How Wellbeing Teams deliver CQC KLOEs

Overview of Practices

The main ways we ensure we are delivering compassionate, person-centred, safe care are:

Buddy and Confirmation Practices. The Buddies role is to support and challenge each other. One of the ways they do this is through a peer review session every two weeks called Confirmation Practices. In Confirmation Practices Wellbeing Workers are asked to self-evaluate their practice, give themselves a score from 1 to 5, and explain why they gave themselves that score and what they want to do to improve it over the next two weeks. Confirmation Practices give Wellbeing Workers a systematic and structured way to reflect on their practice and set themselves actions to improve. The actions from the last session are reviewed together. Confirmation Practices take place in team meetings and the Wellbeing Leader coaches the team in doing Confirmation Practices. If people have any concerns about their work, they can then raise them at the Team Meeting. The Wellbeing Leaders also complete Confirmation Practices every two weeks. Buddy meetings happen fortnightly at a time and place to suit the Wellbeing Workers. Confirmation practices are reviewed at the team meeting.

Wellbeing Leaders coach Wellbeing Workers to competence and confidence in the skills required to deliver compassionate, safe, person-centred care. New team members have over 25 hours of direct support and coaching on shift, usually by the Practice Coach, before they support people by themselves. This coaching ensures that they can put what they have learned from e-learning into practice. Practice Coaches check that Wellbeing Workers have completed the e-learning and are competent in the key areas before issuing a Well Being Teams Certificate of Care. Every 6 months a Practice Coach will join each Wellbeing Worker on a shift to review their practice together.

Monthly Check-ins with each person we support. The team identify a Link Wellbeing Workers for each person we support. The task of the Link Wellbeing Worker is to perform as monthly check-in with each person in order to ascertain what is working and not working, and identify opportunities to improve. This is also affords an opportunity to check that the Care and Support Plans are up-to-date and accurate. This task is supported by the Practice Coaches when they cover shifts.

Wellbeing Leader Visits occur every six months, or earlier if requested. The Wellbeing Leader visits each person (and their family if the person wants this) to learn what is working and not working and how we can improve. He or she passes on positive feedback directly to the team members. This could also be written up as a story, or used as a direct quote with the person's permission, and shared on the website/social media as well. He or she agrees improvement actions with the individual and shares this with the relevant team members at the weekly Team Meeting. The improvement actions are discussed and the results shared with both the team and the person they are supporting.

Co-production Partners. We work differently with our Co-Production Partners in each area, depending on their interests and availability. In Wigan, our Co-Production Partner, Helen, is available as requested by the team to meet people we support to hear about how we can improve. In Oxfordshire our co production partner, Shy, has worked with us to plan social events, when people we support have come together for various occasions. Wherever possible, we try to involve our co production partners in recruiting new colleagues.

Person-Centred Reviews These reviews include the person, family, friends, and any relevant health or social care colleagues. They take place every six months. There are preparation documents that we support people to use, so that they can share what is working, not working and what they would like in the future. The person-centred reviews result in clear outcomes and actions to improve the person's life.

SurveyMonkey information gathering from families. This annual survey asks the people we support and their important others for feedback both on how we are doing in supporting them, and how we can keep improving. The information is shared with the relevant Link Wellbeing Worker and team members for immediate action.

Working Together for Change We hold an annual Working Together for Change event, which uses anonymous data from the family survey and from Person-Centred Reviews. We transparently share what people think is working and not working, and what they would like to see in the future. This allows us to look together at themes and patterns within the priorities for change and identify improvement actions. We invite people we support along with their families, community leaders, and colleagues from health and care. The Link Wellbeing Worker assist the attendees to ensure all parties can best contribute to the event. The Working Together for Change process contributes to the annual development plan for the teams and organisation.

Outcomes. We use an outcome 'circle' to identify and track outcomes which form a part of their person-centred review.

Wellbeing Leaders perform monthly shadow shifts with different team members, with the aim of providing support and feedback as well as meeting directly with the people we support.

Conducting Team Meetings that have an explicit function of raising and addressing tensions. The members of a Wellbeing Team meet weekly for two hours. These meetings provide a protected space for the team to self-manage its work, learn collectively, address issues and concerns and develop ideas for improvement. Attendance is mandatory and team members are paid for their time. At team meetings, Wellbeing Workers can identify concerns; these are addressed immediately. The agenda-setting for the meeting is open to all team members, any of whom can raise a tension. This approach puts into practice our culture of openness, transparency and respect for our colleagues. The Meeting Facilitator ensures that the conversation is open, fair and efficient. In addition, all Wellbeing Workers have the option to discuss any major concerns (e.g. whistleblowing) privately with a member of the National Team.

Living Well at Home Board. At each Team Meeting, we identify whether we think the people we support are on track, off track or way off track in terms of achieving their desired outcomes. This is how we identify any cause for concern. If people are off track or way off track, this approach promotes a discussion of the reasons and possible improvement actions. Actions are recorded and reviewed at the next meeting.

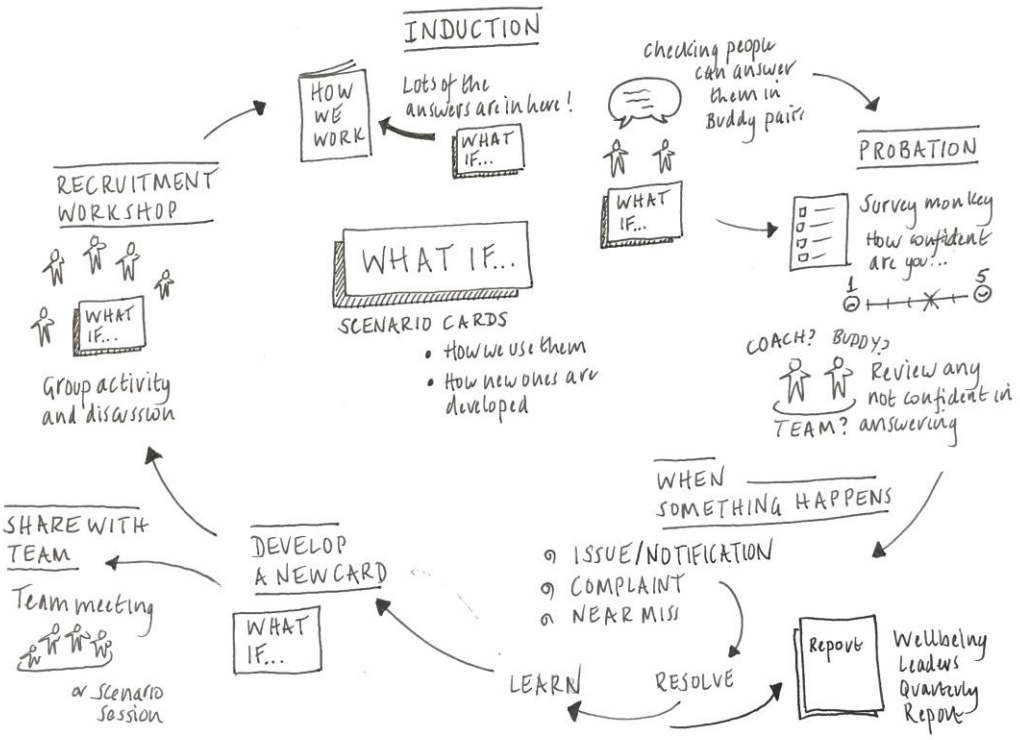
Weekly Metrics Board. At each weekly Team Meeting, we review the key metrics of the team's performance. The board covers incidents, accidents, complaints, compliments, notifications and any medication errors. These are openly reviewed and discussed, and actions for improvement are agreed and recorded. The Well Being Leader encouragers complaints and provides a means for these to be presented anonymously.

Monthly Review of Concerns, Compliments, Incidents and Complaints process (and notifications). Once a month the team looks at the compiled data on incidents, complaints and compliments, looking for patterns, themes and improvement areas. This may develop into new ideas to test, or the creation of a new 'What If?' card, or more practice with existing 'What if?' cards. The Wellbeing Leader is responsible for making sure teams are compliant with reporting and notifications to the Local Authority and CQC.

'What if?' cards We use these with the team during recruitment, induction and on-going training. They are drawn from real events that challenged team members and encourage their colleagues to think through and discuss options to respond to the challenges that they had faced. 'What if?' scenario questions are used both individually and as teams as an important training and development tool. Slack (www.slack.com) is the online team communication and collaboration platform that we use.

We generate further 'What if?' cards from:

- Issues that come up through our 'Help Desk' - if they do not relate to an existing 'What if? card, we generate a new one.
- Complaints, Incidents, Notifications - we use these to identify what we need to improve on, and what questions we can use and practice that will help us improve.



Metrics and oversight Our National Wellbeing Leader, Mary, holds weekly meetings with Wellbeing Leaders where tensions are raised and issues are discussed and resolved. Mary observes themes, and brings these to the attention of the National Team. This enables the National Team to reflect on learning from all teams and how they can keep improving and learning. The national team also has oversight via a dashboard of metrics, from data derived from local weekly meetings.

The main ways we ensure we are keeping our promises to our colleagues and continuously improve are:

Buddies support each other and Confirmation Practices. We use Confirmation Practices to reflect on the key elements of our individual roles. Buddies act as accountability partners and support each other to set and achieve personal goals in relation to their Confirmation Practices.
Buddies act as both the first point of support within the team, and the point of accountability in goal setting through Confirmation Practices. The Buddy approach involves both checking and challenging each other on our promises to those we support as well as the promises to each other as colleagues. Buddies meet every two weeks to reflect on their practice and set themselves goals and improvement actions. This approach supports clear communication of quality expectations as well as shared reflection and discussion about the key elements of the role. These key elements include safety, risk management, and supporting people with compassion. The Wellbeing Leader coaches the team in Confirmation Practices. Wellbeing Workers can bring questions, issues, and concerns that arise in their buddy sessions as a tension in the Weekly Team meeting. Confirmation Practices are recorded in a specific template.

Confirmation Practices can also be used by the Well Being Leader for managing any performance issues that arise.

The Wellbeing Leaders also complete Confirmation Practices every two weeks as part of the Wellbeing Leaders tactical meetings. This is how we keep reflecting on the support we are delivering to people and improve our practice at a national level.

We revise how we do Confirmation Practices in our Person-Centred Team Reviews that take place each year.

Team Surveys. Every month team members complete an anonymous survey on employee engagement and organisational culture.
This survey maps against our 'Ten Promises' to our colleagues. It provides us with a measure of our performance as an organisation in areas such as morale, motivation, job satisfaction and alignment with organisational values and purpose. it also provides an opportunity for our colleagues to offer anonymous feedback, to make comments and raise concerns. The survey helps us to check that team members share an understanding of the organisation's values and share common practices that embody, express and bring our values to life.

Person-Centred Team Review. Every six months the team review how well they have been working together, and highlight what is working and not working from both individual and team perspectives. Team outcomes and goals are recorded as a product of the Team Agreement.

Weekly Team Meetings. The team identify any concerns (tensions) and these are addressed immediately. 'Tensions' is the umbrella term we use for problems, difficulties, issues, concerns, and generally, disparities between the best possible support we could deliver and what actually happens in practice. Tensions can also be suggestions for improvement, ideas for new things to try and requests by individual team members to the whole team.

Goals. Team members are asked to identify how they want to grow and develop in order to achieve their goals. This process begins in induction and Buddies review these together through Confirmation Practices.

