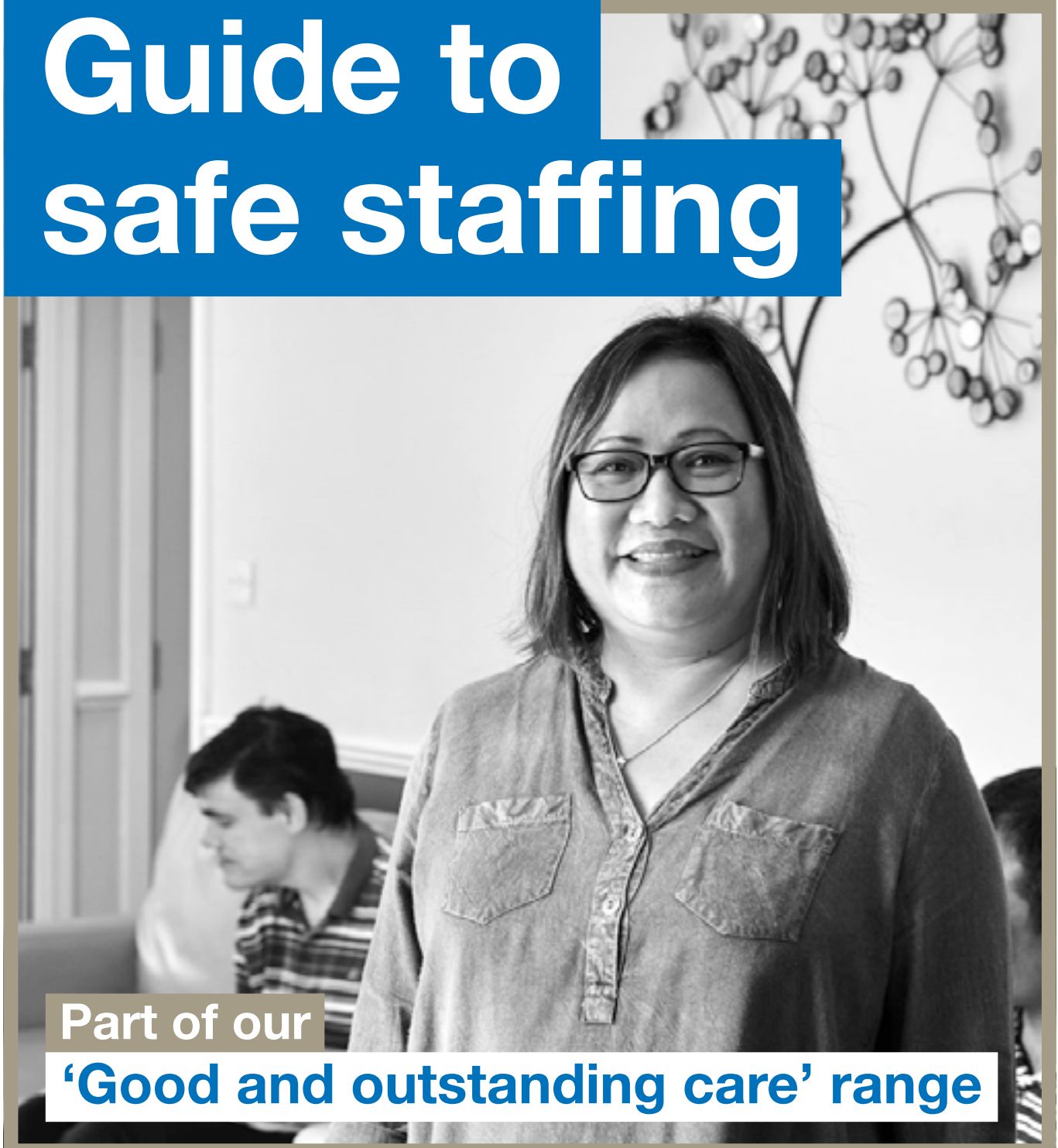


Guide to safe staffing

A black and white photograph of a woman with glasses and a denim shirt, smiling warmly. In the background, a young boy is sitting on a sofa, looking down. The setting appears to be a care home or residential care facility. The photo is framed by a thin gold border.

Part of our

'Good and outstanding care' range

Having enough staff, who have the right values and skills, is fundamental to delivering safe care and support.

It's a major contributing factor to the success of many care providers who are rated 'good' or 'outstanding' by the Care Quality Commission (CQC), and a weakness in many services rated 'requires improvement' and 'inadequate.'

We know that recruitment and retention is a challenge for lots of adult social care employers and often directly impacts on their ability to meet and maintain the standards of care that are expected of them.

How can this guide help?

This guide explains what the CQC looks for in terms of safe staffing and how you can meet these regulations.

It includes guidance around deciding and maintaining safe staffing levels for your service, safe recruitment practices and how to ensure your staff are safe and competent.

It draws on evidence from over 60 CQC inspection reports and case studies from residential and community based services who are rated 'good' and 'outstanding,' to help you to understand what 'good' looks like and learn from best practice.

Who's this guide for?

This guide's for anyone involved in CQC inspections in regulated adult social care services including directors, board members, registered managers, nominated individuals and compliance managers.

If you want to improve safe staffing practice across your service, we recommend that you read the whole guide.

If you want to improve safe staffing in relation to a specific key line of enquiry, go to the 'What are CQC standards around safe staffing?' section (on page 8) to see which sections can help.





Safe staffing is a fundamental part of getting care and support right for individuals.

Across your organisation, it's important that you have the right quantity of skilled staff, to meet the needs of your service.

It's also essential that these staff have the right skills to respond to whatever they need to respond to on a day to day basis.

But even when you have robust processes in place, safe staffing can still present challenges for any service. For example staff sickness or when staff leave without working their notice periods. As a manager you need to know what to do in these situations, and this guide can help you do that.

Anita Astle, Managing Director, Wren Hall Nursing Home and Skills for Care Fellow*

***Skills for Care Fellows**

Fellows are senior leaders who are committed to improving the adult social care workforce. They use their expertise to advise us and shape our work.



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Click on each section below to get started. Each section gives you top tips to meet CQC regulations in this area, explains how the CQC inspect this area, and shows what other providers do and what to avoid.

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Introduction

There are always enough competent staff on duty. Staff have the right mix of skills to make sure that practice is safe and they can respond to unforeseen events. The service regularly reviews staffing levels and adapts them to people's changing needs.

CQC “good” ratings characteristics
– adult social care services

What is safe staffing?

Safe staffing is about having enough staff, who have the right values and skills, to deliver high quality care and support. It involves:

- having safe staffing levels, including putting contingency plans in place
- recruiting the right people, with the right values, skills and experience to deliver safe care and support
- doing the right recruitment checks
- ensuring staff are competent and safe to do their role.

Getting this right means far more than achieving a good inspection rating, it means that people receive safe and effective care and support that's responsive to their needs. If you get it wrong, you could put your staff and the people you support at risk. For example, staff shortages put services under extreme pressure and can mean staff have to choose what care can or can't be delivered that day. This could lead to neglect and/or a safeguarding incident, a damning inspection and reputational damage.

It can also impact your existing workforce. For example if you have good staff who routinely work through their breaks or have a poor work-life balance due to working extra shifts, it can lead to mental ill-health and decreased motivation in your service.



Safe staffing levels aren't just about numbers – they're about skilled and experienced staff operating within clear, agreed and ethical care plans. They're also about having a low turnover so that staff actually stay long enough to form effective relationships with residents.

Jason Denny,
Registered Home Manager,
Old Hastings House





If you don't have enough staff you may put too much pressure on the existing workforce - asking them to cover more than they can, can cause people to burn out.

My organisation manages over 600,000 domiciliary visits a year so it's important we have trust in our processes and systems.

As chief executive, I know every week how many hours of care we need to deliver and how many staff we've got to do this.

We have a process of capacity planning so that I know how much flexibility we have with staffing levels each week. This helps me to identify challenging periods, such as school holidays, and ensures that we can respond to them.

Melanie Weatherley, Chief Executive, Walnut Care and Skills for Care Fellow

What are the warning signs of inadequate staffing?

There are some common characteristics of services who have inadequate staffing. If some, or all, of these apply to your service this could indicate that you're not meeting the requirements for safe staffing.

- ✘ High turnover of staff
- ✘ Struggle to recruit enough staff
- ✘ New staff leave within a short time of joining
- ✘ High sickness rates that are particularly stress related
- ✘ Unorganised rota system and processes that are difficult to use and review
- ✘ Rotas are constantly changing
- ✘ Staff only have time to perform duties and tasks with no time to 'care'
- ✘ Staff don't have time to communicate with people they support, families and professionals
- ✘ Little consistency in staff
- ✘ Over-reliance on temporary workers
- ✘ Staff inductions are limited and/or rushed
- ✘ Staff learning and development is restricted to mandatory training
- ✘ Limited support for staff such as supervisions

Too many providers were struggling along without having enough staff to deliver safe and effective services. It wasn't generally because the staff didn't care; it was because they didn't have the time to care as well as they should.

CQC planning improvement in adult social care (2018)

| The impact on residential services might include: | The impact on community services might include: |
|--|---|
| <ul style="list-style-type: none"> ■ no time to respond to calls for help ■ not enough time to do an effective handover ■ staff support people to get ready and have meals at a time that best suits them rather than the individual ■ not enough staff to support people at meal times ■ medication documentation is rushed. | <ul style="list-style-type: none"> ■ staff miss or are late for appointments ■ staff are unable to report their concerns to the managers ■ customers are unable to get in contact with the office. |

You can use this guide to improve your practice.

What are CQC standards around safe staffing?

The CQC regulations explain the minimum standards that adult social care services need to meet regarding safe staffing.

Regulation 18 states:

1. Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this part.
2. Persons employed by the service provider in the provision of a regulated activity must:
 - a. receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform
 - b. be enabled where appropriate to obtain further qualifications appropriate to the work they perform
 - c. where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator, be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise or a requirement of their role.

Elements of safe staffing are also included in:

- Regulation 9: Person-centred care
- Regulation 12: Safe care and treatment
- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 15: Premises and equipment
- Regulation 19: Fit and proper persons employed.

You can read more about these regulations on the CQC website at www.cqc.org.uk. They have guidance and FAQs to help.

These regulations are inspected across multiple key lines of enquiries (KLOE's). Because staffing has an impact on more than just the 'safe' area of inspection, it's inspected across multiple key lines of enquiry (KLOE) – in other words, the KLOEs are often only possible to achieve if the service is safely staffed.

Here are the main KLOE's that the CQC will look at in inspection around safe staffing. We've included a link to where you can find more information in this guide.

