



The care exchange – Series 5

Episode 4: Outstanding doesn't mean perfect

Hosts

Pia Rathje-Burton and Wendy Adams

Guest

Cheryll Champion, Quality and Compliance Manager, LDC Care

Pia Rathje-Burton 00:08

Welcome to the care exchange Skills for Care podcast for managers in social care. I'm Pia Rathje-Burton and I'm Wendy Adams. Today we have Cheryll Champion on the podcast. She is the quality and compliance manager for LDC care company. And LDC is based in Kent and is a family run organization that provides residential and supported living care for adults with disabilities often those with really complex needs. LDC care employs about 500 people, and she has been in her current role for LDC for about two years.

Cheryll Champion 00:44

Cheryll's worked in social care for 40 years, having started her first job in social care at the age of 12, which is pretty impressive. She's worked in a number of different roles, including registered manager, supported living manager, and she also worked for four years as a CQC inspector. She was actually the CQC inspector for LDC. In 2024 Cheryll won the care innovation award at the National Great British care awards for her work supporting people with learning disabilities to have personal relationships and giving a voice to marginalised groups. Yes,

Pia Rathje-Burton 01:21

really important to talk to Cheryll about this and lots of other things - on with the show. Welcome to the care exchange. Cheryll

01:40

thank you, Pia. Thank you for having me. Great to

Pia Rathje-Burton 01:42

have you on so we heard the introduction that you won the care innovation award. Tell us a little bit more about why you won that award for

01:54

so yeah, I'm super proud to have won the national award. First time I've been nominated for my career. So winning it was amazing, if I'm honest, yeah, thank you. Yeah. It was amazing. So primarily, there was, I was nominated because of the work I've been doing for our company, for people we support around expanding their social circles, minimizing isolation. Yeah, it was mainly related to that and how we incorporate that within our with our staff and our organization,

Pia Rathje-Burton 02:29

okay? And started sort of unpicking that a bit. So, you know, part of that was a really advocating people being supported to who to be, who they want to be. How does that work?

Cheryll Champion 02:44

I think it's a stranger thing that when you start focusing on one group of people, it has a knock on effect to lots of people. So we support some young people who identify as transgender or LGBTQ, and opening up our support of them and educating our staff and how to support them appropriately. It made everybody think about other people and bits of them that may be slightly different or or not, you know, standard, and how can we support them in those areas? And I think the big focus for us is that the values we have for the people we support also apply to our staff team. So we really want our staff team to bring their whole selves to work as we put it, to be themselves and by role modeling that it encourages the people we support to believe that it's right to be your whole self. I think if staff are told to kind of hold back on who they are. It tells people that what you're saying is lip service, and actually, it's not okay to be your whole self, yeah, but by all of us being authentic about who we are, what's important to us in life, it just fosters that culture where that's the norm. It's the norm to be whoever you want to be, and that's that that makes me really think, because I think a lot of services and a lot of managers worry about encouraging staff to be themselves. Because I think there's almost this culture that we need to have a work self and a personal self, and that we shouldn't share too much about us as a person with the people that we provide care and support to, because it's seen as being not professional, or could it be overstepping professional boundaries. So I think in lots of services, that's a real a real challenge. How is that a problem? You've had hope to get around communicating that with staff? I

04:46

think it's a balance, and you have to balance the fact that we are professionals and we are supporting some people. We're not their friends, we're not their family, much as we may care about them, and at LDC, we do talk about the LDC family, and we very much feel. That way,

we are all aware that we are professionals and there are boundaries. So right from induction, we talk to staff about what are ways we can connect with people and completely ourselves with people without overstepping boundaries. And the example I usually give is I don't talk to the people we support about my love life. I don't talk to them about my mortgage, my debts, but I will talk to them about the things in life that I love, my things that I'm passionate about, so music, food, things I love to watch, things I love to do, and and how I identify. I mean, it's perfectly fine for me to say, well, actually, I'm heterosexual and, and I don't think there's anything inappropriate about that, because, you know, it's how do how do we expect people in support to tell us all about themselves, to tell us every detail of their life, but we don't share anything of us with them that's in balance, that's and what we want, obviously, in in our work in social care, is for people to feel equal for people, and the only way to do that is to have a two way conversation.

