



The care exchange – Series 5

Episode 1: You are the manager – You set the quality

Hosts

Wendy Adams and Pia Rathje-Burton

Pia Rathje-Burton 00:09

Welcome to the care exchange, the Skills for Care podcast for managers in social care. I'm Pia Rathje-Burton

Wendy Adams 00:15

and I'm Wendy Adams.

Pia Rathje-Burton 00:17

Today we are launching series five of the care exchange podcast, and we have James Bullion. Come along as a guest for this live edition of the podcast. Welcome James

James Bullion 00:27

morning and well, good to be here.

Wendy Adams 00:30

James is the Chief Inspector of Adult Social Care and integrated care for the CQC. He was previously Executive Director of Adult Social Services at Norfolk County Council, and he was also a member of the Norfolk and Waveney integrated care board.

Pia Rathje-Burton 00:47

So in 2020 and 21 James for the President of Adass, the Associate Director of Adult Social Services. And James has worked in social care for over 30 years in various roles, and was earlier this year, made a CBE for services to social care. So as mentioned, today is a special episode of the care exchange, and we have you all as a live audience listening to our conversation. So thank you everybody for joining us today.

Wendy Adams 01:14

If you've joined us live, you'll know that we asked when you registered if you had any questions for our guest. Thank you for all your suggestions, and we have incorporated some of the questions into our conversation today. However, we had over 500 questions, so I think it'd be fair to say that we're not able to ask James all of the questions that were suggested, but we've taken some of the most common questions that were asked and use these to shape the conversation.

Pia Rathje-Burton 01:43

So on with the show. Welcome to the care exchange James,

James Bullion 01:56

thank you. Great to be here. Thanks a lot, brilliant.

Pia Rathje-Burton 02:00

So we heard the introduction that you are the Chief Inspector of adult social care and integrated care. So can you tell us a little shortly, what, what sort of that that means, what is that does that role entail? Yeah,

James Bullion 02:10

so I oversee at the commission the social care portfolio. So that includes the policy lead for how we do work within the commission, inspection around social care also includes now rolling out the inspection arrangements for Adult Social Care, Council, social work. And I suppose I am meant to be the spokesperson and the voice of social care within the commission and on the various stages that I get to go on really making the case for social care, looking at quality, trying to make the case to government for investment and reform and improvement in social care, as well secrecy, as well as being the regulator, we have this direct accountability to parliament where we Get to present them with a report every year about what the state of care is like. And so I am the person who speaks on social care in that report

Pia Rathje-Burton 03:10

and the integration part of that role. How does that work? Yeah.

James Bullion 03:14

So, yeah, yeah. So I've throughout the whole of my career, really working in social services or social care. I've been in various integrated roles, so I was very attracted to come and work for the commission. Are because of that new duty that the commission has to look at how integration is working and how integrated care systems are making a difference in their local communities. So I also overseeing the design of how we inspect integrated care boards and

integrated care services. And we're paused at the moment. We're not doing that at the moment, but we're still in design mode with it. Okay,

Pia Rathje-Burton 03:54

interesting. And you're also board member for skills for care. So what does that mean? And what's there being skills for care and CQC,

04:03

yeah, that's a really good question. Actually, my work on as a board member in skills for care precedes my work with the Care Quality Commission, actually. So when I was Adass in Norfolk, I've always been interested in the workforce issue and the skills issue in particular, and therefore I was really sort of pleased to be, you know, apply and get to be a board member of skills for care. So I'm on that board, and I just, I'm a regular kind of trustee in the way that I work. But what's really good is that both CQC and skills for care work really closely together. So we both produce an annual report, one about the state of care, the other about state social care workforce, where we cross check with each other and share intelligence and we work together on sort of key issues around the question of skill and how we interpret, how we interpret work around that, and how that impacts in the delivery of social care quality and most recently, and. And the brilliant work, really, that Oonagh Smith, Chief Exec and and the skills for care more broadly, have done in bringing us all together to write a sector led Workforce Strategy for social care. And I was in a meeting yesterday with the Minister for Social Care, with a group of people, Stephen Kinnock, MP, and he was really acknowledging, actually, skills for care, and the work that they've done on that sector strategy, and wanting us to sort of do more as a sector. So I love the fact that I can combine my two interests in my job and being on the board of skills for care.