Safe



| What will the CQC look at as part of their inspection? | Where can I find more information in this guide? |
|--|--|
| S2.3 Are people's records accurate, complete, legible, up-to-date, securely stored and available to relevant staff so that they support people to stay safe? | Safe recruitment practices |
| S3.1 What arrangements are there, including within the rotas, for making sure that staff have the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs? | Safe staffing levels Safe recruitment practices Safe and competent staff |
| S3.2 How is safety promoted in recruitment practices, arrangements to support staff, training arrangements, disciplinary procedures, and ongoing checks? | Safe recruitment practices Safe and competent staff |
| S3.3 Do staff receive effective training in safety systems, processes and practices? | Safe and competent staff |

Effective



| What will the CQC look at as part of their inspection? | Where can I find more information in this guide? |
|--|--|
| E2.1 Do people have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience? | Safe and competent staff |
| E2.2 Are staff supported to keep their professional practice and knowledge updated in line with best practice? | Safe and competent staff |
| E2.3 Do staff and any volunteers have effective and regular mentorship, support, induction, supervision, appraisal and training? | Safe and competent staff |
| E3.3 Are meals appropriately spaced and flexible to meet people's needs, and do people enjoy mealtimes and not feel rushed? | Safe staffing levels |

Caring



| What will the CQC look at as part of their inspection? | Where can I find more information in this guide? |
|--|--|
| C1.4 Do staff know and respect the people they are caring for and supporting, including their preferences, personal histories, backgrounds and potential? | Safe recruitment practices |
| C2.3 Does the service give staff the time, training and support they need to provide care and support in a compassionate and personal way? Are rotas, schedules and practical arrangements organised so that staff have time to listen to people, answer their questions, provide information, and involve people in decisions? | Safe staffing levels |

Responsive



| What will the CQC look at as part of their inspection? | Where can I find more information in this guide? |
|---|--|
| R1.6 How is technology used to support people to receive timely care and support? Is the technology (including telephone systems, call systems and online/digital services) easy to use? | Safe staffing levels |

Well-led



| What will the CQC look at as part of their inspection? | Where can I find more information in this guide? |
|---|--|
| W2.1 Do staff receive feedback from managers in a constructive and motivating way, which enables them to know what action they need to take? | Safe and competent staff |
| W3.1 How are staff actively involved in developing the service? Are they encouraged to be involved in considering and proposing new ways of working, including ways of putting values into practice? | Safe staffing levels Safe recruitment practices |
| W4.5 How does the service measure and review the delivery of care, treatment and support against current guidance? | Safe staffing levels Safe recruitment practices |



Other resources to help

We have other resources to help you prepare for inspection and improve your service.

Making your inspection count seminar

If you're involved in CQC inspections in your service, our 'Making your inspection count seminar' will help you understand, prepare for and implement the changes to CQC inspections that were introduced over the past year.

You'll learn about the changes to CQC inspections, what inspectors are looking for and how you can evidence this.

You'll also access an evidence and action planning tool to help you put your learning into practice and prepare for your next inspection, and have the chance to network with peers and discuss your service's specific challenges and issues.

Find out more at www.skillsforcare.org.uk/CQCseminars.



Good and outstanding care guide

Our 'Good and outstanding care guide' draws on tips and practical examples from providers already rated good and outstanding.

It shows what differentiates CQC ratings and shares recommendations and best practice under each area of inspection.

If you're already rated good or outstanding, it'll help you maintain or improve your rating. If your service requires improvement, it'll help you avoid some of the common mistakes and take a proactive approach to improving standards.

Download your copy of the guide at www.skillsforcare.org.uk/GO.

You can also purchase the workbook edition which has activities and self-assessment checklists to assess your current performance and identify areas for improvement.



1. Safe staffing levels

It's your responsibility to decide how many staff you need to deliver a safe, effective and responsive service and ensure you plan your staffing to maintain this.

There's no one solution to doing this – it'll depend on your service and the people you support, and it might change over time.

This section will help you to decide how many staff you need, plan your staffing rota and put contingencies in place to maintain safe staffing levels.

Providers should have a systematic approach to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times. The approach they use must reflect current legislation and guidance where it is available.

CQC Regulation 18 Guidance

Get started

Click on each section to get started.

[1.1 Decide how many staff you need](#)

[1.2. Plan your staffing rota](#)

[1.3. Put contingency plans in place to maintain safe staffing levels](#)

[1.4. Review your staffing levels](#)

[Using technology to support safe staffing](#)

[How will the CQC inspect this?](#)

[What other providers do](#)

[What to avoid](#)











1.1 Decide how many staff you need

You need to use an effective system, such as a dependency tool, and process to decide how many staff you need.

It should consider the needs and wishes of the people you support, alongside other factors such as time for additional activities, reporting, training and travel time.

Top tips: things to consider

| | |
|---|--|
|  | Decide staffing levels depending on the needs and wishes of the people you support. Use realistic formulas when you do this that go beyond 'care tasks' to include their needs and wishes (for example activity provision or access to the community). |
|  | Ensure staff are given enough time to do everything that's involved in their role outside of directly delivering care, for example filling in documents, handovers, engaging with healthcare professionals, talking to relatives, checking cleanliness, supervisions and their own personal development. |
|  | Consider environmental issues that might impact on staffing levels, for example the layout of the care home or location of people who access homecare. |
|  | Consider factors above and beyond work-time regulations that can impact your staff's ability to deliver safe care and support, for example long shifts may cause fatigue. |
|  | Think about times when you might need more staff and be prepared to change the rota, for example during busy times of day, when someone's needs increase or when someone's receiving end of life care. |
|  | If you regularly use new or inexperienced care workers, bank workers, volunteers and recruitment agency workers, consider the impact this has on more experienced workers' productivity. Consider whether your current approach to staffing in this way is realistic and sustainable. |
|  | Be realistic about the impact of staff turnover, annual and special leave, sickness, supervisions and learning and development will have on your staffing levels. Include time for these and base levels on real recent data rather than overly optimistic targets. |
|  | Ensure that staff who determine staffing levels are competent to do so. They should be familiar with CQC regulations, relevant legislation and standards, have the right skills such as number and problem solving skills, and be trained in any systems you use. |

More information: Dependency tools

Dependency tools can help you to decide how many staff you need. You can use them to collate information about the needs (or dependency) of people who need care and support, how many hours/staff support you need, and log other requirements such as time for administration, record keeping and communicating.

This can help you make informed decisions about how many staff you need in your service to meet safe staffing levels.

It also provides evidence for your inspection about how and why you've decided these levels. One CQC inspection report from a residential home rated 'requires improvement' for 'safe' said:

"The registered manager told us they didn't use a formal dependency tool but assessed the staffing levels through observation and how care tasks were completed by staff. A lack of a formal dependency tool did not assess if staffing levels remained sufficient if people's needs changed or numbers of people living at the service increased. It also did not take into account the geography of the building when the bedrooms on the first floor were in use."

When you use a dependency tool, ensure staff are competent to use it and use it consistently. If they don't, this can have a negative impact on the outcome of your inspection. One CQC inspection report from a residential home rated 'inadequate' said:

"The provider used a safe staffing assessment tool to calculate the number of staff needed for each shift. We checked the records of the assessment tool and found this hadn't been completed for some weeks and the provider was unable to demonstrate on what basis they'd decided the current staffing numbers per shift against the needs of people."

There are lots of tools on the market or you could invest in a bespoke tool to meet your service's needs. We don't recommend a particular dependency tool but you can find out more:

- online
- at local and national events
- dependency tool providers might contact you directly
- by speaking to other social care providers about what tools they use and recommend.

Supporting people with all their needs, such as spending one to one time with people, socialising, going out and attending appointments was incorporated into the dependency tool used to calculate and review staffing levels.

CQC inspector, residential care home rated 'outstanding' for 'safe'



What works for us: Voyage Care

Voyage Care use a care funding calculator to determine their staffing levels and ensure this includes time for staff to build relationships with the people they support. They told us:

“Each person we support is allocated care hours when they arrive in the service to ensure their needs are being met. Our care manager does an assessment to calculate this time as part of the transition period, and we regularly review this.

We use a care funding calculator to determine how many hours of care is needed on a 1:1 basis, throughout the day and night, and why these hours are needed. When we schedule our rotas, we also build in enough time for staff to build relationships with people.

This ensures that our staffing levels meet the needs of the people we support and are safe for 24 hours a day. Our care manager does regular reviews to ensure that this continues.

We also hold monthly ‘keyworker’ meetings with individuals and team meetings where we can discuss staffing levels and identify areas for improvement.”

Darren Crowton, Registered Manager

1.2 Plan your staffing rota

Once you know how many staff you need, for example from a dependency tool, you need to use this data to plan your staffing.

If your staffing levels don't match the data from the dependency tool, you could put people who need care and support at risk. One CQC inspection from a residential care home rated 'inadequate' for 'safe' said:

"We were told six people required two staff to assist with their care needs. This meant between the hours of 8am and 10am and 6pm and 8pm, if a person was being assisted by two care staff, there were no care staff to provide assistance to other people."

A good rota system, which lists your staff and other information such as location, working times and their responsibilities, will help you do this.

When you plan your staffing you also need to think about continuity of care – this means having consistent staff and matching them with people who need care and support. This enables staff to build relationships with the people they support, develop person-specific skills and knowledge, and means they're more likely to notice changes in health and wellbeing – all of this supports safe staffing. It also means a better experience for people who need care and support.







The number of staff on duty changed to reflect the number of people using the service each day.

The registered manager worked five days a week and a minimum of a senior, three support workers, a health and nutrition worker and housekeeper were on duty each day.

Overnight there was a waking night shift worker and one to two sleep-in staff.

CQC inspector, residential care home rated 'good' for 'safe'

Top tips: things to consider

| | |
|--|--|
|  | Use data from a dependency tool (or other process) to plan your staffing. |
|  | Communicate staffing with your workforce and give them appropriate notice, for example through a staff rota. |
|  | Have a system in place to alert concerns with staffing levels so you can promptly respond, for example automated alarms, electronic notifications and escalating concerns to managers. |
|  | Ensure that staff who are responsible for determining safe staffing levels are available as an escalation point and know what to do in case of emergency. |
|  | Have contingencies in place for short term staff shortages such as if someone is ill or doesn't turn up for work, and ensure that responsible staff know what these are. |
|  | If there are any incidents relating to safe staffing, investigate them and use what you learn to improve your practice. |

More information: Using rotas

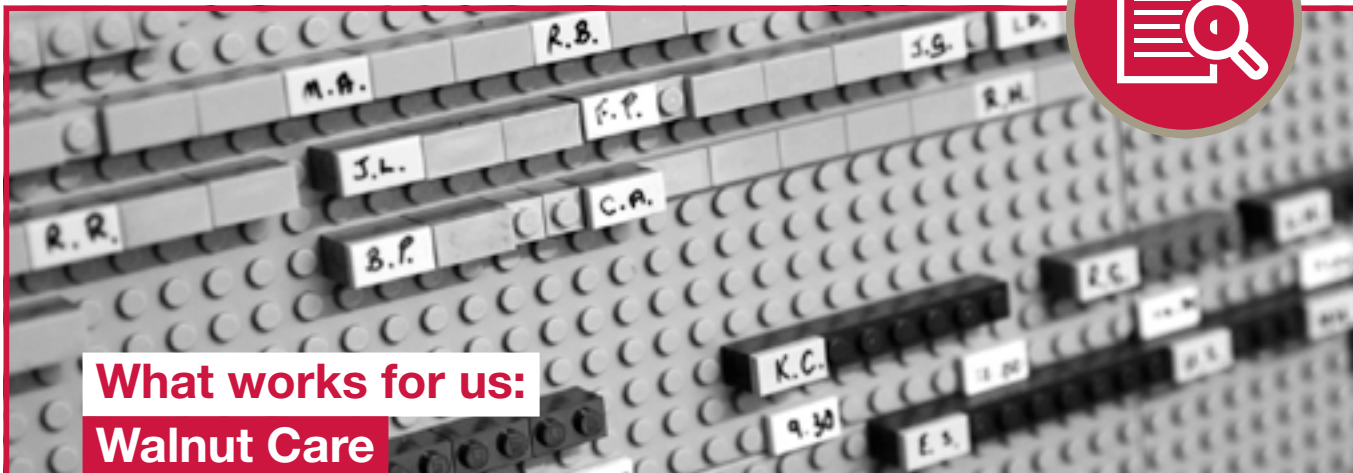
A good rota will help you plan your staff schedule, communicate it with staff and people who need care and support, and provide evidence for your CQC inspection.