Pia Rathje-Burton 06:03

Yeah, it makes complete. Makes complete sense when you say it like that. And I suppose how, how do you think that? Do you think that that has changed? Have it having that within your values and within your culture, has that changed how staff feel about being at work you know are thinking about retention, sort of, the culture, that kind of thing. How can you see that? I

06:28

really can. I think what we get, the what the feedback we get from staff, is that they feel that we do care about their well being. We care they're not just a resource. They're not just a person, a body to go and support somebody that they they feel we care about who they are as a person. I think it makes them more willing to be open if they are having struggles in areas of their life. Talking about mental health here is very normal and comfortable. So staff are struggling if they're getting to the stage, we all know it's social care can be draining. And we support people at the very complex end of the spectrum, and working with somebody every day who may be presenting behaviors of concern, it can be very challenging and draining. And we try to make it really clear to staff that if you're getting to the stage where you're struggling or you're feeling that you're not responding in a way as professionally as you like, because you're emotionally worn out. Talk to us. Talk to us, and let's find you. So sometimes what we do is, it sounds like a weird thing, but staff will almost say, Can I have a couple of respite shifts in a service that isn't quite as challenging or as you know, complex? Yeah, and we're able to do that, and that then means that we don't have staff going off sick. We don't have staff going off on long term sick with mental health needs. Because we're we try to be as flex. I know it's not as easy, but you try to be as flexible as you can. And I always feel with with people's mental health when they're struggling, if we can catch them early and put that support in place, then they hopefully don't go down the stage where we get people who say, I'm leaving social care, people who are really great at the job, will say, I'm done with social care. I can't do it anymore. I can't cope. And we have a responsibility to minimize that, not just to keep them as a staff member, but for

them as an individual, if they've dedicated their you know, their passion and their love and their attention to the people we support them, they deserve the same from us. They deserve us to keep them safe as well. And I think being open and honest and having those open conversations across the organization just enables people to do that and and to not feel that they're going to be judged or that it's going to be seen as a negative. I think staff are often worried if I say I'm struggling with this, you know, I'm struggling with my sexuality, I'm struggling with my home life, I'm struggling with my mental health, that somebody's going to say, Oh, well, you're not fit to be at work or or take it in a negative way. We try really hard to take it in a positive way, and I think that means that we retain staff because they feel safe, they feel valued, and they know that they are not just a number. They are not just not just a support worker, which is often to hear what hear, don't you? I'm just a support worker. There's no such thing as just a support worker. You're essential to the work we do. We can't do it without you. And I think that that's it, and I think it also fosters it in a peer kind of level. So staff teams, you know, we tend not to call them staff here, we call them colleagues, our colleagues in their within their teams, will pick up if, if one of their colleagues is struggling a bit, and they'll offer support or encourage them to speak to their manager, rather than automatically jump to, oh, that person's not pulling their weight. That person's, you know, a pain, whatever it might be. You. So I think all of that just fosters this inclusive feeling that we're all here to do the same thing and the only way we can do it is to work together.

Cheryll Champion 10:09

Yeah, I think that that issue about supporting staff with their mental health is something that will resonate with lots of the managers listening to the podcast. Obviously, as Skills for Care. We have registered manager networks. And one of the things that certainly is coming up with my registered manager networks recently, there's lots of managers saying they've got more and more staff who are going off sick because of issues with the mental health, with their mental health. And, you know, one manager said, you know, it used to, we used to have lots of staff off with with, you know, back problems or whatever. But now we have far more staff off with mental health issues than we do with with anything else. And I think for a lot of managers that they're struggling with how to how to manage this and how to get, you know, it's a different world now, isn't it that people are much more open now about talking about their mental health than maybe they were 10 years ago? And I think for a lot of our managers who've been around for a long time, they're all of a sudden thrust into this world where the staff are coming in and saying, Well, actually, I've got a problem with my mental health. And I think for some managers, it's a bit like, Oh,

