

Top 5 areas to watch out for in your next inspection

And how to
avoid them





Our in-house experts have analysed CQC reports from 2022 to pick up on key trends that care businesses like yours could find themselves tripping up on – and here’s what they found.

We want you to achieve outstanding in your next inspection, so we’ve analysed 50 reports spanning residential care, domiciliary care agencies, supported living services and extra care services to identify the top areas care businesses are falling down on and give you expert advice on how to avoid them.

Let’s dive straight in, shall we?

Top 10 problem areas

- | | | | |
|----|-----------------------|-----|----------------|
| 1. | Risk assessments | 6. | Staff training |
| 2. | Medication management | 7. | MCA |
| 3. | Quality assurance | 8. | Safeguarding |
| 4. | Care plans | 9. | Auditing |
| 5. | Recruitment | 10. | Environment |



Any surprises for you there? Any areas you find difficult in your service?

Read on to find out more about what we found in the top five problem areas and our recommended actions.



The top five problem areas – what they are and how to avoid them



5. Recruitment

Faced with skills shortages, recruitment has been difficult for care businesses for years now. Skills for Care statistics show that 70,000 people were recruited from abroad in 2022/23 compared to 20,000 people in 2021/22, showing how more businesses are having to look overseas to fill their vacant posts.

But with recruitment challenges can come crucial mistakes – more specifically, failing to carry out proper employment checks. Recruiting from abroad and dealing with sponsorship visas is obviously a whole separate beast from a process perspective, but even if you're recruiting UK residents, it's so important to carry out full and proper background checks and make sure you have all necessary information stored on file. The cases we looked at demonstrated that extremely clearly.

What the CQC found:

The service hadn't consistently collected the full employment history of their staff since leaving education

For example, one person's application listed their employment using years, without the specific dates they started and finished jobs, so it wasn't possible to accurately check for employment gaps. Gaps in their employment hadn't been discussed at their interview, either.

Lack of thorough background checks

A police criminal records check had been completed for the staff member's country of origin, but not before they started employment in the UK – so there was a risk that staff may have visited the UK in the past and any potential crimes or other events affecting their suitability hadn't been checked. References also hadn't been sought from the last employer, which could have revealed issues of concern.

Did you know?

Our all-in-one HR & Employment Law solution for care businesses can help you recruit and retain the best talent, but we're also part of something bigger.

Our sister company uCheck provides market-leading online background checks such as DBS, right to work, and identity checks. You can access them all from one online portal, with a turnaround time of anything from 48 hours to 13 minutes!

When you take on our HR & Employment Law package, you can access uCheck's online portal for FREE and get preferential rates on screening checks as an exclusive new client deal – find out more [here](#).



Incomplete or unreliable references

Four staff members had unreliable references. The service failed to demonstrate the sources of these references, and they hadn't collected satisfactory evidence of conduct or the reason why staff left their last employment, which is a requirement of the legislation.