When you use a rota system you need to:

- ✓ Be clear about who's involved in arranging the rota and ensure they know their responsibilities and are competent to do them. This could be a registered manager, HR or administration worker. They need to understand your business and have good IT, problem solving and number skills.
- ✓ If you use an electronic rota system, ensure it's simple to use and that all staff understand how to use it – this might include regular training.
- ✓ Implement 'version control' to your rota to reduce any confusion when the rota changes, and ensure staff know where the most up to date rota is.
- ✓ Share your rota as early as possible, in a consistent way, so people who need care and support and staff can plan their lives. Give staff easy ways to access the rota for example online, in paper or on mobile devices.
- ✓ Tell people if the rota changes and explain why you've done this. If you use an electronic system you might be able to send out automatic notifications and alerts.
- ✓ Review your rota regularly and include staff in this review. Listen to and act on their feedback to make improvements.



We plan a permanent pattern of work so staff know their rota six weeks in advance, and we try to let them know who they'll be visiting two weeks before. This work pattern means staff know when they'll be working for the year ahead which supports their work-life balance. It also means we expect staff to plan all non-emergency appointments on their day off. We give staff paper copies of the rota to staff and share it on the app.



What works for us:

Walnut Care

Walnut Care start by planning their visits with Lego and use an online system to automate their rota and communicate with staff. They told us:

“When we’re planning our staffing levels, we start by using Lego!

I come from an accountancy background and we used Lego to plan who was doing which audits and when. We found that this same principle can be applied to managing a care service.

We split care visits up by the travel routes that our staff take, and write on a post it note the different visits we need to do on that route.

We then build this in Lego.

Each Lego brick represents a five minute block of care time and we use different coloured bricks to represent the different villages we operate in. We then allocate staff to each block of Lego and identify if there are any gaps.

We can then easily transfer this information into our computer system which automates our staff rota.

We’ve found that having a visual representation really helps us to plan our staffing. For example during times when we’re at risk of staff shortages, such as school holidays, it’s quick and easy for me to manage staff holiday requests and find cover for shifts.

The Lego sits on the wall in our office so staff can easily shuffle visits around if people ask us to fit in extra visits or we get new clients. This means that we don’t waste time and resources re-planning visits every week.”

Melanie Weatherley, Chief Executive

More information: Continuity of care

People who use services are best served by having a stable group of staff they know and who know them.

Driving improvement in adult social care, CQC

When you plan your staffing, it should support continuity of care.

This enables staff to build relationships with the people they support, get to know them and their needs better and develop their skills and knowledge around the person. They're also more likely to notice changes in people's health and wellbeing.

You need to ensure that your staffing and operational management enables continuity of care. Here are some things you need to consider.



Match people who need care and support with appropriate staff. You could do this based on:

- their skills and knowledge
- their personality and interests.

You could ask staff and people to write a personal profile to support the matching process.



Review the matching regularly and act promptly if it isn't working.



Ensure people who need care and support have a small and specific care team who know their needs and wishes. Where possible, use the same people to provide care and support.



If a new or temporary worker is providing care and support, ensure they have time to read the person's care plan and introduce themselves before they start.



Allow enough time for staff to do a safe and effective handover between different shifts or staff. This could be done in person, handwritten notes, electronic records or over the phone. Document these and share them with staff.



If someone raises an important issue in a handover, update other documents where relevant. For example you might need to revise someone's care plan or do a risk assessment.





What works for us: Care Concern

Care Concern is a homecare provider who match their clients with a small group of regular staff. They told us:

“We introduce a small team of carers to each client so they receive consistent care and support from people who know them. It’s so important that carers and clients build a relationship based on trust, and regular visits from the same carers helps.

We have a dedicated coordinator who does our rotas each week. Our software remembers which carers have visited which clients and prompts us to make that match where possible. We can also put staff on a ‘declined list’ if someone requests this.”

Bernadette Kendall, Registered Manager

More information: Doing a safe handover

A good handover ensures staff have the right information about the people they're supporting so they can provide safe care and support.

It'll also help you to identify any changes to people's care and support needs, and share any concerns you have about people's safety.

Poor handovers can put people at risk, for example if staff don't know about a change in medication. One CQC inspection from a residential home rated 'inadequate' for 'safe' said:

"People's daily records and staff handover records did not always include the information staff needed to adapt their approach to changes in people's moods, behaviours or abilities."

There is never anyone who doesn't know what's going on. Handover is done properly. It doesn't matter who I ask, they always just know, that's a positive from having the same staff in a team.

Family member, service rated 'outstanding' for 'effective'

Handovers should also feed into wider quality assurance processes and form part of any investigations into incidents or accidents. For example if staff tell you that someone's care needs have changed in a handover, you need to update their care plan and let other staff know.

Handovers can be done in different ways such as:

- in person
- handwritten notes
- electronic records
- phone calls.

The CQC don't give any guidance on handovers so you need to decide what works best for you and your service to ensure you operate within their regulations. Whatever approach you take, you need to be confident that it's effective and be prepared to evidence this.



What works for us: Middleton Hall Retirement Village

Middleton Hall build time into their rota for staff to do an effective handover. They told us:

“An effective handover is a key part of the process that helps us deliver outstanding care at Middleton Hall.

Our handovers include important information about clients or changes to our service including:

- medication
- any changes in people’s health and wellbeing
- any appointments people have been on
- new residents moving in
- communication with families
- social activity updates
- allocating tasks for the shift.

We make sure staff have enough time to do a good handover and this time is allocated into the rota.

We collect and share this information in a handover diary system which gives us an audit trail. We also share these with staff when they return from leave or absence. Our Head of Care and Quality monitors and observes handovers to ensure they’re high quality.”

Audra Hunt, Living Well Manager and Trainer



What works for us:

Brunelcare - Deerhurst care home with nursing

Deerhurst use a dependency profile to determine their staffing levels. They told us:

“We complete dependency profiles each month for everyone who lives in the home to show us what level of care we need, and use this to plan our staff rota.

We review the rota regularly to plan our staffing levels.

- Our long term plan: We plan our rotas three months in advance on a ‘week one’ and ‘week two’ basis. This means we can see any gaps and arrange cover.
- Our medium term plan: We then check the rota a month ahead to see if we need to make any changes.
- Our short term plan: We check the rota every day to ensure that we have enough staff for the week ahead.

We work on a ‘week one’ and ‘week two’ basis so our staff can achieve a good work-life balance. We’ve found this helps with our retention and we have a dedicated and loyal workforce.

The care home manager is responsible for developing the rota, the deputy manager does a daily check and the administrator keeps it up to date.

We over-staff by 20% to allow for sickness, training and other unplanned absences. We have mentors in the home and offer placements for paramedic and nursing students – they provide that ‘little extra’ to the people we support. Previous students have also joined our bank staff team who help to cover holidays and weekends. At the moment we have five student paramedics and five student nurses on our bank team.













We haven’t had to use a recruitment agency for ten years and so by planning in this way, we can demonstrate that this works!”

Lesley Hobbs, Care Home Manager













1.3 Put contingency plans in place to maintain safe staffing levels

There are lots of things that can impact short term staffing levels and affect the safety of your service. You need to have contingency plans in place to respond to these and ensure that responsible staff know what these are.

| | | |
|--|---|--|
|  |  |  |
| Staff resignations e.g. removing people from rotas and organising replacement | Travel delays e.g. broken down cars, road works and accidents | New clients e.g. time needed to assess their needs and build new relationships |
|  |  |  |
| Staff recruitment e.g. involving staff in recruitment process, induction and shadowing | Loss of existing clients e.g. reorganising what previously arranged staff will now do | Staff sickness e.g. adapting to short and long term sickness |
|  |  |  |
| Parental leave, family leave or special leave e.g. time off to look after sick children and funerals | Unplanned activities e.g. investigating accidents and incidents and disciplinary action | Annual leave e.g. pre-planned but also short-notice requests |
|  |  |  |
| Adverse weather e.g. heavy snow and flooding which can lead to blocked roads and closed schools | Healthcare e.g. if clients need to be accompanied to hospital | Industrial action e.g. changing hospital appointments and school closure |

Top tips: things to consider

| | |
|---|---|
|  | Have a succession plan in place to help you manage resignations or long term absences. |
|  | Tell staff and the people you support about any changes to staffing as a result of staff shortages, and how this could impact them. |
|  | Over-staff your service to a level that avoids poor standards of care when impacted by staff shortages. |
|  | Train other staff to cover specific responsibilities, such as domestic workers supporting people at meal times. |
|  | Build working relationships with other local services who could cover shifts. |
|  | Have a team of bank staff who can cover gaps in the rota. |
|  | Use agency staff to cover emergencies. |
|  | Run a volunteering programme to enhance the support you provide and enable more people to enjoy new experiences and activities. However they shouldn't be a substitute for paid staff and everyone needs to understand this difference. |
|  | In a community care service, if the route to your visits are blocked, have alternate plans in place, for example arrange for family, friends or neighbours to visit people if staff can't get there. |
|  | Record and monitor the impact of staff shortages, for example if community care staff miss a visit, and include them in your quality assurance process. |

More information: Using temporary staff

We encourage providers to use contracted workers where possible to provide continuity of care and save costs.

Using temporary staff in the long term isn't a cost effective way to fill vacancies or address short staffing.

However, they can help you maintain staffing levels and offer flexibility for other workers.

Lots of temporary staff have relevant experience and the right values to work in social care, but it's important that they get the right induction and support to provide safe care and support.

Here are some things to consider if you use temporary staff.

- ✓ Review the care and support needs of the people you support and decide if these can be met by temporary staff.
- ✓ Think carefully about the role and responsibilities of these staff, taking into account their knowledge and experience of your service and the people you support. This might be different to your other permanent staff.
- ✓ Ensure temporary staff are recruited through the same recruitment processes as other staff – they still need the right values to work in your organisation and to have the right checks.
- ✓ Ensure staff have the right values, skills and knowledge for their role and assess their competence before they work unsupervised. If you identify any gaps, provide appropriate training.
- ✓ If they have experience from the health and social care sector, check that their training and qualifications are in date.
- ✓ If they're new to social care, ensure that they meet the Care Certificate standards.
- ✓ Provide a thorough induction that introduces them to your organisation's policies and procedures, assesses their competence and ensures they're trained to use any equipment they need in their role. You could give them a mentor or buddy.
- ✓ Tell existing staff what roles and responsibilities temporary staff have.
- ✓ Provide regular feedback, supervisions and appraisals of performance both to the staff member and to their agency.

Shortages of qualified staff can have a substantial impact on the quality of care, with some roles and specialties facing more severe shortages than others. High reliance on agency, bank and locum staff can often be a characteristic of poor performing services.

The state of health care and adult social care in England 2017/18, CQC

Guide to safe staffing

Sometimes, agency staff can help you respond to urgent staffing needs, for example if someone is ill.

The majority of agency staff are experienced and well trained to deliver safe care and support, but you need to make sure you work with the right recruitment agency.

Here are some of the things you need to think about when working with a recruitment agency.