Happiness Action Plan based on the '5 Ways to Wellbeing' by the New Economics Foundation (UK Government Office for Science: www.gov.uk/government/publications/five-ways-to-mental-wellbeing)
and developed by 'Action for Happiness'. Team members start this in induction. 'Action for Happiness' is a UK-based charity, founded by Lord Richard Leyard of the London School of Economics, Sir Anthony Seldon of Buckingham University and Geoff Mulgan, CEO of Nesta, which aims to support people to increase their happiness. They have developed resources for this which they make available for free through their website.

Practice Review with the Wellbeing Leader or Practice Coach, based on doing a shadow shift with each team member on an annual basis as a minimum..

Six-monthly Career and Development Review with the Wellbeing Leader to review progress against personal and career development goals.

Annual reflection shared with the team, where team members write a ‘letter’ to the team reflecting what they have achieved over the last year, what they are proud of, what they want to achieve over the next year, and how they would like the team to support them. This may be done as part of the person-centred team review.

Team Agreements and the Person-Centred Team Plan. The Person-Centred Team Plan is a document co-created by the team. People share information that enables colleagues to understand what matters to each other, including their one-page profiles. The Team Agreements are co-produced rules and ways of working together and colleagues hold each other to account on these.

How Wellbeing Teams are SAFE

Safeguarding and protection from abuse

How our practices support people to be safe and protected from abuse.

Practice Coaches Practice Coaches (or Wellbeing Leaders in smaller teams) provide on-the-job coaching to Wellbeing Workers. During shadow shifts together, the Practice Coach will focus on risk and keeping people safe from harm. This will include conversations using 'What If?' questions to check understanding, with a focus on safeguarding.

Confirmation Practices Wellbeing Workers conduct Confirmation Practices every two weeks with their Buddy. Confirmation Practices always include a specific question about delivering safe, person-centred compassionate care. This ensures that Wellbeing Workers are reflecting on how they deliver safe care every two weeks, and setting a personal goal on how they want to improve.

Raising tensions at a Team Meeting The team meeting is designed to be a safe place to raise and address tensions, including issues around the delivery of safe care. We talk about incidents and issues openly at each Team Meeting.

Metrics Board At each weekly Team Meeting, we review the key metrics of the team's performance. One key metric is the number and kind of incidents, compliments, and concerns for that week. These are openly reviewed and discussed, and actions for improvement are agreed and recorded. This means we keep reflecting on how we can improve how we deliver a safe service. Wellbeing Leaders meet weekly with Mary from the National Team to share tensions and learning. Patterns from metrics across teams are discussed and shared with the national team, so that we keep learning and improving.

Living Well at Home Board At each Team Meeting, we identify whether we think the people we support are on track, off track or way off track in terms of achieving their desired outcomes. This is how we, individually and collectively, identify any concerns. If people are off track or way off track, this promotes a discussion about why and what we can do about it. Actions are recorded, and reviewed at the next meeting. This could trigger requests for re-assessment or investigations.

'What if?' card We regularly use 'What if?' mini-scenarios printed in cards to check the team's understanding of issues around safeguarding and safety and to see how people would respond to issues that could potentially arise. We start using 'What if?' cards in recruitment, as one of the exercises we use with people to help check how people respond to different situations.

We have a **'Failure Friday'** channel in Slack where people share failures, including the Wellbeing Leaders. This approach reinforces our values of honesty and transparency and discourages the maintenance of any false images of perfect professionalism. We cultivate a culture in which people are not scared to own any omissions, mistakes, or failures. They can expect to be supported by the team but are themselves expected to take action to restore any harm done, as well as learn from and share their experience. Unjustifiably repeating the same mistakes is unacceptable within our culture.

Bringing your whole self to work People are more likely to be open when they know and trust each other, and we pay a lot of attention to developing trusting relationships in induction and on an ongoing basis. This is why our Values-Based Recruitment is so important. We start using 'What if?' cards and scenarios right at the beginning in the recruitment workshop.

Policies We have a short handbook of our policies and procedures to make sure that they are easily accessible as a reference for people. Wellbeing Workers are given a hard copy in induction, and have access to the full policies and procedures through Google Docs. Any Wellbeing Worker also has the right to escalate any major concerns (whistleblowing) to the national team. This is clearly stated in our How We Work handbook and policies.

Learning from each visit - transparent recording of Learning and Communication Logs At the beginning of each visit, Wellbeing Workers check the previous Learning and Communication Log. At the end of each visit, they detail their Learning and Communication with the person. This can be written, but we encourage voice recording. Any audio recording is saved in the secure mobile App we use. The team member signs this electronically and can also upload photos. This means that, at every visit, there is a conversation about what worked or did not work and what we need to do differently from then on. People, such as relatives, can also access each Learning and Communication Log. This offers a further layer of transparency and accountability to our service.

Reviewing trends at team meetings Each month, time is set aside in the Team Meeting to review all incidents, accidents, complaints, notifications and other communications from stakeholders to see if there are themes. The lessons learned from this review are recorded in the actions and decisions of that meeting and then uploaded to google docs, our on-line collaboration platform, so that everyone can see them.

Mini updates on wellbeing on Slack The Link Wellbeing Worker is responsible for the on-going review of each person they support. Each week, any changes or issues regarding each person we support are recorded on Slack, our online communication platform, in a private communication channel that is restricted exclusively to the Wellbeing Workers and the Wellbeing Leader supporting this particular person. This provides us with easily accessible up-to-date information (that is not required to be recorded in the Care and Support Plan). This has the benefit that Wellbeing Workers can quickly catch up on any changes in the person's situation. If anyone has any concerns, these can be raised at the Team Meeting. The Link Wellbeing Worker is responsible for ensuring that the information shared in the channel is appropriate,

proportionate, useful and purposeful. The people we support are referred to using initials only on Slack.

Recording and learning from incidents and complaints Team members record incidents or complaints on Mobizio, the care management mobile App that we use. If someone is unhappy but does not want to raise it as a complaint, the team member will also record this on the incident form, and raise it on Slack or at a Team Meeting to make sure this is addressed. The Wellbeing Leader gets an automatic notification that there has been an incident form submitted and who this involves. The notification will indicate whether further investigation is required immediately and it will, in any event, always be raised at the Team Meeting. The team review, reflect on and learn from these incidents during the meeting.

Investigating safeguarding concerns There are a number of routes to sharing Safeguarding concerns: through Slack, through incident forms, by phone or through Team Meetings. The Wellbeing Leaders act as Safeguarding Leads and they are the people responsible for investigating, reporting to and liaising with the local Safeguarding Board as well as complying with legal and regulatory requirements. Raising, sharing, resolving and learning from safeguarding concerns within the organisation are responsibilities of the Wellbeing Leader.

The role of the Wellbeing Leader

Wellbeing Leaders are responsible for:

1.) Ensuring that our Wellbeing Teams deliver compassionate, person-centred, safe care - delivering on our 'Six Promises' to the people we support.
2.) Ensuring that safeguarding issues are reported, investigated and learned from.
3.) Acting as the point of contact for complaints if the people we support, or their relatives, wish to make a complaint bypassing the Wellbeing Workers.
4.) Investigating and resolving complaints and learning from them. They follow our organisational process and keep a log of complaints, actions and learning.
5.) Preparing for and hosting CQC inspections with the team.
6.) Notifying the CQC of any events and circumstances mandated by the relevant regulations.
7.) Leading our responses to crises and to major disruptions to our service and. implementing our Business Continuity Plan.

Day to Day support Wellbeing Leaders ensure that Wellbeing Workers and Wellbeing Assistants have access to support and advice when they are working, and that there is an effective process for covering sickness and holiday (with the Support Planner/Schedulers and Practice Coaches) including taking alerts for missed calls. This is a 'Help Desk' in some teams, and through Slack in others.

How we support and encourage people to speak up

Information about whistleblowing, and what to do if you have a complaint

We give the people we support and their families a 'Welcome to your Wellbeing Team' folder which includes clear information about how to complain and what will happen with your complaint. A form is included for reporting any concerns around safety, abuse or any complaints. The 'Welcome' folder also includes information on the options for escalating complaints.

Our complaints policy advises people to raise any issues or concerns with any of the Wellbeing Workers that offer them care and support. Wellbeing Workers are trained and advised to record all feedback from the people they support, to attempt to resolve issues as soon as possible and to escalate issues appropriately. However, if the people we support have an issue that they cannot or do not want to resolve with their Link Wellbeing Worker, they are advised to contact the Wellbeing Leader whose contact details are given in their 'Welcome' folder. Complaints are logged and responded to, with our proposed course of action, within two working days. They are investigated by our Wellbeing Leader, who will discuss it with the complainant by phone or in person. The Wellbeing Leader will find out what the complainant wants to happen to resolve the problem, and will agree clear actions with them. He or she will put this in writing within two weeks of getting the complaint.

We will also work with the team so that we can learn from what went wrong and make any necessary changes to how we work. We will contact the complainant about this to inform them of any actions taken and to see if there is anything else we can do. The Wellbeing Leader will get in touch with them again a month later (or at a mutually agreed time) to check that they are satisfied with the outcome.

If for any reason the complainant is still not happy, they are advised to contact the National Lead for quality, Mary Curran.

Family members are offered access to Mobizio where they can see the Care and Support Plan of the person supported and all Learning and Communication Logs. Family members are invited to get in touch with us if they have any issues that they want to raise. They have the phone numbers of the Link Wellbeing Worker of the person supported, the Wellbeing Leader, and contact details for the Registered Manager (these are in the 'Welcome' folder).

Whistleblowing processes are also explained in our green 'How We Work' booklet which Wellbeing Workers carry in their work bags - it is also available via Slack and Loomio. We also give each team member a card with important numbers on it and this includes a whistleblowing number.

'What does being safe mean to you?' We ask this question as part of our initial conversation with the people we support and it will be recorded under the 'What Good Support Means' section of the Care and Support Plan.

What you can see where

- When visiting the people we support, team members carry in their Wellbeing Team carrier bags an 'important information' card, and the 'How We Work' green booklet.
- Policies and Procedures are available on Google Docs.
- Confirmation Practices for Wellbeing Workers and Leaders are available on Trello.
- Decisions and Actions from Team Meetings are kept on Google Docs.
- Team members' 'Welcome to Wellbeing Teams' folder are given to them at induction.
- Role description for Practice Coaches is found in the 'Welcome to Wellbeing Teams' folder.
- The 'Welcome to Wellbeing Teams' folder given to each individual we support to keep and use.
- Care and Support Plans are stored in people's homes and on Mobizio
- 'What if?' cards are available on Google Docs.

What we would expect Wellbeing Workers to demonstrate/be able to tell you

- Use of Mobizio e.g. reading the Learning and Communication Log from the previous visit and co-creating with the person a new Log at the end of their visit .
- What they are working on at the moment from their Confirmation Practices
- An example of a 'What if?' Card

S1.1 How are safeguarding systems, processes and practices developed, implemented and communicated to staff?

How are safeguarding systems, processes, and practices developed?

We learn from national legislation, best practice guidance and the lessons learnt from the investigations on high-profile cases of abuse such as those of Winterbourne View Hospital and the Mid-Staffordshire NHS Foundation Trust. We take a person-centred approach to safeguarding and we are following the 'Making Safeguarding Personal' approach.

Our policies have been informed by the national literature and aim to conform to the exacting standards of national recommendations and national guidelines for best practice. Our policies are reviewed and updated on the basis of our processes of continuous learning and improvement.

We fully comply with the safeguarding policies of the local authorities in whose areas we work in. The Wellbeing Leaders of each team are responsible for liaising with the local Safeguarding Board and the Safeguarding Officers of the respective Local Authority and for staying up to date with developments in national and local guidance and best practice.

Mary Curran, from the national team, is responsible for keeping up to date with policy developments and new guidance that further strengthens safeguarding systems.

