and what we are trying to achieve. It helps them decide whether they want to support us and become part of what we provide.

Our values are the qualities in terms of the attitudes and behaviours that we display towards each other and collectively to help us deliver our vision. It is by living our values that we will be best placed to achieve our vision.

1. **What are your thoughts about our vision and values? Do you agree with them? Are there ways that you think we could improve them?**

**Duty of care**

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*Brief overview*

Your duty of care is an important legal requirement of your role. You need to understand what it is and what your responsibilities are in relation to it

**Questions for staff**

1. **What is your ‘duty of care’?**

Your duty of care is defined as a legal obligation to:

* Always act in the best interest of the individual and others
* Not act or fail to act in a way that results in harm
* Act within your competence and not take on anything you do not believe you can safely and / or competently do.

1. **Is this something you can choose whether or not to do?**

No. Your duty of care is a legal requirement. It is not something that you can opt out of.

1. **What do you need to do to ensure you are meeting your duty of care?**

* Provide a service of no less quality than expected
* Know how to work so that the service is provided safely
* Keep your knowledge and skills up to date
* Raise and report concerns
* Keep accurate and up to date records of your work
* Ensure that you comply with the company’s policies and procedures
* Protect confidential information except where the wider duty of care or the public interest might justify its disclosure.

1. **If someone found themselves in court accused of not exercising their duty of care, what would the judgement be based on?**

* Did they show themselves to be trustworthy?
* Did they follow the company’s policies and procedures?
* Did they apply their skills and training to deliver care and support as best they can?

**Delivering a person centred service**

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*Brief overview*

Our ability to tailor the service we provide to different people based on their individual needs and preferences is a key requirement of what we do.

**Questions for staff**

1. **What is meant by a person centred approach?**

Being person centred requires us to recognise that we are all different and that everyone has their own individual needs and wishes. It requires us to listen to service users and where necessary others who know them well, to find out who they are, what it is that they need from their service and how they would like this to be delivered. We should then deliver their service in line with this.

Being person centred requires us to continually involve people as much as possible in decisions about their lives and the service they receive. Our understanding of the individual and the relationship we build with them means that if their needs or wishes change then we must change the way we provide their service so that it continues to meet their needs and be provided in the way that they want.

To be person centred we must assess the extent to which people have the mental capacity to make their own choices and decisions. Where people have capacity we should involve them regularly in decisions about how the service we provide can best meet their needs and help them to live their lives in the way that they want. If they lack the required capacity we should involve them in the process as much as they are able but also work with others who know them well in order to make sure that the service we provide always reflects the person’s Best Interests.

When making Best Interest decisions it is important to involve people who know the person well. Good practice is to base the decision where possible on what you know the person would have wanted if they had the capacity.

1. **Why should we always work in a person centred way?**

Firstly we need to acknowledge the reality that we are all different and that people’s needs and wishes are not all the same. To be able to meet each individual’s needs and wishes effectively we need to be adaptable and tailor the service we provide to ensure that we deliver the things that each person needs and wants.

Being person centred is about respecting people and recognising that we should all be afforded equal value. This is no less the case just because a person requires care or support.

Historically it was felt that care and support services were too service led. By this we mean that organisations took the line that ‘this is the service we provide’ … we only provide this … you will get up at this time … if you want a bath it will be on these days …. it will be fish on Fridays and roast dinner on Sundays … etc, etc. People were expected to like it or lump it, This meant that people’s needs were often not being met properly and their wishes and cultural requirements were being ignored. This was ineffective in terms of providing a service that met individual people’s needs and it was devaluing and disrespectful. These days, if we were to offer a service in this way it would be viewed as institutional abuse.

Ensuring that services are adaptable and person centred is therefore the way to ensure that people are valued and respected and that their individual needs and wishes are being met.

1. **What are the key features of a person centred approach?**

***Respecting and accommodating people’s individual needs and wishes***

A person centred approach requires us to not only recognise that we are all different with our individual needs and wishes but also that people may have needs and wishes associated with characteristics such as their gender identity, their race, their religion, their age, their sexual orientation or any disability they may have.

It is our job to ensure that any needs and wishes associated with any of these characteristics are identified and properly met.

***Listening to people and taking our lead from them***

To be person centred we need to enable people (and where necessary those who know them best) to define what it is that is important to them in terms of the care and support they need, their wishes and preferences and the way they want their care and support provided.

This should not be a one off but a process of ongoing dialogue to ensure that as their needs and wishes change, we adapt the service we provide them with in order to accommodate these changes.

***Treat everybody with dignity and respect***

Being person centred requires you to be respectful towards the people you are providing a service to at all times. It requires you to respect their views and accept them for who they are whatever their age, culture, disability, gender identity, belief system or sexual orientation.

Being person centred also requires you to treat people with dignity. This includes respecting their privacy. If people do not feel they are being treated with dignity, this can leave them feeling powerless in their lives and a hostage to their circumstances.

Feelings such as these can have a negative impact on their emotional wellbeing and sense of self-worth, both of which you have a duty of care to promote.

Whatever areas of their lives you are supporting people with, you should treat people with the same level of dignity and respect that you would wish for yourself.

***Supporting people to make their own choices and decisions***

Being person centred requires you whenever possible, to encourage people to make their own choices and decisions as this helps give them control over their lives.

Where people have the capacity to make a particular choice or decision then this should be respected (even if you think it is unwise and have counselled them against it), unless it presents a significant risk to themselves or others.

Where people lack capacity they should still be given the opportunity to make choices and decisions in line with their ability.

***Promoting people’s independence and control over their own lives***

People have varying degrees of capacity and desire to be in control of their own lives. To be person centred their capacity and their thoughts in relation to the degree of control they have over their lives needs to be understood.

Being person centred is about listening to people and respecting their wishes. However, it also needs to be recognised that the more we do things for people that they can do for themselves, the more we are deskilling them and creating their dependency upon others.

Alongside being person centred and listening to people we also have responsibilities to enable people to do as much as they can for themselves and to be as independent as possible. You should therefore ‘encourage’ people where appropriate to do as much as they can for themselves.

Sometimes people want to do things that contain an element of risk. To be person centred you need to look at the whole situation. What does the person want to do? Does the person have capacity to make this decision and the ability to carry it out (with support if required)? What are the risks and what would the benefits be for the person if they are successful?

A person centred approach requires you to assess the person’s capacity in relation to the thing they want to do. Where they have capacity, your job is to enable people to do the things they want and if this involves risk to help them to think about this, and how this risk may be managed.