Pia Rathje-Burton 05:34

Yeah, that's it's really important that we have that strategy. And you know, if you haven't checked that out, I would urge you to have a look at it. So people always kind of think, oh, you know, what is your background? Why? Why you're here? Do you have any experience of providing care yourself, or any direct experience of of receive of care?

James Bullion 05:57

Yeah, definitely. Yeah. Well, in many ways, I mean, we bring ourselves to work, don't we? So actually, I'm a Family carer myself. I help my help my sister support herself through her social care, actually, so, and I've been doing that ever since I was a child. So I was, I would, in these days, I might be called a young carer, but in those days, I was just a brother working with your sister, but so I've got a long history, actually, of that. And obviously, in my job, my previous various jobs, I've been responsible for provider services. So I've been the responsible person for, you know, whole series of learning disability services in the past. And we had 23 care

homes in Norfolk directly in the council's care company. So, yeah, I've got a lot of experience of going around services, being responsible for them, and being a user of social care as a carer. Yeah,

Pia Rathje-Burton 06:53

thank you for sharing that.

Wendy Adams 06:55

That's always interesting, isn't it? I'm always interested in how people get to the point in their career that they were so when you were when you were young, then did you always think that my career is going to be in social care? What did you want to be when you were a child?

07:12

Oh, definitely not. No. If I could have had another career, it would have been as a guitarist or a writer, or something like that. That was, those are my other passions. And I was working in our price records in Oxford Street in London, and I got the sack after about a year and a half. And I went to the Citizens Advice Bureau to say this is outrageous. They've sacked me. How can they sack me for not knowing that Frank Sinatra doesn't sing the blues, or whatever it was, whatever mistakes I was making, and I found out I had no rights. So I started volunteering, actually, at that point, when I was unemployed, to do I volunteered at a day center in Bromley, and I did some voluntary advice work. So I became a kind of rights worker and a community worker, quite by accident, really. But as soon as I was into it, I sort of loved it, and my Aunt Doreen was a social worker, so we and actually my stepdad was a prisoner, so we had probation services in the house as well. So I've kind of got an image of it, I suppose, through those sort of contacts. And it sounds awful to say I drifted into it, but I did. But when I was in it and hooked, I've, I've stayed ever since. Really, I find it fascinating the whole social dimension of life and how we how we support it. And I'm a fierce defender of social care, or social issues not becoming medical issues, and not being sort of overburdened by that, yeah, absolutely, almost categorization of it in that way. So I'm a bit of a drifter, but when I'm I'm curious about many things, and when I'm curious, I stay and sort of do more.

08:47

I suppose, absolutely,

Pia Rathje-Burton 08:49

that's really interesting. So we did have a lot of questions and comments about, sort of the recent criticism the dash report, you know, CQC performance. So just tell us a bit about the plans you are having or you're talking about making for improvements.

09:09

Yeah. So the interim dash report was a real, you know, it's a difficult moment for us in CQC, but it was telling us the truth, and it was also telling us things we were saying to ourselves actually about what we're doing isn't isn't working well enough. We've gone from a situation where we used to do many, many more inspections per year through to the pandemic, when we were all naturally suppressed in our work, and then post pandemic, where we had a kind of surge of risk and more work to do. We've not got ourselves back up to where we need to be in terms of the frequency with which we are coming out to see people and that, and that's because we're dealing with lots and lots of risk. So we're not getting to enough situations beyond risk in social care context, this is health is a bit different. So our plans was to use our assessment framework to be more proportionate in the work that we do, and then to use our new computer system to be more effective and efficient in the work that we do. And we'd organized our staff around some new concepts of assessment and inspection. And actually, the combination of those three changes haven't worked. You know, the portal, when it was switched on, just didn't work effectively enough for us. It's in a much, much better position now, but our system of inspection and recording our inspections on our new case management system has been slow. It's halved our productivity. So we have taken we have gripped that, and we've coming up with a recovery plan, which means that we are going to slightly amend the ways that we're going to work going forwards, to get ourselves, basically to get our inspectors out and across thresholds more using a slightly more analog way of working, rather than the digital expectations that we've given them, until we can fix the digital system, and then we'll come back onto it and and, you know, hopefully be more productive. But for us, for us to have a good and strong reputation, we've got to be doing the right number of inspections. We've got to have credible staff that that are working in their own areas of expertise. And also we've got to have people like me and chief inspectors of health speaking out and those, those are the recommendations that the penny dash report has has told us about. So you can expect us, I hope, to be dealing with a backlog of registrations and to getting ourselves much more frequently out to re-rate adult social care services,

