



## The care exchange - Series 4 Episode 6: The Single Assessment Framework represents an opportunity: Isabel De La Haye

**Hosts:** Pia Rathje-Burton and Wendy Adams

**Pia** 00:07

Hello, and welcome to the Care Exchange Skills for Care podcast for managers in social care. I'm Pia Rathje-Burton and

**Wendy Adams** 00:13

I'm Wendy Adams. Today we're talking to Isabel De La Haye, who is a solicitor who works within the Health and Social Care team at the law firm Lester Aldridge. She qualified as a solicitor earlier this year. Prior to starting training as a solicitor, Isabelle was the managing director of a nursing home in Wiltshire. And she's also a board member of the Local Care Association, which she has been for seven years. Yeah, I'm

**Pia** 00:39

really looking forward to talking to Isabel about her journey. Really interesting to hear her perception of the sector from a legal perspective. Now, just to be aware that we are talking to Isabel about the CQC single assessment framework. The guidance and information from CQC are continually being updated while they are introducing the new framework. So just be aware that everything we talk to Isabel about is correct, as of end of March 2024. So we really hope you enjoy this episode, and on with the show.

**Pia** 01:19

Welcome to the Care exchange Isabelle.

**Isabel De La Haye** 01:22

Thank you for having me.

**Pia** 01:23

Yeah, great to have you here. I'm really intrigued to talk to you. So I think the first thing just hearing that introduction, I wanted to ask you about was. So we heard that you qualified a solicitor earlier this year. So congratulations. Thank you so much. So that's quite a career change from being a managing director of a nursing home. What Why did you make that change?

**Isabel De La Haye** 01:46

After we had sold the nursing home business, my husband said to me, what, what now what next? And because all the way through the sale process, I had not wanted to think about what came after because I wanted to remain focused on celebrating the business best of my ability. And he said, If I had my time again, what would I do? And I said, Well, I'd already always wanted to be a lawyer. And so he said, Well, have you looked into it? And I said, No. So I then went and did some research. And they had just bought out a new route to qualification called the solicitors qualifying examinations, the SQE. And suddenly the route to entry had changed and was an opportunity for me, and never been one to shy away from a challenge. I made some inquiries and decided that I wanted to go for it and why not? Wow. So

**Wendy Adams** 02:47

I was just gonna say, Are there any similarities between working in the legal profession and working in social care, then what have you noticed? That's, that's similar?

**Isabel De La Haye** 02:57

People, it's really important to have that relationship with people that's appropriate. And also, I'm very mindful because I work in health and social care, in terms of the law that I bring with me the history of having walked in those shoes. Yeah. So when we're having a conversation about an inquest, and we're discussing with witnesses, perhaps it's, you know, been a difficult situation for them, and they are counting what what happened, the events, it can be distressing. And I have been in situations where I understand how distressing it can be when somebody's cared for for a long time has passed away. And for for our clients that don't have to explain what that feels like. It's, I think it adds value to them. Yeah,

**Pia** 03:47

no? Sure. So let's talk a little bit about that. You know, what you're seeing and what you've sort of kind of learned. So are they sort of things that you would you're now new knowledge, you think, Gosh, I wish I'd known that when I was when I was working in the sector when I was a Managing Director of a nursing home?

**Isabel De La Haye** 04:08

Understanding the context of your role in the bigger picture? How does your service fit in with your local area with the ICB with the local authority? And really recognising the value of another part you play in a bigger wheel? The importance of being able to appropriately influence that and drive the change from you know from a business perspective, what what's coming next? What's the direction of travel? How should I develop my service? how innovative should I be? Can I be? Is there a market for this? Having the opportunity now to reflect whereas when you're operating, it can be very hard to have the opportunity to step back to reflect to pause. Because I always used to say it's not as if we can close it, it's not a corner shop and you can close it and, and do a stocktake. Yeah, it's 24/7 365 days a year. Yeah, as everyone knows, yeah.

