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Meeting the Wellbeing Principles of the Care Act

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In this Special Report for CareKnowledge, Julie Penfold looks at the Care Act's requirements on promoting wellbeing. Julie speaks to the Care Quality Commission (CQC) and to two providers who have been rated outstanding by the regulator, to consider what some of the elements of best practice in this area may be.

A number of our subscribers have identified the broad 'wellbeing' requirement of the Care Act as a subject where additional discussion and pointers to more effective practice would be particularly welcome. This report makes a start to that process at the provider end of the system, to hear what some of those whom CQC see as being at the forefront of direct practice have to say about what makes their services successful.

The report includes a service which focuses on health care provision. This offers additional insights that are potentially important to one of the Care Act's other key requirements – the need for more fully integrated health and care services. If such integration is ever to be successful, understanding how others work, and ensuring that partners operate to similar principles will be key.

There is also an appendix to the report which provides a concise summary of some of the principal quality indicators identified by the CQC in their annual State of Care report and some of the key points made in the national improvement initiative Quality Matters.

Introduction

The Care Act 2014 marks one of the most significant changes to social care law in England for more than 60 years. Arguably, the most important change is the Act's focus on promoting wellbeing. The wellbeing principle makes it clear that a local authority's duty is to ensure that the wellbeing of individuals must be at the centre of all it does. Providers must act to promote wellbeing whenever they carry out any care and support functions for individuals. This includes considering the physical, mental and emotional wellbeing of individuals with care needs. There is also more of an emphasis on outcomes and helping people to connect with their local community.

The Act's concept of wellbeing is a comprehensive one and relates to the following areas in particular:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal
- suitability of living accommodation
- the individual's contribution to society

In addition to the general principle of promoting wellbeing, the Act outlines a number of additional key standards. These include the importance of recognising that

everyone's needs are different and beginning with the assumption that individuals are best placed to judge their individual wellbeing. The Act's guidance says: *"Building on the principles of the Mental Capacity Act, local authorities should assume that individuals themselves know best their own outcomes, goals and wellbeing."* Considering individuals views and wishes is also key to this person-centred approach to providing care and support. The Act cautions against assumptions being made as to what matters most to individuals.

It also advises that people should be considered in the context of their families and support networks, not just as individuals with needs. This includes taking into account the impact of an individual's needs on those who support them.

During the assessment process, local authorities should consider the most relevant aspects of wellbeing for individuals, and assess how their needs impact on them. They can then identify how support and resources in the local community could help service users to achieve their outcomes.

The State of Care

State of Care is the Care Quality Commission's (CQC) annual assessment of health and social care in England. [The 2016/17 report](#) suggests that the quality of health and social care has been maintained despite significant challenges, with the majority of people receiving good, safe care.

Commenting on the report, the CQC's chief executive, Sir David Behan, said: "The fact that the quality of care has been maintained in the toughest climate that most can remember is testament to the efforts of frontline staff, managers and leaders. Many providers have used our inspection reports to improve and we have seen improvements in safety in particular, although this area remains a big concern and focus for us. However, as people's health and care needs change and become more complex, a model of care designed for the 20th century is at full stretch and struggling to cope with 21st century problems."

In autumn 2014, [the CQC introduced a new style of inspections](#) with health and social care services rated according to whether the care they provide is safe, effective, caring, responsive to people's needs and well-led. Additionally, services are given an overall rating for the care they provide – outstanding (the service is performing exceptionally well); good (the service is performing well and meeting expectations); requires improvement (the service is not performing well and has been advised how it must improve); and inadequate (the service is performing badly and action has been taken against the person or organisation that runs it).

Achieving an overall outstanding rating is extremely challenging. At the end of July 2017, four-fifths of adult social care services in England were rated as good (78%), while just 2% were rated as outstanding. The judgment about the caring component is centred on the quality of interactions between professionals and service users and patients being fully involved in their care – a key wellbeing principle of the Care Act.