We learn from our own practice in weekly Team Meetings where we review and assess how well we are doing in serving people and keeping them safe and well. We learn from near misses, mistakes, critical incidents, concerns expressed to us, complaints, compliments and comments which are reviewed regularly and systematically. The lessons learnt are recorded and actions are decided on which are then monitored and reviewed with respect to bringing about the desired changes. The lessons learnt and our responses to them are discussed at our National Team tactical meetings and decisions and actions recorded. The National Team has an overview of this process across and ensures that lessons learnt in one team are shared with all the others.

We learn from investigating safeguarding alerts (please see relevant section below).

We learn from the people we support by asking them 'What does being safe mean to you?' as part of our initial conversation. Their answer is recorded under the 'What Good Support Means' section of the Care and Support Plan.

We learn from formal training. Wellbeing Leaders undertake Level 2 safeguarding training. Wellbeing Workers cover safeguarding in training during induction in two ways - through e-learning, and face-to-face training.

We learn from our Co-Production Partners and also from our National Advisor on Improvement (Andy Brogan) and our National Advisor on Health (NHS hospital consultant Dr. Rod Kersh).

How are safeguarding systems, processes and practices communicated to staff?

We make relevant policies and procedures easy and convenient to access and use for team members. The required policies and procedures are available to team members online in Loomio, our collaboration and coordination platform, which team members can access through their work phones. Team members are provided with a short handbook, colour-coded green, titled 'How We Work', which contains the crucial information team members need on a day-to-day basis. The green handbook explains for each policy what to do, what not to do and how to get further support if needed, Team members carry this handbook with them in their work bags. This handbook is updated at least annually, or more frequently to reflect our learning and any developments in national guidance and literature. Wellbeing Workers carry work smartphones with the NHS Safeguarding App installed. We make sure that Wellbeing Workers are familiar with how to use this App and what they can get from it. We explain our policies and procedures to new colleagues and new teams during induction and we develop their practice and skills in their probation period. We thereafter take a continuous learning approach (as explained below) which is a distinctive feature of Wellbeing Teams.

For our Well-being Workers, building safeguarding skills and expertise is a feature of their recruitment, induction, probation and their on-going training and development. We start using 'What if?' scenarios around safeguarding in our recruitment process to introduce the concept at the first opportunity. Issues around safety and safeguarding are then covered extensively in induction, as part of the Wellbeing Teams Certificate of Compassionate Care and Self-Management. Successful knowledge and practice are prerequisites for successful completion of the probation period. Newly qualified Well-being Workers are required to complete e-learning modules on safeguarding issues and will then receive on-the-job coaching by a Practice Coach on delivering safe care and protecting people's rights and wellbeing. The Practice Coach and Wellbeing Leader shadow Wellbeing Workers and discuss any issues arising from their observations with them on the job. Practice Coaches use 'What if?' cards related to safeguarding when they are coaching people. To reinforce learning on the practical implications of our safeguarding-related policies and processes, we devote time in weekly Team Meetings to develop the team's learning. To do so, we use 'What if?' scenarios related to safeguarding. These are scenarios that have happened in real life and the team is invited to think through them and to role play their emotions and actions in the hypothetical situation. We use 'What if' scenarios in a regular, patterned and structured way so that the need of 'refresher' training on safeguarding is eliminated as team members are regularly exposed to discussions around safeguarding.

Wellbeing Leaders and Practice Coaches are responsible for drawing the attention of team members to any changes in policies and procedures and request that colleagues confirm that they have been made aware. This process typically happens in the weekly Team Meeting which is a unique and distinctive feature of Wellbeing Teams and ensures that people share information and knowledge collectively and have the opportunity to ask questions and discuss issues. At Team Meetings, Wellbeing Leaders and Practice Coaches lead the discussion on the lessons learnt in the organisation from stakeholder feedback, feedback, comments, complaints and compliments from the people we support and any incidents, near misses or safeguarding alerts.

Safe care and the protection of the people we support are central features of the Confirmation Practices discussed twice a month in Buddy sessions and Team Meetings by Wellbeing Workers and Wellbeing Leaders. Buddies support and challenge each other to improve their practice. Any questions, concerns or unresolved issues can be brought to Team Meetings. Alternatively, the Wellbeing Leader can support Wellbeing Workers who may benefit from partnering with the Wellbeing Leader when discussing Confirmation Practices.

How are safeguarding systems, processes and practices implemented?:

Team members are responsible for following our policies and procedures, for their own practice and for reporting any concerns regarding the interests and wellbeing of the people they support. Team members are encouraged and supported to speak up even when they are unsure. When on shift, Wellbeing Workers are able to speak directly on the phone with our service 'Help Desk' and they also carry a card of important contacts which includes the phone number of the local Safeguarding Board. They can consult our

policies and procedures anytime when on shift or off shift, either through our 'How we work' handbook which they carry in the work carrier bags, or online via their work smart-phones.

Wellbeing Workers do a Monthly Check-in with the people they act as Link Wellbeing Worker for (which is our equivalent of the 'key-worker' role). They ask the people they support about whether they have issues or concerns around safety, and the protection of their interests and wellbeing. Once every three months, this Check-in is carried out by the Wellbeing Leader. The Wellbeing Leader shadows Wellbeing Workers in their shifts in order to offer them support, challenge and feedback on issues of safety and protection. Further, the Wellbeing Leader does at least one shift per month in order to remain in touch with the people we support and be a familiar presence for them, but also to stay in touch with the realities of the practice of Wellbeing Workers.

Wellbeing Leaders are our Safeguarding Leads, or Champions, and they are responsible for ensuring Wellbeing Workers are appropriately equipped with the right knowledge, skills and attitude to offer a safe and protective service to the people we support. In addition to our Safeguarding Leads, in certain teams there may also be a person, for example the Practice Coach, who, in addition to the Wellbeing Leader, has the role of Safeguarding Champion. People in this role will already have or be working towards Level 2 in Safeguarding and then Level 3. Wellbeing Leaders are responsible for building a good working relationship with the local Safeguarding Board/Team and to be in contact with them as appropriate.

Our policies and procedures on these matters are clearly explained to the people we support and their important others by the Wellbeing Leader. In induction the Wellbeing Leader goes through the contents of the 'Welcome to Wellbeing Teams' folder which is given to them to keep. The folder includes documents explaining what to do and who to contact, both within the Wellbeing Teams and other agencies when there are concerns around safeguarding. People have the contact details of the Wellbeing Leader, the National Lead for Wellbeing Teams, and the local Safeguarding Board.

S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved?

How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect?

We have multiple, overlapping levels of protection:

1. We have a culture of openness and transparency, within which we encourage quick surfacing of problems, difficulties, issues and concerns.
2. Colleagues are supported and encouraged to voice any concerns, no matter how small, in the weekly Team Meetings so that they can be dealt with collectively. Our open culture encourages the raising of any 'niggles', issues, concerns or

doubts, (we refer to these as 'tensions''). We believe this culture enables our team members to speak up when they suspect something untoward may be happening, even if they are not completely sure.

3. We ensure that the people we support and their families have clear information about how to voice any concerns and what to expect after they have done so. These are clearly documented in their 'Welcome to your Wellbeing Team' folder.
4. We record concerns, incidents and accidents in line with the Health and Safety Executive requirements and recommendations. These are investigated appropriately.
5. Team members do Monthly Catch-ups (or Check-ins) with individuals we support. Team members use these as opportunities to explore people's experiences with our service and to pick up any issues. Every six months, a Person-Centred Team Review takes place.
6. Whistleblowing - we have a whistleblowing policy and team members have access to this on Loomio. It is also found in the 'How We Work' green booklet and there is a whistleblowing number on the 'important numbers' cards carried by Wellbeing Workers in their carrier bags. However, our Buddy system, anonymous Peakon Survey and Team Meetings structure make it more likely that issues will be surfaced early.
7. Safe recruitment - we have ten ways to ensure that we are delivering safe recruitment (see later).

How are systems monitored and improved?

'Help Desk' (issues logs) we log calls to 'Help Desk' on Slack and regularly review their contents to identify any areas that we need to work on to protect people from abuse, neglect or breaches of dignity and respect. If we find that our performance could be improved by providing our team members with more help or advice, we turn the issue into a 'What if?' question to use with the team. Throughout each day, from start to finish, a Wellbeing Leader, Support Planner or Practice Coach is always available to the team.

Slack The conversations that happen over Slack about individuals are visible within the organisation, meaning that we can pick up any issues that might relate to safety early and provide appropriate advice or coaching.

Learning from Incidents Team member's record incidents or complaints on the electronic form on Mobizio. If someone is unhappy, but does not want to raise it as a complaint, the team member will record and raise it on the incident form or on Slack or at a Team Meeting to make sure this is addressed.

The Wellbeing Leader gets an automatic notification that there has been an incident form submitted and who this involves (the individual and the team member who submitted it). This will indicate whether further investigation is required immediately. It will always be raised at the Team Meeting under the metrics section of the meeting. This will result in looking at other actions or learning from it. It will also be reviewed for themes on monthly basis at the Team Meeting.

Analysis of incidents and accidents happens weekly in Team Meetings and also monthly to identify themes and patterns. These can lead to further 'What if?' cards and changes to how we work. There is a section on the Team Meeting records to capture this. **'Lessons Learned'** are summarised on a transparent google doc that becomes our quarterly report (and can lead to national changes in the organisation if required).
We work closely with other agencies when we have concerns.

We do an **annual survey** to families to find out how they rate the support their family member receives and how we are doing in keeping our promises. We do this directly with people we support through the person-centred review instead of a survey.

S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act.

As part of their induction, Wellbeing Leaders and Wellbeing Workers complete an e-learning module on equality and diversity in society, and on the requirements placed upon our organisation by both the Equality Act 2010 and the Public Sector Equality Duty.
The e-learning module explains the issues of discrimination (direct, indirect, by association, institutional), harassment and victimisation. It also looks more broadly at the issues of conscious and unconscious biases, stereotyping, prejudices, social exclusion and marginalisation, diversity in society and individual differences in the people we support and in one another at work. The e-learning underlines the principles of our organisational culture:
a) recognising, valuing and celebrating diversity and individual differences; not just with regards to the protected characteristics as defined in the Equality Act, but also in terms of the personality attributes, skills, strengths, backgrounds, family histories and current circumstances of the people we support;
b) aspiring to be an inclusive organisation that does not treat people the same, but adapts to people's diverse needs respectfully.

We check understanding and we explore questions around the issues of discrimination that may arise in practice through 'What if?' cards, which are also used during recruitment and induction of new team members. We are careful to explore with the team the ways that seemingly innocuous language in the form of jokes or comments may be offensive to people and may cause harm and constitute harassment, especially if used repeatedly. We are also mindful that our everyday language and behaviour does not reproduce and perpetuate negative stereotypes about people.

We have an organisational policy on Equality and Diversity that is available to team members on Loomio and in their 'How We Work' green booklet. Team members familiarise themselves with the policy in their induction period. Our policy reflects our commitment to the moral, business and legal cases for Equality and Diversity. Our policy requires colleagues to take appropriate action to report and, if appropriate, to challenge unacceptable language and behaviour, whether these are originating from a colleague or a member of the public.

Practice Coaches model and offer on-the-job coaching on anti-discriminatory, anti-oppressive and inclusive practice.

Our organisational culture promotes and enables non-judgemental and inclusive practice. Our culture is reflected in our values, our leadership, our language and our culture of close collaboration and coordination. For example, we support and encourage frequent communication and coordination between team members so that issues around language, beliefs and attitudes surface early and quickly. Outside Team Meetings, team members and Wellbeing Leaders can provide support, feedback, and challenge to one another and can respond to any concerns about issues relating to Equality and Diversity on our Slack team space.