**Pia** 05:09

And what are the things that you think that you're kind of observing that people could do to to make those, you know, influence and being part of the of integration, I suppose I

05:22

think the role of the care associations has certainly always been important, but I think during COVID, the role that they played increased, yeah, exponentially. And that there's the supportive peers, when you're involved with the care associations, but there's, they're also being used as a filter for information now, from Central outwards. And also for funding. So things like digital social care, often that's being routed via the care associations. So I think actually, you know, not being an island and working with the competition, as opposed to against the competition. And understanding that there is there's enough of a market there. For a lot of providers for a long time. Yeah,

**Pia** 06:10

absolutely. And is there anything you wish you hadn't learned? That I wish I hadn't learned? Anything? You think, Gosh, I wish I didn't know that now.

**Isabel De La Haye** 06:23

Gosh, that's a question. I think all knowledge is valuable, that there's some things I wouldn't like to repeat. But yeah, I think it's all it really does all represent a learning opportunity. And unfortunately, often you learn more from when things didn't go quite as planned than you do when you planned it all. And it went swimmingly. And I think, especially in health and social care, you're working with people and often with people who have additional needs, and therefore you have to be able to think slightly outside the box. Yeah, that's okay. Yeah, absolutely. This

**Wendy Adams** 06:57

thinking this thinking outside the box, and looking outward is really interesting, isn't it? Because I think when you're in it, and you're doing that managing director that registered manager role, you get very immersed, don't you in the needs of the people that you're providing care and support to in the day to day running? And I think it is difficult for registered managers or managing directors or people to look more externally. I mean, you've talked a little bit about, about linking in with that wider context and care associations and the ICB. But is are there other groups of people that you think oh, I wish I'd built better relationships with them.

**Isabel De La Haye** 07:44

And when we operated, we reached out to the local schools and colleges to look at the next generation of the of the workforce, also to demystify health and social care. We did some intergenerational projects with a local school as well. Trying those sorts of outreach opportunities can bring relationships that you didn't realise, would represent an opportunity bringing the you know, local primary school in every year, we were their rehearsal space for their Christmas carols, and you know, the, the opportunity to do that sort of thing, then you're not just the property on the hill, that houses the elderly people, for example, you are more you're part of your community, those special relationships with a pharmacy so that when you are desperate for medication for a particular person who just had admitted and for whatever reason, their medication hasn't come with them, to be able to turn around really, really quick. prescriptions and relationships with the general practitioners are absolutely invaluable. And so much of health and social care is about relationships, and about systems. And understanding how that works, is crucial.

**Wendy Adams** 08:59

It's really interesting, what you said about, you know, working with the local schools and almost encouraging the next generation of social care workers, because I think, you know, often people don't see social care as being a career, they don't see that those opportunities. And actually, you know, your career path then, is a really great example of what of what could be done, you know, coming into social care, and then and then, you know, going into something that is still social care, but not not necessarily directly social care, was that career path, something that you really championed with your, with your staff when you were when you were the managing director. It

**Isabel De La Haye** 09:46

was very important to me to identify people who perhaps didn't have the opportunity when they were at school and had untapped personal qualities, that if they were channelled in the right way, with would represent an opportunity to both them but also to us. It was often better, not always better, but often better to assist and develop people that were already in your workforce, then to try and necessarily just look for somebody who had the specific qualification that you're looking for. So we worked with a couple of members of staff to become nursing associates as part of the first cohort of nursing associates. And that was a great opportunity, a huge learning experience for us. But yeah, that also represented working with the system again, and navigating. That was a challenge at times. But it represented an opportunity for both our service, but specifically also for those individuals who are now badged up, and that that's their own achievement.

**Pia** 10:54

Yeah, a nursing associates a really great opportunity, isn't it, because, you know, individuals who perhaps had aspirations to train as a nurse, but didn't have the opportunity, this, you know, doing as an apprenticeship working, being paid, being supported by an employer. So it's a really great way for people to get to get professionalism. And

**Isabel De La Haye** 11:17

reflecting on that now, both of those candidates were people who had come to that slightly later in their career path, and went for it. And, you know, perhaps looking back now, actually, maybe that also encouraged me to think, yeah, let's give it a go.

