

CARE BRIEFING FEBRUARY 2016



WHAT IS OUTSTANDING?

You cannot touch or feel outstanding but you will know it when you see it. But what is it? It could qualify by being any, all, or a combination of the following and many more: **excellent, marvellous, magnificent, superb, fine, wonderful, superlative, exceptional, formidable, first class, first rate, skilful, masterful, terrific, tremendous, super, smashing, amazing, sensational, fabulous, remarkable, extraordinary, exceptional, striking, vivid, impressive, distinctive, unforgettable, memorable, notable, momentous, noteworthy, important, fantastic and last but by no means least, supercalifragilisticexpialidocious!**

Whilst CQC were initially quite shy about being specific when advising what outstanding is as they see it, having now rated about half of all care services since its inception, they are beginning to sound more confident in describing what activity or behaviour they see that can be so described. However, they tend to restrict themselves to the single word, outstanding, when other adjectives may better describe what inspectors experience services at this level.

For instance, when looking at the KLOE, **Well Led**, words like **masterful, exceptional, distinctive, notable would be more appropriate in the context of leadership** whereas, **skilful, first class, exceptional** may better describe standards of 'caring'. Now that 15 months experience of conducting inspections has accumulated (and the confidence that this generates), maybe it is time to see more language of this type appearing in reports leading up to an outstanding rating rather than just quoting what relatives and residents say. At the moment, though, there is not a great deal of material to focus in on since so few care homes and care at home agencies have been rated as outstanding and more of the latter than the former.

In many respects it is probably a good thing that CQC are avoiding defining outstanding care too carefully since it would tie them right down, lead to too much challenge and possibly also lead to formulaic service delivery just to meet the criteria. The spirit would be taken out of it. It's a bit like the Monarch's New Year and Birthday honours awards which recognise exceptional behaviours and words like **unfailing, selfless and dedicated come into play**.

So the only alternative is to try and identify the behaviours of providers, their staff, the community and the professions with whom they work that would prompt such a high level of respect and recognition for the service being provided. Nevertheless, there is a hint in the CQC current consultation for their Strategy for 2016 to 2021 that they wish to be more 'collaborative' and 'advisory' in their contact with providers and this would be an opportunity for CQC to support them in a more positive way.

SO WHAT IS IT THAT IMPRESSES INSPECTORS? ALL OF THE FOLLOWING:

- **Innovative responsiveness** - for instance a high level of end of life in a care home may prompt the provider to introduce bereavement training for key staff to support relatives and residents before, during and after. Sitting with a poorly resident, escorting to hospital.
- Having a completely **open culture** with and between staff, residents, relatives and visitors with a **can do, will do, have done attitude**.

- **Excellent leadership** extends beyond the provider or managers and encompasses all staff at all levels and the **vision of the service** can be noticed in every member of staff.
- **Strong policy on management and development of staff** – an outstanding provider will encourage **continuous development** even if this means the staff leaving for broader career opportunities.
- **People who speak highly of the service** whether prompted through formal enquiry or unprompted.
- Having a careful eye on **safety but taking a positive view of risk** with individual residents or clients.
- **Taking a positive and open response to mistakes, faults, failures, difficulties and complaints.** An open and candid approach and a very energetic response to find the best solution.
- Having **effective audit and monitoring systems.** Seek external audit, quality assessment.
- **Community spirit;** being with, part of, contributing, visiting in which the service is placed.
- Having something to do for the residents every day rather than Monday to Friday; a **full time Activities Coordinator**
- **Always going the extra mile.**
- **Strong peer engagement and effective partnership working** – GPs, CCG, local hospitals, Local Authority.

Okay, so it is still very important to have all the paperwork square and accurate, the regular audits completed and the evidence available of the responsiveness to those audits and other feedback systems. But, an **outstanding assessment sits above compliance.** At the moment, as CQC currently stand, it is also elusive to the extent that so few providers have received this accolade but please do not let that inhibit your ambitions to provide this level of care - it can be done as the small collection of comments about a care home in Dorset clearly show:

1. **Resident:** 'I have now been here for over a year and as well as being happy with everything which is arranged for our comfort and pleasure, the most important thing is the delightful atmosphere and the care we receive from the staff. Our rooms are delightful and we are surrounded by a lovely garden. I couldn't have made a better choice.'
2. **Daughter of a Resident:** 'My mother arrived for a 'trial week' in November 2012; within hours she realised it was what she badly needed. Before arriving she had been going downhill (lack of company, diabetes not controlled properly, worry of living by herself, struggling to cook etc) but since her arrival she has literally gained a new lease of life. She has friends amongst other residents and her carers. She is superbly looked after, and knows it. The food is excellent. The manager's leadership pervades the entire establishment. It simply could not be better.'
3. **Friend of a Resident:** 'When you enter this home, it always feels warm and welcoming. Any member of staff you meet speaks to you. If you have a query, they are always willing to talk to you and to sort it out at once. Residents are treated with dignity and care. Everything is done to make the surroundings pleasant. It's just brilliant.'
4. **Son of a Resident:** 'Nothing is too much trouble for the staff that have cared for my Mother with patience and understanding for several years. I do not think that my Mother has felt so safe for a long time which is very reassuring for her family.'



CONTACT

If you would like to arrange an initial no-obligation meeting, at no charge, please contact:

Julie Hopkins, Partner

Julie Hopkins leads Albert Goodman's Care Providers Team providing advice to care sector start-ups, those growing their business and those looking to exit. The team of more than 10 experts advise on business strategies, cash flow management, business structures, minimising tax, acquisitions and disposals, payroll and financial services.

Julie takes a lead in the firm's membership of the Registered Care Providers Association (RCPA). Her depth of expertise within the Care sector includes care homes, nursing, residential, mental health, domiciliary and supported living. Julie qualified as a Chartered Accountant with international firm KPMG and has specialised in SMEs ever since, with a particular emphasis on care providers.

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