If we are being person centred we should not be preventing people from taking risks. Instead it is about enabling them to do the things they want to do but in a way that any risks are managed and reduced to an acceptable level. There may still be some element of risk but it won’t be catastrophic or dangerous to themselves or others if it goes wrong. This is called positive risk taking.

If people lack the capacity to understand the consequences of doing something risky, a person centred approach requires you to listen to what it is they want to do and to take this in to account whilst ensuring that anything they do is consistent with their Best Interests.

**The Mental Capacity Act**



*Brief overview*

The Mental Capacity Act 2005 came into force in 2007 and forms a key part of how we need to work with people and support them. It was introduced is to provide a legal framework to promote and safeguard people’s decision-making by:

* empowering people to make decisions for themselves wherever possible
* protecting people who lack capacity by providing a framework to help ensure that decisions that need to be made in relation to them are the right ones for them
* allowing people to plan ahead for a time in the future when they might lack the capacity.

**Questions for staff**

1. **What is the purpose of the Mental Capacity Act 2005?**

It is the main legal framework to support and protect adults (16+) who lack the mental capacity to make their own decisions. It relates to the care and treatment they receive as well as the management of their property and affairs.

1. **What are the five statutory principles of the Mental Capacity Act?**
2. Every adult has the right to make his or her own decisions and it should be presumed that a person has the mental capacity to do so unless it is proved otherwise.
3. People have the right to be supported to make their own decisions. They must be given all appropriate help to do so before it is concluded that they are not able to do so.
4. People retain the right to make what might be seen as eccentric or unwise decisions.
5. If someone is assessed as not having the mental capacity to make a particular decision, anything done for or on behalf of them in relation to that decision, must be done in their ‘**best interests**’.
6. Any ‘best interest’ decision made on behalf of someone who is assessed as not having the mental capacity to make that decision should be the ‘**least restrictive option**’ with respect to their basic rights and freedoms.
7. **Should an assessment of a person’s mental capacity relate to all areas of their lives?**

No, Any assessment of a person’s mental capacity should be **'decision specific**'. Their mental capacity may well vary depending on what the decision is in relation to. For example mental capacity assessments might show that people have capacity to make day to day decisions but they that may lack capacity to make more substantial 'life changing' decisions.

1. **Does a person’s mental capacity remain constant in relation to any particular decision?**

Not necessarily. A person’s mental capacity can **fluctuate** particularly if they are suffering from a mental health problem or dementia. i.e. they can have 'good days' and 'bad days'.

1. **What is the four question test that should be used to assess whether or not somebody has mental capacity in relation to a particular decision?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Yes** |  | **No** |
|  | | | | |
| Can the person you are supporting understand the information being provided to them |  |  |  |  |
|  | | | | |
| Can the person make a decision based on the retention of that information? |  |  |  |  |
|  | | | | |
| Can the person use or weigh up that information as part of making a decision? |  |  |  |  |
|  | | | | |
| Can the person communicate their decision? (Either verbally, in writing or in another nonverbal way)? |  |  |  |  |

1. **What does the outcome of this test need to be for someone to be assessed as having mental capacity in relation to that particular decision?**

Only if the answer to all four questions is ‘Yes’ is the person assessed as having the mental capacity to make that particular decision. If the answer to any of the four questions is ‘No’ then the assessment shows that they do not have capacity.

1. **What must happen if the answer to any of the four questions is no?**

Any subsequent decision that is made in relation to the area that was being assessed must be demonstrably in the person’s Best Interests and must represent the least restrictive option.

1. **Who should be involved in any Best Interest decision?**

It depends on what the decision relates to. By definition Best Interest decisions are only made for people who lack capacity. If they have family members or non-paid carers who are actively involved in their lives then the most appropriate person should be involved in the Best Interest decision making process. If there is no appropriate individual involved in their lives then they should be supported in the decision making process by an Independent Mental Capacity Advocate (**IMCA**).

**Consent to care, treatment and support**



*Brief overview*

It is illegal for us to provide someone with care or support without first obtaining their informed consent if they have the mental capacity to provide it.

**Questions for staff**

1. **Where is the legal requirement that people need to consent to the care, treatment (and support) they receive stated?**

Legal requirements in relation to consent are laid out in regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This is one of the pieces of legislation that the Care Quality Commission (CQC) are in place to enforce.

People cannot legally be provided with care, treatment or support without having given their consent to receiving it.

1. **What do people need to be provided with before they can give valid consent?**

When a person is asked for their consent, they must be provided with information about the proposed care, treatment or support in a way that they can understand. i.e. in order to be ‘valid’, their consent needs to be ‘informed’.

1. **Can anyone provide valid consent?**

No. People can only provide valid consent if they have the mental capacity to do so.

1. **What needs to happen if a person’s mental capacity to provide valid consent is ‘in doubt’?**

If after providing a person with information about the care, treatment or support you are proposing to provide and discussing this with them, their mental capacity to agree / consent to receiving this care, treatment or support is ‘in doubt’, then their mental capacity to consent to these things must be formally assessed using the four question mental capacity assessment test.

If the assessment concludes that they lack capacity in this area, then key staff involved with caring for / supporting that individual need to work with other key stakeholders (such as members or the person’s family, advocates and involved professionals) to agree what care, treatment and support is in the person’s ‘best interests’.

1. **What areas do we ask people for their consent before providing them with care and support?**

If they are living in a Registered Care home we ask them for their consent to agree to living there and to receive support from the staff team in line with their Care and Support Plan.

Otherwise we ask people for their consent if we are to:

* support them with their personal care
* support them with their medication
* support them with their finances
* share their information with third parties
* take and use photographs of them.

1. **Where is this information kept?**

Completed consent forms along with records of any best interest decisions are kept in people’s personal files.

1. **If a person has signed to provide their consent, can they withdraw this?**

Yes. People providing their consent to the care, treatment or support they receive is an ongoing process. They are entitled to withhold or withdraw it at any time.

1. **What should you look for to confirm that the person is consenting to the care, treatment or support that you are proposing to provide?**

You should get some indication from them that they are happy to receive the care and support you are providing them with each time you provide it. This can be by them verbally agreeing but it doesn’t necessarily have to be.

If you make them aware of the care and support you are about to provide and they indicate via their behaviour that they are happy for you to proceed, then this is consent.

If however the person says no or indicates via their behaviour that they are not happy to receive the care or support being proposed, you should view this as them withholding their consent. You must respect this by not proceeding to provide the care and support.

1. **If someone withholds their consent, what should you do?**

It depends on what they are withdrawing their consent in relation to. If for example they are declining support to have a bath and they don’t need a bath then fine … respect their wish and leave it.