We listen carefully to the people we support. Our initial conversations are designed to discover what matters to people. We recognise that these things that matter may include issues of race, nationality, ethnic origin, religion and belief, gender, gender reassignment, sexuality, marriage and civil partnership, and we sensitively explore how to support the person in matters that relate to these areas of their life. If there are specific things we can do, these are identified in 'what good support looks like' section of the care and support plan, or the task list. Sometimes, it is more about being aware and thinking about our language and actions and not making assumptions. As a recent example, we support a woman who is gay and has photos of children on her walls. We were careful not to assume that she had a husband and that these are her children.

S1.4 How are people supported to understand what keeping safe means, and how are they encouraged and empowered to raise any concerns they may have about this? If people are subject to safeguarding enquiries or an investigation, are they offered an advocate if appropriate or required?

How are people supported to understand what keeping safe means?

We talk to people about what keeping safe means to them in the initial conversation we have with them and record this - usually in the 'How Best to Support Me' section - in the Care and Support Plan. The 'Welcome to your Wellbeing Team' Folder gives information to people we support and their families the expectations and standards they should hold our service against, and what to do if they think we are not meeting these.

How are people encouraged and empowered to raise any concerns they may have about this?

The people we support and their families are given a 'Welcome to your Wellbeing Team' folder which includes clear information about how to complain and details about what will happen after they have placed a complaint. We also provide people with information about advocacy organisations and other organisations people may find helpful to know

about e.g. Healthwatch. We also provide them with any available relevant leaflets about the condition (s) affecting their family member (e.g. from the Alzheimer's Society).

Our complaints policy advises people to raise any issues or concerns with any of the Wellbeing Workers that offer them care and support. Wellbeing Workers record all feedback from the people they support, to attempt to resolve issues as soon as possible and to escalate issues as soon as possible in an appropriate manner, e.g. to the Wellbeing Leader or to the weekly Team Meeting using any of the different communication tools we use. However, if the people we support have an issue that they cannot or do not want to resolve with their Link Wellbeing Worker, they are advised to contact the Wellbeing Leader whose contact details are given in their 'Welcome' folder. If people file a complaint, we log it and we respond within two working days to explain what we will be doing about it. It will be investigated by our Wellbeing Leader, who will discuss it with the complainant by phone or in person. The Wellbeing Leader will find out what the complainant wants to happen to resolve the problem, and will agree clear actions with them. He or she will put this in writing within two weeks of getting the complaint.
We will also work with the team so that we can learn from what went wrong and make any necessary changes to how we work. We will contact the complainant about this to inform them of any actions taken and to see if there is anything else we can do. The Wellbeing Leader will get in touch with them again a month later (or at a mutually agreed time) to check that they are satisfied with the outcome.

If for any reason the complainant is still not happy, they are advised to contact Mary Curran, the National Lead for quality in Wellbeing Teams.

We follow 'Making Safeguarding Personal' guidelines which means that if we have a complaint/concern we ask people what outcome they want from this, and how they want to be kept informed of the investigation. It also includes information about where else they can complain or take things further. It is made clear to people that they can bypass the Wellbeing Team altogether and speak to their local Safeguarding Board, the Police, their GP or any other health and social care professional they trust. We provide people with the contact details of their local Safeguarding Board as well as with the contact details of the Local Authority and Social Care Ombudsman and the Care Quality Commission in their 'Welcome to your Wellbeing Team' folder. In this folder there is a form to report any concerns around safety or complaints with the service. Wellbeing Leaders in each team are Safeguarding Leads for that team and are the people responsible for the handling and resolution of complaints and concerns from the people we support.

Family members are offered access to the care management software we use, Mobizio, and through Mobizio to the Care and Support Plan of their relative and all Learning and Communication Log entries made. Family members are asked and encouraged to get in touch with us if they have any issues that they want to raise regarding any of these records. Family members are given the phone numbers of their Link Wellbeing Worker, Wellbeing Leader, and the contact details for the Wellbeing Leader. These can also be found in the 'Welcome to Your Wellbeing Team' folder.

Link Wellbeing Workers have Monthly Check-ins with the people they support in order to hear people's experiences with the service and with the different team members. Every

four to six months the Monthly Check-in is undertaken by the Wellbeing Leader who also asks the person about their experience with the service and the different team members. Our Co-production Partners can also meet people to have a chat about how things are going and if they have ideas about how we can improve. This could be instead of a Monthly Check-in by the Link Wellbeing Worker, or using a random sample of people we support (with their permission) or at the request of the Wellbeing Leader.

We do an annual survey to families to find out how they rate the support their family member receives and how we are doing in keeping our promises. We do this directly with people we support through the person-centred review instead of a survey.

If people are subject to safeguarding enquiries or an investigation we connect them with advocacy organisations if appropriate or required.

Managing risks

S.2 How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?

Risk assessments are done by the Support Planner/Scheduler or Wellbeing Leader.
They were trained to do this either through the national Trusted Assessor Course, or coached by the existing Trusted Assessor. We have a qualified Trusted Assessor in all our services supporting older people to live well at home.

Our approach to risk is person-centred, and aims to support people to balance risk with freedom, choice and control. The Care and Support Plans include detailed risk assessments which we aim to co-produce with the people we support. This information is then translated into what team members need to do on each visit, i.e. the task list. Team members cannot log off from the visit until these tasks, such as visually checking equipment before they are used, are completed.

We identify whether we need to update a risk assessment through the weekly Team Meetings using the ‘Living Well at Home’ board. Issues to do with risk would be covered every week as part of the Team Meeting and the ‘Living Well at Home’ board. Alternatively, Link Wellbeing Workers can request that the Wellbeing Leader does this, or it is arranged with a relevant health professional. Risk is also covered in the Confirmation Practices that team members perform twice a month.

Risks are explicitly covered in the ‘What if?’ cards. A form to report any concerns around safety is contained in the files that people have in their own homes.
The Link Wellbeing Worker has an informal check-in/catch-up each month with each person we support to find out what is working and what is not working for them, and for them to share their experience with us. Link Wellbeing Workers record this on Mobizio.

They will pass any compliments onto relevant team members and address any issues immediately or take them forward at the Team Meeting.

Records and sharing information We use electronic records through Mobizio and People Planner. Every month the Link Wellbeing Worker has an informal check-in/catch-up with the person we support to check how things are going, and to learn about what is working and not working, and their experience overall. This is also an opportunity to double check that records are up to date.

In the file kept by the people we support at their homes, there is a 'This is Me' document. This is adapted from the Alzheimer's Society document used in hospitals. We worked with our National Advisor for Health, Dr Rod Kersh, to develop the version we use, which is also used in the hospitals in Doncaster and Rotherham where he works. We complete it with the person and it is available to go into hospital or any other service that the person might use to share information.

Communication and Behaviour If the person we are supporting does not use words to communicate, or has different ways of communicating, we introduce a 'Communication Chart'. We see behaviour that may be seen as challenging or difficult, as communication. Our responsibility is to find out what the person is communicating, and respond appropriately and consistently. The 'Communication Chart' is a way to do this. It is a recognised person-centred practice that has four columns:

- At this time (the times that we are more likely to see the behaviour)
- The person does this (the behaviour)
- We think it means (our best guess at what the person is trying to communicate)
- And we should (how team members should respond)

'What if?' cards Our 'What if?' cards include issues of mental capacity, safety and risk.

What you can see where

- Policies and Procedures in Google docs
- Confirmation Practices on Trello/slack (Wellbeing Worker and Wellbeing Leaders)
- Decisions and Actions from Team Meetings on Google docs
- Role description for Link Wellbeing Workers (in 'Welcome to Wellbeing Teams' folder)
- Individuals' 'Welcome to your Wellbeing Team' folder (in their homes)
- Care and Support Plans (identify risks section)
- 'What if?' cards
- 'This is Me' - in people's folders at home in case they need to go into hospital

S2.1 What arrangements are there to manage risks appropriately, and to make sure that people are involved in decisions about any risks they may take?

Team members complete e-learning on risks and this is followed up with 'What if?' cards around risk to check how well people understand this.
In our initial conversation with the people we support, we include full risk assessments including environment assessments and lone working as necessary. We have discussions with the person about risk and how we can manage this together.
The Care and Support Plans describe how we manage risks for each area that we provide people with support in.
We use a person-centred and enabling approach to risk and involve colleagues in Best Interest meetings if we are concerned.

S2.2 How do risk management policies and procedures minimise restrictions on people's freedom, choice and control, in particular for people who lack mental capacity?

Our whole ethos and approach is to support thoughtful, enabling risk-taking. This is reflected in our policies and how we work with the teams. Michelle Livesley is part of the National Team and in her role as a consultant with H S A she has written national best practice training and e-learning on person-centred approach to risk and she oversees our approach to risk nationally.

Our approach to co-production means that we are always working with people to support them to be involved in decisions about their care and support (and therefore risks).
Team members have e-learning on mental capacity act and DOLS and use 'What if?' cards to follow up and check understanding, as well as picking up any issues via Slack.

S2.3 Are people's records accurate, complete, legible, up-to-date, securely stored and available to relevant staff so that they support people to stay safe?

Training and support around Learning and Communication Logs and Incident forms are provided in induction. The Practice Coaches check the quality of recording. When Practice Coaches are on shift, they check the Learning and Communication Logs of the person who has done the shift before them, and can give colleagues feedback as required. The Wellbeing Leader will review all incident forms and can give people feedback, if these need improvement in the way they are recorded.

Families have access to the Learning and Communication Logs and have given us specific feedback on how useful they are. To offer one example: in one very difficult situation, when WR was very ill, his daughter commented on how helpful it was to have such detailed Learning and Communication Logs that she could read in real time to get

updates on the development of the health of her father. In another example, one family member phoned to complain that she did not feel that the Learning and Communication Logs by one team member were detailed enough, and we were able to address that with the team member. In this way, families are involved with, and become a part of, our quality assurance process. We are able to upload photos to the Learning and Communication Logs. These can enable family members to be up-dated on any physical issues. It is also a way to share positive photos, for example, when team members bring homemade cakes, or celebrate birthdays.

S2.4 Are formal and informal methods used to share information with appropriate parties on risks to people's care, treatment and support?

We have introduced a 'This is Me' support tool based on the one created by the Alzheimer's Society used with people who have dementia in hospitals. We worked with our National Advisor for Health, gerontologist Dr Rod Kersh, to develop a new version that is now used in hospitals in Doncaster and Rotherham, where he works. A hard copy of this is included in people's files at home, so that it could be taken to hospital with them if they ever needed to go into a hospital or even to a GP visit, or if they were transferring to a care home.

Everyone has a 'Welcome to your Wellbeing Team' file in their house. This includes a copy of the person's care and support plan, and therefore is available to any other health professionals visiting the person.

We use informal ways to communicate with families, depending on the wishes of the person and the family. When we have an initial conversation with the people we support, we share examples of closed Facebook groups as ways to keep in touch with the family. We share an example of this called 'Keeping up with Norma'. The most popular way that we share information with families is through them having access to the Learning and Communication Logs via Mobizio.

S2.5 Are there thorough, questioning and objective investigations into whistleblowing or staff concerns, safeguarding, and accidents or incidents? Are action plans developed, and are they monitored to make sure they are delivered?

We log complaints, incidents, and concerns and record the actions that we took as well as looking at themes. These are raised each week at the Team Meeting via the metrics board and once a month the team and the Wellbeing Leader review all of them to look for patterns and themes, and to act on those as necessary. Patterns, learning and actions from this are recorded. These then inform the quarterly report from the team and Wellbeing Leader, which comprises a summary of metrics and lessons learned.