Pia Rathje-Burton 11:43

and some of the things that you're also thinking about so things like changing the sort of an inspector assessor role, is that part of that recovery plan as well? And the

11:52

Yeah, that's right, yeah. So we, part of our theory of working differently was that we know that inspectors do assessment, and they do inspection, so they do field work, and they do, as it were, assessing information. And we tried to separate those, those two functions into different roles, and try and speed the process up. In fact, that hasn't worked. In fact, the opposite has been we've the opposite has been true. We've had constraints in the numbers of assessors we've got, and assessors were then instructing inspectors to do their work, and so when you get bottlenecks, things start to slow down. So we have taken the decision to revert back to a

single role of inspector. Of course, she or he will do inspection and assessment as they used to do, but there'll be much more flexibility around who does what, when, and crucially, one person to deal with. We've also decided to re install and strengthen the relationship management role as well within CQC, so we began working in a different way with hospitals on the 16 of this month, and then we're, we're changing social care on the 28 of September, and we're rolling it out so you will see a small start before we roll it all around our four networks. So we're putting back relationship management, changing the assessor inspector role to be one role. We're making sure our teams are specialists to their sector. So you know you can, you should expect people to be experts in social care and experts in regulation that those two functions, and then you can, you can expect communication from us soon about some of the technical changes we want to make. We know that registrations, it's not working effectively on our new platform. We need to revert back to how we were previously working, but without losing anyone's applications that they've made, just to reassure people. But we but some things have worked well. So then the notifications of the cancellation system on our new platform, that's working broadly Okay, and cancellations are much quicker, taking minute minutes, rather than, you know, hours, to do. So we want to keep the bits that work, but the bits that don't work, we're going to go analog, and then we're going to come back to them when we've technically fixed them and when we've tested it

Pia Rathje-Burton 14:11

as well. Yeah, absolutely. And we had a lot of comments about trust, yeah. So how do you rebuild that trust?

14:23

Yeah, it's a difficult one, isn't it? Because trust comes from experience, in a way, is sort of experience repeated over time, that is open, positive, transparent, that that becomes trust. So you can't snap your fingers and make a even if I'm sounding positive about what I'm saying it doesn't create trust. Time needs to go past as well. So there's something about trying to accelerate that time, if you can, by bringing people a bit closer to CQC. So the reason why we're working together with trades associations and with Representative organisations and directly with people that we are a. Um inspecting to produce that handbook is to is to try and create a set of sort of joint expectations, and then you've got something to test the trust against. So that's why we're really so keen to co produce that and to have a to reinvent, really, their previous version of a document that says, This is what you can expect from us. This is how it will work. This is how scoring or rating works, and this is what good looks like, and all of that kind of basic stuff, in a way. But it's that, over time, that will rebuild our trust. And the other thing is to mix up our workforce a bit, and to get people to kind of come and be part of us, and for us to be out there in local authorities and so on. That that you know to know the people you're working with, I think helps build trust as well. Really,

Pia Rathje-Burton 15:47

so good. So, and that handbook, if people wanted to be involved with that, so you mentioned that's going to be CO produced. How do people do that? How you know what? And why is that important? I suppose, yeah,

15:58

well, I think it's important because, actually, if you're a registered manager or if you're a business, you know for your own certainty, if you've got if you've got time to go by between an inspection, for example, or you're facing enforcement or whatever, then the more you know about our expectations and how to measure yourself against that, then the better you're going to feel, the more in control you're going to feel. So it's really important that we have something that sets out how our system works. Any new system takes time to embed and time to be understood. And we are formally reviewing the single assessment framework to make sure we pick up the Early Learning after you know six, six to seven months of it. And we're using Professor Vic Rayner from the National Care Forum is helping us do this. So a strong social care voice reviewing that framework. But the document and the handbook is really important for that purpose, to explain, to hold ourselves to account, to hold each other to account, really, and in terms of getting involved, yeah, we really love for as many people to be feeding in. We are primarily working through the sort of trade associations, so the representative bodies. So I think in the first instance, sort of go there and come through there to us, but I'm always happy to hear direct as well from people, and I can feed that in. So you can always mail me at CQC as well. Okay,