If they really do need a bath, ask them why they don’t want one. Try and find out what is going on for them.

Try and find out whether they would be willing to be supported to have a shower or a ‘wash’ instead?

If not and the need is real, would they consent to it if they were asked again later and / or by someone else? Is there someone they particularly like who they would agree to supporting them with some form of wash?

You would apply a similar type of process if someone declined to be supported with their medication or any other important activity.

You should record all incidents where a person withholds their consent to any aspect of care, treatment or support and inform your line manager about this. You should do this even if the person subsequently agrees to receiving the care, treatment or support.

**Record keeping**

A close up of a computer

Description generated with very high confidence

*Brief overview*

We are required by law to keep accurate and up to date records relating to the service we provide. The quality of our record keeping will be looked at in detail when our services are inspected.

**Questions for staff**

1. **What types of records does the service need to keep in relation to service users?**

* Care and Support Plans
* Personal profiles
* Risk assessments
* Any protocols they have in place which detail the support they require in specific areas
* Daily health and care notes
* Personal diaries
* Medication records
* Personal finance records
* Activity records
* Any outcome monitoring forms.

1. **What types of records does the service need to keep in relation to health and safety?**

* Accident and incident forms
* Fridge temperatures
* Water temperatures
* Testing of fire equipment (fire log).

1. **What other types of records does the service need to keep?**

* The communication book / daily diary
* House finance records.

1. **What are your responsibilities in relation to records within the service?**
2. To familiarise yourself with all records within the service that you need to be aware of.
3. To read and keep yourself up to date with any changes to records. This particularly refers to records such as the communication book, daily diaries, Care and Support plans, Risk Assessments and protocols.
4. To complete any records you are required to. One of the requirements of your duty of care is to ‘keep accurate and up to date records of your work’.
5. To ensure that all records are stored appropriately and can only be accessed by those who need to have access to them.
6. **What do you need to ensure when completing service records?**
7. That the records you write are legible. People need to be able to read them easily and understand what you have written.
8. That the records you write are as factual and accurate as possible. At times it is helpful for you to provide your opinion but you should clearly differentiate this from fact by prefixing it with a statement like ‘my opinion is’ /’my thoughts are ...’
9. As much as possible, records should be concise and to the point.
10. Records should always be written professionally. They are legal documents and you are accountable for their quality and their content. They are available to organisations that regulate or purchase our services and you must ensure that the language you use in records is professional and respectful at all times. This includes the communication books.
11. To meet our responsibility to keep our records up to date, they should be completed ideally ‘at the time’ or else ‘as soon afterwards as reasonably practical’.
12. Records should be completed privately. This can be done with the person whom the record relates to where appropriate so that they are aware of what has been written about them. This also provides them with an opportunity to contribute information where necessary.
13. **What are CQC’s views in relation to service record keeping?**

The service is required to have clear, coherent and up to date records in place in relation to all the areas of practice that they regulate and inspect.

That if something is not recorded (written down) then there is no evidence that it happened (i.e. it didn’t happen).

1. **What are your responsibilities in relation to the storage of records?**
2. To write and store records in the designated place and to play your part in ensuring that record keeping systems are tidy and well organised so that information that people need is where it should be and is therefore easy for them to find.
3. To remember that information contained within records is often confidential. It needs to be stored away properly rather than left lying around.

In order to comply with the requirements of the General Data Protection Regulation (GDPR), to ensure that all personal information we hold about people is kept securely and is only available to those people who are authorised to access them. This applies to both records that are held as paper copies and records that are held electronically.

**Confidentiality and the sharing of information**

|  |  |
| --- | --- |
| A group of people posing for the camera  Description generated with very high confidence | A group of people sitting at a table  Description generated with high confidence |

*Brief overview*

You have a legal duty to ensure the confidentiality of personal information about people. If there is a need for you to share this information with third parties then you need to understand the circumstances in which you are allowed to do this and the process that you need to follow.

**Questions for staff**

1. **What is meant by confidentiality?**

Confidentiality means not sharing personal information about people without their knowledge and consent.

Confidentiality requires you to make sure that written and electronic information about people cannot be accessed or read by people who have no reason to see it and that conversations containing private information about people are not overheard by people who do not have a ‘need to know’.

1. **Why is maintaining a person’s confidentiality so important?**

In order to be able to provide people with the best care or support we can it is important that they are as open and honest as possible with us about their needs and wishes. People therefore need to trust that we will ensure the confidentiality of their personal information and that we will keep it private and secure, otherwise they won’t share this much needed information with us.

1. **Do people have an absolute right to confidentiality?**

No. Whilst maintaining people’s confidentiality is one of the fundamental principles of our practice in health and social care, there may be times when the right course of action is to share information about people with other professionals who ‘**need to know**’ that information in order to keep the person safe.

A number of serious case reviews (including that for baby P) have found that lives have been put at risk because information that could have been shared between professionals who could have made a difference was not being shared in a timely manner.

1. **How would you determine whether someone has a ‘need to know’ when deciding whether information should be shared?**

A person has a ‘need to know’ if they require that information in order for them to keep the person safe or to provide them with effective care or treatment in line with their needs and wishes.

You should not share private information about anyone we provide a service to who does not need to know that information.

1. **Give some examples of people who might ‘need to know’ confidential information about a person?**

People who ‘need to know’ include:

1. other members of your staff team who are working with that individual
2. other professionals such as GP’s and healthcare professionals and the person’s Social Worker or members of the local authority’s Safeguarding Team.
3. **If you need to share information with somebody because they have a need to know, what should you think about in terms of the information you share with them?**

You should only share a person’s information with other people which is relevant to the role they play in that person’s life and which they might need to help inform decisions that they may need to make.

1. **What should we be doing to ensure that people are aware that we may need to share their personal information with other people?**

We should firstly explain to them circumstances where we may wish to share their personal information with other people (third parties). and assess whether or not they have the Mental Capacity to agree (consent) to us doing this.

If we assess that they have the capacity to agreeing to us sharing their personal information with third parties, then we should ask them for their permission for us to do this. This should be captured on a consent form relating to the sharing of their information which they sign and date. This form should identify the third parties that they agree to us sharing their information with.

If we assess that they lack the capacity to agreeing to us sharing their personal information with third parties, then a decision needs to be made around whether it might at times be in the person’s Best Interests for us to share their information. A record needs to be made of the Best Interest decision including when it was made and who was involved in making it.