S2.6 How is equipment managed to support people to stay safe?

We have a qualified Trusted Assessor as part of each service where we support older people. The initial conversation with a person we support is performed by the Trusted Assessor or Wellbeing Leader and includes risk assessment and checking equipment (including when they were last checked, service certificates, evidence of external contracts etc). If the person uses any equipment, then the task list on the Care and Support Plan will include a requirement that the team member performs a visual check of the equipment. They have to confirm that they have done this, on Mobizio, before ending the visit.

S2.7 How do staff seek to understand, prevent and manage behaviour that the service finds challenging? How are individuals supported when their behaviour challenges? How well does this align with best practice?

We see behaviour that may be seen as challenging or difficult as communication. Our responsibility is to find out what the person is communicating, and respond appropriately and consistently. The 'Communication Chart' is a way to do this. It is a recognised person-centred practice that has four columns:

- 'At this time' (the times that we are more likely to see the behaviour)
- 'The person does this' (the behaviour)
- 'We think it means' (our best guess at what the person is trying to communicate)
- 'And we should' (how team members should respond)

The 'Communication Chart' would be developed with the person and their family, and other professionals to the extent that is possible, and be regularly reviewed. The 'Communication Chart' is also used when the person we support does not use words to communicate or employs different means and ways of communicating.
We would provide person-centred, personalised training to team members, if this was required to support someone whose behaviour challenges.
We also look at other ways to support people. To give one example, our robot cat has been found to be useful for people who may be described as agitated and challenging.

We find out what else matters to people through the 'Better Days at Home' support tool to find out if this tool supports the person's mental health and positively impacts on their behaviour. We would also consider whether behavioural challenges could be related to the relationship that the person has with their team, as it could be that it may be a challenge due to a relationship difficulty. We would sensitively explore this with the person and team member and take action to make changes to the person's team, if that was the best solution.

Suitable staff and staff cover

S3. How does the service make sure that there are sufficient numbers of suitable staff to support people to stay safe and meet their needs?

We constantly recruit, and we only take on the support of new people when we have sufficient team members in place. We use a Values Based Recruitment process to find colleagues whose values align with those of Wellbeing Teams. We train and support team members to provide care and support to people and deliver their Care and Support Plan.

Where we find great relationships developing, we work to ensure that this team member spends as much time as possible with the individual. We create mini-one page profiles of each team member, and people have their team's profiles in their folders. We also take one-minute films of team members to 'introduce' them to people and families.

We work hard to make sure that if someone is covering for a team member that the people we support are informed in advance and people are never surprised by who turns up to support them. If team members are held up and are going to be late, they phone the person directly to let them know. We ensure that team members are capable and confident on all safety-related training including assisting, moving and basic life support. We cover this through e-learning before induction, and build on this with face-to-face training during induction.

Rotas are done by team members in the 'Scheduler' role in partnership with team members. We plan for holidays in advance. Rotas take into account travel time.
These are the plans we have in place to cover emergency sickness:

1) Practice Coaches are not on the regular rota and are available to cover holiday and sickness.
2) We generally know who from the team may have additional availability.
3) We have Wellbeing Assistants and we know their availability each week incase we need them to cover sickness. Assistants are attached to each team, so that they know the Scheduler in that team, and have usually met most of the people that the team supports.
4) We have Support Planners/Schedulers off rota and available to cover sickness if we do not have other options.
5) Our final option is that the Wellbeing Leader would cover the shift.

What you can see where

- Scheduler role description in Wellbeing Team Handbook in Google drive
- Practice Coach role description in Wellbeing Team Handbook in Google drive
- Schedules/rotas on People Planner

- Medication Competence check on Google drive
- The Wellbeing Team Certificate of Care information on People Planner

Examples:

- Practice Coach role description

S3.1 What arrangements are there, including within the rotas, for making sure that staff have the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs?

We do this through our Values Based Recruitment and look for people with the values that align with Wellbeing Teams. We do not look for people with care industry experience or qualifications. We believe that you find people with the right values and they can be taught the skills they need. Following recruitment, we train people in the competencies they need to deliver compassionate, person-centred and safe care. We do this through a 'flipped classroom' approach which means that we provide:

- e-learning for people to learn the content knowledge
- coaching delivered by Practice Coaches so that people can see good practice and are supported to deliver this
- 'What if?' cards to keep checking understanding and to develop problem-solving capacities.

We also deliver some training face to face, for example, in assisting and moving skills.

S3.2 How is safety promoted in recruitment practices, arrangements to support staff, training arrangements, disciplinary procedures, and ongoing checks?

We use Values Based Recruitment and use psychometric testing by PeopleClues for each person we employ. We take two references, run a DBS check and also check each person's employment history for gaps in employment.
When we use recruitment workshops, the decision about who to employ is made by: our Co-production Partner; the team member who occupies the role of Recruitment Coordinator and the Wellbeing Leader/Trusted Assessor. There are usually two team members involved in facilitating the workshops and making the final decisions. We use scoring cards and comments and we use these to confirm our decisions.

If there is a practice issue with a team member, we start by using Confirmation Practices that are bespoke for the issue that we are focussed on. This would usually be weekly, with the Wellbeing Leader for –two to four weeks to reflect on practice and improvements.

We have 10 ways that we deliver safe recruitment

1. We use values-based and scenario-based questions and exercises in our individual and workshop recruitment. This is how we start to learn about values and responses to situations. This usually involves an Expert by Experience/Co-production Partner.
2. We invite people to develop a one-page profile to tell us what matters to them and what good support looks like.
3. The Wellbeing Leader checks the person's work history for any gaps (and explores these with them if necessary).
4. We have an early conversation about whether there could be anything on their DBS and talk about our organisational value of 'Responsibility' in this context.
5. We follow up two references and ask people if they can contribute to the person's one-page profile (e.g. can they share with us something that they appreciate about the person and anything that they could tell us about how to support them to do a great job).
6. We invite them to shadow an experienced team member on shift, with the permission of the people we support. We risk assess this. We ask for feedback from the team member and the people we support.
7. We use psychometric testing called PeopleClues and this gives us areas to look out for. The Practice Coach pays attention to these during the coaching on visits.

8. We complete a values profile with each team member and talk to them about how their values show up at work.
9. We invite people to do a work history graphic and share this with the team to explore their history, skills, hobbies and aspirations.
10. We ask people we support who have met the candidate during the on the job coaching for their views on the person.

We invite people to do a shadow shift with us before their DBS is through to check that they are right for the role. This is after they have been offered the role. We then support people to learn how to deliver great care through working alongside our Practice Coach for three shifts to learn to apply what they have learned through e-learning. Their DBS will not be through at this point, and these are the ways we minimise risks:

The Practice Coach

- Takes care to make sure that the candidate is not able to see the key safe code used;
- Ensures that they are not left alone in a room whilst the person and Practice Coach are in another room;
- Ensures that they have consent from the person before involvement in any personal care;
- Ensures that they do not have access to personal data about the person other than the task list that they need to complete.

S3.3 Do staff receive effective training in safety systems, processes and practices?

All team members complete e-learning on: Adult Safeguarding, Emergency First Aid, Medication Administer, Moving and Handling and Infection Control before they support people by themselves. Further e-learning courses in:

- the Mental Capacity Act
- Deprivation of Liberty safeguards
- Dementia Awareness
- Health and Safety
- Food Hygiene
- Fire Safety

They are completed within three months of the Wellbeing Worker starting their role.

The Wellbeing Worker will do three further shadow shifts with specific coaching by the Practice Coach who also uses 'What if?' questions to check their understanding prior to working a shift independently. Practice Coaches do a medication check during the four shadow shifts to check competence in medication before they support people by themselves. The Practice Coach will complete a minimum of three observations within six months of the worker starting their role to review their practice, ensuring the worker can put into practice what they have learnt from taking the e-learning courses. The Practice Coach can then sign them off as competent in delivering the safe compassionate person centred care element of the Wellbeing Teams Certificate of Compassionate Person Centred Care and Self-Management.

Once a team member has passed probation and achieved the certificate (or earlier), we start them on Level 2 medication training.

As well as annual training updates and refreshers - we support training requirements as they are needed and check competence all the time. If there were any concerns, we would ask the Practice Coach to do a shadow shift. We ask Practice Coaches to do a six-month to annual shadow shift to check competence and this would lead to additional support and training if required.

If a Wellbeing Worker was involved in an incident or concern, this could result in them undertaking specific Confirmation Practices around the particular issue or in their shifts being shadowed by the Wellbeing Leader or Practice Coach provide additional support and coaching.

S4. How does the provider ensure the proper and safe use of medicines?

S4.1 Is the service's role in relation to medicines clearly defined and described in relevant policies, procedures and training? Is current and relevant professional guidance about the management of medicines followed?

S4.2 How does the service make sure that people receive their medicines (both prescribed and non-prescribed) as intended (including controlled drugs and 'as required' medicines), and that this is recorded appropriately?

Our policies and procedures and ‘How we Work’ green book describe our role in relation to the proper and safe use of medicines.

In our Care and Support Plans, there is detailed information about medication including the level of support that the person needs. In the task list for each visit, the medication support that we need to provide is specified and the medications themselves. The visit cannot be finished without checking that this has happened.

Several of the scenario/’What if?’ questions that we use relate to medication. As soon as team members have completed the Wellbeing Teams Certificate of Compassionate Care and Self-Management (or before), they do Level 2 in medication.

We have a National Advisor who is a Senior Lecturer in Pharmacy available for medication questions if necessary, and a National Advisor who is a Consultant Geriatrician.

The Practice Coach/Wellbeing Leader does a medication competency check at the end of the four coached visits before a new colleague is allowed to start supporting people by themselves. If the analysis of incident forms and themes shows that a specific staff member is making medication errors, the Practice Coach or Wellbeing Leader would address this with them, to look at what support they need and how to ensure their practice changes. This could include a weekly Confirmation Practice specifically around medication, sessions with the Practice Coach, revisiting the Level 2 medication training and a further competency check.

We also ask people to ‘self-report’ on their confidence and competence in providing safe care including medication every two weeks, and we would expect to pick up any issues early. Colleagues are encouraged to proactively ask for more support when they feel they need it.

Every six months, a Practice Coach does a shift with each team member to check their confidence and competency (including medication) and agree together any goals for improvement.

The e-learning and medication training includes the proper administration of medications, use of PRN drugs, etc. We check that people have fully understood this by using ‘What if?’ cards in relation to medication, and on the job coaching by the Practice Coach, and monitoring Incident forms to identify any further support needed.

S4.3 How are medicines ordered, transported, stored, and disposed of safely and securely in ways that meet current and relevant legislation and guidance?

We use a medication support plan with people. We are often commissioned to order and pick up meds, but this should be clearly recorded on the support plan/ one page profile. We dispose of meds be returning them to the pharmacy. As local authorities’

guidance can vary, we make sure that in each area our 'How we work' booklet reflects local policy.

S4.4 Are there clear procedures for giving medicines covertly, in line with the Mental Capacity Act 2005?

This is covered in our policies and procedures, and in the 'How We Work' booklet. We would always include professionals and next of kin.

S4.5 How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?

If the team had concerns about this, it would first be raised at the weekly Team Meeting under the Living Well Board. This would then lead to further action; for example, to request a medication review with the GP or raising the matter as a safeguarding notification.

This would also be picked up at the six-monthly Person-Centred Review.

S4.6 How do staff assess the level of support a person needs to take their medicines safely, particularly where there are difficulties in communicating, when medicines are being administered covertly, and when undertaking risk enablement assessments designed to promote self-administration?