Unsuitable application forms

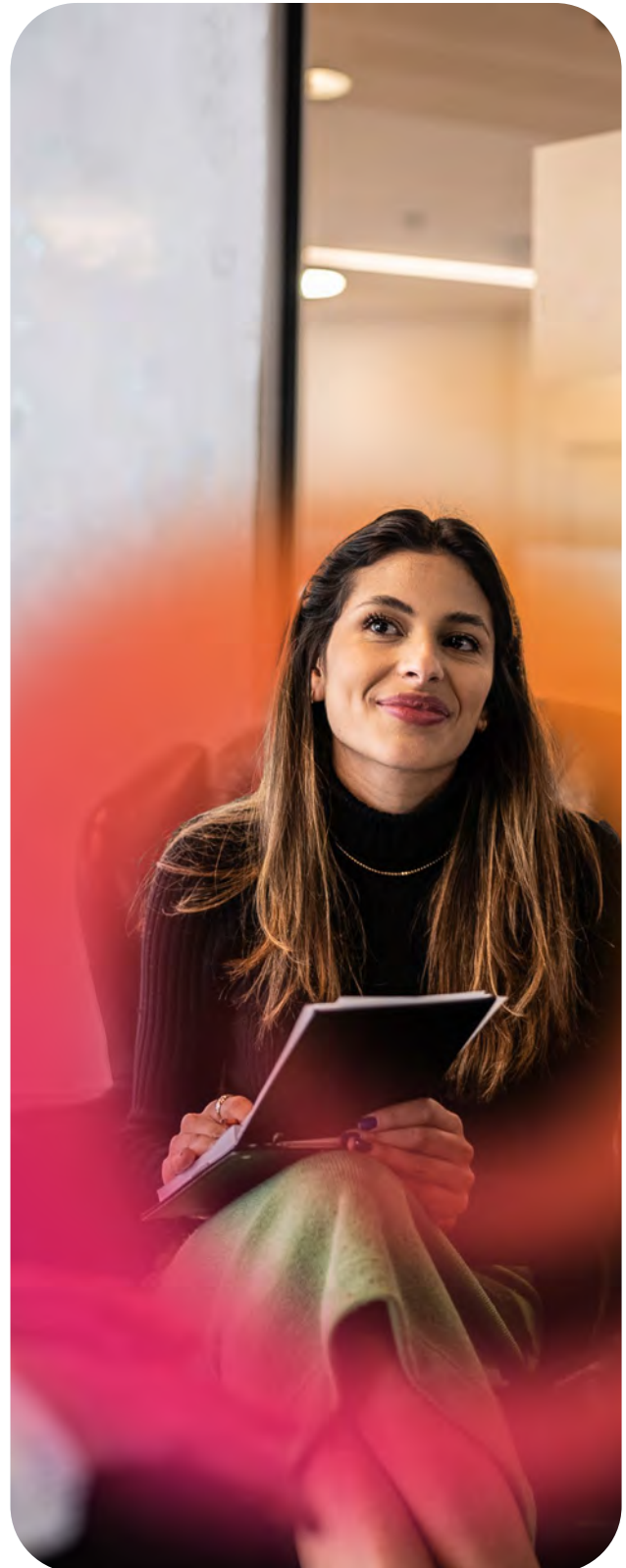
The provider's application form asked for employment history over the past ten years, which didn't meet the requirements of the legislation. Where staff had worked for longer than ten years, the employment history was incomplete.

Key takeaway:

Due diligence in recruitment is everything - not just to meet your legal obligations, but also to save you money in the long run (replacing unfit staff isn't a cost or hassle anyone needs to be dealing with).

So, make sure you always collect a full employment history, together with a satisfactory written explanation of any gaps in employment, as part of a robust recruitment process to make sure suitable staff are recruited to support people to stay safe. That also includes references and any necessary background checks.

It may also be useful to give staff an idea of a day in the life of the role they're applying for, to make sure whoever you hire is aware of the demands of the job and is prepared to handle those, to help to reduce turnover.



Your checklist:

- ✓ Is staff recruitment robust? (DBS/references/gaps in employment history)



4. Care plans

Care plans are a crucial part of providing safe, appropriate care for the people using your service. They should never just be seen as a tick-box exercise, and they should be continually revisited and monitored – but sometimes providers can let things slip.

What the CQC found:

Lack of right detail and too much unnecessary detail

Care plans lacked detail in some areas and included some information that wasn't necessary – like an assessment of conditions they didn't have.

Poor quality and conflicting information

Care plans and risk assessments identified people's needs but lacked detail and contained some conflicting information. As well as this, people had care and support plans in place but there was disparity in the quality of records across different people's care plans. Some of which were very descriptive, and others needed further development to ensure these were strength-based and reflected how to support the person with their needs and aspirations.

Missing medical information

Some care plans didn't have enough information about people's medical conditions. One person's care plan didn't even include information about their significant illness, so staff didn't have enough information to understand and respond to health risks.

Incomplete care records

Records of care were incomplete as they weren't arranged in a way that meant the service could track people's changing needs. A log consisted of a series of tasks in line with people's care plans, which were ticked off by the staff member. There was no information on the person's wellbeing, interactions with staff, or any changes that needed to be made.

Key takeaway:

This ultimately comes down to good quality assurance – things like making sure care plans are up to date, detailed, and reflect the needs of the people in your care, and you have a system in place to monitor plans and any changes needed.

More about this in the next section!

Your checklist:

- ✓ Are care plans, charts and records up to date and fully completed?
- ✓ Are all records accurate, complete and maintained?
- ✓ Are there any care plans, risk assessments and staff guidance notes that conflict?
- ✓ Are electronic systems consistent with paper records?



3. Quality assurance

Quality assurance is the foundation of good governance. If you want to make sure every aspect of your service is run smoothly and will stand up to scrutiny, good quality assurance is the answer. But some providers can find themselves stuck in old routines that don't put quality assurance front and centre – as we found in the reports.

What the CQC found:

Processes stuck in the past

The providers hadn't developed and grown their systems and processes as the service grew. There was a lack of audits in place and poor analysis of information gathered meant opportunities to learn lessons were lost.

Inaccurate/out-of-date records

Records didn't reflect full and accurate information on each person using the service.