**Pia** 11:37

You can do anything.

**Wendy Adams** 11:38

But also, I think, the likes of the nursing associate role is a great example. Because I think there are a lot of people in the workforce who do want to progress, but don't necessarily want to be a manager. And I think historically, that has been the main route in which you progressed, and I think a lot of people have a career path, sort of like, like, myself, when you speak to registered managers, you know, what they'll often say is, Well, I started as a care worker, I then became the senior care worker, I became the deputy and then I became a manager. But actually, what are those opportunities for people? If, if they don't want to be a manager, but actually they want to develop their skills and knowledge beyond that, that care worker, you know, that care worker role? And I think that's great, what you're talking about,

about those two candidates for the nursing associate? I think it's a really interesting, it'd be really interesting thing to do, to have those discussions with your existing staff about what would you know exactly what, what what somebody said to you? What would you really have liked to do? It? If you, you know, if you could start again, yeah, career in your life, what is it you'd really like to do, because actually having those conversations with your existing staff might give you some real tips about what people want to do to develop? Because if somebody says, Oh, well actually had a really, you know, I'd have really loved to be a nurse, or I'd really love to be a physiotherapist, then actually, that might give you a little bit of a clue about how to support them in their learning and development, because clearly, they've got a, an angle towards medical, often there. So you might think, well, actually, could we make you, you know, a champion? For some, you know, for some of our health activity work? Or, you know, is there an opportunity for nursing associate? So I love that that question. And I know that, you know, your circumstances were this was almost, you know, right. Okay, I'm now not doing that. And I have to have that conversation about what else would I have wanted to do? But actually, it's a really good conversation to have the staff, isn't it? I think,

**Isabel De La Haye 13:46**

yeah, absolutely. represents an opportunity for you as a provider, when you've had those conversations with staff to really plan for the future. And to, to delegate tasks to people to give them the opportunity to take on more responsibility to see if they are they have the personality to be committed to something new something in addition, because take on becoming a nursing associate, for example, when you are a carer or senior carer, there's no mean feat. And the degree level work that's required to the work, the diversity that's required, can be quite daunting, the classroom environment and someone that they might not have been in for a long time. So yeah, it is it's an opportunity on both sides.

**Pia 14:32**

Yeah. And just going back to just thinking about you working as Solicitor and obviously having clients, social care providers who are clients, are they sort of things that you think, Gosh, I wish I'm surprised people don't take this more seriously. Or, you know, I don't think people realise, you know, the risks they're putting themselves into, and I think the sort of kind of really sort of stands out for you in terms Have your the what you're seeing that your clients are doing or not doing. The

**15:04**

old adage of if it's not written down, it didn't happen. And now have it not typed in a lot of circumstances, the ability with digital systems to evidence can be broader. So things are time stamped, for example, whereas people didn't necessarily wrote that right, the time that they wrote something down when they, when they wrote it down. Physically, you can interrogate computer systems in a different way to you can interrogate written records. I think primarily, the factual accuracy check process, I think people underestimate quite how significant a first step of that process is, after CQC inspection, the provider is presented with a draft report to review and the actual equity process is a process that is then underway. And often, there's relief that it's over, it's done. The draft report reads well enough, I disagree. But I don't disagree too much. I don't want to upset CQC, I have a good relationship with my inspector, all of those sorts of things. The factual equity process represents another opportunity, which we often see providers miss. And that would be an opportunity not only to correct, factual, factually inaccurate information, but specifically to show CQC whether evidence that

they've used to come to their judgments is incomplete. And if providers took that opportunity more frequently, more readily, they are their report may, if CQC agrees. Read in a more rounded and more holistic, more reflective of their service. Yeah, fairer proportionate report than it otherwise would be. And we often speak to providers that then end up further down at some kind of enforcement action. That make comment, right, I never agreed with it anyway. And and you think you missed an opportunity, because by not challenging, even in a polite way, by not providing additional evidence, you are effectively saying I agree. Yeah, so by default, and that's often an area, I think, I had not necessarily realised quite how important that was, and what an opportunity that is, for providers at the very beginning of the process before it's made public to say, Okay, thank you CQC for what you said about my service. But I'd also like you to consider this evidence, because you did look at these evidence categories. And actually, perhaps you miss these these things. And