The CQC's report highlights several examples of outstanding care and found leadership and person-centred care were the two main themes that characterised high

quality adult social care. Examples of person-centred care offered in the State of Care report include tailoring activities to individuals' likes and interests, and staff actively supporting links with the wider community.

For this report, I spoke to two care providers who are rated overall outstanding and feature as examples of best practice in the CQC's latest State of Care report.

[Shared Lives Lancashire](#)

The Shared Lives service in Lancashire provides long-term placements, short breaks, respite care, day care and emergency care for adults with a range of needs, within carers' own homes. People have the opportunity to live in an ordinary home as part of the carer's family. The service matches adults with care needs with approved carers who share their interests. Additionally, respite care is provided to people living with their own family and also to people living within a Shared Lives placement. The service operates throughout Lancashire and is the largest Shared Lives provider in the country, supporting 11% of the adult learning disability population within the Lancashire local authority boundary – this amounts to 377 people in 288 households, with 227 of those receiving care on a long-term basis.

Following an inspection in May and June 2016, the CQC found the quality of care provided by the Lancashire County Council-run service was excellent. The service was rated outstanding for being effective and caring and good for being safe, responsive and well-led. Overall, it was given an outstanding rating.

A number of areas of outstanding practice were identified in the CQC's inspection report – including the impact of the service on people's lives – which demonstrated the ethos of the service was working well. By becoming part of their carer's family, people were receiving excellent support which was positively changing their lives and helping them to address and overcome health, emotional and social problems.

“What really struck us about this service was how affectionate people we saw were towards their carers,” says Debbie Westhead, CQC deputy chief inspector of adult social care. “The impact of this unique service was often seen in a short space of time as people's confidence grew because of the great support they received. The service also worked because there were thorough recruitment and suitability tests for carers to make sure they were right for the job.”

In its State of Care report, the CQC showcases Shared Lives in Lancashire as an example of a high-performing service. The ratings data contained in the report also shows that Shared Lives services around the country perform very well. Over 90% were rated as good or outstanding and the CQC feels this is reflected in the personalised approach of these services which leads to positive results for the people using them. It credits strong leadership, positivity of staff, the robust process of matching carers with individuals (ensuring their needs are catered for) and dedicated support as the key characteristics that have led to high ratings.

“People are matched with approved carers based on their personality, interests, their likes and dislikes and things they have in common,” says Nicola Clear, head of Lancashire County Council's adult disability service. “It is a bespoke service that is

very person centred. We are focused on getting the right outcomes for people and helping them to develop while enjoying being part of a family.”

Individuals who may not have the skills to manage in their own home, develop independent living skills such as making their own meals and using appliances around the home, planning menus and shopping for food items and using transport. “Some of the outcomes have included supporting individuals to go to college and sign onto courses and helping individuals to develop literacy and numeracy skills so they can learn how to manage their finances,” she says. “Carers also support people with improving their social confidence through engaging with others and improving their lifestyle through supporting them to make dietary changes or join local gyms and leisure centres to get fit. Support can be provided in a number of ways.”

Clear feels the key to delivering outstanding care is having a firm focus on what your service aims to do. “Ensure the vision for your service is very clear,” she says. “Although the Lancashire Shared Lives service has expanded over latter years to provide support for people with other needs including older adults and physical disabilities, we have retained that person-centred focus and the service has very good leadership at all levels to ensure carers feel well supported. We have policies and procedures in place as care is provided in the homes of carers and there’s governance around the scheme but you need to ensure this reflects the type of service you have.”

As one of the core requirements of the Care Act’s principles, the wellbeing needs of individuals must be at the centre of the care and support that is provided by a service. “You need to start with the person and identify their needs and provide appropriate care and support by working very closely with them, their family and other people that are important to them,” Clear advises. “If care and support is being provided over a larger scale, you have to be able to provide quality and consistent care right across the board. This includes having the right policies and procedures in place that are there not just to protect people but are also about underpinning that value base.