Continual improvement couldn't be proven

The providers' processes didn't show how investigations into complaints and incidents were used for learning to drive, deliver and improve the service.

No follow-up after audits

When audits had identified shortcomings like gaps in people's monitoring charts, appropriate actions hadn't been taken in a timely manner to address these issues. That meant missed opportunities to make improvements and an increased risk of mistakes reoccurring.

Your checklist:

- ✓ Do you have effective governance systems?
- ✓ What works well, what needs improvement?
- ✓ What has improved?

Lack of oversight

A lack of audits meant a lack of oversight for accidents and incidents, medications, care plans and risk assessments. Because shortfalls identified on inspection weren't identified by internal audit systems, the registered manager was unable to drive quality and improvements in the service.

Audits weren't thorough

Audits that had been completed weren't robust and didn't cover all expected areas. For example, the care plan audit only checked to make sure documents were in place and not that they were relevant and up to date.

Key takeaway:

Quality assurance and good governance encompass all aspects of running a care service - from premises safety and equipment checks to care planning, monitoring, auditing and record keeping.

It's probably one of the most difficult areas to manage, as it's literally a matter of knowing what's going well and what requires improvement at any given moment in time.

No managers and services want the regulator to point out issues and concerns during an inspection that they weren't aware of. So, care services and managers need to be informed of issues as soon as possible, so everyone can support this in a constructive and positive way.

Want to learn more? Check out our free guide to achieving outstanding

We have a guide to help you with all things quality assurance and getting inspection-ready - check it out [here](#).



2. Medication management

Medication management is a fundamental part of providing safe, effective care. But not having proper processes, audits, and systems in place can lead to bad practice.

What the CQC found:

Not administering medicines properly

Two people were prescribed medicines to be taken before food. Staff weren't always recording whether they had checked if people had eaten before getting these medicines, which meant there was a risk they weren't effective.

No protocols for topical creams

People didn't have protocols in place for using prescribed topical creams - like when and where they should be applied. Risks around prescribed flammable topical creams hadn't been identified and staff weren't aware of the issue.

Lack of detailed information on PRN medicines

Protocols for the use of 'when required' or PRN medicines lacked detail and personalisation. This is important so staff know in what circumstances the medicines should be given and what approaches should be tried first.

Topical preparations stored incorrectly

Topical preparations, including creams, weren't always documented or stored correctly. Some creams were undated when opened and not stored in line with the prescribers' directions.

Incorrect use of transdermal patches

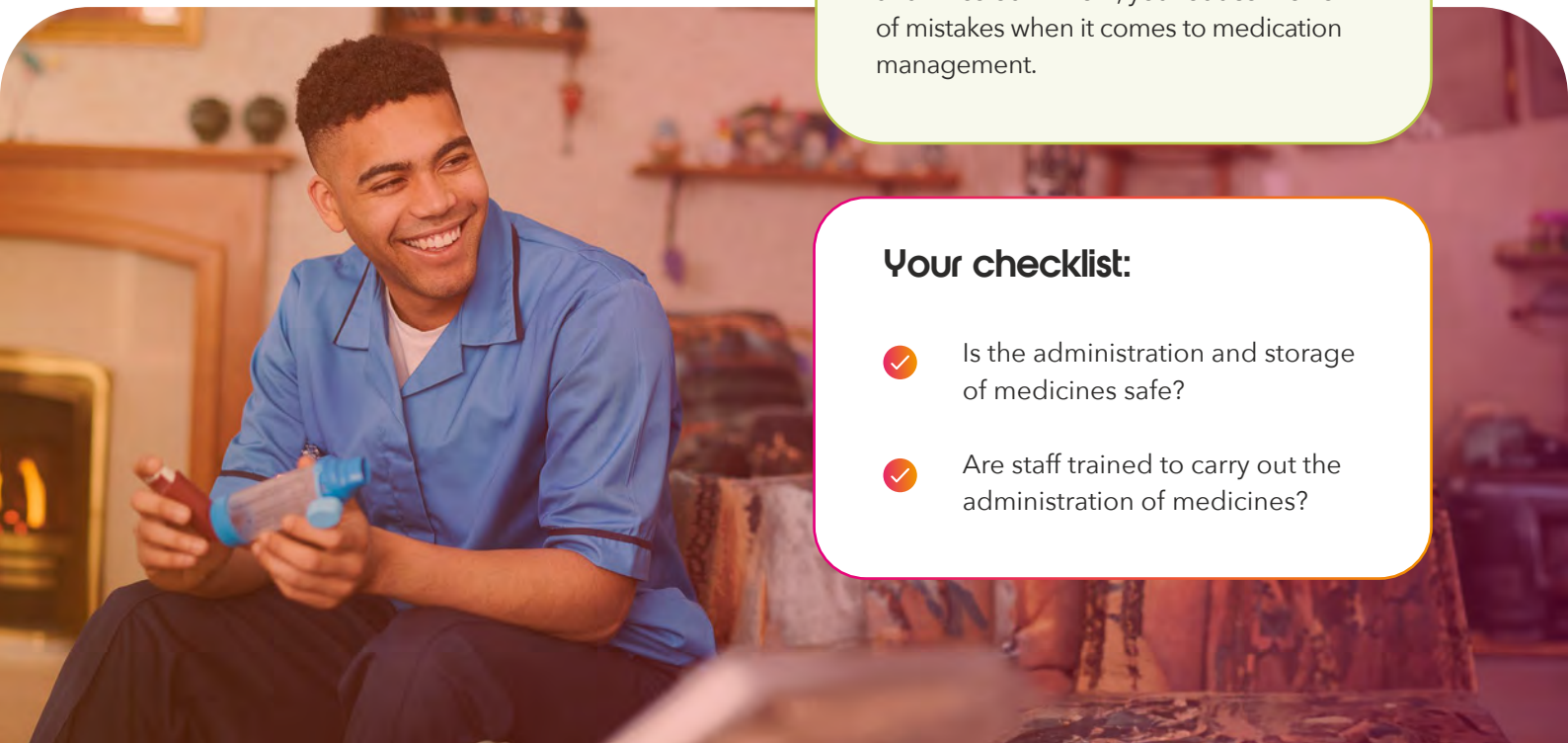
When staff applied transdermal patches, they didn't record where the patch was situated on the person's body and they weren't rotated as per the manufacturer's instructions