- ✓ Meet or interview different recruitment agencies as part of your selection process – avoid selecting the first one you find out about.
- ✓ Ask other health and social care providers which recruitment agencies they use and whether they're reliable and responsive. Before you select an agency, follow up their references with other providers.
- ✓ Brief the recruitment agency properly with a realistic picture of your service and what kind of staff you need, so they can shape their offer around this.
- ✓ Check how flexible the recruitment agency is. Ask if they can adapt to meet your changing needs, for example if you change the type of care you deliver.
- ✓ Choose a recruitment agency that's accredited or a member of a trade or professional body, such as The Recruitment and Employment Confederation or similar.
- ✓ Consider commissioning with more than one recruitment agency so you have more staffing options for emergencies.
- ✓ Review the recruitment agency's processes and records to ensure they have suitable, experienced and trained staff. Ensure that they keep this up to date.
- ✓ Avoid recruitment agencies who use staff with no experience or who haven't been assessed as competent.
- ✓ Understand the recruitment agency's costing models and associated fees before you select them, so you know exactly what you'll be paying for.
- ✓ Understand the recruitment agency's service level agreement and how promptly they can respond to your needs.
- ✓ If you're likely to want to directly employ good agency staff, discuss whether this is allowed and what the associated costs might be.



What works for us:

Voyage Care

Voyage Care use agency workers to cover emergency staff shortages, and ensure they're supported to deliver safe and effective care and support. They told us:

“When we use agency workers we ensure that they know about our service, the people we support and our policies and procedures – they get a full induction with us.

When they first start they shadow a permanent staff member and our home managers meet them regularly to ensure they're happy in the role and with the support we're giving them. We also observe them to ensure they carry out the role safely and effectively – we give open and honest feedback to anyone who works with us.

We also give feedback to the recruitment agency about their workers. We report any safeguarding concerns or medication errors to them immediately, and have disciplinary procedures in place for such situations. If someone isn't suitable for the role, we ask them to leave and wouldn't ask them to work for us again.”

Darren Crowton, Registered Manager



What works for us:

Walnut Care

Walnut Care is a domiciliary care agency in rural Lincolnshire so it's important they have a good contingency plan for extreme weather conditions. They told us:

“The local area is susceptible to flooding so it's vital we have a contingency plan in place.

We give everyone who we support a ‘rating’ of red, amber or green (we discuss this with them and their family).

- Red – refers to people who need to be visited and they need it on time
- Amber – refers to people need to be visited but the timing could be flexible
- Green – refers to people who have got family and/or they could manage with less support in times of emergency

When we activate contingency plans each manager takes responsibility for a number of staff and contacts them at least once a day.

We have close working relationships with other social care, health and emergency services who support us. In March 2018 local villages were cut off by snow and healthcare workers from these villages offered to visit our clients if staff couldn't access them. And care workers from Walnut Care did the same in their villages. We also work closely with the county resilience team which includes the police, fire, ambulance and NHS service. This also means, for example, in snowy conditions we can access 4x4 vehicles to do visits for people who would have otherwise been cut off.

Having these community connections in place before the emergency ensured that no visits were missed and we maintained a safe staffing level.

After each emergency we reflect on what's worked well and what lessons we've learned to improve future contingency planning.”

Melanie Weatherley, Chief Executive



What works for us:

Middleton Hall Retirement Village

Middleton Hall Retirement Village employ bank care staff to ensure they have safe staffing levels. They offer them the same support and development opportunities as permanent staff. They told us:

“Employing bank care staff gives us flexibility within the rota to ensure we can deliver safe care at all times, and we’re committed to supporting and developing them.

Bank roles are popular because they offer flexibility. Our bank team is made up of:

- people who have left the organisation but who want to stay on as bank staff
- retired staff from permanent contracts
- new staff
- students enrolled in health and social care qualifications at local colleges and universities.

At team meetings we discuss the capacity of staff and any events or activities coming up where we might need extra staff. We can then plan for bank staff to cover these times.

Bank staff go through the same induction, familiarisation programme, shadow shifts and training as permanent staff. They also attend team meetings, receive our monthly newsletter, have regular one to one supervisions and an annual appraisal with an appointed manager.

To stay on the bank team they have to do a minimum number of shifts over three months to ensure continuity of care and keep up to date with our policies and procedures.

If someone hasn’t worked for a while, we have a file with recent updates which they can read.”

Audra Hunt, Living Well Manager and Trainer

1.4 Review and revise your staffing levels

You need to review your staffing levels regularly to ensure they still meet the needs of your service, and revise them if needed.

This should be a regular part of your quality assurance processes but sometimes you might need to do an ad-hoc review, for example if someone's care and support needs change, if they request a different time (in community care settings) or if staff ask to change their hours.

If you don't review and revise your staffing levels when needed, this can impact the quality of care and support and risk safety. Here's what two care workers from residential homes rated 'inadequate' for 'safe' told the CQC:

"Sometimes it's hard, we work our way around it but it's difficult. People's needs have got harder."

"We are all exhausted and the residents don't get the care they deserve. We have all asked for more staff and keep getting told the provider won't allow it".

Staffing levels and skill mix must be reviewed continuously and adapted to respond to the changing needs and circumstances of people using the service.

CQC Regulation 18 Guidance



I review my staffing levels at least every three months and have flexibility built into my budget to increase above normal levels where required. This is about being responsive to changing need and having proactive care planning approaches.

This also requires having a good bank team along with flexible staff. My tendency is to risk over-staffing the home slightly to create this contingency, with any slack taken up with further person-centred care and activities.

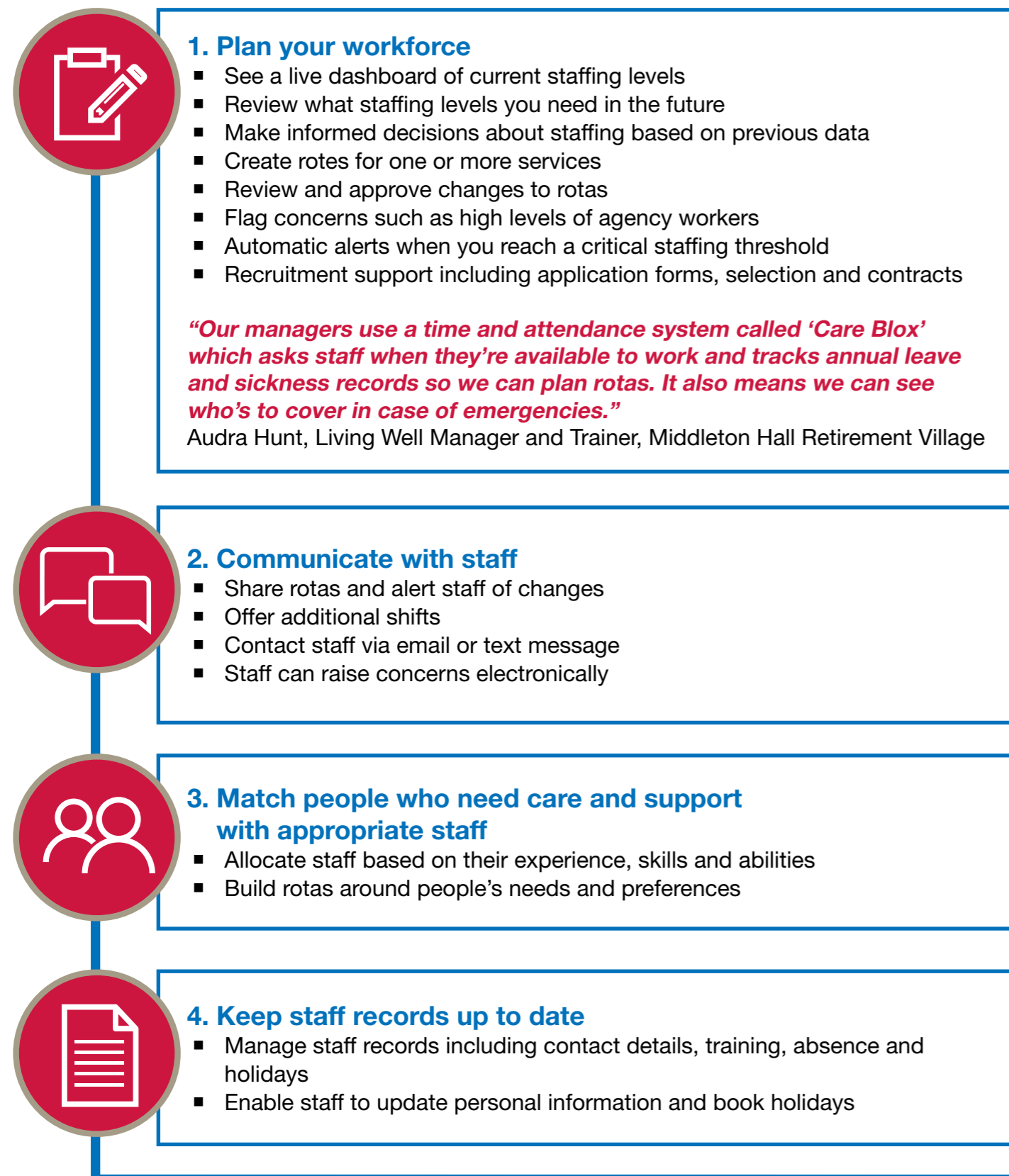
Jason Denny, Registered Manager, Old Hastings House



Using technology to support safe staffing

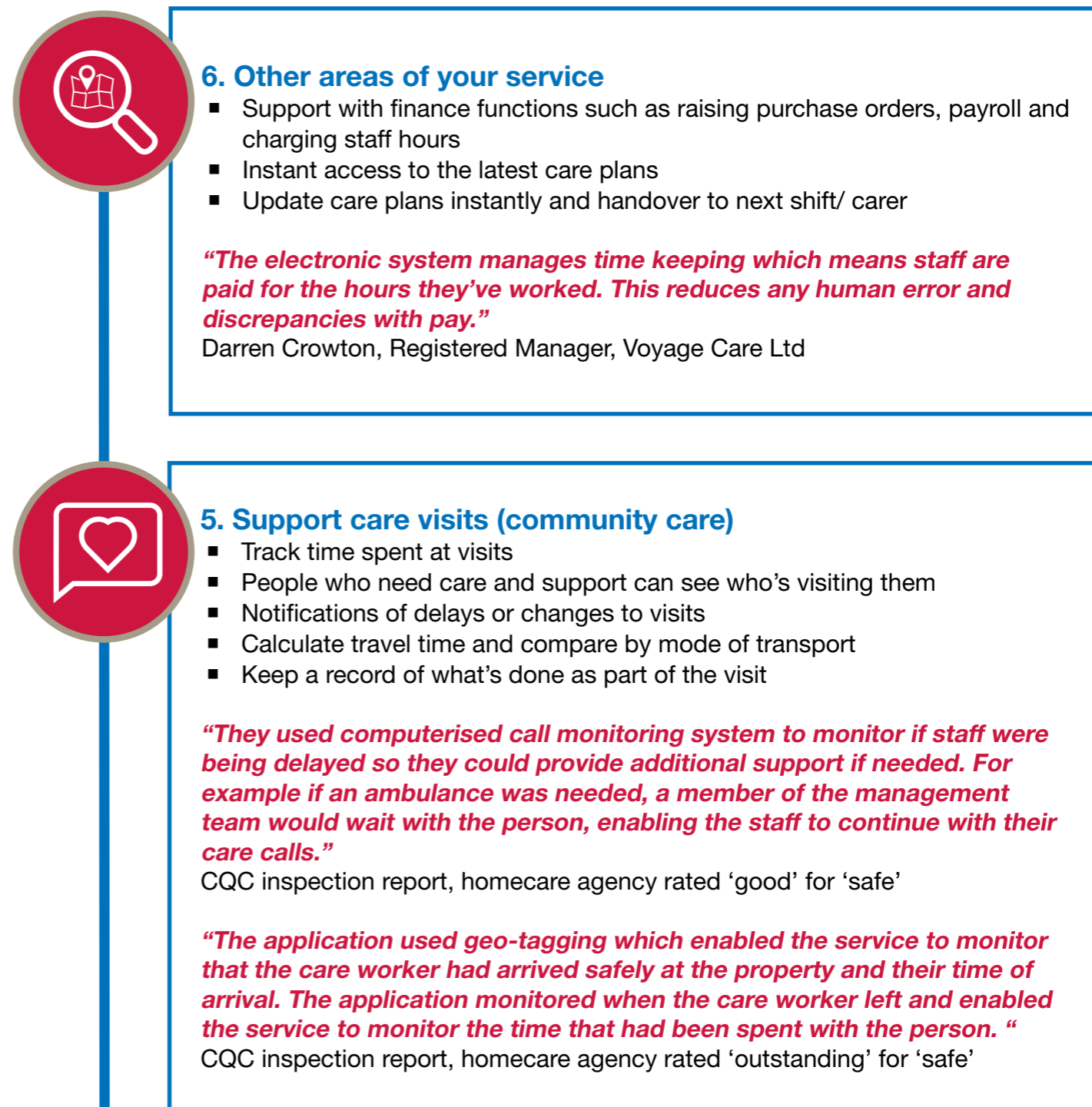
Using technology can reduce inefficiencies and human errors and save you time and costs, so you can spend more resources delivering high quality care and support.