**Wendy Adams** 17:56

how, how do people because I know you said why you think people maybe don't do that. And that's that overriding relief of well, it's all over with, you know, I don't necessarily agree, but I don't really want to drag this out any of this torture out any longer. And that's why people maybe don't do it. But how do people do that.

18:16

So under the new system, they will be sent a draft report, and then they will be invited to make three types of correction. And one is a typographical or numerical. And so meaning something could be relatively minor. But for example, if it says that you have 100 residents, and you've only got 10, that could be quite significant. Correcting job titles, things like that. And things like that are important to people. Secondly, is information that has contributed to CQC judgement, but that the service believes is factually inaccurate, that can be perhaps in the way that the inspector appears to have or the assessor appears to have read your information. They have misunderstood why you are recording in that sort of way. And that's not necessarily a fault thing. It's just that it's been read to people will read the same thing in completely different ways. And the provider will then have the opportunity to give additional supporting evidence, but it has to relate to the position at the time that the assessment was actually done. And the third thing is additional information. And this is the bit that normally gets missed, or information that was omitted, which the provider considers that CQC should look at. So that's a massive opportunity. It's also a big piece of work. Yeah, because you've got to look at what you had at the time. Look at what CQC has said about your service, and play spot the gap. Yeah. And then provide that CQC in the manner that CQC asked for it, which is usually electronic and then sit back and wait and see what they say . And that, as you said, Wendy, sometimes you're just so relieved, it's over. You don't want to have to do that.

**Wendy Adams** 20:06

But really important. So people can submit additional evidence at that point, because I think that's maybe the bit that people don't realise is that if they see a gap, they can still at that point, submit additional evidence?

**Isabel De La Haye** 20:21

Yes. So there's not evidence about everything. It's specific evidence about specific points that CQC have considered. And it's additional evidence that you think that they should consider when making a judgement about whatever it is they're making judgement upon.

**Pia 20:37**

And I suppose that's particularly important under the single assessment framework, because as it appears at the moment, they're only looking at a smaller number of quality statements. So therefore, it's really important that they are they have the right, they're using the right evidence, or judging the right evidence for those particular qualities statements, because that's, they're really, really important on there. Yeah.

21:10

So there are 34 quality statements five priority quality statements. And CQC announced by way of intro and Holmes blog, that if you were required improvement or inadequate in your previous rating, overall, that CQC would now be looking at all of the quality statements under the key questions where you were rated as required improvement or inadequate, which is a massive change. Because the providers that we've spoken to the clients that we have, some of them had those ratings, and yet CQC only looked at eight to 10 quality segments, which was insufficient to change their rating, because it was mathematically not possible to do that. Yeah,

**Pia 21:53**

absolutely. Yeah. No, it's a it's a, it's a big Uturn, isn't it? In many ways, and, and a welcome one. And I think, interesting, because I think, all the way through this process of change. With implementing the single assessment framework CQC have said, you know, it's really, you know, we know we're not always going to get it right. And we're really, you know, we really want to learn from the things are not going well and listen to feedback and then make changes as we go off providers have been inspected so far, have highlighted issues, and then they've made changes, I suppose that's a that's a positive isn't.