11:22

what do I

Cheryll Champion 11:22

do with that? Yeah, you know, in my day, we didn't talk about those sorts of things quite

Pia Rathje-Burton 11:28

we went off sick and said we had, we had

11:29

a bad back, yeah. And I think it's about having access to resources as well. So we keep, I tally of, local counseling services. We also refer people to the care workers charity where they can access counseling services if need be. But again, it's also about just finding the right person in the organization to talk to, because, although the line manager might be a really good line manager if they haven't got the relationship with them where they feel they can say what they really need, although they're worried it might come across wrong. You know, is there somebody else in the organization they feel more comfortable talking to? And it's thinking about sometimes it's thinking outside the box. You know, we have to cover the hours we need to provide the care we need to provide, but can we look at how we can do that? And that might be a shifting them to do something else for a little while, giving them a focus that isn't as challenging or as difficult, and just working with them through that and accepting that we all struggle. We've all been through times. You know, I've worked in social care. It'll be nearly coming up nearly 40 years, which sounds awesome, but I started when I was very young. I'm saying that because I'm really old, and and there have been times in my career where I've gone, can I keep doing this? Can I keep giving my all because I don't want to do it half heartedly? And I think that's the other thing that people miss out. Staff often struggle with their mental health because they don't want to do a bad job. They don't want to let anybody down, but it's hard. You know, they always say you have to fill your own cup up first. You have to look after yourself first. And I think people who work in social care often struggle to do that. They put everybody around them first, their families, the people they support, their children, their friends. When it comes to caring for ourselves, it's a hard thing to do, and I think that again, reminding staff that that's a positive thing, looking after yourself is not detrimental. It doesn't make you selfish. It makes you sensible, if I'm honest, yeah.

Pia Rathje-Burton 13:30

And do you think that because, because LDC care, unlike most of the sector, you're a very young workforce, and you got quite a equal balance in terms of gender. So you've got nearly 50% of your workforce are male, which is again, unusual. So do you think those that combines, of, you know, encouraging everybody to be themselves, really supporting mental health and really being aware of and supportive in terms of how people are feeling at work? Do you think that those are the sort of, kind of, partly the ingredients to to kind of, I know you don't do recruitment, but do you think that's kind of part of, part of the the, I don't know the answer to the question, Why? Why? Why do you buck the trend, why do you have a different what? Why does your workforce look differently to most other organizations? Um, maybe,

14:19

I think maybe, I mean, we do actually have quite a few older workers. We have people who come to social care late in their lives, who started Social Care in their 30s or 40s or even 50s as a new career. And I think our open approach in the fact that we don't judge people based on an age or does help, I think, you know, and I think the fact that we take on people who have no experience in social care if they have the right values. Because for us, we can teach you skills, we can teach you tools. We can't teach you values. It's very hard to embed values in somebody. And I think ironically, I think the reason, one of the reasons we are so strong on. Mental health is that we have such a dominant a balance of male and female, because I think for male staff, it's even harder to be open about their mental health. We also have a multinational staff team. We have quite a number of black male staff, and culturally for them, it's very difficult to be open about your mental health, it is definitely seen as expressing a weakness, if you're open about that, and I think so for us, we really need to be we really needed to put those things in place, because we know that for some of them, their communities and their own cultures won't give them that support. So we need to, yeah, and I think that it's quite interesting. And I've talked to some of our male staff, African staff, and they'll sort of say, Oh, I would never have said this before. I would never have done this. But they also link it to understanding the people they're supporting, and being able to actually say, I had one member staff say to me, well, by me being able to say to this person who I support, I felt like that. I've had those days when I've struggled, actually made a better connection and enabled that person to open up to him more, and he said I never would have thought of it before, but it's so normal here that I just thought that was the best way to engage with it? Yeah,