There are lots of ways technology can support safe staffing.











Changing to an online system is the best thing I’ve ever done. The savings have been incredible, the admin’s up to date, we’ve never missed a medication and it’s like the platform is a joint manager as all alerts and compliance is managed within the system. No more folders for audits - everything is paperless

Katrina Green, Director and Registered Manager, Bay Care Domiciliary Care Ltd



Top tips: things to consider

| | |
|---|---|
|  | Get buy in from all managers and leaders before you invest time in a staffing system. |
|  | Ensure you know what you need before you commission it and choose a system that meets this as close as possible. |
|  | Compare different systems and their prices to ensure you get good value for money. But don't select a system solely on price – make sure it has the functionality you need. Follow up testimonials and references to ensure you get the right one. |
|  | Consider the original set up costs and longer term running costs, including staff training, and ensure you can commit the budget to maintain the system and support upgrades. |
|  | <p>Involve staff from across the organisation in demonstrating and reviewing the system to make sure it's fit for purpose and easy to use.</p> <p>If the system is client facing, involve them, their family and advocates in the process.</p> <p>If any part of the system will be used by other organisations such as healthcare services, involve them in the process.</p> |
|  | Talk to the supplier about how their system has evolved to reflect changing needs and their future plans for the system. Make sure they're sustainable and flexible so it can adapt if your service changes in the long term. |
|  | Train staff, including managers, office staff and care workers, to use the system and any associated apps. |
|  | Record and monitor the impact of staff shortages, for example if community care staff miss a visit, and include them in your quality assurance process. |



What works for us:

Bay Care Domiciliary Care Ltd

Bay Care use an online system to support their rota planning and communicate with staff on a day to day basis. They told us:

“We know recording information is important so we wanted to make it more simple and effective for staff by using a digital system.

We researched lots of software companies and chose PP and Mobizio because it was user friendly and met our needs.

The system enables us to do real time care planning and keep up to date notes for staff to see before their visits. Staff get direct alerts regarding their visits and what tasks need doing, updates to documents and rota changes. They can also record care notes after visits which are useful for handovers.

The system supports us in other areas such as administering medication, completing body maps, filling in incident forms, finance processes such as payroll and logging missed tasks.

We give staff one to one training to help them use the system and they can access webinars and handbooks to help. Our domiciliary care workers download the app on their mobile phone and because it's easy to use, we find that they don't need much more support.

For our managers the system provides real time reports to ensure we don't miss any visits and has online forms so we can deal with any concerns quickly. It also provides evidence of our staffing for CQC inspections.”

Katrina Green, Director and Registered Manager

How will the CQC inspect this?

You need to demonstrate to the CQC how you calculate safe staffing levels in your service and how it enables you to deliver safe care.

Here are some of the ways the CQC might inspect your service around safe staffing levels. Think about how you can collect evidence and prepare people in your service.

Interviews

They might ask **people who need care and support**, their families, carers and friends about:

- their experience of the number of staff on duty at different times
- whether there are enough staff to keep them and others safe, and do they have the right skills to do this
- how quickly the service recognises and meets their needs, including when their needs change
- the time of response to pain and distress
- how leaders and managers support the staff and work with them.

“I am safe because there are lots of staff around. They offer assistance and reassurance and seem to enjoy their work.”

Person who needs care and support, nursing home rated ‘outstanding’ for ‘safe’

“I think there are not enough staff at meal times; there are so many people needing help to eat they can’t manage.”

Person who needs care and support, residential home rated ‘requires improvement’ for ‘safe’

“Every person, relative and staff member we spoke with felt that staffing levels were excellent. We saw there was a high ratio of staff as well as a low turnover that kept people safe and met their needs. People told us if they needed or wanted one to one staff support this was always available for them.”

CQC inspector, residential care service rated ‘outstanding’ for ‘safe’

Guide to safe staffing

They might ask your **service, manager or director** about:

- their awareness of relevant regulation, legislation and standards
- whether there are adequate numbers of staff
- how staff are trained to keep people safe
- how people's needs are met in a timely way.

They might ask your **staff** about:

- their workload and capacity to safely meet people's needs
- whether the rota enables them to provide high quality, person-centred care and support that's focused on engagement rather than being task oriented
- their competence (and of the wider team) to keep people safe
- what training they've done and support they get to ensure they can safely support people.

Observations

They might look for:

- safe practice in your service in the day to day care
- how quickly you respond to people's care and support needs and the quality of this interaction
- the number of staff on shift on the day of inspection
- staff deployment to ensure that the number and skills of staff meets the current needs of the service.

"We observed staff on many occasions sitting together at a dining table, either talking, completing records or eating, and not providing care and support to people."

CQC inspector, residential home rated 'inadequate' for 'safe'

Records and policies

They might look at:

- care plans
- staff rotas and schedules
- staff recruitment and employment records
- staff training, induction and development planning.

"We saw records, which detailed the care people had received. In one person's care record, we saw there were gaps in the record which meant we could not confirm the person had received their care and support. The registered manager told us recruitment agency staff had been scheduled to attend these calls and they were unable to confirm if the care visits had actually taken place."

CQC inspector, homecare agency rated 'requires improvement'

What other providers do

“The service used ‘workforce planning modelling’ to ensure staffing levels were appropriate. This was done by looking at key elements such as occupancy, patient dependency, skill mix and workload. This meant people were kept safe because staffing levels were sufficient to meet people’s needs and there was an appropriate skill mix to deal with the level of care required.”



CQC inspector, residential service rated ‘good’ for ‘safe’



“As evidence for the CQC, we have a care spreadsheet detailing the 1:1 hours and core hours that have been agreed during transition into the service, with the aid of the care funding calculator and in review meetings with the care manager of the people we support. The rota evidences how many hours are being used on a daily and weekly basis showing that the support hours are being met with the appropriate and safe staffing levels.”

Darren Crowton, Registered Manager, Voyage Care

“We have good communication and allow time for handovers between the night and day teams. This ensures that all staff get a good picture of residents’ needs and how much support they need – this helps to ensure we have the right staffing levels. We also do regular quality assurance checks of files, rotas and handover notes to see if we need to make any changes to the support we provide.



We’ve also implemented software so that we can measure and monitor the call bells and response times. From this we can see when the busy periods are and plan our staffing levels and rotas around this.”

Audra Hunt, Living Well Manager and Trainer, Middleton Hall Retirement Village



What to avoid

Many services rated 'requires improvement' or 'inadequate' make these common mistakes when it comes to safe staffing.

They:

- ✘ fail to follow their own policies and procedures or take an inconsistent approach when determining staffing levels
- ✘ take on new care packages when they don't have enough staff with the right skills to meet people's needs
- ✘ ask staff to do things alone that require more than one person because they don't have enough staff
- ✘ don't allocate enough time for care and support to be delivered
- ✘ keep poor records because staff don't have enough time to complete them.

Even the basics, such as putting notes on care plans, had not always been completed by agency staff due to a lack of training. However, it's not just about numbers – staff need to be capable and deployed effectively to ensure the safety of people at a service.

The State of Health Care and Adult Social Care in England 2016 2017, CQC



Staff don't sit and talk with people for a meaningful length of time.

CQC inspector, residential home rated 'inadequate' for 'safe'



The provider had failed to ensure there were sufficient numbers of staff to keep people safe. The provider sent us an action plan stating that they planned to continue to increase staffing levels. However, six months later, we found that contrary to the provider's action plan, staffing levels had been reduced.

CQC inspector, residential home rated 'inadequate' for 'safe'

2. Safe recruitment practices

Once you've decided how many staff you need, your recruitment activities need to attract and select the right people to fill them.

Without safe recruitment practices, you could fail to do essential checks and recruit people who aren't suitable to work in the sector. This increases the risk of providing unsafe care and support.

Taking a values-based approach will help you to recruit the right people at the start who are more likely to stay. This can save you recruitment time and costs and protects the continuity of care and support.

You also need to do the right recruitment checks, such as DBS, reference and right to work checks.

Quality means that providers recruit good quality staff, and support and empower their staff to do their best work and continue to develop their professional skills.

Quality Matters, 2017

Get started

Click on each section to get started.

[2.1. Plan your recruitment](#)

[2.2. Attract and select the right people](#)

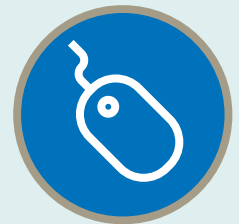
[2.3. Review your recruitment activities](#)

[How will the CQC inspect this?](#)

[What other providers do](#)

[What to avoid](#)

[Resources to help](#)










2.1 Plan your recruitment

Not having enough staff who have the right values and skills to respond to people’s needs, can lead to unsafe care and support.

A recruitment plan will help you recruit the right mix and numbers of staff to meet the demands of your service, and minimise the risk of staff turnover.

It should be based on how many workers you decide you need to meet your safe staffing level.

Top tips: things to consider

| | |
|---|--|
|  | Have a recruitment and retention strategy to ensure that you can recruit enough of the right people to deliver safe levels of care. |
|  | Use the NMDS-SC system to compare your service with others at a local and national level around recruitment and retention. |
|  | Understand your local market and competitors and use this intelligence to inform your recruitment activities. For example where do your competitors operate and how much do they pay? |
|  | Calculate how much recruitment costs for you using this template , including associated induction, backfill and administration costs. This will help you to see whether your recruitment activities are value for money, understand the financial impact of losing staff and secure investment to fund future recruitment activities. |
|  | Use a values-based approach in your recruitment to recruit the right people for your organisation. |
|  | Ensure staff records contain all the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and store them safely. CQC FAQs say: <i>“A full employment history, together with a satisfactory written explanation of any gaps in employment. This information may be in the form of a Curriculum Vitae, but need not be.”</i> |
|  | Keep evidence of your recruitment activities such as applications, CVs, health declarations and interviews. |



What works for us: Voyage Care Ltd

Voyage Care uses a range of ways to attract new staff and take an open approach to their recruitment, so they can recruit from a wide talent pool. They told us:

“We want to ensure people from all backgrounds and experiences have the opportunity to join a thriving sector.