“If your staff are working in a regulated service, it’s important that they understand what that means and adhere to care standards,” says Clear. “As social care providers, our aim is to enable people to live their lives and support them to be as independent as they can. Everything you organise and do as part of your service needs to have that in mind. It’s also important to ensure your policies and procedures don’t unnecessarily restrict people by ensuring staff have the right knowledge and understanding of the Mental Capacity Act.

“In terms of applying the wellbeing principles of the Care Act, whenever a decision is being made about someone with care needs, it’s important to have a good understanding of that legislation and the context within which your decision is being made,” adds Clear. “For example, considering whether you’re looking at the best interests of someone and taking into account whether that person can give their own consent.”

[First Community](#)

First Community Health and Care is a staff-owned social enterprise based in Redhill, Surrey, providing NHS community health services across the area of east Surrey and

parts of west Sussex to a population of 178,000 people. As part of its inspection of First Community in March 2017, CQC inspectors visited community services for adults and children and young people based at Redhill and the social enterprise's Caterham Dene Community Hospital. The CQC rated First Community's services as outstanding for being caring, responsive and well-led and good for being safe and effective. Overall, it was given an outstanding rating.

The independent regulator found staff were committed to developing strong links with other healthcare providers, local charities and community support groups to deliver joined-up care to patients and service users. They also found the organisational culture was open, trusting and caring of employees and there was a commitment to supporting staff to deliver high quality care. The CQC also praised the proactive approach First Community takes to understanding the needs of different groups of people to deliver care in a way that promotes equality.

"The key to providing outstanding care is around organisational culture and behaviours I feel," says Liz Moulard, chief nurse and director of clinical standards at First Community. "When we first formed First Community six years ago, it was very much in our mindset from the outset that we wanted staff to own the services as part of their community to add social value. Being a staff movement, I feel we have maintained that culture of staff engagement and being patient-centric. From the beginning, our staff have been co-designers along with the senior leadership team to develop, share and embed a very clear vision and organisational values. We also have a behaviours framework where everyone holds one another to account on what we would expect in terms of compassionate, caring behaviour."

The CQC found First Community's children's and young people's services were "exceptional" in the way they adapted to meeting the complex needs of vulnerable, harder to reach patient groups including Gypsy, Roma and Traveller, homeless and refugee communities.

"It is a fantastic, innovative service," says Moulard. "Two of the community teams have made great inroads working with the Gypsy, Roma and Traveller communities. They have been working with a patient champion and this individual almost works as a conduit between the traveller communities and our services. It is very easy to misunderstand one another because of different cultures. The teams have worked hard to engage with this group who can be quite disparate from the rest of the community. They have been able to offer immunisations and work with the families to improve health outcomes for young people. They have also been working with homeless groups to improve their population health and the life chances for young people. We are very proud of what they have achieved."

As a community interest company, staff are regularly asked for their views on how First Community can make a difference to the community it serves. As a result of staff suggestions, the social enterprise works with the YMCA and local charities including Stripey Stork, which supports children and parents experiencing hardship by providing baby essentials and equipment and children's clothes and toys.

First Community also has a community forum with over 200 members including patients, carers, volunteers and staff. “We’re always listening and are open to suggestions, even the smallest thing,” says Moulard. The social enterprise also learns from service user reviews and feedback via iWantGreatCare. “We proactively act on feedback to learn from the patient experience to make continuous improvements,” she adds. “As a community healthcare provider, we have a different relationship with our patients as we are going into their homes and both the patient and their family become partners in that individual’s care. We can ask what matters to them to ensure the care we provide is tailored around the individual.”

Involving your staff in your decision making and having an open, honest and transparent culture are key to meeting the wellbeing principles of the Care Act, Moulard advises. “We have a Floor to Board initiative where members of staff can get hold of a member of the board in five minutes to discuss any worries or concerns they have. The idea is to problem solve together and have a senior member of staff available when one of our staff members needs to talk to someone. We have turned the traditional hierarchy triage on its head as the First Community board is there to support our staff.”