16:24

one of the

Cheryll Champion 16:24

things that struck me as you were talking is is you've got this culture where people feel it's okay to be themselves, and they don't have a hard stop almost between home and work, where they've got to be a different persona. And I suppose one of the things that I was reflecting on while you were talking is, we spend a lot of time at work, don't we? You know, we probably spend more time at work than we do with our nearest and dearest families and friends, and actually in organizations where people don't feel like they can be themselves, like they've got to be this different person at work. It's not surprising, therefore, that that takes its toll on people, because that's actually a large part of your week, isn't it, if you're, if you're having to almost be something or be something that you're not pretend. Yeah, and I hadn't really thought of that before, so yeah, it's

17:20

like, it's almost like we talk about about people with neurodiversity, who mask who who try to cover their unique parts of themselves because they're worried they won't be accepted. And it's exhausting. It's so exhausting, if you talk to somebody who's neurodiverse about it, it's exhausting trying to contain that all the time and and often what that leads to is is, is meltdowns or breakdowns, because it's so hard to keep it in. And I think for myself, on a personal level, I am somebody who is outspoken, who is passionate, who is and has been my whole career. And there have been many times in my career, in fact, at one in one job, I was asked to be less Cheryll. Can you be less Cheryll? And I said, No, I can't be less Cheryll. And you employed me because I am Cheryll. And I think the thing for me that I love about working, where I work, and that makes me driven to give this to everybody else is that here I'm encouraged to be more Cheryll. I'm encouraged to bring all, you know, to bring all of those bits, because they recognize that the reason I am how I am is because of my passion for what I do. It's because of wanting to get it right, and the drive and all those things. And for me, it's, it's hard to explain, but in other jobs, I often felt tense, and I would go into meetings, and I would go into situations, and I would physically feel myself tense up. I would I would tense, and all of those things. I come to work here and I relax. I feel relaxed at work. I even if I don't feel very well, I want to go to work because it makes me feel better. I want to be around the people I work with because I know they care about me, and I know that I will have laughter in my day, and I'll have joy in my day. And that is a massive shift. And people sometimes talk to me and think I'm mad because I go, they go, Oh, I could work tomorrow. And I go, yeah. Because for me, going back to work is never a bad thing. It's a great thing. And I wish everybody could have that. I wish everybody, especially in social care, because what we bring into work with us and our feelings, they leak, for a better word onto the people we support. So if they're having a bad day already, and I come into work and I don't really want to be there and I'm grumpy or feeling stressed, that bounces off, and then nobody's having a good day. But if I come in and I bring my joy and I share my joy with their joy, or I share my joy when. Not feeling joy life's better. And that sounds so silly to say to some people, but that's how I feel, and that's how we feel at LDC, and I honestly do believe it's why the people we support do so well, and are able to work on their emotional regulation so much more easily, and are able to do things that people believe they could never have done. So

Pia Rathje-Burton 20:25

we wanted to talk to you a little bit about your CQC assessment that LDC had in early 2024 and you were one of the first services, I think, in your area in Kent to be inspected. What did you learn from that assessment?

20:28

So I think initially, not to be brutal, but the first thing I learned was that CQC still weren't quite sure how they were doing it and what it looked like and how it was going to work. Yeah. And

the inspectors that came in were great. The inspector that came to see us was great, but clearly said that they'd had limited experience of using the new framework on a learning disability service, and had no experience of work using it on a learning disability service for individuals as complex as ours. So and that was clear when they sent us a request for information from the then assessor post. A lot of it related to what I would say was older persons, care services. So they they were asking for things that we wouldn't have, dependency tools, visitor policies, things that wouldn't relate to our service at all. And it and we had to go back and say we don't have any of those things because that doesn't match what we do. I think it was nerve wracking because we didn't really know what it was going to look like. And everybody was, you know, everybody was holding their breath to see how the new inspection process would work. Well, what I would say is that actually, in terms of the experience on the day and most of the inspection, to be clear, it wasn't much different from previous inspections we've had. It's still the same thing. It's still about you sharing with them what you're doing and how that makes the regulations and irrelevant of whether they're using KLOE's or quality statements, the regulations stay the same. So it's just, you know, and and it's about sharing your passion and sharing what we do with them.

