**Hot Topics and CQC Inspection update – November / December 2018.**

**Outstanding** = Innovative and Creative, constantly striving to improve. Open + transparent.

**Good** = Consistent level of service meeting or exceeding regulatory standards.

**Requires Improvement** = some good practice, but inconsistent, possible risks to people, provider gives inadequate or inconsistent responses when things go wrong

**Inadequate** = Significant harm has occurred or is likely to occur. Shortfalls in practice, ineffective action or no action taken to put things right

**Coroner’s Inquest / resident accidents + Incidents** Care Plan and supporting documentation case tracking.

**GDPR - Evidencing compliance for Inspectors.**

**PIR becomes the PIC** - Provider Information Collection. **(Introduction has been postponed until - 2019)**

* There are more questions where we will have to give examples.
* Providers will be sent email invitation to create account, user name + password.

**Changes are:**

1) Provider can download and print the questions to prepare answers elsewhere.

2) Questions can be addressed in any order.

3) Provider can invite a colleague to work on answers with them.

4) It will be a live document, can edit and review anytime.

**CQC ‘Future Projects’ - 2017 - 2019:**

**2017-2018 –** Emphasis on **Equality, Diversity, LGBT**

**2018 - 2019 -** Emphasis on Personalisation in meeting **Faith, Beliefs, Religion + Spirituality /EOLC**

 Personalisation in Safeguarding and MCA + DoLS

**MCA and DoLS**

* **Mixed guidance** is being handed to Care Homes from DoLS team **bank staff** to members **across the counties.**

**Staff need to know the correct procedures for documentation and procedure.**

This remains a hot topic and a variation of how we should handle this within our homes, dependent on the knowledge and ‘opinion’ of inspectors. Staff need to have ‘a working understanding’ of the principles of MCA / DoLS. Do they know the ‘**Buzz’ Words**? Consent, Capacity, Choice, Best Interests, Restraint, Restriction, Safe, Risk, etc.

**Medications** - Staff training / Competency / Hand hygiene / full documentation for Covert, variable doses, PRN

Thick and Easy locked away / correct doses given and described accurately on Fluid balance charts, if applicable.

**Staff files -** Full employment history / verified references (on your home letterhead) from previous employers

**CQC SOFI** (Short Observational Framework for Inspection) - CQC inspectors are using this tool to assess staff / resident interactions, especially with those residents who cannot or do not communicate very well, or who are isolated in their rooms and to assess meal times – hand hygiene, cutting up food, repositioning residents if they have been asleep in the chair, table pushed in etc.

Do you do your own Observation exercises - POET

Do staff document their visits to residents who are in their bedrooms? (Isolation risk)

**Dependency Profiles and Staff / Resident ratios**

CQC are asking for evidence that homes are analysing their Resident Dependency levels and staff / resident ratios, and this is reflected in the staff rota and resident experience.

**Activities** - Should be a ‘whole home’ approach. All staff to involve residents, where they can. **Evidencing OUTCOMES.**

Report from Skills for Care £20 or £35 ‘Good and Outstanding Care’ - with revised KLOEs <https://my.skillsforcare.org.uk/Shop/Product/34>

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**Think Risk + Safety for People.......as well as Quality Outcomes**