1. **What about sharing information with the person’s relatives and family members?**

Part of providing a person centred service is to work in partnership with people who know our service users best. This often includes key relatives and family members. Again we should seek the service users’ permission if we are looking to share their personal information with relatives and family members.

Our responsibility and duty of care is primarily towards our service users and they are adults. When sharing information with their family members we need to not only think about what family member needs to know but also what the service user would **want them to know**. If they don’t need to know it and the service user wouldn’t want them to know it then the relative should not be told it.

If they do need to know but the service user doesn’t want them to know then talk to your line manager as that conversation may need to be had.

1. **What do you need to think about in relation to maintaining the confidentiality of information within your staff team?**
2. All confidential information needs to be stored in a designated place of safety (such as a secure cupboard, a filing cabinet or on a computer) where it is only available to people who ‘need to know’ that information but they can access it quickly and effectively.
3. Confidential information must not be left ‘lying around’ where people who do not need to know that information can access it.
4. Any conversations that contain confidential information should not be held where people who do not need to know that information are able to overhear it. This includes other people living in the home as well as their family members and visitors.
5. Confidential information about any of the people we support must never be discussed in the presence of people that do not work for the organisation or with the individual the information relates to.

**Safeguarding**

A picture containing indoor, table, person, food

Description generated with very high confidence

*Brief overview*

You have a legal duty to protect the people we support from any form of abuse or neglect. You need to be able to recognise abuse or neglect and to know the process you need to follow if you witness or suspect it.

**Questions for staff**

1. **What is meant by Safeguarding?**

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect.

1. **Who does it apply to?**

Safeguarding only applies when an ‘adults at risk’ (formerly known as a Vulnerable Adult) is the subject of abuse or neglect.

1. **Where can the national guidance in relation to Safeguarding adults at risk be found?**

Chapter 14 of the Statutory Guidance to the Care Act 2014. This replaces the ‘No Secrets’ guidance.

1. **How does the Care Act 2014 define an ‘adult at risk’?**

The Care Act defines an adult at risk as an adult aged 18 and over who:

1. has care and support needs whether or not they are met by the local authority.
2. is experiencing, or is at risk of, abuse or neglect, and;
3. as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
4. **What types of behaviour might give rise to a Safeguarding concern?**

* **Physical abuse** – including assault such as hitting, kicking, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
* **Domestic violence** – including psychological, physical, sexual, financial, or emotional abuse. It also includes so called ‘honour’ based violence.
* **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
* **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
* **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements. This could include coercion in relation to wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
* **Modern slavery** – this encompasses slavery, human trafficking, forced labour and domestic servitude.
* **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
* **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the culture, doctrines and practices or a lack of effective oversight within an organisation.
* **Neglect and acts of omission** – including ignoring a person’s medical, emotional or physical care needs, failure to provide access to appropriate support, to healthcare or withholding the necessities of life, such as medication, adequate nutrition or heating.
* **Self-neglect** – this covers a wide range of behaviours where an individual neglects to care for their own personal hygiene, health or surroundings. It includes behaviour such as hoarding.

1. **What are your individual responsibilities in relation to Safeguarding Adults at Risk?**

It is my responsibility to be able to:

* identify any signs of abuse or neglect
* undertake relevant training and maintain my competence in relation to safeguarding
* report any concerns, allegations or disclosures of abuse or neglect immediately. I should not “sit” on the information over the weekend or until I am next on duty.

1. **Who should you report any concerns you have around actual or suspected abuse / neglect to?**

If I either have a suspicion of abuse or neglect, evidence that these have taken place, or a concern that they might take place if no preventative measures are taken, I have a legal duty to report this concern. **This is not a choice**. Even if my concern relates to a colleague or your manager, it is still my legal duty to report the matter.

Generally we would advise you to report your concern to your line manager or a senior manager within the organisation unless your concerns relate to them. This is because we would want to know about it and we may need to take action to preserve evidence and / or to ensure that the person is kept safe. However, you are fully within your rights to report your concerns directly to:

* The Local Authorities Safeguarding team (during office hours)
* The Emergency Duty Team (during evenings and weekends)
* The Police (if you feel the person is in immediate danger).

1. **Where would you find the contact information for these organisations?**

Staff member needs to demonstrate that they know where this information is held.

1. **What must your line manager or the organisation do once you have reported a Safeguarding concern to them?**

It becomes their responsibility to report the concern to the Local Authorities Safeguarding Team, the Emergency Duty Team or the Police. **Again this is a legal duty and not a choice.** It is then the responsibility of the Safeguarding Team to decide whether the concern should be progressed through their safeguarding procedure.

Your line manager should inform you once they have done this.

1. **What are the organisations responsibilities in relation to Safeguarding?**

As an organisation we must ensure that:

1. all adults at risk are kept safe from abuse and neglect and report any concerns we have in this regard.
2. all staff receive training in relation to Safeguarding and that this training is kept up to date.
3. our Safeguarding Policy and Procedure is aligned to the local authorities so that we become part of a single consistent approach to reporting and dealing with Safeguarding concerns.
4. we work in partnership with the Local Authority’s Safeguarding Team and cooperate fully and openly with any Safeguarding investigations that they wish to initiate.
5. **What is meant by Making Safeguarding Personal?**

Making Safeguarding Personal represents a change in approach so that people who are subject to abuse and / or neglect are more fully involved in the process of their own safeguarding as far as they are willing and able. This can happen even if the person lacks capacity and requires a family member, friend or an Independent Advocate to support them in the Safeguarding process.

They might be involved in discussions around what they want from the process and what they feel needs to happen in order for them to be kept safe and to more fully take control over their own lives.

1. **What else may you need to do if you come across a Safeguarding concern?**
2. Take any action that might be required to protect any individual at immediate risk of harm, including summoning emergency / urgent medical or police assistance.
3. If it appears a crime has been committed do not touch anything as evidence may need to be preserved. Seek advice before taking any action.
4. Record accurately and in detail what I have witnessed or been told about. If asked to do this I should:

* Write up my report on the same day whilst it is fresh in my mind.
* Record the date, time and setting in which the allegation was made or the event was witnessed including who it was witnessed by.
* Include full details of any injuries and the conditions and attitudes of the people involved in the incident.
* Use the person’s own words and record what action I have taken
* Make sure that I clearly differentiate facts from opinion.
* Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.
* Record if the adult is aware that an alert is being raised.
* Make sure I have printed my name on the report and that it is signed and dated

**Whistleblowing**

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*Brief overview*

Whistleblowing is an important mechanism for ensuring organisations act within the law and keep people safe. You need to know your rights and protections in relation to this.