22:31

It is I think the single assessment framework broadly represents an opportunity for both CQC and for providers. And, and done well I think it could be really, really good. And it is very encouraging that CQC are listening, on the basis that they are now committing to reviewing the quality statements under the key questions, what, which affected people's overall rating, by wherever limiter, I would be encouraged if the next step CQC took was to say, Okay, well, we've now assessed this provider, they have a good rating. But we only chose to look at this handful of quality statements, but we recognise that one of their key questions, still has evidence from perhaps 2019. I can think of one specific client who's well-lead question remains at RI, because the quality statements were not assessed as part of their SAF inspection. And so whilst they are good overall, they still have an ROI for well lead. But it reads as if it's been reviewed, because the date on the CQC website now says updated. And yet that information is from years and years ago

**Isabel De La Haye 22:31**

yeah, yeah. And the general public would never know that, the general public will look at that if it was updated on such and such a date that CQC have assessed everything.

23:56

It could certainly be made clearer when the information used for those scores hailed from and I was assumed CQC could do that by way of making a change to their their system. But at the moment, that's not how it reads. And it certainly could be clearer. Yeah.

**Pia** 24:21

So in terms of that single assessment framework, so obviously, big change, we've been waiting for a long time, but still is that we have it now what are the things that you from a legal perspective you think providers can do to prepare for upcoming inspections because they are different, aren't they?

24:37

They are different. Yes. In terms of preparation, the first thing I will be saying is understand your current position. So look at your existing ratings for each key question and your overall rating and consider in terms of the scoring, where that means you are today before they even come and therefore you now get a hint. If you are RI or inadequate overall, they are going to look at the quality statements underneath those key questions. Yeah. So that's a big hint, you could now go and look at their quality statements, they will be assessing those. Look at also the priority quality statements. And then consider what evidence you have, what is it, you would like to show the inspectors and the assessors, when they ask for the information which you need to provide by way of evidence categories for each of those quality statements. That's effectively a mapping exercise. It's saying, Okay, this is my position as a service. Therefore, it's these key questions that I now know that they're going to look at. And therefore, these are the quality statements, and therefore, these are the evidence categories. And then almost inserting, making yourself a list or a spreadsheet of the evidence you're going to have, because when they arrive, that's not the time you want to have to do that you want to be ready. Yeah. And then it's also keeping that list up to date. Because as your service evolves, you may have additional evidence that you'd like to show them. But once you have that going, then that would be a good, good place to start. You know, kind of 10-15 years ago, we used to have a folder, that the CQC folder, but obviously trying to promote digital, it would be wise to have that in electronic fashion. And also some of that information, may, you may be able to link to it from, say, an Excel spreadsheet. So if you've got policies that you'd like to be able to show, you click the hyperlink to your policy or, you know, drop it in as a a a pin, so that you can navigate to it straightaway. Because when CQC, start your assessment window, they will not only be potentially arriving at your door, to look at your service and ask you to show them things there. And then, but they will also be sending you an email from the assessor asking you for a list of information that they require to be sent back. And so that you're managing two things simultaneously, which is a change for a provider.

**Pia** 26:59

Yeah, absolutely. And I suppose almost. So you almost need to prepare yourself and your team for to expect inspection sounds sounds dramatic, but that's almost what it is. Because you have the assessor inspection, which is the person that's not in your service that you're sending stuff to. And then you've got the inspector inspection, the person that's in your service, talking to you, to your staff, to the people



you're supporting, depending on the type of service you are. So you almost need to almost have like two spreadsheets or two tabs or something, you know, where, you know, with the quality of them, where well, we're going to get evidence in both both instance

27:41

I think it's really important to explain to your team that there is a change, and to get them used to what is a quality statement. What is a we statement? Is that the same thing as a quality statement? What's an I statement? What's an evidence category? What does that look like? What does it look like for our service, so that when a CQC inspector is talking to members of staff, they are informed this new language is not a mystery. And that they feel empowered, because one of the most important things about your inspection, your assessment, is it really, it can be seen as an opportunity rather than the day everyone fears to show actually look, you know, we've got this, this is what we do. This is our service, we're proud of it. And so often, it doesn't feel that providers feel that they're empowered to do that. Yeah, I get that. And being ready. Is is part of that journey being you know, feeling that you have some some control.