We invest time and energy into raising our profile locally which makes it easier to recruit. We hold regular open days where existing staff talk to members of the public about what it’s like to work at Voyage Care. We have ambassadors who go into local schools and colleges to talk about social care and inspire them to think about a career in the sector.

Our website shows what we do, the care and support we offer and has accounts from people who live in our care homes about what life’s like.

When people apply for jobs with us, we offer them a telephone interview with someone in our head office, and then invite them to the care home they applied to for a face to face interview. At this interview the home manager can tell them more about what their service does and what support they provide.”

Darren Crowton, Registered Manager

2.2 Attract and select the right people







Safe staffing isn't just about filling vacancies, it's about filling them with the right people. This will improve the quality and consistency of your care and support, reduce the number of 'wrong choices' and save you the costs and time of re-recruitment.

When assessing whether an applicant is of good character, providers must have robust processes and make every effort to gather all available information to confirm that the person is of good character.







It's not possible to outline every character trait that a person should have, but we would expect to see that the processes followed take account of honesty, trust, reliability and respect.

CQC Regulation 19 Guidance

Top tips: things to consider

| Attract the right people to your vacancies | |
|---|---|
|  | Make sure your job adverts and descriptions give realistic expectations about the role. |
|  | Give people the opportunity to visit your service before you recruit them so you can see if they're right for the role, for example through visits, shadow shifts, work experience or open days. |
|  | Understand the common characteristics that your best workers share and use this to inform your recruitment activities. For example, you could include them in your job adverts and descriptions. |
|  | Use different ways of attracting new staff. For example, online, jobs fairs, word of mouth, Jobcentre Plus, local adverts or working with local colleges. You could look at how other providers recruit and see what will work for you. |
|  | Take an open approach to your recruitment to ensure you don't exclude groups of people – this will help you widen your pool of recruits. |
|  | Tell people why they should come and work for you. If you're rated 'good' or 'outstanding' by the CQC, tell potential workers. |

Select the right people

| | |
|---|---|
|  | <p>Use different methods of selecting people for your roles, for example:</p> <ul style="list-style-type: none">▪ screening tools▪ phone interviews▪ assessment days▪ visits▪ interviews. |
|  | <p>Assess people's values and behaviours in recruitment to ensure they're right for your organisation, for example are they caring, good at working in a team, committed to delivering quality care and resilient?</p> |
|  | <p>Assess people's core skills in recruitment, such as English, number, digital and other employability skills such as team work.</p> |
|  | <p>Ensure the selection process is done by more than one person and everyone understands the process. You could involve experienced or trusted workers, people who need care and support and their families in the recruitment process.</p> |
|  | <p>Do the right checks before people start work, including:</p> <ul style="list-style-type: none">▪ Disclosure and Barring Service check – review these every three years as good practice▪ right to work in the UK check▪ references (we recommend a minimum of two)▪ professional registration or relevant qualification (for example if you're employing nurses check they're registered with the Nursing and Midwifery Council). |
|  | <p>If an incident is disclosed on a DBS check, have a robust process for risk assessing people and document your decision making process.</p> |

More information: Do the right checks

Recruitment checks are particularly important in adult social care because you're supporting people who could be vulnerable.

The CQC expects regulated providers to comply with schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which outlines what information they need to collect from all workers before they start their role.

Here are some of the checks that you need to do.

- **Proof of identity**

You need to check original copies of potential recruit's identification (ID) which should include their full name, signature, address and date of birth. The Disclosure and Barring Service's (DBS) has guidance to help you if someone doesn't have photographic ID. [Download it here.](#)

- **DBS checks**

You need to do DBS checks to ensure that staff are suitable to work with vulnerable groups. In fact, if you're a regulated provider you're breaking the law if you employ someone into a regulated activity from which they're barred from working – this includes voluntary and unpaid workers.

Generally all new care workers should have a completed DBS check before they start. However there may be some flexibility from the CQC if a new worker has a DBS check with a previous employer in the past three months and for a similar role.

If a candidate has a criminal record, you should review this on a case by case basis. Research in 2017 revealed that over 11 million people in the UK have a criminal record and this shouldn't necessarily exclude them from working in health and social care.

If you employ someone with a criminal record the CQC would expect you to do the appropriate risk assessments and clearly document this.

Our '[Safe and fair recruitment guide](#)' explains more about DBS checks.

Appropriate DBS checks and other recruitment checks are carried out as standard practice.

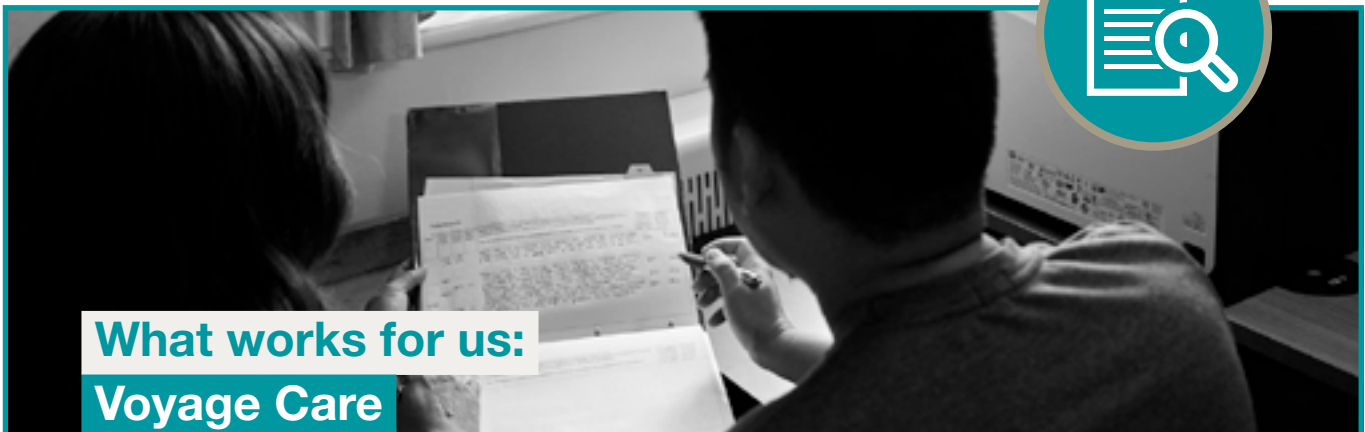
CQC 'good' ratings characteristics – adult social care services

■ Reference check

You need to make every effort to get references for all workers including volunteers and people with no previous sector experience or work history. This can give you some insight into someone's values, skills, experience, abilities and training.

Providers who are rated 'good' and 'outstanding' by the CQC invest time to get multiple references for new workers and explore any career gaps. They keep accessible records of these references and are able to provide this evidence in inspections.

If you don't get references or can't provide evidence of this, this could be considered unsafe practice and lead to a lower CQC rating.



What works for us:

Voyage Care

Voyage Care have a process for requesting and following up references for new workers. They told us:

“We ask candidates to name their references on the application form and we send this to our recruitment department who get in touch with referees.

We then put our care home managers in touch with previous (or current) employers to talk about what they're like as a person and their skills and knowledge.

We check what training they've had and what they might need in the future. We also ask if they have any outstanding disciplinary action on their record.

If we're recruiting someone who's just starting their career, we accept references from reliable sources such as their GP, nurse, college lecturer or school teacher.”

Darren Crowton, Registered Manager



What works for us: Wren Hall Nursing Home

Wren Hall use a psychometric test to assess candidate's values at the start of their recruitment process. They told us:

“At the beginning of our recruitment process, before people have completed the application form, we ask them to complete a psychometric test.

We use a customised, online, multiple choice questionnaire to see if people are suitable for the role. It has different questionnaires for different roles so we can use it across the organisation.

The questionnaire has two parts: job fit and safeguarding. It aligns with our values and allows us to see how trustworthy and reliable candidates are. We also explore how conscientious they are using a flagging system of low concern, some concern and high concern.

We've used this for four years and it has really helped our recruitment. Previously we would appoint new staff based on their interview, even if the test results raised concerns. In hindsight we should have taken more notice of the test results as many of these staff left or entered performance management procedures within the first few months.

We've reviewed this and now we don't progress a candidate's application unless they get a 75% job fit and a low concern rating. This has reduced the time and costs of interviewing and recruiting the wrong people from the start.

The test also gives us a good insight into the individual so we can build teams with a mix of skills. For example it can help us identify staff who think outside the box or who can function in a less structured role.

It's a highly effective part of the recruitment process and helped us to recruit capable and loyal staff into our organisation.”

Anita Astle, Managing Director



What works for us: Middleton Hall Retirement Village

Middleton Hall use different methods of assessing whether candidates have the right values to work for them. They told us:

“We use a candidate screening tool, values-based interviewing and written scenarios in our recruitment to ensure we recruit the right people to deliver safe care.

The written scenarios are based on situations that our staff might come across and we ask candidates to tell us what they’d do in each situation. We look at their answers to ensure they put the resident first and take a person-centred approach.

Candidates are then invited to an interview with the registered manager. They do a practical assessment first where they meet residents, do a task in the community setting or join in an activity. We observe how they interact with residents and their family members.

We also look out for their key qualities to ensure they match with our values such as being a good listener, good communicator, having a caring and warm nature, able to solve problems and treating people with dignity.

We use these different assessments to build a profile of the candidate and ensure that their values and skills match what we want. We ask for feedback from the manager, staff and residents before we make a final decision.”

Audra Hunt, Living Well Manager and Trainer



What works for us: Castle Supported Living

Castle Supported Living put people who use their services at the heart of their recruitment, to ensure they recruit the right people. They told us:

“We recruit workers based on the needs and interests of the people we support. To do this we ask for candidate’s hobbies and interests on the application form so we can make suitable matches.

We ask people questions about their values and behaviours in the selection process and show them a video called ‘Our Lives – Our Way’ that was made by the people we support. We also show them our ‘Castle commitments book’ which outlines the commitment that we make to the people we support. This shows them the standards that we expect from them once they start working with us.

We’re committed to developing stable and consistent teams so that people are only supported by staff they know – we don’t use agency staff to ensure consistency of care.




We include existing workers, people who need care and support and their families in the recruitment process. For example they co-produce our job adverts and job specifications and meet candidates and get involved in interviewing and selecting.”

Debbie O’Brien, Registered Manager

2.3 Review your recruitment activities

Reviewing your recruitment activities can help you see what's working and where you can improve.

Top tips: things to consider

| | |
|---|---|
|  | <p>Review key recruitment data from your service such as staff turnover, especially of staff in their first 12 months.</p> <p>Use this to make informed changes to your recruitment activities. For example if staff are leaving in the first few months because the job isn't what they expected, review your job description.</p> |
|  | <p>Ask people what they thought about the application process, for example did anything put them off applying or did they find anything difficult? Review your process using their feedback.</p> |
|  | <p>Do exit interviews when people leave so you know why, and make changes to address any issues.</p> |

How will the CQC inspect this?

Here are some of the ways the CQC might inspect your service around safe recruitment practices. Think about how you can collect evidence and prepare people in your service.