Pia Rathje-Burton 17:30

yeah, that's, that's really good. So is there some learning that you've sort of kind of as as a, you know, as an experienced leader? Is there some learning you can sort of, kind of, I, you know, think about, you know, things have gone wrong. And I'm sure lots of managers listening to this would be thinking, Well, I've introduced something, and it didn't quite go as I wanted to. You know, are there some things that you can share, that you've learned as a leader about, you know, things going wrong and then making changes to make things improvement, that the managers maybe can take away and use themselves.

James Bullion 18:03

Yeah, there's lots, isn't there that that we would have in common? Really, the first of all is that computer systems aren't aren't enough on their own. Actually, you need to feel that they represent the work that you do. And so some of the learning for us in our work is, is the way we've designed our new regulatory platform? Did it do the complicated version of our jobs, or the simplified version, or an average version? In our case, the learning is we have not. We have specked it, specified it, created, designed it in such a way still make our jobs more complicated. So computers can do that about or they can make life really simple, can't they?

So the learning is you can't rely on the sort of just the technical people. It's got to be the operational people who understand the work. And we've not sufficiently done that well enough. And then we didn't test it. We didn't properly test it and in CO production with providers about how does this work for you? If we'd have done that, we'd have spotted that portal problem much earlier. So that's that's an obvious point of learning, I suppose. The second is that at the core of our assessment process, we try to put people in their voices really, really strongly through the I and the we statements. And I think the learning is that that works. That is working in the way that we're assessing local authorities, in the way that we're doing inspections. That bit is really valuable, but it is the noise of everything else around it has almost lost it. And so you, you really got to, when you're trying to learn and improve things, keep, try and preserve what is good, and not forget there will be some good in this, even in failure. There is, there is sort of the beauty of things that are going right. And so don't, you know, don't, as it were, throw up your arms and everything. Every. Thing out with a kind of the baby in the bathwater thing, because actually, there is some good that's happened. And the Thirdly is staff resilience. I mean, I am heartbroken by some of the feelings that our our staff have expressed to us about how frustrating this has been, and if only we in senior management had listened earlier, you know, we would have avoided some of these things. And so the learning is, the straws in the wind are really crucial, the stuff you see in the corner of your eye. As a leader, you've got to pay attention to it and not discount it, even if it's irritable. And you know, it's the point is, it's meant to be irritable because it's where the learning is. So those will be my three things. Don't, don't rely on computers, humans is the thing, and relationships are the thing. I think that's

Wendy Adams 20:45

really interesting, isn't it, because this notion of digital is a real challenge for many of the social care services at the moment, because many services now do have digital records, or are transferring over to having digital records. What support and training are CQC inspectors receiving to be able to navigate the different types of technology and software that's being used in social care.

James Bullion 21:08

Yeah, we have a very structured approach to that. So we are obviously, we train ourselves generically on stuff that, you know, general levels of using digital products, but specifically on our own system, with a very structured program of getting to grips with, you know, how it works, how to interpret it, and also how to interpret data and evidence, because that's the other the crucial thing that we do, in a way, is go and talk to people or look at data and information and then Try and then try and interpret that as evidence for the purposes of regulation. So we put a lot of emphasis on sort of regulatory skills and understanding training on how to deal with information of concern and how to categorize that and what to respond to. But when you think of that, at the heart of it is not really digital. Isn't really the point. I mean digital just the mechanism for how so you need those generic skills. But actually the trade, the core of the

training is about professional understanding of information and risk and making a decision and judging what quality is and so on. So you have to, I think you have to stay focused on those and rather, some ways, training yourself on that rather than the digital can help. But if you don't understand how the system works clearly, you know you're going to have a problem, and that's what I would say to any social care provider that's using system. The point is, how well do we exchange information, isn't it, in a way, and how well do we then reflect on the information we've got about an individual, or, you know, evidence that you're submitting to CQC or whatever that's that's the important part. Really, I don't, I don't think we should get too hit up by the digital thing. In a way, it can become a bit of a block to people's thinking.

