

CQCs role in
Safeguarding and the
responsibilities of the
Registered Manager in
respect of record
keeping.



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- Purpose and Role
- The approach to inspecting for quality
- Care Quality Commission role in safeguarding
- The CQC inspection process: what we have learnt from inspections
- Improving safeguarding through regulation
- Record Keeping

Our purpose and role

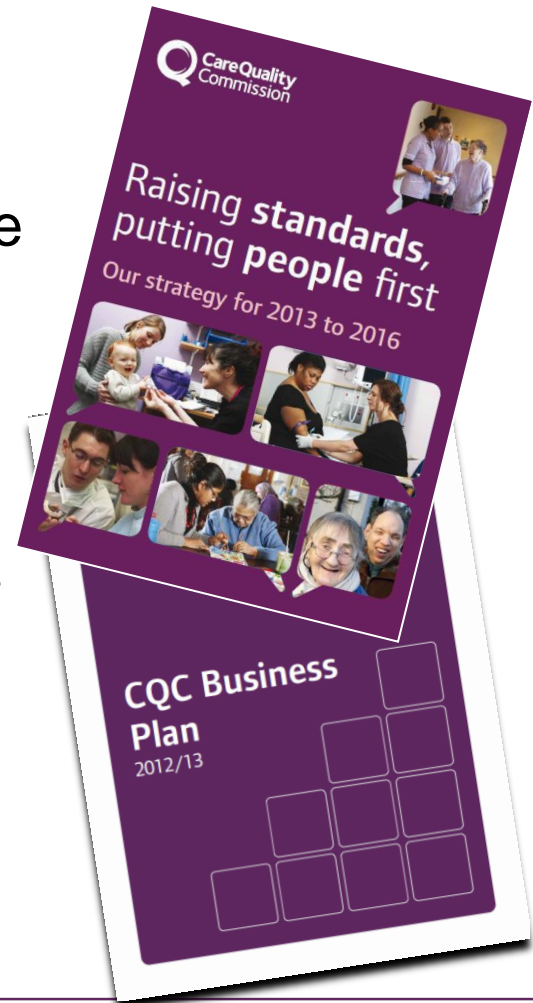


Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care



Asking the right questions about quality and safety



- Safe?
- Effective?
- Caring?
- Responsive to people's needs?
- Well-led?



- Our approach
 - Working effectively
 - Information sharing
 - Intelligent monitoring

Indicators and methodology

- Intelligent Monitoring
- Developing safeguarding indicators
- Provider information requests

- Working with others
- Action on identifying abuse
- Information sharing
- Safeguarding strategy meetings
- Local safeguarding boards
- Safeguarding Adults Reviews and Safeguarding Children Reviews

Safeguarding findings from our inspection approach

- Training
- Multi-agency working
- MCA and safeguarding
- Deprivation of Liberty Safeguards

What we do:

- Set clear expectations
- Monitor and inspect
- Publish and rate
- Celebrate success
- Tackle failure
- Signpost help
- Influence debate
- Work in partnership



Common themes from 'well-led': Outstanding



- Effective monitoring, quality assurance and audit
- Open culture - people can share views and issues are addressed
- Services have a consistent registered manager supportive of staff
- People speak highly of the service



Common themes from 'well-led': Outstanding



- Effective systems to manage and develop staff
- Safe care promoted – good oversight of care and staff communication
- A can do, will do, attitude
- Effective partnership working
- Continuous development of the service/manager/staff with best practice followed
- Service/staff recognised through awards
- Strong links with local community

“This place is brilliant, management care so much, as do the staff, everybody knows their role and the atmosphere is amazing.”, “I’m made to feel important, I’m constantly encouraged to always better myself.”

Common themes from 'well-led': Inadequate

- People speak of management churn and change
- Poor care planning = lack of personalised care
- Closed culture - people cannot raise issues or views are not listened to or acted upon
- Registered manager unable to lead and support staff well, or not in post
- Poor care oversight with care plans not up to date, reviewed or followed



Common themes from 'well-led': Inadequate

- Ineffective systems to identify and manage risks and learn from mistakes
- Lack of supervision and training opportunities to develop staff skills
- Poor working relationship between the manager and the provider
- Under developed partnership working and community links
- Unawareness of best practice
- Notifications to CQC not made



17(2)(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

Records relating to the care and treatment of each person using the service must be kept and be fit for purpose. Fit for purpose means they must:

- Be complete, legible, indelible, accurate and up to date, with no undue delays in adding and filing information, as far as is reasonable. This includes results of diagnostic tests, correspondence and changes to care plans following medical advice.
- Include an accurate record of all decisions taken in relation to care and treatment and make reference to discussions with people who use the service, their carers and those lawfully acting on their behalf. This includes consent records and advance decisions to refuse treatment. Consent records include when consent changes, why the person changed consent and alternatives offered.

Regulation 17 Good Governance (2)



- Be accessible to authorised people as necessary in order to deliver people's care and treatment in a way that meets their needs and keeps them safe. This applies both internally and externally to other organisations.
- Be created, amended, stored and destroyed in line with current legislation and nationally recognised guidance.
- Be kept secure at all times and only accessed, amended, or securely destroyed by authorised people.

Both paper and electronic records can be held securely providing they meet the requirements of the Data Protection Act 1998.

Decisions made on behalf of a person who lacks capacity must be recorded and provide evidence that these have been taken in line with the requirements of the Mental Capacity Act 2005 or, where relevant, the Mental Health Act 1983, and their associated Codes of Practice.

Information in all formats must be managed in line with current legislation and guidance. Systems and processes must support the confidentiality of people using the service and not contravene the Data Protection Act 1998.

17(2)(d) maintain securely such other records as are necessary to be kept in relation to—

- (i) persons employed in the carrying on of the regulated activity, and
- (ii) the management of the regulated activity;

- Records relating to people employed and the management of regulated activities must be created, amended, stored and destroyed in accordance with current legislation and guidance.
- Records relating to people employed must include information relevant to their employment in the role including information relating to the requirements under Regulations 4 to 7 and Regulation 19 of this part (part 3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This applies to all staff, not just newly appointed staff. Providers must observe data protection legislation about the retention of confidential personal information.

- Records relating to the management of regulated activities means anything relevant to the planning and delivery of care and treatment. This may include governance arrangements such as policies and procedures, service and maintenance records, audits and reviews, purchasing, action plans in response to risk and incidents.
- Records must be kept secure at all times and only accessed, amended or destroyed by people who are authorised to do so.
- Information in all formats must be managed in line with current legislation and guidance.
- Systems and processes must support the confidentiality of people using the service and not contravene the Data Protection Act 1998.

Care Quality Commission contact details



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To tell us about a service we regulate we can be contacted in various ways, telephone, email and online, please see here for more detail of how we deal with information

<http://www.cqc.org.uk/content/contact-us>

Thank you



www.cqc.org.uk

 enquiries@cqc.org.uk

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