The social worker would usually include the level of support needed in their assessment before we start supporting someone. If we were concerned that this had changed this would be brought up at the Living Well at Home board as part of the team meeting, or more urgently with the Support Planner or Wellbeing Leader. This would lead to re-assessment, and the care and support plan would be updated as required. We would explore using technology around medication administration wherever possible.

S4.7 How does the service engage with healthcare professionals in relation to reviews of medicines at appropriate intervals?

There is a six-monthly Person-Centred Review and this would include issues concerning medication and a request for a review if necessary. Earlier requests for medication reviews could be made as part of the Living Well at Home board at each Team Meeting, or through the monthly Check In.

S4.8 How do staff make sure that accurate, up-to-date information about people's medicines is available when people move between care settings? How do medicines remain available to people when they do so?

Each person has a folder with their up to date care and support plan which includes information about medication. With their permission this could be shared with people between care settings. We also provide a 'This is me' specifically for people to take with them if they go into hospital.

S5 How well are people protected by the prevention and control of infection?

S5.1 What are the arrangements for making sure that premises are kept clean and hygienic so that people are protected from infections that could affect both staff and people using services?

N/A we do not have premises

S5.2 Do staff understand their roles and responsibilities in relation to infection control and hygiene?

All staff receive training on infection control. They do the e-learning before they start shadow shifts, and the Practice Coach demonstrates good practice and coaches them to deliver this. Practice Coaches are infection control champions.
Team members review their safe practice through Confirmation Practices twice a month and set themselves goals to improve if necessary.

We proactively encourage team members to have annual flu vaccines.
We provide team members with a bag with their PPE and hand sanitizer and first aid kit, at their Induction.

The code of dress and keeping nails short etc is also found in policy and procedures information (How we Work green book). Each team decides on their own dress code.

S5.3 Are policies and procedures maintained and followed in line with current relevant national guidance?

We annually update policies and procedures nationally to reflect changes in national guidance. This is done by Mary Curran and includes reviewing suggestions from the team about anything that they think needs to change.

S5.4 Where it is part of the service's role to respond to and help to manage infections, how does the service make sure that it alerts the right external agencies to concerns that affect people's health and wellbeing?

We would alert agencies like Public Health England in response to an infection breakout and work closely with the Local Authority.

S5.5 Have all relevant staff completed food hygiene training and are correct procedures in place and followed wherever food is prepared and stored?

Wellbeing Workers do food hygiene training online (e-learning). The Practice Coaches both demonstrate good practice and ensure that the new team member is supported to put their learning into practice. Practice Coaches ask team members on food hygiene through the 'What If?' cards they use during the four shadow shifts. We also offer face-to-face training in this area.

Learning when things go wrong

S6 Are lessons learned and improvements made when things go wrong?

S6.1 Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate?

Our policies and procedures and our 'How We Work' booklet describes how to raise and record concerns, incidents, accidents or complaints. Team members have a card with important numbers on this and this includes whistleblowing, safeguarding team etc.

The Practice Coach shows new team members how to complete a concerns/ incident form, and we have a good and poor example that we show people.

There are several ways to raise concerns:

- Team members can raise concerns in the Slack channel dedicated to each person we support and get others' views there.
- Team members may raise concerns with their Buddy and the Wellbeing Team Handbook gives a very specific process to follow.
- Team members can raise them at the Living Well Board session or during the team meeting in the tensions section
- Directly with the Wellbeing Leader
- Each month, team members complete an anonymous Peakon questionnaire which is another way to raise concerns and make comments. Each comment is responded to by the Wellbeing Leader and once a month the Peakon scores are shared and acted on at a Team Meeting.

We give team members training and support to be able to raise concerns or give feedback in a productive way - called Compassionate (or Nonviolent) Communication.

S6.2 What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations?

Every week, the incidents forms from the previous week are reviewed in the Team Meeting as one of the metrics.
Each month, there is a review of that month's incident forms to see whether there are themes and patterns, what we have learned and how to act on this. We track learning in

Team Meeting records and how to make sure this is implemented. The incident form is designed to support people to reflect on what they have learned and what the team can learn, and whether the incident needs to be flagged for review by the Wellbeing Leader/safeguarding champion. If it does, the Wellbeing Leader would identify the relevant staff, services and partner organisations to be involved and do an investigation following our Duty of Candour process.

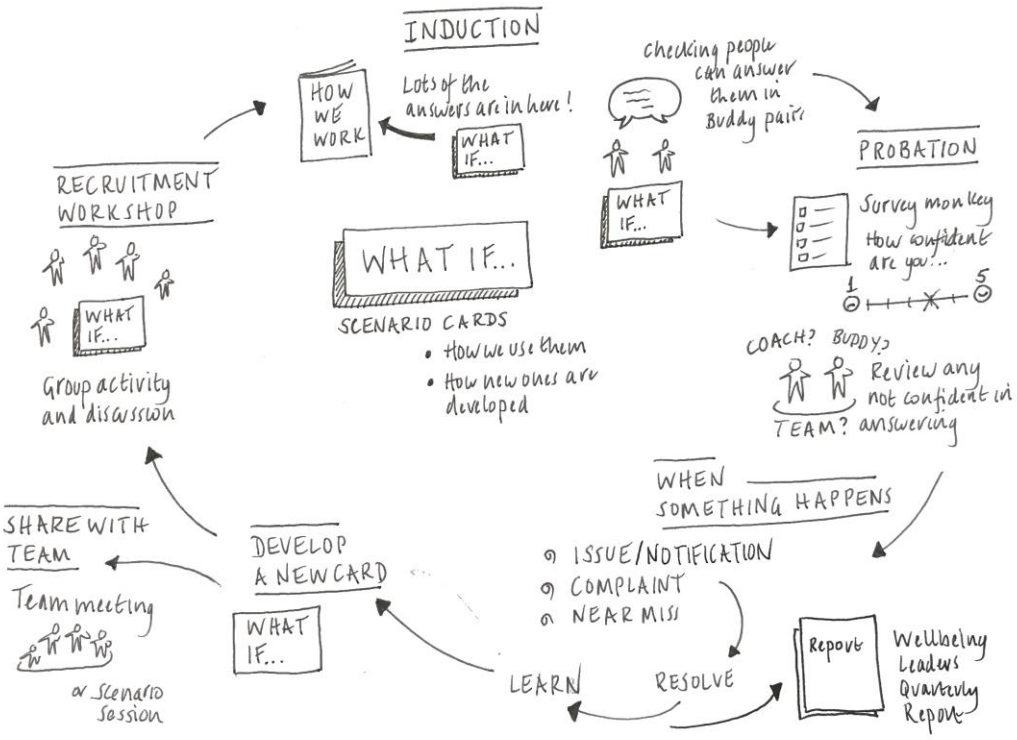
If there has been a complaint the Wellbeing Leaders will investigate this and follow our process. If people file a complaint, we log it and we respond within two working days to explain what we will be doing about it. The complaint will be investigated by our Wellbeing Leader, who will discuss it with the complainant by phone or in person. The Wellbeing Leader will find out what the complainant wants to happen to resolve the problem, and will agree clear actions with them. She will put this in writing within two weeks of getting the complaint.

We will also work with the team so that we can learn from what went wrong and make any necessary changes to how we work. We will contact the complainant about this to inform them of any actions taken and to see if there is anything else we can do. The Wellbeing Leader will get in touch with them again a month later (or at a mutually agreed time) to check that they are satisfied with the outcome. If for any reason the complainant is still not happy, they are advised to contact the National Lead for quality, Mary Curran.

S6.3 How are lessons learned and themes identified, and is action taken as a result of reviews and investigations when things go wrong?

The way that the incident form is written starts to identify lessons learned immediately and indicates what needs to happen next.

These are looked at the Team Meeting, through the metrics board and the first discussion about lessons learned would happen there and may immediately result in a ‘What if?’ card.



Each month, the themes are looked at by the team, reviewing the content of concerns, incidents, accidents or complaint forms over the previous month and looking for patterns and themes, and what we can learn and how to implement this. This could include a root cause analysis if necessary (for example using '5 whys' approach or 'After Action Review'), and actions as required. This contributes to the quarterly report from each Wellbeing Leader so that lessons can be gathered from across teams. The Development and Learning budget could be used if more support to address an issue was required, and to do specific sessions on it.

When something goes wrong, even if the person has not made a complaint, the Wellbeing Leader will go and meet a person and their family when we have got something wrong and apologise and talk this through with them and explain what we are doing differently and find out how they want to be kept in touch with changes.

S6.4 How well is the learning from lessons shared to make sure that action is taken to improve safety across relevant parts of the service? Do staff learn from reviews and investigations by other services and organisations?

The learning from incidents will be developed into a 'What if?' card, or into a suggested change to how we work i.e. into an 'experiment' to test. This will be communicated through the announcements channel on Slack so that all the teams can see it. The Practice Coaches and the Recruitment Coordinator will add it to their 'What if?' cards and start using it immediately.

We work closely with the Local Authority and other local and national providers to ensure we learn from reviews and investigations by other services and organisational. We also do this through the national associations that we belong to, for example, the National Care Forum, and through social media.

S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?

Once we are aware of an external safety alert, recall, inquiry or investigation the actions taken will depend on whether it is local or national. The overall responsibility lies with Mary Curran, and she will work with the Wellbeing Leaders/National Team will consider:

- Whether the response is to share information on Slack channels or in team meetings
- Whether the response requires a change in our policies and procedures, and how to do this and communicate it
- Whether the response requires new skills for the team and how to support the team to achieve this and the potential impact on the Wellbeing Teams Certificate or Care.

How Wellbeing Teams are CARING
Kindness, respect and compassion

C1. How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?

C1.1 Are people treated with kindness and compassion in their day-to-day care and support?

For us relationships are everything. We invest time and effort to develop great relationships with the people we support. We aim that kindness and compassion shine through our language and actions. Perhaps, a good way to illustrate how we live and embody kindness and compassion every day would to be offer a few examples from our practice:
Example 1: “One of the people we support keeps her late husband’s pyjamas under his pillow and has not changed the bed since he died five years ago. We have been supporting this person for six months and have built up enough trust so that one day she was happy for one of our team members to change the bed with her.”
Example 2: “Going the extra mile is really important to our team, so when someone that we visit mentioned that they had run out of toiletries, their Wellbeing Worker took it upon herself to bring along a little selection pack of free sample toiletries next time she visited.”
Example 3: We do not rush our visits and we would never want to convey the impression that visits are a burden or a chore. As one of our team members said when asked what makes a good day at work for her: “Sometimes I get a little extra time on my visits, and it’s lovely to sit and chat with another human being who really needs it. I love to hear about the stories and histories of the people we support, it is so interesting.”

You can see examples of kindness and going the extra mile for people in our ‘Moments’ channel on Slack, where people share how they have shown compassion and love to the people they support.

C1.2 How does the service make sure that people, and those close to them, feel they matter, and that staff listen to them and talk to them appropriately and in a way they can understand?

We recruit people explicitly for their values, and our first value is compassion. We are award winning for our Values Based Recruitment. We won the Skills for Care Best Recruitment initiative for 2018, and were finalists for both recruitment and HR with and

the LaingBuisson UK Healthcare Awards 2018. We also won the Guardian Public Service Award for HR and Recruitment in 2018.

We consulted with the leading thinkers in compassion in the workplace to help us focus on compassion in the workplace, for example Professor Jane Dutton and Dr. Monica Worline, authors of “Compassion at Work”.

Our first value is compassion. We think that you are more likely to see compassion and kindness in the way people are supported if you are compassionate and person-centred with team members.