Pia Rathje-Burton 22:52

So do you think that providers who don't have digital records are a disadvantage, or you're sort of saying that, you know, the method is doesn't matter, is the if the quality then is more important, I

James Bullion 23:02

think the quality is more important. I mean, obviously digital, digitalization is a national ambition, isn't it? By government, there are targets associated with it, and some degree innovations and investments and as a business tool, of course, the more digitalized we are, probably the more connected we are, the more connected we are, that that leads to speed. So I'm not trying to say it's not important. It definitely is, but it isn't the be all and end all, the quality can be conveyed. And if you think about the I and the we statements, really what you're conveying there is someone's experience in the story of how an outcome is different for them. And you can, you don't have to do that digitally. And there are lots of examples where we don't rely on that being only digital. You know, our eyes and our ears and our sense of walking through a threshold and sort of seeing what's around is much more important, in

Pia Rathje-Burton 23:53

a way. Yeah, absolutely. And another question we had a lot of was about consistency and I suppose that's both in consistency of what your inspectors are judging when they're seeing evidence and when they're in services. But I suppose it's also about from a manager's point of view, and I always try and kind of remind myself, you know, when I was a registered manager, What? What? How do I ensure that the the care is consistent, so even if I'm not there, that they still the same level. So what's your advice around consistency? And what's your thoughts about how you ensure that your inspectors are being fair and consistent in their judgment?

James Bullion 24:34

Yeah, I mean, it's the perennial challenge, isn't it? This in any work that we do, and we have to accept as an organization of, you know, 3000 people and 1000 plus inspectors. You've got to

live with some inconsistency. Actually, you've got to minimize it, but it's always going to be there to some degree. The second thing is, is consistency of sort of standard, isn't it? But personalization means that you won't always. Do the same thing, and you should be flexible and adaptable to do things differently if the circumstances warrant it. And then, thirdly, part of our part of the reason why we're in this complex situation with our case management system is that we try to ensure consistency by creating evidence categories in our jargon. And so in our in our quality statements, each quality statement has an evidence category, and there are up to six categories of evidence in those. And so actually, we ended up with 106 evidence categories with our inspectors trying to sort of almost gather information on all of them. That was a bid to create a small consistency, because we're collecting a much, much wider range of information. It's that that slowed us down to kind of, you know, a grinding halt, really. So you've got to find a happy medium with deluging yourself with information to get consistency and keeping to a pattern. So I would say, you know, we, we all know the regulations haven't changed. The descriptors of what is good are broadly the same as they were before. That's where that consistency point is, in a way, trying to adhere to those but not worrying about too much of the fine detail. I think it's right, though, that where we are inconsistent as a regulator, so where, where managers or providers experience that response there and that response there when they should be the same. Then you need to tell us and point it out so that we can try and pick it up. Because some of that's about individuals, isn't it, and their skill set and training them. And some of it can be circumstance, of course, but, but unless we know about it, we won't pick it up as it were, yeah,

Pia Rathje-Burton 26:46

and I suppose that's the same for managers themselves. You know, it's about recognizing that their staff are individuals and have different skill sets, but making sure that everybody knows this is the standard. This is what I expect. But there is some flexibilities within that. So I think that's really good advice. Just want to ask one more, final, more question before Wendy goes on to our the questions we ask everybody. So you mentioned earlier about CQC, inspecting local authorities, which obviously is something new, and, you know, with, you know, but it's something that's definitely kind of spearing ahead, isn't it. We have quite a few questions around this, and most of them were around, how do providers so, how do managers themselves, you know, what impact does it have? How do they get involved? You know, what? What are your expectations in terms of of seeing You know, local authority performing well or not performing so well? Yes, yes, since one that's, that's a bad question, isn't it? So,