Cheryll Champion 22:31

And I think that's one of the things that sometimes managers find difficult to do, is actually be able to pick out some of the good stuff that they do to share with the CQC inspectors. Because, you know, managers will say to me, well, the service up the road got a better rating than us, but when I've looked at their report, we do all of the things that they do, and I'll say, Well, yes, but did you tell the inspectors? Because you know, they're not mind readers, so I'm guessing that's something that that you brought into the new inspection from what you did previously, definitely.

23:09

And I think it's also to be brutal, it's about how you give them that information. Because if you're relying on the inspector to pick up on why that's a good thing, then you're you're reliant on the inspectors judgment and their view of it, and if they're not very knowledgeable about your type of service, that can be a risk. We don't do that. So what we do is we clearly say, this is the evidence we have. It is linked to this quality statement, and this is the impact that doing this had on the people we support, because we've always said it's not about input, it's about impact. So if we focus on the impact, what we've done is made to the people we support, that is what drives that inspection. That is what changes their view on it. So don't, don't rely on them to find things. You have to give it to them, essentially, is what I'd say. And don't be afraid to show them things they've never asked for, because they may not know that you've done things. I think sometimes managers are reluctant to give them stuff because they're like the inspectors didn't ask for that. So what? Give them it, send them it. If you think it evidences

good work you've been doing that meets a regulation that meets a quality statement, give it to them.

23:10

And were you actually as specific as that? Yes, here is this, here is this thing that we've done and it links to this quality statement. Were you actually as specific as that when you when you have those discussions for them,

24:42

we were and we did it the same way when we had to send over documents afterwards. So obviously we had to send over a lot of documents after the inspection. We did exactly that. We created a spreadsheet. We numbered each evidence, piece of evidence, we linked it to quality statements, and sometimes it was multiple quality statements, not just one, and then we put a box at the end which was impact. So what impact has this made to the people we support, to the organization, and we gave it them that way, and the assessor actually said to me, it made her life so much easier, because she wasn't having to dig through reams and reams of documents to find what she needed. She knew exactly where to look for each quality statement and at what

Pia Rathje-Burton 25:30

that's a really clear way of doing it, isn't it, doing it as a spreadsheet and actually linking it? I think that's a fantastic bit of, bit of a top tip. I think, I think, because, I think, if you're you might, you know, and I've seen lots of people having folders and all sorts of sort of thing, but still quite difficult, as an inspector, I can imagine, to actually see what you're trying to get at and actually link in it that way and on a spreadsheet. And then you can go off and go, oh, I want to see a bit more about that. And then having a have a bit more of a look at whatever, whatever the evidence actually is. We're creating, like a spreadsheet for them.

26:04

It also shows them that you know what you're talking about. Yeah, I'm evidencing. I know what the quality statements are. I know what we are doing to meet those quality statements. And I think that gives the inspectors a reassurance that you're working in line with the regulations, that you're working in line with CPCs quality statements, because sometimes you you know, if you're asked a question, you're like, I don't know how to evidence that that makes the inspector question your knowledge, and all of those things. If I'm saying to you, I know that this piece of work needs to this. I know that I've got something that covers all of the quality statements you're reviewing, you're showing them that you know what you're doing, yeah, that competency,

Pia Rathje-Burton 26:48

isn't it sharing? Yeah, definitely. And have things sort of obviously, that that inspection was, you know, nearly a year ago, you know, have things sort of changed in terms of how you do your auditing, how you're preparing your managers what, what did you sort of kind of learn afterwards or reflect on afterwards? So