**Pia** 28:46

Yeah, absolutely. And how do you think? So you talked about digital records. And, you know, I think CQC s are kind of saying, you know, we would we would appreciate if all providers could be digital and that's obviously for some some services, that's quite a big thing, are they things within that you think we've mostly been used to think about, I'm sort of thinking about the, you know, the data security protection toolkit and, you know, the kind of safety of it from from a legal perspective are things that that providers need to be aware in terms of that. So

**Isabel De La Haye** 29:26

in terms of the data security protection toolkit, DSPT, it is very, very important that providers understand that that is a an opportunity in terms of proving to oneself and also being contractually compliant, that they keep data in a secure and appropriate way. And it's, it's an online toolkit, and it's a self assessment tool, and the each provider has a unique code, it will be very important for each provider to ensure that it is standards met on the DSPT. And it will be very easy for an assessor to not have to visit a service but to use the internet because it's freely available information to see whether a provider has standards met, when we don't know yet how CQC is going to treat providers in terms of the quality statement under governance, which is part of Well-led. Should they not be standards met. But one assumes it would likely be less than less than a three, which is a good, yeah. So that's an opportunity, again, for providers getting ready. Are my standards met and if I'm not okay, what steps do I need to take to ensure that I am? And then it's an annual review of the information that's held? And it goes in that spreadsheet in terms of preparation?

**Pia** 31:03

Yeah, absolutely. Yeah. I think it's a good good tip. And if you're not familiar with that, you know, kind of start to start to look at that. That seems like a good, good one of the good places to start really, isn't it? Absolutely.

**Isabel De La Haye** 31:15

And there is support available. Again, lots of the care associations offer support to assist people to become standards met under the DSPT

**Pia 31:21**

Yeah. And new new. There's a new elearning training as well, that that's that people can access for free. So when we will make sure we link to that in the in the show notes. I want to ask you a little bit about so one of the things I noticed on the CQC website is there's much Oh, well, I think is much clearer in terms of best practice best guidance. And I wondered, well, maybe not maybe you don't think it's quite clear. But I you know, I think it's easy to see, you know, what's for all sectors? What are some sectors, what's for, you know, specialised sectors in terms of best practice? What are the things you think from a legal so that people need to be aware of when, when looking at best practice, or best guidance? Okay,

**Isabel De La Haye 32:13**

so on the CQC website, there is now evidence categories for sector groups. Yeah. And so what that does, is it lists specifically, the evidence categories that a CQC will be looking at when they come to assess it by provider type. And that is certainly very useful for ensuring that your preparation work is focused for your sector type that can be now found under the guidance and regulation providers, and then Assessment tab. And it's all the way at the bottom of the page. So for example, there's one for care homes and supported living, and there's one for home care and Shared Lives services. Inside each of those evidence categories for sector groups are the five key questions that we all know and love. And underneath each of those are the evidence category types that CQC will be looking at per quality statement. So it is laid out clearly. If a little hard to find in the first instance. Yeah, in terms of the best practice, the best practice guidance is not at that level. The best practice guidance is only at the level currently. And we don't know whether this is going to be developed by CQC. Further, of the five key questions at the overarching level. Yeah. And so when you look at the best practice guidance, whilst it's really useful to have it there, and there's lots of great links and great information, for example, to the DSPT that we were just talking about links to that Oliver McGowan training, training and so on. They represent an opportunity, they also represent a piece of work that each provider will need to do because they need to go through the best practices guidance and figure out which pertain to that. Because quite a lot of it is NHS guidance, which may or may not apply to the setting. Yeah.