Interviews

They might ask your **staff** about:

- their own experience of recruitment and induction, including any checks that they were asked for such as DBS or right to work checks.

Records and policies

They might look at records such as:

- job adverts
- job descriptions and specifications
- job application template
- CVs
- job application scoring
- job applicant shortlisting summary
- interview questions
- interview screening test
- interview notes and scoring
- employee verification record
- employee declaration of suitability
- reference report
- employee contact details
- equality and diversity monitoring
- DBS checks
- risk assessment associated with DBS check
- employee 'Right to Work in the UK' checklist
- Working Time Regulations 1998 – opt out
- declaration of health and medical fitness
- contract of employment
- income tax and national insurance
- accident records
- maternity and paternity
- salary, pay and bank details
- working time
- pension benefits
- training records
- appraisals
- supervisions
- medical records such as referrals, occupational health records, risk assessments and medical certificates
- resignation records
- flexible working requests
- disciplinary including written and verbal warnings
- grievances
- time cards and rota records.

What other providers do

“Don’t recruit in the same way all the time and don’t be scared of trying new things!

Different people respond to different recruitment methods so use a varied approach. For example we’ve recently had fantastic success with social media – but only certain types of people respond to social media so we use other ways too.

We’ve slowly built up really good relationships with external agencies such as Jobcentre Plus and we attend community events to promote our vacancies.”

Lara Bywater, Registered Manager, LDC Care Co



“Finding the ‘right caregivers’ was paramount to the provider and registered manager.

It was imperative that applicants possessed certain qualities and personality traits.

Along with a commitment to providing care they looked for qualities such as kindness, compassion, the desire to make a difference, respect for others, and a commitment to empowerment and promotion of independence.”

CQC inspector, homecare agency rated ‘good’ for ‘safe’

“We looked at recruitment records for staff and saw that they’d been recruited safely.

Records included application forms (including employment histories with any gaps explained), interview records, references, proof of identity and evidence of DBS checks.”

CQC inspector, homecare agency rated ‘good’



What to avoid

Many services rated 'requires improvement' or 'inadequate' make these common mistakes when it comes to safe recruitment practices.

They:

- ✘ blame the lack of staff on recruitment difficulties and can't evidence how they're addressing these challenges. CQC inspectors will expect good services to mitigate this risk through effective recruitment activities
- ✘ drop the standard of staff to fill vacancies and employ people who don't have the right values and skills to work in social care
- ✘ don't check references or wait for completed DBS checks before staff start work
- ✘ don't value staff, for example one manager said:
"If they weren't working for us, they'd be stacking shelves at the local supermarket."



The concern I do have is that when the usual carer is going to be away, they don't seem to be able to cover leave or shortfalls.

Family member, residential home rated 'inadequate' for 'safe'

Resources to help

Finding and keeping workers

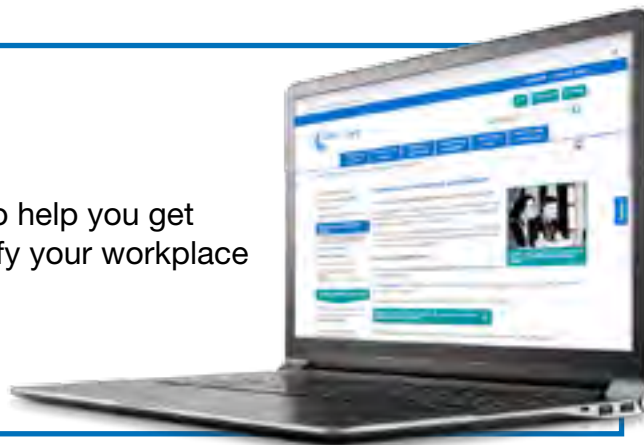
This toolkit has practical guides, tips and videos to help you attract more people, take on the right people, and develop and retain them.

Visit www.skillsforcare.org.uk/finderskeepers.

Values-based recruitment and retention toolkit

This toolkit has practical guides and templates to help you get started with this approach. It can help you identify your workplace values and ensure that your staff match them.

Visit www.skillsforcare.org.uk/values.

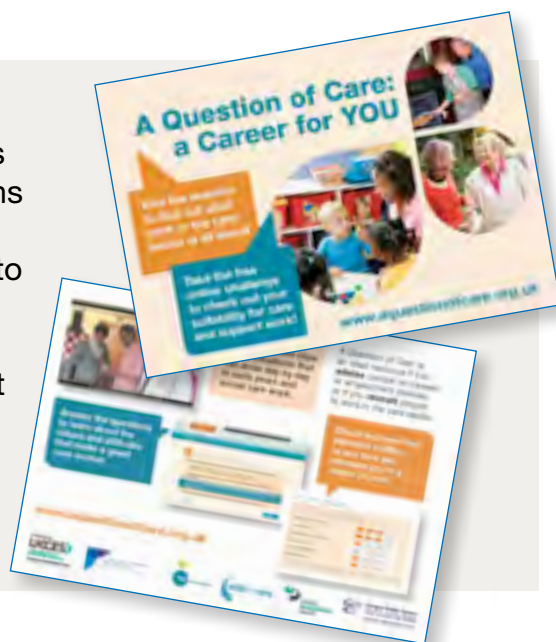


A Question of Care

This online quiz is based on real life scenarios and asks candidates to watch a short video and answer questions about it. At the end they get a personal profile which maps their answers to some of the key values needed to work in care.

You can use it in your recruitment to give you an insight into how they think and act at work.

Access the tool and download our guide at www.skillsforcare.org.uk/QofCare.



3. Safe and competent staff

Good and outstanding services will not expect staff to perform duties until they're safe and competent to do so.

Effective induction, learning and development and ongoing support can help.

We know that lots of services face challenges to appropriately budget for this, for example they rely on free training or have limited funding such as annual training budgets of £20 per head. This is unlikely to be sufficient or sustainable to maintain safe standards of care and evolve the service.

To meet CQC standards for safe care, you need to invest in the development of your staff and regularly assess that they're competent in their role.

In determining the number of staff and range of skills required to meet people's needs, they (managers) should consider the different levels of skills and competence required to meet those needs, the registered professional and support workers needed, supervision needs and leadership requirements.

CQC Regulation 18 Guidance

Get started

Click on each section to get started.

[3.1 Give new staff a thorough induction](#)

[3.2. Provide learning and development opportunities for staff](#)

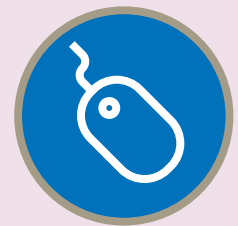
[3.3 Support your staff](#)

[How will the CQC inspect this?](#)

[What other providers do](#)

[What to avoid](#)

[Resources to help](#)



3.1 Give new staff a thorough induction

Providers must ensure that they have an induction programme that prepares staff for their role. It is expected that providers that employ social care support workers should follow the Care Certificate standards to make sure new staff are supported, skilled and assessed as competent to carry out their roles.”

CQC Regulation 18 Guidance

Induction gives new staff the opportunity to learn about your organisation and the standards of service you expect from them. This ensures they’re safe and competent to work with people who need care and support.

You should tailor inductions to people’s previous experience. The time it takes to complete a full induction will vary and you need to be realistic when you plan this. For example the Care Certificate is likely to take several weeks to complete.

At the end of induction, you need to assess that new staff are competent to do their role before they work independently.










Regardless of people’s experience, we ensure all new staff complete our induction before they visit people for the first time. This includes moving and handling, safeguarding and basic health and safety.

We know people with previous experience might have done this before, but we need to make sure it’s relevant to our service and customers. For example we think it’s important that they understand our approach to safeguarding so we can be consistent.

Chief Executive, homecare service rated ‘good’ for ‘effective’



Top tips: things to consider

| | |
|---|---|
|  | If staff are new to the sector, ensure your induction covers the Care Certificate standards as a minimum. |
|  | If you employ experienced workers, assess their skills and knowledge and shape their induction around any gaps. Don't repeat training if they're already competent - this is an unnecessary cost and could demotivate them. |
|  | Assess the core skills of any new staff (English, number, digital and employability skills) and fill any gaps. |
|  | Give all new staff an introduction to your service and your policies, procedures and values. |
|  | Ensure new staff access the learning and development they need before they work independently. This includes mandatory training and any specific skills training they need. |
|  | If new staff aren't competent at the end of their induction period, arrange additional training and support. |
|  | Give new staff a mentor or buddy. |



What works for us:

Walnut Care

Walnut Care take a flexible approach to shadowing as part of their recruitment, and don't allow new staff to work unsupervised until they're confident and competent to do so. They told us:

“When new staff start, we give them the training they need for the people they'll be supporting. This ensures that they're safe and competent to deliver high quality care and support.

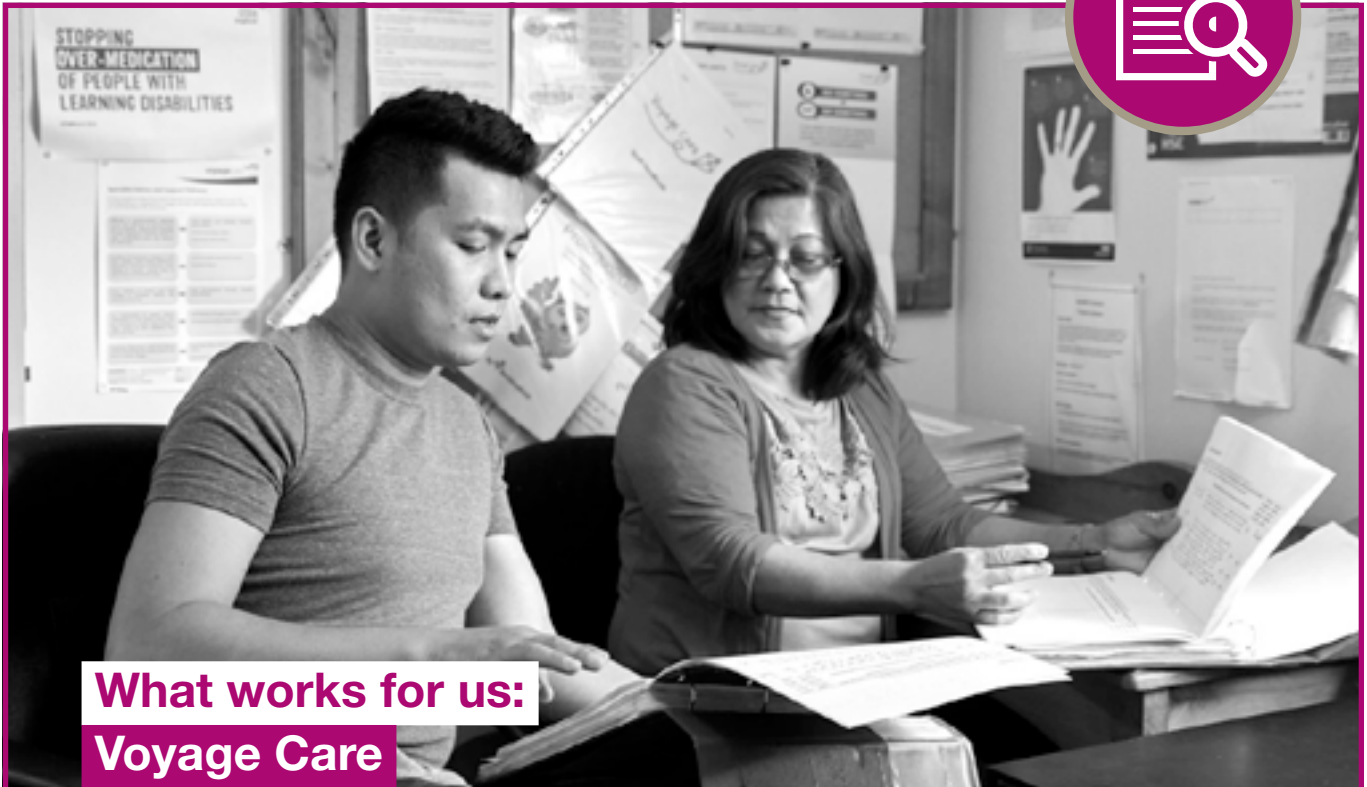
Everybody completes our induction programme which includes:

- Care Certificate face to face training and workbook
- shadowing on double-handed visits.