27:05

I think the big thing for us is that that spreadsheet we we did as part of the inspection, we collated it as part of the process. What we've done now is we've put that spreadsheet in place constantly, and we encourage our managers to when they do something or we do something as an organization, we collate that evidence immediately. So we upload it to our online SharePoint system. We record it on the spreadsheet which quality statements it links to, and then we upload the evidence. My view is I don't want to be doing that on day of inspection, if I can help it. And it also means that you capture stuff. So if we had a manager, for example, who did a great piece of work with somebody, but then they left the organization, often you lose that, that little bit of evidence. So we don't want to lose any of that evidence. We want to make sure we've got all of it, all of the time, and sometimes it can be a niche piece of work which hits something that nobody else is doing. So it's really important to capture all of that. So what we do know is it's an ongoing process. So for all of our locations, we have an ongoing record of good practice, positive things, learning, where we've taken action as a result of it going wrong, all of those things, case studies, all of it, and we constantly upload that. And then myself, as quality and compliance manager, I go through it, and sometimes I'll pick up on another quality statement it links to that a manager may not have picked up on. So I make sure that's in there as well. And then the view is, when they do come to inspect, we literally just go, where's ta da? There you go. There's our evidence. And we can then focus during the actual, you know, assessment process on showing them face to face, the great stuff we're doing, and I'm not worrying about the backup of the documentation

Pia Rathje-Burton 29:00

sounds great. And just reflecting back on your time as a CQC inspector, what are the things that you sort of learnt that you're using now, I've referred

29:12

to before, but I think the knowing the regulation and and knowing how you are meeting the regulation, I think often, I obviously worked with a lot of different inspectors over my years at CQC, and some would have a very clear view on how they think something should be done. But it wasn't just necessarily linked to the regulation I did when I first started as an inspector. I would say, Oh, they have to do this. They have to do this. And more experienced inspector said to me, no, they don't. That's not what the regulation says. They have to be in line with their own policy. They have to, you know, and there was a lot of kind of urban myths in social care that I believed when I went in. I think if you know, if you link it back to to the regulation,

what does the regulation need me to do? Is what I'm doing, meeting the regulation. That makes a difference. And I think the other thing for me is having, I suppose, been an inspector. I know that inspectors are human. It can be difficult, especially if you're having a difficult inspection where things are not going well. It can be difficult to remember that they are a person and they are human. It can be difficult to remember that they are there for the same reason you are which is for people to have good care. And I think, I think that people often forget about inspectors, is that it does take an emotional toll on you when you do see people having poor care. I remember driving home from an inspection, which was about two hours from my home, and I cried the entire way because of I was so worried about the people in that location, I was so horrified by the care that they weren't receiving, if I'm honest, and I cried for two hours till I got home. And I think that people, when you see an inspector in front of you, you don't see the human being. And I think, if you remember, they are also a human being who wants the people in your care to have a good life, it makes it easier to have a conversation with them, and to be honest with them, and to talk about the fact that we don't get everything right, because nobody does. Outstanding doesn't mean perfect, because there's no such thing. Outstanding means you're striving to get it right, that you're learning all the time, that you're you're willing to accept that you make mistakes and that you change as a result of them, and that's what an inspector is looking for. They're not expecting perfection. I think if you can see them as a human, talk to them as a human, be open and honest. You you'll you'll find inspections are less stressful, and you will hopefully get you inspector to see a really clear view of what you as the manager provider were doing.

Pia Rathje-Burton 31:47

Yeah, I think that's sounds like really valuable things to remember Absolutely. Is there? Is there anything that you always think you know really surprised that managers or organizations don't take that more seriously.

