



After we had sold the nursing home business, my husband said to me, what, what now what next? And because all the way through the sale process, I had not wanted to think about what came after because I wanted to remain focused on celebrating the business best of my ability. And he said, If I had my time

05:22

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

**Pia** 06:10

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

**Isabel De La Haye** 06:23

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

**Wendy Adams** 06:57

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

**Isabel De La Haye** 07:44

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

**Wendy Adams** 08:59

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

**Isabel De La Haye** 13:46

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

**Pia** 14:32

Yeah. And just going back to just thinking about you working as Solicitor and obviously having clients, social care providers who are clients, are they sort of things that you think, Gosh, I wish I'm surprised people don't take this more seriously. Or, you



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

**Pia 20:37**

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

21:10

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

**Pia 21:53**

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

22:31

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

**Isabel De La Haye 22:31**







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

**Pia 31:21**

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

**Isabel De La Haye 32:13**

so on the CQC website, there is now evidence categories for sector groups. Yeah. And so what that does, is it lists specifically, the evidence categories that a CQC will be looking at when they come to assess it by provider type. And that is certainly very useful for ensuring that your preparation work is focused for your sector type that can be now found under the guidance and regulation providers, and then Assessment tab. And it's all the way at the bottom of the page. So for example, there's one for care homes and supported living, and there's one for home care and Shared Lives services. Inside each of those evidence categories for sector groups are the five key questions that we all know and love. And underneath each of those are the evidence category types that CQC will be looking at per quality statement. So it is laid out clearly. If a little hard to find in the first instance. Yeah, in terms of the best practice, the best practice guidance is not at that level. The best practice guidance is only at the level currently. And we don't know whether this is going to be developed by CQC. Further, of the five key questions at the overarching level. Yeah. And so when you look at the best practice guidance, whilst it's really useful to have it there, and there'







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

46:15

Bye