**Questions for staff**

1. **What is meant by Whistleblowing?**

Whistleblowing is when you speak out about something you are concerned about at work because you think it needs bringing out into the open in the public interest.

1. **What does ‘in the public interest’ mean?**

The public interest means for the public good. It does not mean things that might be of interest to the public, and it does not mean the private interests of the person raising the concern.

1. **What sorts of things can people raise whistleblowing concerns about?**

The Public Interest Disclosure Act 1998 (PIDA) details six subject areas under which disclosures have to fit to be deemed to be “qualifying disclosures”: These are:

* criminal offences;
* failure to comply with legal obligations;
* miscarriages of justice;
* threats to health and safety of an individual;
* damage to the environment; or
* a deliberate attempt to cover up any of the above.

1. **What else does the Public Interest Disclosure Act 1998 (PIDA) do?**

The Public Interest Disclosure Act 1998 protects whistleblowers from detrimental or unfavourable treatment and victimisation from their employers and co-workers after they have made a qualifying disclosure of a concern in the public interest.

1. **Are all disclosures protected under the PIDA?**

No. Certain conditions must be met for a whistleblower to qualify for protection under the PIDA, depending on to whom the disclosure is made to and whether it is being made internally or externally.

To be protected, the disclosure must be in the public interest, you must have a reasonable belief that the information shows that one of the categories of qualified disclosures listed above has occurred or is likely to occur, and the concern must be raised in the correct way.

1. **What is the correct way to make a qualifying disclosure?**
2. *Read the whistleblowing policy and procedure where you work*

This should tell you what type of concerns, the protection you should receive if you follow the correct process to report these and who to report your concerns to.

1. *Try to see if you can sort things out inside your organisation first*

Staff are encouraged to initially make an internal disclosure (i.e. to raise their concerns with their employer) with the view that employers will then have an opportunity to address the issue. If a staff member makes a qualifying disclosure internally to an employer then they will be protected under the PIDA.

*Raise the concern immediately or at the earliest opportunity*

If you believe that something is wrong, you do not need proof. Speaking out early could stop the issue from becoming more serious, dangerous or damaging.

*Find out if other workers share your concerns*

If other workers share your concerns, you may be able to raise these concerns as a group as there can be strength in numbers.

*Think about whether your concern can be discussed in an informal way*

How wide ranging and what is the potential impact of your concerns if they are found to be true? Can you raise your concerns initially in an ‘informal’ way at a meeting with a manager within the organisation who has the authority to address them?

*When you report your concern, focus on as much factual information / evidence as possible*

If you can, be specific about:

* dates and times
* what happened and the order of events
* who was involved
* whether there are any witnesses.

Identify what you believe to be the key issues and risks if the concern is not addressed. Act honestly and professionally at all times in the interests of service users.

*Find out what will happen next and keep track of what is happening*

The person you report your concern to should be given a reasonable amount of time to check the facts and to find out more if they need to. Respect the fact that they may need to keep some information private and confidential if it relates to other people but they should feed back to you and if the concern is found to be valid, to be able to satisfy you that they have done what is required to address your concern.

Even if you raise your concern verbally, you should keep a record in writing of any discussions relating to your concern. This means things like the dates things happened, who you talked to, what was said and what their response was.

One way of keeping track of things is to email the manager / nominated person after any discussion with a summary of the main points. Make it clear that you are raising a concern in line with your organisation’s whistleblowing policy and the Public Interest Disclosure Act 1998 (PIDA).

1. *What should you do if you are not satisfied?*

Staff can make a disclosure to an external agency and there may be certain circumstances where it is justified (particularly if your concerns are valid and the organisation has not dealt with them satisfactorily or if you have reason to believe you will be victimised for raising them) but there are a number or conditions which need to be satisfied before you would be protected for making the disclosure if you raise it externally.

If you feel your concern has not been addressed satisfactorily or the issues have not been resolved and you feel there is nothing more you can do inside your organisation, then you can raise a concern with the Care Quality Commission (CQC). They have a confidential number you can call on 03000 616161.

It is important that staff seek advice before making an external disclosure. This could be available via your HR department, your union if you are a member or the national Whistleblowing Helpline (08000 724 725).

Talking to the police, the media or your MP are also protected under the PIDA law, but only under certain circumstances. Going to the media should only be done as a last resort. Again if you wish to be protected under the PIDA, you should see advice before pursuing any of these options.

1. **Will your confidentiality (as the discloser) be protected if you whistleblow?**

Whilst the person / manager with whom you raise your concerns should make every effort to protect your identity, this cannot necessarily be guaranteed.

If you work in a small team then people you work with might guess or work out your identity. If this happens, tell your manager and let him / her know if you are being bullied or harassed or being treated badly as a result.

There may also be times that, because of the nature of the investigation or what you want to say, it will be necessary to say who you are publicly. If this is going to have to happen then the person you raise your concerns with should make every effort to let you know first.

It should also be understood that concerns raised anonymously, i.e. when you do not reveal your name, can be more difficult to deal with and investigate in the best way. More action is likely and possible if your identity is known when you report something.

**Responding to people’s concerns and complaints**

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*Brief overview*

We want people to be happy with the service they receive from us. If them raising a concern or making a complaint creates an opportunity for us to learn and to make our service better for them then we should welcome this.

**Questions for staff**

1. **What are the key things to understand in relation to the rights of people using our services (and their representatives) to raise concerns or make a complaint?**

People using our services are vulnerable and are dependent upon the service they receive from us. They are our customers and it is our job to provide them with a service that meets their needs and is delivered in accordance with their preferences. It is also our job to work with their relatives and representatives to ensure this.

If the person or their representative is not happy with aspects of their service or they want something to change then they have an absolute right to raise a concern or make a complaint.

No one who raises a concern or makes a complaint should experience any form of discrimination or adverse response for doing so.

1. **What are CQC looking for in relation to our approach to responding to concerns and complaints?**

They want to see that we respond to people’s concerns and complaints (whether these be large or small) swiftly and to people’s satisfaction.

1. **What should you do if someone raises a concern to you about the service?**
2. Firstly, try and find out from them what the person’s frustration or concern is.
3. Make sure they are aware of our complaints procedure. There should be an ‘easy read’ version of this on display in the service. They don’t have to use this to get something sorted out but they can if they want to. They should certainly consider using it to get something sorted out if other attempts have failed.
4. If it falls within your remit and you are able to, then look to resolve their concern swiftly and to their satisfaction.
5. If you believe the issue is something that the company should be aware of, make a record of it in the person’s daily notes along with what you have done to resolve it. Inform the Service Manager that you have done this.
6. If the situation is not something you can resolve or is of a more serious nature again make sure that you record it. Also make it your responsibility to ensure that the Service Manager or Registered Manager is informed about it as soon as possible.
7. Inform the person that you can’t resolve the situation at the current time but that you will make the relevant manager(s) aware of it as soon as possible and that they will come and speak to them.