32:05

I do think, I think we talked a lot about the staff well being. I do think it always surprises me that, though we know it's hard to recruit in social care and in some places more than others, but it can be really hard to recruit, and I think not having that, what I call the sort of swings and roundabouts thing, where I recognize that if I do a little bit more for myself, or I'm a bit more flexible for myself, they'll do the same for me. It always surprises me when organizations don't do that and and that they don't recognize that. That's why they can't recruit, or that's why they go through staff quite quickly. And I think again, it links back. I think it fascinates me how people aren't encouraged to be themselves, but, you know, and, and that goes right down to the people they're supporting. You know, I remember going to a service, and there was a lady, an older person service, and she was a lady there, and they said, all her friends visits her. You know, they lived together in a flat for years. You know, they used to even share a double bed, and they were very close, and they're really close friends and and she visits her every day.

And I said, Have you ever had a conversation about whether that is a friend or whether that's more than a friend, you know, because they're older people, and it can be hard to be open about their sexuality. And they looked at me like, I don't know, growing another head, like, What do you mean? Older people you know, and silly things like, I remember saying to staff one day when this person's family member or a husband or partner visits. You know, do you always knock before you go in their room? And they said, why? And I said, Because, then maybe being intimate or want time, but, you know, and, and the shock they had on their face that people may still want to have those kinds of relationships, or they've just cuddled up time together on the bed, you know, fascinates me and and it's not just staff. Often, some managers that I've talked to don't seem to grasp that either, and it fascinates me that we all go home and think about who we cuddle and who we spend our time with, and the thought that I would spend the rest of my life never having another cuddle horrifies me, because I think we all need it. We all need that physical touch, you know, in an appropriate, loving and supportive, safe way. And I think when they don't think about little things like that, that always surprises me, and it often leads on to other things. It's, it may be a small detail, but it often leads on to other issues and other problems they have in your you know. And I always feel if they've got the that little detail right, the impact, the ripple impact, is massive,

34:49

yeah,

34:50

that culture, isn't it? Yeah, yeah. And one

Cheryll Champion 34:54

of the, one of the things about getting the little detail right is that quite often, managers and staff. Running and running and running on a, you know, a treadmill, because feel like there's, there's so much to do that they end up missing some of the small stuff. But that leads us nicely onto one of the questions that we ask all of our podcast guests, which is our time time for care slot. And so I'd like to ask you that same question. You're obviously a very busy woman, what is your most time saving tip. Um,

35:23

my time saving tip may seem really counterproductive, but it's what I do, and that is actually slow down and take a gap. So I will give my if I've got a really long list of to do's, I will lay them out in kind of some sort of priority order, depending on my day, I tend to intermingle things I like with things I don't like. So I know I've got something to look forward to after I've done a piece of work I don't enjoy, and but I make sure that I'll do a really concentrated piece work, and then I'll get up and I'll wander around and say hello to people and do other stuff. And I feel, I find by doing that. A, I feel less stressed, and B, I don't miss those little details, because my

the bug bear in my life is if I have to go back and do something again because I did it wrong the first time. And I've learned that by doing it in slots, taking a break, you know, having a breather, whatever that breather means to you. For me, it's going our guys work on reception. So I go down and talk to all the people we support because that refills me. That gives me my joy back then I come back and face the next bit of work.

Cheryll Champion 36:27

Yeah, really good, really good advice. Yeah. So you've given lots of tips throughout the course of today, but our final question is, 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 at the bottom, you want to tell them what you think is the most important thing, your key message that you want to leave them with. What would you say to them?

36:55

It's hard. Luckily, I talk fast. My top tip would be if you do the right thing for the person you're supporting, then you're doing the right thing, and you will always be able to evidence and justify it was the right thing no matter who is looking at it, whether that's a commissioner, an inspector from CQC, and you know any other person, if you're doing the right thing for that person, and you're giving them the life they want to lead that's always the right thing. They should always be your focus and your first thought in everything you do.

Pia Rathje-Burton 37:27

Wow. I don't think anybody can argue with that.

37:35

People forget it. Though they get caught. They get caught up in regulations and quality statements and stuff, and they forget that, yeah,

Pia Rathje-Burton 37:44

yeah, that person needs to be right in the middle of it all. Thank you so much, Cheryll. I knew this was going to be amazing, and it was so thank you so much for your time today. It's been absolutely fascinating. So thank you.