Key takeaway:

This one is pretty simple and feeds into wider points around quality assurance and building a safety culture - if you have the right processes and systems in place and your people are properly trained on them and invested in them, you reduce the risk of mistakes when it comes to medication management.

Your checklist:

- ✓ Is the administration and storage of medicines safe?
- ✓ Are staff trained to carry out the administration of medicines?





1. Risk assessments

Risk assessments are one of the most important processes for any business to ensure good Health & Safety. Most businesses know they need to complete them, but some can slip into seeing them just as tick-box exercises and not dedicating enough time and thought to make sure they're actually effective - or they don't revisit them often enough. Or perhaps they don't communicate them well enough to staff. Either way, poor risk assessments lead to very risky business.

What the CQC found:

Lacking details and proper scrutiny

Some risk assessments lacked details and, in some cases, potential risks to people's safety weren't always assessed appropriately. People's care records included risk assessments which covered the environment, diabetes and depression, but some of these contained limited information about how to mitigate risks.

Poor staff training on control measures

Sometimes there were inconsistencies in the guidance provided to staff on how to safely assist people.

Not revisiting risks

Guidance for one person at risk of choking wasn't sufficient - no information was available for staff about high-risk foods or what they should look for to indicate the person's choking risk had increased, which could lead to the need for reassessment and referral to Speech and Language Therapy (SALT).

Not aligned to care plans

People's risk assessments were not always clear or coordinated with the information stated in the care plans.

Your checklist:

- ✓ Are all risks to people's safety assessed and recorded?
- ✓ Have risks been translated into practical staff guidance?

Create risk assessments in seconds

Our Health & Safety consultants provide workplace risk assessment support day in, day out, and, as part of our hits-all-the-spots package of Health & Safety solutions, will help you identify the risk assessments you need to complete, show you how to get them done, and make sure you keep them updated with any legal or business changes.

Oh, and our handy online H&S management hub, **Atlas**, lets you store all your risk assessments in one place, send them to employees, and create new ones in seconds from a library of templates.

Key takeaway:

You must be able to prove that you've assessed the risks in your workplace and always have up-to-date control measures in place, and these need to be communicated to your staff. These should also align with your care plans.



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HR & Employment Law



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Mock CQC Inspections

Regulatory inspections come part and parcel with running a care service, but there's no way of knowing when an inspector could come knocking. Our care specialists conduct site-wide inspections, taking the stress out of the unexpected, giving you complete peace of mind.



CQC Pro/ CI Pro

CQC Pro and CI Pro are compliance framework tools for care providers in England and Scotland. They will allow you to self-evaluate your business, remind you of actions, allow you to survey stakeholders and significantly reduce your paperwork, helping you prepare for your inspections.



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Fire risk assessments

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If we stopped using Citation tomorrow, it'd be a disaster. It's like having a whole team but we don't pay them to be here all the time

Donnington House Care Home

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For more information, please get in touch:

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