1. **What should you do if somebody tells you that they want to make a formal complaint?**
2. Make sure they have access to a copy of our complaints procedure. There is an ‘easy read’ version available for those people that would benefit from this.
3. Let the Service Manager or Registered Manager know about the situation as soon as possible.
4. There is a form entitled ‘There is something I want to talk to you about’ at the end of our ‘easy read’ version of our complaints procedure. If they want you to and it is appropriate (for example the complaint is not about yourself), you can help the person complete this and support them to make sure that the relevant manager receives it.
5. You should let the person know that the relevant manager should get back to them within 24 hours of receiving their complaint to acknowledge it and that they will try and arrange to meet with them within 48 hours.

**Duty of Candour**

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*Brief overview*

There is a legal requirement for organisations to be open and honest with those affected when things go wrong. This is called their ‘duty of candour’.

**Questions for staff**

1. **What is meant by duty of candour?**

The duty of candour is a legal requirement for health and social care organisations to be open and honest with people using their service (or those acting on their behalf) if something goes wrong and the person suffers harm (either physically or psychologically) as a result of the care, treatment or support they received.

The organisation must inform them of the facts of the situation, they must offer an apology and if possible an appropriate remedy.

1. **Why was a duty of candour introduced?**

It was a recommendation in a report written by Robert Francis QC (the Francis Report) when he chaired a public inquiry into poor care and high mortality rates by Mid Staffordshire NHS Trust.

The report found that the hospital Trust had not always been open and honest in terms of the information that it had provided to clients and their families when things had gone wrong.

1. **What are CQC’s expectations in relation to duty of candour?**

Requirements in relation to duty of candour are laid out in regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is one of the pieces of legislation that CQC are in place to enforce.

One of CQC’s five Key Lines of Enquiry relates to whether the service is well led. Within this Key Line of Enquiry (Well led 1) CQC are looking at whether services promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people?

CQC will look at:

1. whether the service shows ‘honesty and transparency from all levels of staff and leadership following an incident’
2. how this is shared with people using the service and their families in line with the duty of candour.

CQC also require us to submit a Statutory Notification to them if a person dies or is subject to a serious injury whilst using the service.

1. **Do all accidents and incidents that affect service users require us to exercise our duty of candour?**

No, not necessarily. Our duty of candour does however need to be exercised if there is a **notifiable safety incident**.

A notifiable safety incident is any unintended or unexpected incident which occurs during the provision of our service that could result or appears to have resulted in the death, severe harm, moderate harm or prolonged psychological harm of a service user.

1. **Within the organisation, whose responsibility would it be to exercise our duty of candour if this was needed?**

It would be the responsibility of the relevant Registered Manager with support from the Senior Management Team and the person who is nominated to take overall responsibility within the organisation with regard to CQC. (i.e. our Nominated Individual).

N.B. Exercising our duty of candour is not something that should be done by any other staff member.

1. **What responsibilities do you as a staff member have around duty of candour?**

To exercise your duty of care in such a way that people do not come to unnecessary harm. i.e. to prevent the need for us having to exercise our duty of candour

To record and report any accidents and incidents you witness or are involved in swiftly and as accurately as possible so that the organisation has the information it needs if we do have to exercise our duty of candour.

**The Deprivation of Liberty Safeguards**



*Brief overview*

There are occasions where for the wellbeing of an individual or others around them that measures are put in place to restrict them or deprive them of aspects of their liberty. If this individual lacks the mental capacity to understand the reasons for these restrictions or to agree to them, then in order for these restrictions to be lawful, an application needs to be submitted to put these restrictions in place or to deprive the person of their liberty and this application needs to be assessed and if the measures are deemed necessary, it will be authorised. That then provides a legal basis for people to be deprived on their liberty.

**Questions for staff**

1. **What are the Deprivation of Liberty Safeguards 2007?**

There may be occasions where it is appropriate or necessary to deprive a person of their liberty in order to keep them and other people safe.

Examples might include:

1. Locking the door to a care home because someone has dementia and might wander onto a busy road or get lost.
2. Placing various restrictions upon someone with challenging behaviour (such as providing them with one to one support at all times) to ensure that they and other people remain safe.

Where it is deemed necessary to put these ‘restrictions’ in place it is permissible but only if a Deprivation of Liberty Safeguard (DoLS) is applied for and is authorised. To not do so would mean that the service would be breaking the law because they would be unlawfully depriving a person of their liberty.

1. **Why were the Deprivation of Liberty Safeguards introduced?**

They were added to the Mental Capacity Act 2005 following a case where The European Court of Human Rights ruled that an autistic man with severe learning disabilities who was informally admitted to Bournewood Hospital was being deprived of his liberty unlawfully. This was because there was a lack of a legal procedure to ensure that there were sufficient safeguards in place to protect him from arbitrary detention and to allow him speedy access to a court.

1. **Who do the Deprivation of Liberty Safeguards apply to?**

The DoL ‘Safeguards’ only apply to people who are assessed as lacking the mental capacity to consent to the care and treatment they receive. They only apply when these people are living in a Registered Care Home or a hospital.

Some people living in their own homes who are supported through our Domiciliary Care or a Supported Living service may also lack capacity to agree to ‘restrictions’ to keep them safe but may also need to be deprived of their liberty in order for us to be able to do this. In these ‘domestic Deprivation of Liberty’ situations it is the responsibility of their Care Manager (rather than the service provider) to seek authorisation for a deprivation of liberty. They need to do this by making an application to the Court of Protection.

1. **How did the Cheshire West Supreme Court judgement alter the practice of providers in relation to the Deprivation of Liberty Safeguards?**

The judgement ruled that people living in Registered Care Homes or hospitals were under continuous supervision and control and were not free to leave (i.e. they couldn’t just pack their bags and move out).

The ruling meant that anybody living in a Registered Care Home or hospital who lacks the mental capacity to fully understand why they are living there and as a consequence is not able to provide valid consent to being there, must have a DoLS authorisation in place.

1. **What must we do to determine whether or not somebody has the mental capacity to agree (provide their consent) to living in one of our Registered Care Homes?**

Provide them with information about the Care Home and why they are there. If through providing this information you are in doubt whether they have the mental capacity to understand it, we must then complete the four question mental capacity test to determine whether or not they do have the capacity to agreeing to live there.