James Bullion 27:50

no, that's fine. It's

Pia Rathje-Burton 27:51

a great the impact, I suppose, is the first bit, yeah, no, it's a great

James Bullion 27:55

series of questions, actually. So we are 53 councils into 153 so we're just and we've got two years of baselining, creating a rating score for each local authority. So it's going to take us two years to go through. That's the first thing. And when we're looking at basically, we're looking at is the Care Act being implemented, well in that area. And so that includes prevention, provision of care, the commissioning of the care, their standard of their of the sort of response that people get and the outcomes for them. To do that, we've got to collect information from the council and collect information that we know about an area and a place. So people and providers giving us feedback on care is really important, because that forms the background, to our intelligence. Second, as part of the process with the Councils themselves, we are in a structured way. We are talking to groups of people, so with providers. Specifically within those inspections, we are talking to providers directly and organizing provider groups to meet with us. And often we're doing that through the trade association, if there is one in your area. So there's something about making the connections there and making sure they're aware of your feedback, but also feeding directly back to the Commission about what your experiences, I suppose, particularly around quality assurance and how your relationship is with the Council on that and around how you're commissioned, and what the expectations are around quality and and the impact of of all of that, and also to the other crucial thing is to enable people that we are serving their voice to come through and of course, sometimes forget that providers have a much, much better understanding of people's experience and what they're thinking. They don't want, they don't want, they don't want to speak for them, but they can really enable their voice to come through. So that's the other really crucial

Pia Rathje-Burton 29:45

feedback again, isn't it? And

James Bullion 29:49

in terms of finding out on our website, you'll see where we're, where we're sort of going next, as it were, okay, we've been so please, so please do sort of interface in in that way. And I'd love to hear people's feedback. We're finding things you'd expect us to find, waiting lists, some some worries about staffing levels, some worries about a lack of prevention, some worries about how things are commissioned, not enough support for carers, people with dementia, getting a bit of a raw deal in the integrated space, and we're feeding all that back to the Councils themselves for an improvement plan, and then to government to say, Oi as part of reform. You know, these are the things that we're finding that need to get addressed collectively. But in my experience, of the of the council's providers have been a really constructive partner to it. And I get the sense that people might not feel they've got a seat around the table. My point of view, people do need to feel what they do have, and to muscle in

if you're not getting, you know, if you're not being heard, then muscle in and say, oh, I want to be heard, please.

Pia Rathje-Burton 30:47

So if your local authority is on that list of local authorities going to be inspected soon, and so it is on the website, and we will try and put a link in the show notes to that. Yes,

31:00

I would say, I would say, though, just sorry to but in Pia. Also, I would say every local authority is preparing for this. They don't know where they are on the list out and we logistics help us determine where where to go, sort of thing. So actually, every council is in the same place where they are preparing, other than those that have been done. So everyone should be receptive at this moment to a conversation from local providers or associations about, how can I help you prepare for your inspection? So I do it now. Wouldn't wait for when they're on the

Pia Rathje-Burton 31:31

list. It's contact to the local authority, not to you in terms of feedback, just to be clear

James Bullion 31:37

that, yeah, to the local authority. But you, you know, if you want to route it via us, then that's that's fine. We'll route it for you, but more direct routes, probably more efficient. Yeah, that's really helpful.

Wendy Adams 31:47

Brilliant. Okay, so James, we have two standard questions that we ask all of our podcast guests, so I'm just going to put put those to you now. We have our time for care slot in every episode, and we started off in your introduction by talking about all of the work that you do. So time must be very important to you. What's your most time saving tip you could share with the listeners today.

James Bullion 32:15

My the thing I always tell myself is that the map and the terrain are not the same. So whatever you think you're doing when you get into the map, what you see, what you see in the terrain, is not the same. So my advice to myself and to everyone else is jump in, because you need to do what you're doing and then adapt it as you go. Whatever you think is your plan is just a plan. You know, do a plan, but then take action and adapt your action as you go. And that actually is much more time saving than making the perfect plan and then doing it. Okay,

Wendy Adams 32:50

that's really good advice. Yeah, definitely. And our final question, I want you to imagine that we're in a lift on the 10th floor going down with a group of registered managers, and before everyone gets out, you want to tell them what is your most important, your key message to leave them with. So what would be your key message for registered managers? So

Pia Rathje-Burton 33:12

you're going down that lift.

James Bullion 33:16

Here's a quick one. Well, I would say you are the thing. You are the most important thing we know the only correlation between really quality and people's good outcomes is the quality of the management. So you are the thing, and it's the relationships that matter, never mind all the other sort of processy stuff that we ask as regulators, whatever, that's just the quality of the relationship is the quality of the outcome. So that's, that's what I would say. I might say in a less jargon way, but that that's the core of it. You are the manager. You set the quality, whatever, however good you are, you know. And so if you're having a bad day and you're raising your eyebrow, people will notice that, because you're the you're the manager, you set the tone and the quality. So just remember that. And I say that to myself as well.

