

# Fundamental standards of care

## The cornerstone of your service

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 have been with us for around six years now but how well do providers, registered managers and staff teams know them?

Throughout 2021, in a series of articles, podcasts and webinars, Philippa Doyle, head of our social care team, has been breaking each standard down into bite size chunks and looking at quick wins and key points that every service can take on board.

The theory being that if you can point to how you meet the wording of the regulations, you should find your team are more engaged, those people who you support have their lives enhanced and CQC are impressed – helping you ever nearer to that sometimes illusive green star of outstanding.

## Person-centred care

This is all about knowing the people you support and treating them as individuals.

Care must be *appropriate, meet needs and reflect preferences*.

Appoint person-centred care champions in your service and as part of their day-to-day job get them to spend time with each person you support to make sure you're helping them live life the way they want to live it. Preferences are important. Help your clients to express choice – or show them what choice is on offer to enable them to become individual. But don't limit those choices to what you do in your service – the world is still their oyster. Help them access it. Make sure your service is represented as their home, rather than them being "in a home".

## Dignity and respect

This is linked to person-centred care – dignity and respect isn't just privacy – closing doors and curtains should be a given, it's about supporting autonomy, independence and involvement, that awful 21st century phrase of "supporting people to live their best life". Remember the

protected characteristics under the Equality Act too – age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. Don't let your service or staff be caught out.

## Need for consent

Care and treatment of service users must only be provided with consent, or if someone is unable to give consent, a decision is made in accordance with the Mental Capacity Act 2005, i.e., that a valid Best Interests Decision is made.

But even someone assessed as lacking capacity, can often still give consent on a basic level. "Would you like a cup of tea?" "Would you like a bath?" "Can I help you brush your hair?" "No I want to do it myself". It links back to dignity and respect and person-centred care – support people to do what they can for themselves, and ensure you have consent to support them with what they can't.

Where Best Interests Decisions need to be made – always remember this isn't just about asking the GP, it's about consulting all those with an interest in P's welfare and looking to make the decision that P would have made for themselves, if they were able to. Make sure all the detail is clearly documented in their records so there is no doubt as to what decision has been taken and who was involved in that process.

## Safe care and treatment

This is one of the biggest standards to get right and the one that forms the basis for many ratings changes in services. There are nine key steps a provider and their service must take to provide safe care and treatment. Good record keeping, documents and evidence are at the core of meeting this standard. Risk assessments, mitigating risks, premises and equipment checks, medicines management, infection prevention and control and shared care are all big areas on their own where it is easy to fall from the standard. This is another big area where you could appoint champions and share responsibility amongst the team.

### Tips

- Have your facilities team do daily or weekly walkarounds of the service to identify any remedial work requirements, as well as responding daily to odd jobs
- Appoint medicines management champions – audit MAR charts to make sure there are no gaps
- Appoint IPC champions – do spot checks on PPE and mask wearing. CQC are taking enforcement action on providers where PPE is not worn correctly, but remember you can pull them up too if they're not wearing their masks properly. It's your service so you must be in control and can act if someone isn't following the rules, to protect residents, staff and visitors
- With shared care, make sure there are clear lines of responsibility as to who will deliver what kind of care and who to contact in the event its required. Every care file should have GP/dentist/social worker contact details clearly identifiable, and any questions should always be asked – don't make assumptions!

### Safeguarding service users from abuse and improper treatment

Safeguarding isn't just about the manager making a local authority referral. It's about every staff member knowing what safeguarding means, and what it looks and feels like – if in doubt, report it, to the local authority and CQC under your notification obligations under regulation 18 of the Registration Regulations.

All individuals must be protected from abuse and improper treatment.

Systems and process must be established and operated effectively and efficiently to allow investigations to take place immediately there is any suspicion.

And remember your DoLs authorisations here too – make sure you get your renewals in on time, chase the local authority and watch this space for news on the new Liberty Protection Safeguards which should come into force in 2022.

### Meeting nutritional and hydration needs

This one doesn't apply to everyone – it does apply if care and treatment involves the provision of accommodation by the provider, so care homes and supported living or if there is an overnight stay on premises used for a regulated activity. Respite services will be covered but also if meeting nutritional and hydration needs is part of the commissioning arrangements, some domiciliary care services may have clients where nutrition and hydration is required and some where it isn't.

### Confused?

Don't be. Just make sure you are clear on each person you are required to monitor food and fluid intake for, and those who have a special diet.

Make sure the care plan is clear, the kitchen staff are clear, P is clear, care staff are clear.

But remember regulation 11 – consent. Don't breach it, don't force feed, don't go against any best interest decisions and if someone is refusing to eat and drink report it ASAP. Get the best interest decision making process in place as soon as possible.