**Pia 34:18**

Now I see what you're saying. Yeah. So you kind of almost need to take that guidance. So if you think about nice guidance, for instance, for medication, you kind of need to go in and get okay what that links to the quality segment about medication. And if I'm a care home, I need to find the guidance. There nice guidance on medication for care homeS. So you almost have to do a little bit of work yourself. You can't just go oh, there's a link there and that's helpful but I need you know, you kind of need to do that extra bit of work so important to maybe kind of reflect and spend a bit of time on that because I suppose the thing would guide them with guidance like that. It almost sets the standard this is what we expecting isn't it. And

**Isabel De La Haye 35:00**

CQC have actually used that language. So for example, under the Safe key question, yeah. And then under medicines optimization quality statement. And indeed, it says the same words, under every quality statement, it says, we expect providers, commissioners and system leaders to live up to this statement. And that's it pertaining to the quality statement. And then in terms of the best practice guidance, which is at the bottom of each of the quality statement pages, it says we expect providers to be aware of and follow the following best practice guidance.

**Wendy Adams** 35:40

Yes, it's quite clear, isn't it? Yeah.

**Pia** 35:42

Yeah. So you know, if you're, if you're not aware, or if you haven't looked, because I think things guidance changed, isn't it? So it's about being aware of the latest, latest guidance for those really, really interesting. And I think, you know, I think as we were saying in the introduction, you know, keep an eye on this, this is a moving picture, you know, we are, you know, march 2024, you know, things can change, you know, they they're changing, they're just changed in the last last month, and they so really kind of keep an eye on our newsletters and read those really carefully. Etc.

**Isabel De La Haye** 36:18

Yeah, there's lots of webinars available that people can look at. And the other thing I would guard against is printing out this anything from CQC website, They've now taken to labelling pages with last significant update, which doesn't mean the last thing we changed. And so these pages are being changed all the time, they were being updated slight tweaks. So if you were to print them out, you may leave yourself open to not realising that something has been added or changed. Yeah, really good

**Wendy Adams** 36:47

advice. Good advice. So we always have our time to care slot in every episode. So we want to ask you the same question, what is your most time saving tip. So

**Isabel De La Haye** 37:01

my most time saving tip would be don't try and start each day thinking with your to do list, end the day before with your to do list for the following day. So that when you arrive, you've already got the list because something else is going to happen. Social Care is a a world where you have a certain element of control about what you think you're going to do on each given day. But often the planets seemed to align and give you a whole load of other things that you didn't realise how to do that day as well. And they will be adding to your to do list. And it's okay that you're to do this as a running to do list and that you get to reprioritize. And it really is reviewing Okay, well, what did I think I was going to do today? What's happening to me now, what must I do? And trying to become an effective delegator. So if you have those people in your organisation that you've identified that would like to take on more responsibility, that would like to develop leadership skills, if there are things that would be appropriate to delegate to them to do, as long as you're giving them the support to then complete that task. Once you become effective at delegating, and they become confident in what you're asking them to do, you will find that suddenly your to do list becomes different, broader. You are perhaps rather than doing the task your managing somebody else to do the task and supporting them to do it. And by the same token,

then growing the skill set you have in your organisation, and making people feel more valued. Yeah, that's

**Wendy Adams** 38:39

a great tip, and probably a one that's good, not just for the time saving, but for your own mental well being as well. Our final question is, imagine we're in a lift on the 10th floor going down with a group of registered managers. And before everyone gets out, you want to tell them what's your most important your key message that you want to leave them with? So you've only got a really limited amount of time? What would be your your key message? Wow.

**Isabel De La Haye** 39:08

10 floors 10 floors. Okay, I think the first thing is to say you've got this. And that will be where I would start. And I would probably end as the button. The doors open by saying thank you. Because I don't think people say thank you enough. Because the job at a senior level in health and social care is a hard, hard job. And people don't often say thank you anymore. And for the floors that I had in the middle, I would probably say take a pause and look at look at what you achieve. Look at what you do. Don't just berate yourself for the things that you have not managed to complete today. rather look at what you have done today. Be your own, and your services best advocate. And it can be daunting, and that's all right. Don't try and do it all alone. And given that when CQC come, they are likely to require things of you electronically, as well as in person who is going to be that of support for you on that day or those three days? Because you're likely going to need it. Because it's a new style of assessment. And don't take on that additional burden yourself. Think about it in advance. And, yeah, ask us to support. It's there. It's available. Yeah, good

**Pia** 40:47

advice. And I think people, you know, some managers do feel quite alone don't they. So you know, that's a really good advice about, you know, plan plan to get support, you know, how are you going to get it in, it could be another register manager, if you haven't got anybody within the organisation, you know, or depending on your, your setup. So it's really good advice. Thank you so much. Fascinating. conversation, and I knew this would be really interesting. And it was, so thank you so much for your time. Thanks. Bye, bye.