1. **What must we do if we find they lack the required capacity?**

If the answer to any of the questions in the Mental Capacity Assessment is NO then it is our responsibility as the “**managing authority**” to make an application to the local authority or “**supervisory body**” for an authorisation to deprive that person of their liberty.

1. **What types of Deprivation of Liberty Safeguard authorisations are there?**

A **standard** authorisation – these are applications to deprive someone of their liberty in a planned way e.g. in preparation for them entering our service.

An **urgent** authorisation - these are applications to deprive someone of their liberty when an emergency situation has developed which requires restrictions to be put in place immediately which would deprive the person of their liberty.

1. **What does the supervisory body need to ensure before authorising a DoLS application?**
2. That the person is 18 or over
3. That the person lacks capacity to decide for themselves about the accommodation and restrictions they require so they can receive the necessary care and / or treatment.
4. That the proposed restrictions would deprive the person of their liberty but be in their Best Interests in order to prevent them from harm.
5. That the proposed restrictions are a proportionate response to the likelihood of the person suffering harm and the seriousness of that harm. i.e. they are the ‘least restrictive option’.
6. **Are Deprivation of Liberty Safeguard authorisations open ended?**

No, they last for a year. A new authorisation needs to be applied for so that the new one is in place before the date on the old one expires.

**Ensuring equality, respecting diversity and preventing discrimination**

A group of people jumping in the air

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*Brief overview*

You have a legal duty to act in accordance with equalities law. It is important therefore that you know what this is. Equality and inclusion is an area that CQC are saying that they will increasingly be focusing on when carrying out inspections.

**Questions for staff**

1. **What is the current UK legislation designed to promote equality and prevent discrimination?**

The Equalities Act 2010.

1. **Why was this introduced?**

Anti discriminatory legislation such as the Equal Pay Act 1970, the Sex Discrimination Act 1976, the Race Relations Act 1976 and the Disability Discrimination Act 1995 had evolved in the UK and been added to over time.

The Equalities Act 2010 was introduced to replace all previous pieces of anti discriminatory legislation and include them (with a few additions) in a single legal framework.

1. **The current legislation talks about ‘protected characteristics’. What are these?**

Protected characteristics are the nine ‘groups’ of people who are protected under the Equalities Act 2010. The Act makes discrimination illegal in relation to people on the basis of:

* age
* disability
* gender (or sex)
* gender reassignment
* race
* religion or belief
* sexual orientation
* pregnancy and maternity
* marriage and civil partnership.

1. **Why should there be respect for people’s diversity?**

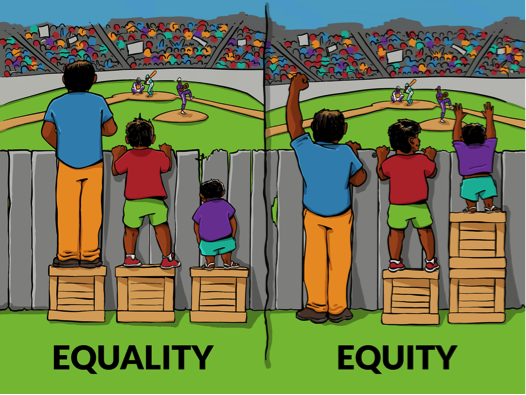
First and foremost, it is because all human beings have equal worth and should be afforded equal respect. To deviate from that position is a slippery slope.

We are all created differently and thank god for that. It would be a dull world indeed if we were all the same. Alongside to people’s equal rights as human beings, the differences between people brings with it differences of experience and perspective. This can be a source of richness.

Welcoming diversity can result in greater tolerance and enhance our collective learning and understanding.

1. **What is meant by an equalities approach?**

It is the recognition that in order to ensure that people are afforded the same opportunity it may be necessary to do things a little differently for them.



1. **What is meant by making ‘reasonable adjustments’?**

Reasonable adjustments are positive steps that employers and organisations must legally take to remove any barriers people face to working in or accessing their service because of a disability.

1. **Can you give some examples of reasonable adjustments?**

* Providing near by parking spaces and blue ‘disability badges’
* Level access and automatic doors to buildings such as shops, sports centres, cinemas, libraries and work places
* The use of braille on places such as medication packaging and at cash points
* Hearing loops in cinemas
* Double appointments or home visits from GPs or dentists
* Information provided in different formats such as ‘Easy English’ or as audio files or by video.

1. **What is meant by discrimination?**

Discrimination is the less favourable or bad treatment of someone because of one or more aspects of their social identity.

1. **What is the difference between direct discrimination and indirect discrimination?**

Direct Discrimination is when someone is treated less favourably than another person because of a protected characteristic. Examples of direct discrimination would be refusing to recruit a woman because she is pregnant; or excluding one staff member from a team training event on account of their disability or race.

Indirect discrimination is when you have a condition, rule, criteria, policy or practice that applies to everyone but particularly disadvantages people who share a protected characteristic. An example of indirect discrimination would be a manager continually holding team meetings on a Monday, which is a day that a part-time member of the team does not work.

1. **What is meant by prejudice?**

Prejudice is the existence of attitudes, feelings and opinions held towards groups of people (because of characteristics such as their gender, sexuality race or religion) which they have formed without true knowledge, thought, or reason.

1. **What is meant by harassment?**

Harassment is unwanted conduct related to one of the protected characteristics that has the purpose or effect of violating a person’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.

1. **Does it matter whether or not the harassment is intended?**

No. In all situations where there are concerns around bullying or harassment, what is important is how a ‘perpetrators’ behaviour is perceived and impacts upon the ‘victim’ rather than whether or not it was ‘intended’.

1. **Within the context of equalities legislation, what is meant by victimisation?**

Victimisation is a specific term used in anti discrimination law to describe and action by an employer against an employee in retaliation for involvement in bringing, or supporting, a complaint of discrimination.

1. **What do you need to do if you believe someone you support is being harassed or discriminated against?**

If you suspect or have evidence that someone you support is being harassed, this might need to be dealt with under safeguarding. If it in any way involved threats or emotional abuse then you would have a duty to report it.

If you believe the person is being discriminated against (for example if an organisation refuses to make reasonable adjustments for them) then you should report it (or support them to report it) to an appropriate manager.

If the person tells you that they feel they are being harassed or discriminated against then you should ask them what they would like to do about it and encourage them to get the support they need (from a relevant manager in the first instance) to address the situation.