### What does the regulation say?

*Nutritional and hydration needs means:*

- (a) Receipt of suitable and nutritious food and hydration which is adequate to sustain life and good health. Not takeaways and sausage rolls*
- (b) Receipt of parenteral nutrition and dietary supplements when prescribed by a health care professional. Follow what they say, don't make your own decisions, but do refer back if something doesn't feel right*
- (c) Meeting reasonable requirements arising from preferences or their religious or cultural background. Be careful with kosher or halal foods but also don't keep serving scrambled egg for breakfast if the person didn't like it when they were younger*
- (d) If necessary, support a person to eat or drink. Make sure staff are properly trained to do this. Support is not force-feeding. Ensure your staffing ratios are correct*

### Premises and equipment

*(1) All premises and equipment used by the service provider must be:*

- Clean
- Secure
- Suitable for the purpose for which they are being used
- Properly used
- Properly maintained
- Appropriately located for the purpose for which they are being used

### Points to consider

- Consider appointing an equipment champion
- Consider creating an auditing schedule and ensuring it is followed
- Do all staff know how to use all equipment?
- Ensure training is up to date on equipment as well as the equipment itself being fit for purpose and what the client needs
- Ensure you know your client's needs and preferences and act on them. Detail them in the care plan to make sure everyone knows

Remember you must maintain standards of hygiene. These little things help make the difference and make your home the person's home, and not just "a home".

### Receiving and acting on complaints

Any complaint must be investigated, with necessary and proportionate action taken in response to any failure identified by the complaint or investigation.

#### Tips

- Have a complaints process
- Have a complaints log
- Investigate in a timely way
- Feed back actions (and feed into duty of candour)
- Analyse feedback and share with staff – this is the one thing that CQC pick providers up on most for failing to do
- Staff feedback and lessons learnt exercises are invaluable
- Learning outcomes, making big or small changes to the service because of that feedback and investigations and then showcasing to CQC will help to evidence an open culture
- Have a compliments feedback process as well as complaints
- Make it as easy as possible for residents and families to give feedback
- Do regular surveys, 1:1s, and/or feedback groups
- Get people talking and inputting into anything that shapes the service

### Good governance

What is good governance? What does it look like?

It's everything. The whole system approach to how you run your service.

#### What does the regulation say?

*(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part*

It's all about assessing, monitoring, improving, managing, mitigating risk, maintaining documents and records, auditing and learning. It's about knowing these fundamental standards and constantly striving not just to meet them, but to exceed them.

#### What could a good governance champion do?

This refers to regulation 12 – safe care and treatment.

Auditing is a fantastic way of ensuring anomalies are picked up and addressed as soon as possible. Spreading the work and ownership of different areas of the business will also help drive up quality and standards

Person-centred care champions, or equipment champions can feed back into a governance plan. Reviewing themes and trends can help identify areas of the service that could improve or need to deliver care differently

### Staffing

This is another area where if you get it wrong, CQC will come down hard on you.

Providers must have sufficient numbers of suitably qualified, competent, skilled and experienced persons in order to meet the requirements of this part.

No one will tell you what sufficient means – you need to evidence to CQC that your dependency ratios are safe and appropriate to meet your client's needs.

Make sure personnel files, practising privileges files, agency contracts and any associate paperwork is clear, you have the right people for the job and their mandatory training, DBS and relevant processes are all up to date. It's your responsibility to keep this information under constant review and make sure it's all there for CQC to inspect.

Staff are the biggest outlay in any service – make sure you have the best!

The regulation also requires you to ensure they receive such support, training, professional development, supervision and appraisal as is necessary so be an outstanding provider and ensure that as an ongoing embedded part of your culture and service, that training and support is an ongoing part of the service

### Fit and proper persons employed

This regulation links to staffing. Persons employed for the purposes of carrying on a regulated activity must:

- a) Be of good character*
- b) Have qualifications, competence, skills and experience*
- c) Be able to properly perform tasks which are intrinsic to the work*

You must have recruitment procedures established and operating effectively and you must have personnel files with all relevant information in them including ID, DBS, etc.

Make sure you act when something isn't right. Get HR support if you don't have an in-house team. Not taking action with poorly performing staff can very quickly have a wide-reaching effect on the rest of the service, staff, clients and your rating.

### Duty of candour

- Registered persons must act in an open and transparent way. When something goes wrong, you must notify the relevant person and provide reasonable support
- Get an investigation under way and report back
- Include an apology and do it in writing
- Duty of candour goes a long way to maintaining relationships with clients and their families – being open and honest is often all that people want

### Requirements as to display of performance assessments

This is easy – get your CQC certificate and rating on display! In your office and on your website. Make it prominent and easy to see. CQC will take prosecution action if it's not there

The fundamental standards are the cornerstone of what you do. Get them right and everyone benefits – the service, the staff team and most importantly, the people you support!

I deliver bespoke training on the fundamental standards to all providers of regulated activities. Get in touch for a quote and discussion on how we can help you with anything CQC related.

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Philippa leads our social care team and specialises in CQC work, both for and against, which gives her a unique insight and the ability to offer pragmatic advice. She has over twenty years experience in the health and social care sector with a varied workload including information governance, safeguarding, Court of Protection and consent. Philippa is the first point of contact on our social care advice line and works regularly with colleagues in employment, commercial and dispute resolution, to meet the needs of providers