37:59

No. Thank you for letting me talk about the stuff I love. It's been amazing. Thanks a lot. Bye, thank you. Bye,

Pia Rathje-Burton 38:14

interesting conversation there, Wendy, wasn't it?

Cheryll Champion 38:17

Yeah, absolutely. Um, Cheryll had so many great things to say, and I love the fact that she was talking so much about culture, and culture is just so important in terms of, you know how your staff feel, you know the quality of service that you're providing To the people who are receiving services and talking about culture made me think about the new creating a positive workplace culture seminar. So we have a series of dates in January, February and in March. It's a virtual seminar, and it is part of our costed offer, but it will offer an interactive environment where people can really think about their own culture, look at the positive culture tool kit, and have discussions with other people about how to create a positive culture within their own their own workplace.

Pia Rathje-Burton 39:20

Yeah, and I really like as well, you know that it's covering how culture kind of aligns with the CQC single assessment framework, and how, you know, and the regulations so you're, you know, culture is not just this other thing that's happening over, you know, nothing to do with CQC inspection assessments that culture really is so important in terms of building evidence, and looking at the i statement, the we statement, just, you know, really making sure that that culture is completely right. So really interesting seminar there. The other thing I thought. I, you know, I thought was she was talking about, was that, you know, that those values that LDC care really, you know, translates into everything that they're doing and how they just really are thinking about encouraging everybody to their workforce and the people they're supporting to be themselves, to to get to know each individual as themselves and their and support them where they can. And it really links to the care workforce pathway. So you may not have thought about that before. Within the care workforce pathway, they are some universal values. So these goes across all roles in social care, and just looking at, what are the what are the values that everybody working in social care should have? And there's the obvious ones, being kind, compassionate, honest, trustworthy, showing respect. Those are the obvious ones, the ones I really think that LDC sounds like they're really cracked. It's about seeing that whole person and those both the staff and so your colleagues and the people you're supporting and being courageous and really kind of speaking out for everybody, and just really, you know, really supporting everybody to be themselves and and being really proud and positive about what you're doing and and how you how your workplace is so important in terms of being able to, you know, you know, incorporating all those values and having a really good culture, those two things link really nicely together, don't they?

Cheryll Champion 41:40

Yeah, definitely. And I think one of the things that came across really strongly from what Cheryll was talking about was, you know, when we're talking about that proud and positive value, it talks about, you know, having a really friendly, positive attitude so that we can enjoy

spending time together, and That enjoying spending time together was something that that Cheryll really talked about, and it came across, I think, so passionately in what she had to say.

Pia Rathje-Burton 42:07

Yeah, absolutely. And you could really use those, you know. So they created their care workforce pathways, and they were created by by TLAP, who were present, people who were drawing on care support in social care, so you could really take those values and then use them and interpret them within your own organization, and then kind of mapping, you know what? How are we making sure that our values and the culture that we have within our service kind of follows this and what are the unique things in ours? Because obviously, not every service in every place is the same, but having them as those universal values, I think, is really helpful, and being able to use them, they're there, they've been created for you. So, you know, that seemed like an obvious thing, that if you haven't already checked them out. I would recommend having having a look at that care or workforce pathway and look at those values. So, you know, obviously we do talk. Did talk quite a lot about CQC as well, so that, you know, I thought that was a really interesting conversation with with her as well, you know, obviously her, you know. And I suppose that goes back to the same thing being reminding you yourself, the CQC inspectors are humans, you know. And that story about how being an inspector and others especially, might we not, might not think about that. There's the seeing things as an inspector may really affect your your well being, and your and the inspectors mental health. And I thought that was a really good and honest bit of a bit of reflection on her role as the CQC inspector. So that's it for this episode. Thank you so much for joining us. Remember all the resources that we've talked about and Cheryll spoke about will be in our show notes on the Skills for Care website. Bye, for now,

44:00

bye, you.