On the 'double handed visits' new workers work with an existing worker on a visit that requires two people. This helps them learn on the job from experienced staff.

We're flexible with new workers to ensure they're competent and confident in their role before they work unsupervised. Some people take a few months to become whilst others only take a few weeks, and this is fine.”

Melanie Weatherley, Chief Executive



What works for us: Voyage Care

Voyage Care have a varied induction programme for new staff, including training, learning about their organisation, shadowing and observations. They told us:

“When new staff start they have a six month probation period where they complete the Care Certificate (if they’re new to social care), learn about our organisation and the people they support.

For the first three weeks they shadow an experienced staff member to learn more about the way we work. They read through our care plans and can ask questions about what’s in there. Throughout this time we observe their work and give them constructive feedback about their strengths and areas for improvement.

We do supervisions every eight weeks throughout this probation period to see how they’re getting on and identify areas for learning and development. We produce a development plan to track their progress.

If staff need longer to become confident and competent, we can extend the probation period for another three months.”

Darren Crowton, Registered Manager

3.2 Provide learning and development opportunities for staff

The CQC expects regulated providers to invest in learning and development to ensure staff are safe and competent to deliver care and support as appropriate to their role.

This could be through apprenticeships, qualifications, on the job training, mentoring, training courses or e:learning.

If staff aren't competent, this could put people at risk and lead to a safeguarding concern. One CQC inspection from a nursing home rated 'inadequate' for 'effective' said:

"Despite all the training being in place we identified areas of concern where staff's skills did not reflect the latest best practice or guidance. For example, risk assessments and care plans did not support people's needs. The registered manager had not consistently assessed staff competencies with only a small number of competency assessments being completed."

Staff must only work within the scope of their qualifications, competence, skills and experience, and should be encouraged to seek help when they feel they are being asked to do something that they are not prepared or trained for.

CQC Regulation
12 Guidance








We all know there are many benefits of investing in learning and development, from creating a happy and competent workforce, to achieving good and outstanding care ratings, but most importantly to ensure that everyone receiving care and support is treated well and their needs are met.

Rob Newby, Programme Head - Standards, Learning, Qualifications and Apprenticeships, Skills for Care



Top tips: what to consider

| | |
|---|--|
|  | Ensure all staff can access training relevant to their role and give them the opportunity to access other learning and development. Ask staff if they feel there are any gaps in the training available. |
|  | Regularly assess the skills and knowledge of your staff to ensure they meet the needs of your service. |
|  | Adjust the frequency of refresher training to meet the needs of your service rather than national minimum requirements. |
|  | Ensure training is delivered by high quality trainers – this could be in-house or through an external learning provider. |
|  | Question staff’s understanding after training, especially if the training was delivered by an external organisation. |



What works for us: Walnut Care

Walnut Care give staff a smart phone which they can use to access elearning and training modules in between home visits.

“When staff come and work with us we give them a smart phone and pay for their credit. Because we’re in a rural location, staff can sometimes have up to a 40 minute wait in between home visits so we encourage them to do e:learning and training modules on their phone in between.

This helps them to continually develop and keeps them active and engaged.”

3.3 Support your staff

Staff have the support and back-up to protect people and themselves from harm. The service makes sure that staff are able to contact them and their colleagues.





Supervision and appraisal are used to develop and motivate staff, review their practice or behaviours, and focus on professional development.

CQC “good” ratings characteristics – adult social care services

Staff who are supported deliver better and safer care. If you don’t support your staff, it can lead to a negative workplace culture, increased absence and a higher turnover which can risk safe staffing levels and lead to a negative CQC inspection.

One CQC inspection from a residential home rated ‘requires improvement’ for ‘effective’ said: *“Three out of the four night staff had not received a formal supervision for over a year. One of these staff had yet to have a probation meeting, due five months ago, to assess if they were suitable and competent to continue in their role.”*

Top tips: what to consider

| | |
|---|--|
|  | Ensure staff can contact managers throughout their shift. This could be face to face in a residential home or via phone or email in community care services. |
|  | Do regular supervisions with staff where you discuss their performance and any challenges in their role. Ensure they’re an open, two way conversation, and act upon any issues they raise. Keep a written record of supervisions and give a copy to workers. |
|  | Have policies and procedures in place to address staff performance that impact safe staffing, such as quality of care or excessive absence, and ensure managers are capable and confident to follow them. |
|  | Address poor performance promptly and identify how you can support staff to avoid it in the future. |

More information: Regular supervisions

Staff should receive appropriate ongoing or periodic supervision in their role to make sure competence is maintained.

CQC Regulation 18 Guidance

Regular supervisions are a great way of keeping in touch with staff.

You can use them to discuss any concerns they have about support and staffing levels, identify learning needs and monitor their values, skills and knowledge to ensure they're still competent to do their role.

One CQC inspection report from a homecare agency rated 'good' for 'effective' said:

"Staff liked the opportunity to talk about what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore."



By meeting with the staff member on a regular basis it allows the manager of the service to be confident that the staff member is learning and developing and knows how to best support the people we support in line with guidelines and policy and procedures.

Darren Crowton, Registered Manager, Voyage Care Ltd



More information: Managing staff performance

Performance management processes are effective, reviewed regularly, and reflect best practice. Leaders and managers provide feedback to staff and there is clear evidence that this leads to improvement.

CQC “outstanding” ratings characteristics – adult social care services

Effective performance management will ensure that your staff continue to deliver safe care and support. Without it you could see standards slip which could risk the safety of your staff and service.

It can be challenging to manage poor performance of staff, but managers need to have the right skills to do this.



We discuss poor performance in supervisions and one off meetings to establish the reasons behind it. We give staff lots of advice and guidance to help them improve their performance.

We record these meetings and develop an action plan to support staff to improve in their role. This plan might include more regular supervisions, mentoring, additional training or observations.

Darren Crowton, Registered Manager, Voyage Care Ltd



How will the CQC inspect this?

You need to demonstrate to the CQC that your staff are safe and competent to deliver high quality care and support.

Here are some of the ways the CQC might inspect your service. Think about how you can collect evidence and prepare people in your service.

Interviews

They might ask **people who need care and support**, their families, carers and friends about:

- the skills and capability of your staff
- the competence and knowledge of leaders and managers
- how managers and leaders support staff
- how well staff understand and carry out their responsibilities.

They might ask **external organisations** such as healthcare colleagues, GP practices or social workers about:

- the skills and competence of staff
- how well you support your staff.

They might ask your **staff** about:

- whether they understand how to raise concerns and/or 'whistleblow'
- their own experience of induction, learning and development and ongoing support such as supervisions
- what training they've attended and how they've put it into practice
- whether they can access training to meet the specific needs of the people they support
- safety related policies and procedures and how to apply them in practice
- their awareness of relevant guidance and standards
- their awareness of people's preferences in relation to gender, sexuality and spiritual, religious or cultural beliefs
- how the manager and other leaders support staff
- how managers and leaders give staff feedback about performance.

Observations

They might observe:

- interactions between staff and people who need care and support
- the skills, techniques and methods that staff use
- how staff interact with people who may lack capacity to make a decision
- how staff interact with each other.

Records and policies

They might look at records such as:

- person specifications for job roles
- staff induction records
- learning and development records, including training, qualifications, registration requirements and development plans
- training content
- staff supervision, spot check and appraisal records
- communications with staff
- disciplinary meeting minutes.

What other providers do

“All staff in our retirement village have had training to recognise any changes in a resident’s wellbeing and/or behaviour and if they need any more care and support. This ensures we can provide safe care and support at all times.



Audra Hunt, Living Well Manager and Trainer, Middleton Hall Retirement Village



“I’ve had all the training. I did shadowing and was eased into it until I was confident. They (staff) always asked me if I wanted to do something or just watch. I was never pressured to do anything I wasn’t confident with.”

Care worker, from a service rated ‘good’ for ‘effective’

“We give staff a smart phone and pay for their credit. We give them a nice phone to encourage them to use it. They know they can always ring me and there’s always someone in the office to respond.”



Melanie Weatherley, Chief Executive, Walnut Care



What to avoid

Many services rated 'requires improvement' or 'inadequate' make these mistakes when it comes to ensuring their staff are safe and competent.

They:

- ✘ deliver or commission learning programmes that cover the full Care Certificate or mandatory training in one day – this isn't sufficient time
- ✘ outsource training to an external learning provider without reviewing the quality of training
- ✘ rush staff through induction and learning, and sign them off before they've been assessed as competent in the workplace
- ✘ use workbooks, films or elearning to cover subjects that need to be practically trained and assessed (for example basic life support and assisting and moving)
- ✘ delegate training or workplace assessments to staff with limited or no experience
- ✘ fail to collect evidence of experience, training and qualifications of new staff
- ✘ give induction and learning which doesn't reflect policies and procedures
- ✘ expect staff to do learning in their own time
- ✘ regularly cancel training due to other priorities which leads to delays.



The registered manager could not assure us that staff members had been assessed as safe and knowledgeable. The registered manager told us they believed the staff member's previous employer had trained and assessed them as competent and as a result they did not think they needed to repeat this.

The registered manager did not undertake any assessment of individual staff members' competency before allowing them to work with people in their own homes. This put people at risk of being supported by staff who did not have the skills, training or level of competency needed to effectively meet their needs.

CQC inspector, homecare agency rated 'inadequate' for 'safe'



Resources to help

Learning and development guide

This online guide will help you develop a learning and development strategy for your organisation, including finding high quality training providers through our endorsement framework and funding for training (through the Workforce Development Fund).

Visit www.skillsforcare.org.uk/learning.



Care Certificate

We have free online resources to help you deliver the Care Certificate as part of your induction process. Visit www.skillsforcare.org.uk/CareCertificate.

Effective workplace assessment guide

This guide will help you assess the competence of your staff. It explains what an assessment looks like, different ways to assess and how to give feedback. Visit www.skillsforcare.org.uk/assessment.

Effective supervision in adult social care

This guide explains what a supervision is, who should do them and has tips to deliver effective supervisions. Visit www.skillsforcare.org.uk/effectivesupervision.

People performance management toolkit

This online toolkit has advice and scenarios to help managers address staff's performance, including poor performance. Download it from www.skillsforcare.org.uk/PPMT.

Acknowledgements

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| | |
|---|-----------------------------------|
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| Simply Care (UK) Ltd | Exmoor Community Care |
| Voyage Care Ltd | LDC Care Co |
| Walnut Care | Bay Care Domiciliary Care Ltd |
| Anchor | Dales House (Westwood Care Group) |
| Wren Hall Nursing Home | Middleton Hall Retirement Village |

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