We make sure that we know what matters to people and this is through our initial conversation and the description of what matters to people in the Care and Support Plan. We try and write the Care and Support Plans in a human, non-clinical tone.
We support the team to write Learning and Communication Logs in this tone, using the person’s own words wherever possible.

We have ‘What if’ cards that relate to our values as well as practical challenging situations. We also have ‘theme of the month’ which direction relates back to our values. This films explains more:
https://www.youtube.com/watch?v=VWiPksgFOKY&feature=youtu.be

We have the UK’s leading expert on values, Jackie Le Fevre supporting us to keep focussed on living our values in the workplace, with each other and the people we support. We don’t think the two can be separated.

Team members have training on Compassionate Communication (also known as Nonviolent Communication or NVC) in their induction, and this helps to develop good relationships with people we support, families and each other.

We focus on co-production and supporting people to make decisions about their own care and support. This can include using Decision Making Agreements so that we are clear about how we can support people to be as in control of their life and service as possible, We use Best Interest Decision making meetings where necessary, involving the relevant people.

C1.3 Do staff seek accessible ways to communicate with people when their protected and other characteristics under the Equality Act make this necessary to reduce or remove barriers?

Where people need specific support around their communication, team members get support that they need to understand this. Teams complete ‘Dementia Friends’ training and dementia-specific training through e-learning and they are supported to put this into practice by Practice Coaches and through ‘What if?’ cards.

We employ a Speech and Language Therapist to help us ensure that we can work with people in ways that reflect their communication preferences. This includes using Communication Charts, to record how people communicate and how we should respond.

C1.4 Do staff know and respect the people they are caring for and supporting, including their preferences, personal histories, backgrounds and potential?

We start to collect information about a person's history at the initial conversation and the Link Wellbeing Worker builds on this as they develop their relationship. The Wellbeing Leader does an one-minute audio introduction of each person and posts this on Slack with their photo (with their permission) so that team members can quickly learn about the person, as well as then reading the detailed Care and Support Plans. People are introduced in the context of what matters to them.

People have an one-page profile of what matters to them at the beginning of their Care and Support Plan. This is a quick summary of who the person is and the most important things to pay attention to in how we support them.

We have produced our own Life History books that we introduce to the people we support. These are commercially available high quality books, customised for Wellbeing Teams, that we give to everyone we support who is interested in us completing it with them. We chose this particular book as it best fits how to record a two minute conversation about a particular story in their history. We try and work with families members to complete them over time. This means that the person and their family have a high quality, detailed life history to share with other family members and if necessary to go with them if they go to a care home or hospice in the future.

We constantly seek to learn more about the people we support and to celebrate their past and present lives. Our approach is best illustrated by examples from our practice:

Example 1: "We support a gentleman in Oxfordshire who served as a firefighter at our local station. Speaking to a serving firefighter, we found he know of a photo of the person we support and his team of colleagues back in the day. We took the photograph to the person who support who told us that he had not seen it before and that it really brought back the memories from that time."

Example 2: "A person we support has always had a passion for horse racing and for placing bets on horses. However, two falling incidents meant that he had not been to the bookies for a very long time. With support and encouragement from his Link Wellbeing Worker, he decided to take the next step of traveling from his house to the bookies. Watching the races at home has got back its lost sense of thrill for him."

C1.5 Do staff show concern for people's wellbeing in a caring and meaningful way, and do they respond to their needs quickly enough?

We have multiple ways to review how we are supporting the person and their wellbeing which enable us to respond quickly to any changes to their needs. These ways are:

- Link Wellbeing Workers are responsible for spotting any changes and communicating this directly to the person's team through Slack, and updating the care and support plan.
- Living Well at Home board at team meetings is a way to raise and respond to changes
- The monthly check in with the person is a way to identify and respond to changes
- The six monthly person-centred review
- Wellbeing Leader visits

C1.6 Do staff understand and promote compassionate, respectful and empathetic behaviour within the staff team?

Our Confirmation Practices include supporting people with compassion and therefore people are reviewing with their peer (Buddy) how well they deliver compassionate care, and set goals together if they can see opportunities to improve.

We think being able to deliver compassionate care starts with self-compassion and we are introducing a support programme around this in 2019. We have started with three people attending a self-compassion course with leading expert Amanda Super, and a few team members trying the 5-minute journal, as this includes gratitude practices which are ways to increase happiness and self-compassion.

Involving people in decisions about their care

C2. How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?

C2.1 Do staff recognise when people need and want support from their carers, advocates or representatives to help them understand and be involved in their care, treatment and support? How do staff help people to get this support?

In the initial conversation, we talk about how to keep in touch with the family and what support the family may want from us to be able to do this. We explore different ways that we can keep in touch and share information. For example, we share the 'Keeping up with Norma' example of what a closed Facebook group could look like. We also check their preferred way for us to contact them, and which family member to contact in which situation.

We ask for permission to send them a survey about our care on an annual basis, to inform Working Together for Change, and make sure they have the telephone number of the Wellbeing Leader if they want to make a comment, compliment or complaint.

We provide a family members folder for families who do not live with the person. This includes how to get in touch with the Link Wellbeing Worker, the Wellbeing Leader and National Team. We also give people information about advocates (IMCA and DOLs team).

C2.2 Do staff make sure they give information to people, their families and other carers about external bodies, community organisations and advocacy services that can provide independent support and advice, answer questions about their care, treatment and support, and, where necessary, advocate for them? How does the service support people to contact and use these services?

We give families a welcome folder of information about us, and about external bodies (advocacy organisations, Healthwatch etc) and relevant leaflets about the condition (s) affecting their family member when these are available (e.g. from the Alzheimer's Society).

We consulted with family members on what they would like to see in a Welcome Pack and this informed what we put in the first packs. In the annual Survey Monkey, one of the questions that we ask is what else they may want information about, what else to put in the pack.

C2.3 Does the service give staff the time, training and support they need to provide care and support in a compassionate and personal way? Are rotas, schedules and practical arrangements organised so that staff have time to listen to people, answer their questions, provide information, and involve people in decisions?

At the initial conversation with the person we learn what good support looks like to them, and how they want to be supported. This then becomes to visit list that team members deliver on each visit. Where team members complete the tasks and there is time left in the allocated time for the visit, we have a section in the Care and Support Plan that is what needs to happen to make that person's day, and team members try to do this whenever possible.

We work with the team to develop two weekly rolling rotas so that team members can plan their lives. We have a 15-minute flexibility arranged with people we support that means that we can pick up any urgent issues with people without having to rush. We plan in adequate travel time so that the people we support can have the full amount of time they are allocated, and as team members are paid for their travel time there is no incentive to shorten visit times to compensate for not being paid travel time.

C3. How are people's privacy, dignity and independence respected and promoted?

C3.1 How does the service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care?

Every team member is a Dignity Champion as compassion and responsibility are two of our values. We take responsibility for making sure that people's privacy and dignity are respected. New team members see this in action with the Practice Coaches, and are supported to deliver this themselves by the Practice Coaches. We expect to see this in order to sign people off with the Care Certificate.

Our Policies and Procedures and our 'How We Work' booklet cover what we expect in relation to respecting dignity, privacy and independence. We use the 'Support

Sequence' when we are supporting people to co-design their support, so that we focus on the person's strengths and look at a range of ways to support their independence and to achieve their outcomes.

C3.2 Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress?

We specifically ask, as part of the initial conversation what is likely to upset or distress people, and what we can do to support them if this is the case.

We would also use 'Communication Charts' if necessary to fully understand how people let us know when they are in pain, or are distressed, and how we should respond.

C3.3 How are people assured that information about them is treated confidentially in a way that complies with the Data Protection Act, and that staff respect their privacy?

All of the information that we hold about people is online and compliant with GDPR. Team members have to put their personal ID in to access their information. People we support and family members see us doing this. We use initials in all our online communication and in the notifications that we do for CQC and the Local Authority.
We ask permission to send the annual survey to family members, and ask them to sign that they are happy to receive it.

C3.4 How does the service take people's preferences and needs and their protected and other characteristics under the Equality Act into account when scheduling staff?

When we do the initial conversation, we learn about what matters to the person and about their hobbies and interests. We co-design the support and people tell us what good support looks like to them. We have mini one-page profiles of team members, which includes what people appreciate about them, and what matters to them - their hobbies and interests. We also have 30-second films that we can share with the person.
We keep the number of people supporting each person as small as possible, usually 4 - 6 people, and encourage developing close relationships. We think that this is the best way to ensure that we know and can deliver on people's preferences and needs, and focus on supporting them around any protected characteristics.

C3.5 Can people be as independent as they want to be?

We have a reablement ethos (this is stated in the Wellbeing Teams Handbook) which means that we are always looking for ways to support people's capacity and independence. We take the time to support people to do as much as they can around self-care, and if they want to, support them to develop their skills.

We use technology, aids and adaptations to support people to be as independent as they want to be. We have a qualified Trusted Assessor in the team to make sure we are spotting opportunities to use aids, adaptations or technology to support the person.

We take a positive approach to risk-taking and discuss opportunities and possibilities with the person to see if there are things that they want to try. We would then risk-assess this together. This has included reducing peoples packages of care in consultation with them and the social worker, as we have been able to find creative ways that support people's independence.

How Wellbeing Teams are EFFECTIVE

Assessing needs and delivering evidence-based treatment

E1. Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?

E1.1 Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes?

Our initial conversation is how we find out what matters to people, what is working and not working for them, and what their personal priorities are. We co-design the service with the person to deliver their assessed outcomes using their allocated budget/number of hours and see if we can do this in a creative way that also meets their personal priorities. Their personal priorities are their personal outcomes and these may include health and wellbeing outcomes.
The process we use for the initial conversation is designed to bring clarity on what matters to the person, such as the people who matter to them, the places that matter to them, hobbies, interests, the 'small' things about routines and preferences that matter. We find out what a good day means to them and what makes a good life. We learn what we can do to make their day.
We also learn what are the 'must dos' the things that have to happen on each visit and these are listed as the tasks of each visit.
It is a strengths-based conversation, focussed on what is strong, what people like and admire or appreciate about the person, rather than an assessment of what they cannot do. We learn in detail what good support looks like for them - how much they can do for themselves and how we can support them, in enough detail for anyone to take the plan and know how to support them.

We learn about what matters to the person, and also ask 'if I could I would..' to discover aspirations. We directly support people to find out what else they would like to do at home (through Good Days at Home) and what they might like to do in the community (Good

Days Together or Good Days in the Community) so that people can try things they have never done before or take up new hobbies.

In the initial conversation we start to learn about the person's history or life story, and we build on this by introducing 'Life Story' books. If they would prefer to do this as an audio story we can do this through the digital StoryCorps App.
Our purpose is to do whatever we can to help people live well at home and be part of their community. Most of the people we support live at home, with the TV as company. We intentionally look at what would make a good day at home, providing a menu of opportunities that we could explore with them. We developed a 'lending library' to help people have great days. This includes a VR headset, jigsaws, knitting materials, craft materials, Amazon's Echo with Alexa and a robot cat.
We also find out what people might be interested in trying in the community and use this to prioritise the work of our Community Circle Connector. This has led to a Knit and Natter group (with social purpose: knitted items are donated to Alder Hey Children's Hospital), Crochet and a Chat, and one-off craft events like Pebble Painting organised collaboratively with craft artists.

When the Support Planner/Scheduler has done the initial conversation, they create an one-minute audio file to introduce the person to the team who will be supporting them, and this is posted on Slack with a photo of the person (with the person's permission). The team are required to read the full Care and Support Plan before they meet the person for the first time. The person will have the mini one-page profile of their team members, and may have seen a film of each of their team members introducing themselves. We also give people a welcome gift when we start supporting people. This is done by the Support/Planner Scheduler or the Link Wellbeing Worker.