Appendix

State of Care Report 2017

Although not all specifically related to the wellbeing principle, the following sharp summary points to what CQC has identified as some of the key ingredients they see in social care services that they have rated good or outstanding:

- A clear focus on person-centred care, including:
 - Tailoring activities to individuals’ likes and interests – often involving the use of the arts to find creative ways of enhancing people’s quality of life, with increasing evidence that music and singing activities improve the wellbeing of adults living with diagnosed conditions or dementia
 - Staff actively supporting links with the wider community and involving volunteers in day-to-day activities.
 - Arranging the environment so it provides positive living, learning and social experiences, including, for example, placing objects around the home that were meaningful for people and that they could interact with
 - Checking that planned after-care arrangements are realistic and will provide the right level of support for the individual concerned
- Ensuring that people’s potential is understood and encouraging maximum, and even recovered, involvement in decision-making
- Strong leadership
- Managers who take an innovative approach
- Careful recruitment processes
- Managers who make sure that they were known to staff
- Managers who make sure they are known to people using the service, their carers and their families

- Staff who have a good understanding of what is expected of them and feel positive about their role
- Services that are open to feedback
- Staff who are supported to really get to know people as people, and properly understand their interests, likes and dislikes
- A positive approach to collaborative working with other services

Quality Matters

The Quality Matters initiative is co-led by partners from across the adult social care sector aimed at improving quality throughout the sector. The DH/Care Quality Commission [published a report in early summer 2017](#) setting out a single view of quality and a commitment to a programme of activity to support the initiative's improvement objectives.

Key points made in the report include a focus on:

- The aim of providing seamless, integrated care for those using services, their families and carers
- The need to listen to, involve, co-produce and act on the views of citizens, people who use services, and their families and carers
- The central need for a person-centred approach, which includes treating all people with respect, compassion and dignity in a caring environment
- Ensuring that people are protected from avoidable harm, neglect and abuse-
- Learning lessons when mistakes are made
- The importance of the TLAP principles:
 - "I feel in control and safe"
 - "I have the information I need when I need it"
 - "I have access to a range of support that helps me live my life"
 - "I am in control of my support, in my own way"
 - "I have considerate support delivered by competent staff"
 - "I can decide the kind of support I need"
- A number of improvement priorities including:
 - Acting on feedback, concerns and compliments
 - Measuring, collecting and using data more effectively
 - Commissioning for better outcomes
- People being enabled to tell commissioners and providers about their experiences of adult social care, with systems in place to actively encourage those who cannot articulate their views or those from seldom-heard communities-
- People and communities being actively involved in defining what matters most in the quality of their experiences of services and in assessing and improving the quality of care services-
- People and communities being part of the solution. They are connected, informed and proactive, and they choose, co-produce and provide support. Their personal contribution is recognised and developed
- Staff who:

- Feel free and confident to speak up
- Provide quality care, based on values, which recognises people who use services, their families and carers as experts
- Are reliable and provide care that instils confidence in people using services
- Have different specialisms are recognised and respected across the system-
- Are supported to achieve their own qualifications and encourage others to learn and develop

You may also want to see [this earlier CareKnowledge report](#) by Jon Skone, on strengths-based approaches to working with adults.

About the author

Julie Penfold is a freelance health writer with extensive experience of the social care sector who has written – over several years – for both Mental Health Today and Learning Disability Today.



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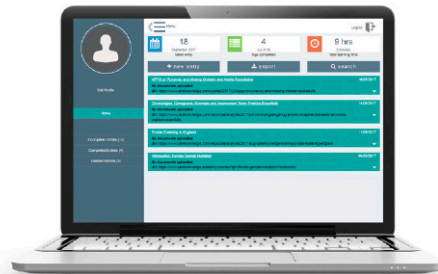


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