Pia Rathje-Burton 34:01

Yeah, good advice.

Wendy Adams 34:03

Really good message.

Pia Rathje-Burton 34:05

Yeah, that's been all really, really useful. Thank you. Thank you so much. James, that's really, really useful. Wendy, that was a really, really interesting conversation we had there with James, wasn't it? Oh, it was fabulous, wasn't it?

Wendy Adams 34:27

I loved what he had to say and how honesty was about the challenges that CQC have had. Because I do think that will resonate so many managers who've tried to do something and maybe hasn't gone the way they've expected, and they worry that CQC are going to see that in a very negative way. And I think, you know, he was really positive about that, and reflected the importance of of owning that, owning that, and being honest and saying, right, this hasn't worked. This is our recovery plan. This is what we've what. We've done. And I actually think that that is really a really positive thing for social care providers to hear that even CQC don't always get it right. No.

Pia Rathje-Burton 35:10

And I think you know you you know when you are thinking about things going wrong, and things go wrong in in every workplace, you know that those sort of steps, you know, thinking about, well, what are, what are the things there's, it's not all bad. Are they some bits from it that's worked really well that we can still use? So I think that's a really important, really important as well. Yeah. So we're basically linked to a social care resource in terms of how that conversation has gone. So what would be your your top pick? Wendy,

Wendy Adams 35:39

I think my top pick would be the good and outstanding inspection toolkit. We've got so many resources on the website around CQC, both for services that are new, services that are preparing for inspection, but the good and outstanding toolkit, I think, is fabulous. People can look at any of the five key areas that can get tips, they can get recommendations, they can filter it on the type of service they are to look for really relevant stuff. So I definitely think that's that's such a great resource for social care providers who maybe have had an inspection but want to improve on particular areas, or feel like that they've got an inspection that could be pending. Yeah,

Pia Rathje-Burton 36:30

absolutely. And I suppose linking with that and just thinking about making improvements, your guide to improvement might be another one to kind of have a look at, to a link with the inspection toolkit, particularly thinking about things, not you know if you identify an area in your service, using the toolkit together your different types of evidence, but also using, alongside that, the guide to improvement, to to make changes. Now I'm going not going to pick a skills for care resource, because I'm going to talk about podcasts so many of you have to join today. Have perhaps never listened to a podcast before? Kind of thought you were joining a webinar today? This is a podcast. So what we mean by podcast is an audio recording. So today's recording will be part of the series of the care exchange. So we are currently just today launching series five. So there's four previous series you can listen to. So that's 40 odd episodes of managers across social care talking about what it's like to work in social care, best practice, their top tips, how they've overcome particular challenges. And we talk about lots of different topics in each episode. So recruitment, CQC, assessments, quality improvement, well-being, managers, development. So if you haven't explored that before, and this is your first kind of first time you've ever heard of the care exchange, do go back and have a look at some of those or listen to some of those episodes. And if you're thinking, Well, I'm joining something, how am I going to listen to a podcast? How does that work? So you can either do it via our website, and you will be sent a link how to how to access future, past episodes. But the thing, the way that's the most useful, and probably you'll find the most effective way is to use use your phone so you most likely have a podcast platform already on your phone, either Spotify, Amazon, music, iTunes, or even something like a pod beam, which is particularly for

for podcasts. So if you have one of those things, search for the care exchange, and you will see us come up, follow us. And when you follow us, that means you can then have a look at or listen to all those previous episodes. The thing with podcast is that it's so good you can do it while you're on the go. So I was talking to a manager yesterday. Was saying, Well, I always listen to something on my way to work. Or you can do it while you're, you know, I always listen when I go for, for, for dog walk, or do, you know, gardening, or something along those lines. So you can, you can really have a good listen while you're doing something else. And, and then, you know, maybe take a few few points and think, Oh, I'm going to take that way. And obviously, there's lots of podcasts out there, but particularly the care exchange, I would highly recommend. Thanks very much for joining us today, really, really helpful and lots of useful information there. Thank you, Wendy,

39:28

thank you very much,

Pia Rathje-Burton 39:30

and we hope you enjoyed this episode, and will continue to listen to the care exchange bye for now,

39:35

for now, you