1. **What should you do if you feel you are being harassed, victimised or discriminated against within the workplace?**

If you feel that you are being harassed or discriminated against by a team colleague or colleagues then, if you feel able you should talk to the individual(s) concerned, tell them how their actions are making you feel and request that they stop (or else you will take it further).

If you feel unable to do this, or you do this and it doesn’t resolve the issue satisfactorily then you should raise the issue with your line manager as soon as possible.

If you feel you are being victimised or discriminated against by your manager then again try and talk to them directly about this if you feel able and that it is likely to result in a satisfactory outcome.

If you feel either unable or you have tried to resolve it directly and have not been successful you should raise it with a more senior manager and make it clear that you are doing so under the company’s whistleblowing policy.

**The Human Rights principles**

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*Brief overview*

CQC have developed a framework which they are going to use to examine whether or not services are upholding a number of key human rights principles.

**Questions for staff**

1. **What are the five human rights principles that underpin all international human rights treaties?**

* **F**airness
* **R**espect
* **E**quality
* **D**ignity
* **A**utonomy

also referred to as **FREDA**

1. **What additional human rights principles do CQC include as part of their ‘human rights approach to regulation’?**

* Right to life
* Staff rights / empowerment

1. **How are CQC assessing whether or not a service is promoting these human rights principles?**

They are looking at each of their five Key Lines of Enquiry in turn (i.e. is the service a) safe b) effective c) caring d) responsive and e) well led?

For each of these they will examine the extent to which the service is acting in accordance with their human rights principles?

1. **Can you give some examples?**

*In relation to ‘Is the service safe?’*

An example of whether the service is being **safe and** **respectful** might be whether or not when risks are identified, that people being support and their chosen representatives are consulted and included in decisions about how they want these risks to be managed.

An example of whether the service is being **safe and promoting** **equality** might be whether or not discriminatory behaviours are being actively discouraged and whether there is a commitment to addressing these swiftly and effectively if they occur.

*In relation to ‘Is the service effective?’*

An example of whether the service is **effective and fair** might be whether or not there is a clear process for obtaining people’s valid consent in relation to the care and support they receive.

An example of whether the service is being **effective and promoting** **dignity** might be whether or not there are measures in place to ensure that people’s nutritional and hydrational needs are met and where necessary that they receive the pain management they need.

*In relation to ‘Is the service caring?’*

An example of whether the service is being **caring and** **respectful** might be whether or not staff are including the people they support and their representatives (with the person’s permission) as partners in the provision of their service.

*In relation to ‘Is the service responsive?’*

An example of whether the service is being **responsive and promoting** **equality** might be whether or not people’s cultural, ethnic and spiritual needs are identified, assessed and provided for as part of our service provision.

An example of whether the service is being **responsive and promoting** **autonomy** might be whether or not it seeks to maximise people’s independence in line with their needs and wishes.

*In relation to ‘Is the service well led?’*

An example of whether the service is **well led and empowers staff and promotes their rights** might be whether or not the views of front line staff are sought and help to develop and improve the service and their workplace.

1. **Where can you find out further information from CQC about their human rights approach to legislation?**

In their guidance book ‘Human rights approach for our regulation of health and social care services’.

**CQC – who they are and what to do if they turn up**

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**Questions for staff**

1. **Who are the Care Quality Commission (CQC) and what is their job?**

CQC are the organisation that is responsible for regulating health care and adult social care services.

Their job is to inspect these services to check that they are meeting the requirements of (are compliant with):

1. the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and;
2. the Care Quality Commission (Registration) regulations 2009.
3. **CQC have 13 fundamental standards below which care must never fall. What do these standards relate to?**

* Person-centred care
* Dignity and respect
* Consent
* Safety
* Safeguarding from abuse
* Food and drink
* Premises and equipment
* Complaints
* Good governance
* Staffing
* Fit and proper staff
* Duty of candour
* Display of ratings.

1. **What are the five ‘Key Lines of Enquiry’ that CQC use to look at whether services are meeting their requirements?**
2. Is the service safe?
3. Is the service effective?
4. Is the service caring?
5. Is the service responsive?
6. Is the service well led?
7. **What types of inspection do CQC carry out?**
8. **responsive inspections** in response to identified concerns
9. **themed inspections** which look at specific themes that are set nationally
10. **scheduled inspections** that are carried out as part of a ‘rolling programme’ of inspections.
11. **When should we expect a CQC inspection?**

At any time. They are generally unannounced and CQC can turn up whenever they want … in the daytime … in the evening … at weekends.

1. **Are CQC inspections always carried out by a single inspector?**

They often are but by no means always. Sometimes two (or more) inspectors can turn up and they can bring with them.

1. **What should you do if CQC turn up to do an inspection when you are on duty?**

* Don’t panic
* Be polite
* They should show you their ID … if they don’t then ask to see this (that is OK … it is good practice and they would expect it)
* Get them to sign the visitor’s book … again this is the correct practice and they will expect to be asked
* Ask them what they need and based on what they ask for, provide them with a suitable room or place to use for the duration of their visit … offer them a drink
* Make sure the inspector sees the people you support receive an uninterrupted service. The CQC inspector(s) will need to be accommodated but they will want to see that your primary focus is the people you are supporting. Once they are settled, you should carry on as if they were not there
* If the Service Manager / Registered Manager is not due in, ask the inspector if they are OK for you to contact them and let them know that an inspection is taking place.

1. **What are the key things that CQC inspectors are likely to want to do during an inspection?**
2. Observe care and support and interactions between staff and service users and staff with each other
3. Talk to staff and service users
4. Check records and documentation.
5. **What do CQC inspectors expect staff to have an understanding of?**

They expect you to:

* understand your role
* understand the needs and wishes of the people you are supporting and what represent good outcomes for them
* have a basic understanding of key areas of practice such as safeguarding, mental capacity and equality and diversity
* know what to do if you have concerns

1. **What are the four ratings that CQC can award services as a result of an inspection?**



1. **Why is a positive CQC inspection so important to us?**

Because it provides confidence from commissioners, professionals and relatives that we are providing a high quality service. It is key in establishing our reputation and whether or not people want to use us.

1. **What can you do to help ensure that we get a positive CQC report?**

* Develop good relationships with the people you support and your colleagues – be a pleasant person to work with and to be supported by
* Understand your responsibilities and carry these out conscientiously
* Be proactive and take initiative – make sure that the things that need to be done get done rather than leaving them to someone else
* Let us know if you have concerns and make suggestions about how we might be able to improve the service
* Keep full and proper records where required.