**Pia** 41:27

That was a really good conversation with Isabel there. Wendy, what do you think?

**Wendy Adams** 41:31

She had so many interesting things to say, didn't she? Yeah,

**Pia** 41:35

must be really interesting for her to, to kind of see everything from the other side. You know, just for her perception of, you know, you know, things around CQC. And how she's seen that now is what I think was really, really interesting. The other thing that really sort of struck me was about, I suppose, having stepped away from social care or working directly in social care, as she's kind of seen the importance of being part of the sort of system in where you are, you know, you know, connecting with health, with

local authorities with, you know, integrated care board colleagues, all those things, and suddenly, seeing all the importance of of that, and how each care provider sort of kind of an important piece. This is what's really interesting, what did you think? Yeah,

**Wendy Adams** 42:27

I mean, it's the world is changing so quickly in social care at the moment, and I think it's hard sometimes for registered managers to keep up

**Pia** 42:34

with that. Yeah. And also to understand, because I think, yes, you know, it's changed as well last year 2023. But it can be really complicated. So Skills for Care has produced, or we have a website, web page, which has a lot information about the sort of changes, there's a quite a good film is two minutes long, just is what is an ICS? You know, just kind of explaining how do we all fit into this? And there's lots of other information on the webpage is worth having a look at if it's something you're sort of thinking, Gosh, I don't know anything about this? Or would you like to know a bit more about how I can get involved? Have a look, have a look at the film and the other information on the webpage?

**Wendy Adams** 43:24

Yeah, I thought was really important, what she was also saying about the importance of CQC, looking at digital records, and that, you know, historically we've, we've done everything on a paper based system, but CQC are increasingly looking at recording and other sort of digital innovations. And I was thinking about the digital care hub, which is really the go to place for all social care providers, who are wanting to think about, you know, what, what changes that they could make around the digital work. But I was also I was also thinking about some of the webinars that we've done at Skills for Care. It's really challenging for some managers who maybe have been around for a while and haven't, you know, started at a time when digital wasn't really a thing. And I was thinking about the recorded webinar that we had that was titled, I'm a technophobe, get me out of here. So good. Yeah. Great title, taking the fear out of digital for social care managers. And we've also got another one on change management, which is sharing lessons and learning from managers leading digital change in their, in their services. Yeah.

**Pia** 44:41

I think we're both in wherever you are in that digital journey. And, you know, I speak to lots of managers who are in very different places, you know, some are, you know, we're still using paper, some are, you know, have started the process and some of been using or whatever you are, it's definitely worth connecting both of those webinars, but also Just took care of her because the digital care hub, as you say, that they, you know, if you need to know something that's the place to go, they have so many good good information, toolkits, webinars, e training, you know, elearning training, so there's so much information there's worth worth being aware of. The other thing that really sort of kind of struck me when she was talking about the changes was about learning from each other. And really using registered manager peers in the registered manager network. So it's kind of the ideal place to do that both in terms of integration, but also in terms of the changes to CQC, you know, meeting other managers talking about what's happening, and even when you if you're having tricky issues, you know, difficulties with accessing something or not understanding some of the changes, having those networks

being able to meet with them and talk to other managers. It's, you know, you know, vital I think, in this very changing world of social care in a moment. So, that's it for this episode. Thank you very much for joining us. And remember, all the resources that we talked about today will be in the show notes and on the website, and bye for now. Bye.

46:15

Bye