Our Care and Support Planning process and paperwork reflects national best practice as it was developed by Helen Sanderson Associates based on their work with TLAP and C4CC on personalised Care and Support Planning and this can be seen on TLAPs website. Helen Sanderson also wrote best practice guidance for Local Authorities through TLAP on delivering the Care Act expectations on Care and Support Planning. The paperwork was also consulted on and developed with commissioners, all providers and the CQC in Wigan.
The outcomes and content of the Care and Support Plan drives the personalised training and support provided to team members to be able to deliver the plan.

E1.2 What processes are in place to ensure there is no discrimination, including in relation to protected characteristics under the Equality Act, when making care and support decisions?

In the initial conversation we identify any protected characteristics and explore what good support would look like around these, this may be specific support for the person to follow their culture or religion, or reminders to the team of how we pay attention to support and

equality. We use ‘What if?’ questions to check and remind ourselves about our use of language and checking assumptions around equality issues.

Team members complete e-learning modules during induction that includes information about the Equality Act 2010 and the Human Rights Act 1998, as does the relevant section of the Care Certificate they need to complete during their probation period, and this is followed up by coaching by the Practice Coaches during the first four shifts and in Team Meetings through ‘What if?’ cards.

We have an audit of the care of people who have protected characteristics, and the Wellbeing Leader, pays particular attention to this when she meets people we support every 4 - 6 months.

E1.3 How is technology and equipment used to enhance the delivery of effective care and support, and to promote people’s independence?

In each team, we have a qualified Trusted Assessor who can assess for equipment around the home to support people to be safe and well.

We are proactive in the use of technology. The Wellbeing Leader is familiar with the technology available through the Local Authority and we have their catalogue of equipment available on Loomio, our online collaborative platform, to refer to. We check in each month with the local authority lead for technology to see if they have ideas that we can try. We try and make every shower a spa experience and team members have spa music downloaded on their phones to do this, and guided meditations for a particular person that we support. We look at technology to support people to keep in touch with family, and in one Person-Centred Review the man’s sons were invited to join via Skype. We can lend people Amazon Echo with Alexa devices and tablets to try as part of our equipment lending library for the people we support.

We use the Support Sequence to proactively look at how we can use technology in people's lives to help them achieve their outcomes.

We explore smart home technology, for example, video entrance and using Hive to adjust the temperature of the home. In one area we have a family member who can advise people we support in this area, as he installed it for his mother.

E2. How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?

E2.1 Do people have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience?

We recruit for values and support team members to gain the skills they need to provide compassionate, person-centred and safe support to people. All Wellbeing Workers are supported to gain the Wellbeing Certificate of Care as soon as they start with us. In the first three months, they are supported through a 'flipped classroom' approach (as explained previously in page 30) where they learn the required knowledge via e-learning, and are supported to apply this through coaching from Practice Coaches over four shifts (24 - 26 hours in total) who also checks understanding through using 'What if?' cards and scenario questions.
This learning and development is continued in Team Meetings through reflections on the wellbeing of the people we support and what we can do to ensure they are on track.

Example:. One woman we supported to leave hospital required the team to deliver Oramorph via syringe. We arranged for training in hospital from the hospital team, and then for a District Nurse to come the day that we started to support the person to watch the team administer and to confirm that they were competent.

We take a personalised approach to training and development based on the requirements of the people we support, and would explore individual training specific to their needs. For example, if a person has epilepsy we would want the team to have detailed training on that person's experience of epilepsy and how to support them, rather than attending a one-day course on an overview of all epilepsy types.

E2.2 Are staff supported to keep their professional practice and knowledge updated in line with best practice?

Wellbeing Team members identify how they want to develop personally and professionally. After they have been signed off in the Wellbeing Teams Certificate of Compassionate Person Centred Care and Self-Management (or before), we ask people to do the Level 2 in medication. They can then develop their practice and knowledge further in line with their career aspirations. At six months, they are observed by the Practice Coach and they explore how to develop their skills further and set themselves goals for this. Around six months, they also have a session with the Wellbeing Leader to talk about their future in Wellbeing Teams and career goals generally. They could work towards being a Trusted Assessor, a Practice Coach or become a champion for end of life care or cancer. Each team has a Development and Learning budget that they can use to develop their skills and there is a national virtual Learning 'Help Desk' for them to use if they want help with this.

Scenarios and ‘What if’ cards: Instead of sending people on training courses, we use regular and systematic development through use real-life scenarios, summarised in ‘What if?’ cards, and situations that have actually happened to support team members to reflect and problem solve. When important issues arise, the team can dedicate time in a team meeting to work on it.

Example: A Wellbeing Leader was concerned about the standard of a few Learning and Communication Logs. She led a session in the team meeting looking at good examples and poor examples of Learning and Communication logs to support the team to improve their practice. She reviewed the Learning and Communication logs of the people she was concerned about and gave them further specific feedback on how they had improved.

Monthly Themes. Each month there is a theme around health and wellbeing, covering issues around our support to people and the team’s own wellbeing. The teams decide on the most important themes that they want to look at over a six-month period, and the themes also reflect areas that we want to improve in (perhaps as a result of our review of incidents or in terms of the different areas of Peakon Scores which are explained below in page 11).We then work with our National Advisors (e.g. NHS consultant Dr Rod Kersh in relation to health issues), and explore best practice in other organisational and through social media, to create information to share with the team. Depending on the theme, this may be explored in Buddy sessions, or in Team Meetings, or directly with people we support in their Monthly Check-ins. Helen Sanderson, the National Lead, usually does a blog about each theme so that the information can be shared with anyone who is interested.

Social Learning: We use different ways to support learning and development. For example, we run a Book Club on work related topics. The first one was ‘FISH’ about creating a culture of where people are present, have fun, choose their attitude and make people’s day. We also use TED Talks, videos and podcasts to share ideas and learning.

Other ways of keeping in touch with best practice:

a. Champions. We have Champions for different areas of our work, e.g. for mental health in the workplace and for end of life care. Champions are members of separate ‘Whats App groups’ that connect them to our Co-production Partners and also external experts. For example the ‘End of Life’ Whats App group comprises: a Death Doula, someone who is training to be a funeral celebrant and is supporting us to host a Death Cafe; two team members who are Champions for end of life care, and; our Co-production Partner.
b. Communities of Practice. There are Communities of Practice for specific roles (e.g. Community Connecting) and special interest groups (e.g. Technology in Wellbeing Teams). The ‘Tech in Wellbeing Teams’ group includes: a person who uses our services, a family member, contributions from tech companies, a university lecturer and members of Wellbeing Teams.
c. Registered Managers groups. The Registered Manager of Wellbeing Teams is part of on-line communities (e.g. Storm, and the Skills for Care Facebook group) as well as the regional Registered Manager group hosted by Skills for Care.

d. National Advisors. The main way that Wellbeing Teams are connected to best practice is through their National Advisors. The Wellbeing Leaders are part of a Slack group with National Advisors and can ask them questions and get advice. Our National Advisors group includes: Perry Timms, who was voted the 5th most influential person in Human Resources; Dr Rod Kersh, NHS hospital consultant; Jackie Le Fevre, international expert on values; and, Dom Cushan, lead digital specialist with NHS Horizons.
e. Book Clubs. Local Wellbeing Teams and the National Teams have regular book clubs looking at new and best practice.
f. Conferences. Helen Sanderson, the National Lead, is asked to speak at national and international conferences which helps keep up to date with best practice.

Helen Sanderson and other Wellbeing Leaders track and stay up to date on national best practice through:
Skills for Care - Helen is one of their judges
TLAP - Helen is a one of their partners
SCIE - Helen works with them around certain practice areas and has done webinars with them
NICE - following their requirements via the website

E2.3 Do staff and any volunteers have effective and regular mentorship, support, induction, supervision, appraisal and training?

Wellbeing Workers have the following in place for support:
Planned induction with clear expectations of what is to be achieved over a four-week period led by the Wellbeing Leader/Recruitment Coordinator.. The induction period includes: a) e-learning provided by the Grey Matter Group, a Skills for Care Recognised Provider; b) face-to-face training on Moving and Handling, First Aid, Medication, and Infection Control; and, c) on-the-job coaching and training through the Practice Coaches. Team members are supported to achieve the Care Certificate within –three to six months.

A Buddy who acts as an accountability partner. Buddies agree goals together every two weeks based on their Confirmation Practices. Buddies are the first point of support within the team. Confirmation Practices are a structured reflective process which leads to actions and replaces supervision.

Practice Coaches provide support and on-the-job training for new team members. New team members spend between 26 - 28 hours working alongside a Practice Coach. Every six month, Practice Coaches support team members with on-the-job coaching to review their practice and to decide how they want to improve and develop.

Weekly two-hour Team Meetings function as group supervision, as they are an opportunity to review practice (e.g. looking at incidents and the ‘Living Well at Home’ board) and to raise and address issues and tensions together.

Every six months, the Wellbeing Leader has an individual career and development session with each team member to review and plan for the future. This replaces the annual appraisal in traditional organisational, and is a form of mentorship.

The teams have a Person-Centred Team Review about every six months to review what is working and not working in relation to how they are delivering their purpose and Team Agreements, and what they want to change in the future. This leads to team goals which can inform changes in the Confirmation Practices to reflect this. This could be seen as a team appraisal.

Team members have a coach/mentor for the role they occupy within the team in addition to that of Wellbeing Worker. Team members are also part of an online community of practice in Loomio, our online collaboration platform, with all the people who have the same roles , and there is an opportunity to be part of a face-to-face community of practice on an annual basis.

There is day to day support provided through o a ‘Help Desk’ in operation, if people have an issue that they cannot resolve with their Buddy or through Slack. Team members are in constant communication via the Slack App whilst they are at work, and can share ‘moments’ and ask questions of each other.

E3. How are people supported to eat and drink enough to maintain a balanced diet?

E3.1 How are people involved in decisions about what they eat and drink and how are their cultural and religious preferences met?

We explore the question of how people would like us to support them around issues of food and drink in the initial conversations we have with the people we support. The Care and Support Plan includes food preferences and allergies in it, and specifies how people prefer their food and what their choices are, including instructions on how to meet the cultural or religious preferences of the person. We are not responsible for providing people with food, but for checking what they would like to eat that they have bought and making or heating it for them. If we had concerns about the nutrition that people were having, we would raise this at the Team Meeting through the ‘Living Well at Home’ board and then take it forward. We approach everyone as if they are at risk of malnutrition and dehydration as people in the community are at high risk. We make sure we always leave people with a drink available to them. We explore the use of technology to give people reminders regarding food and drink intake. We also have themed months around health and wellbeing. The idea of the monthly themes was explained in a preceding section.

E3.2 How are people supported to have a balanced diet that promotes healthy eating and the correct nutrition?

We explore this in the initial conversations we have with the people we support. We are not responsible for providing people with food, but for checking what they would like to eat that they have bought and making or heating it for them. If we had concerns about the nutrition that people were having, we would raise this at the Team Meeting through the 'Living Well at Home board and then take it forward. We approach everyone as if they are at risk of malnutrition and dehydration as people in the community are at high risk. We make sure we always leave people with a drink available to them. We explore the use of technology to give people reminders regarding food and drink intake. We also have themed months around health and wellbeing. The idea of the monthly themes was explained in a preceding section.

E3.3 Are meals appropriately spaced and flexible to meet people's needs, and do people enjoy mealtimes and not feel rushed?

We agree the timing of our visits with the person when we co-design their service with them as part of the initial conversation. Team members work to create memorable moments for people we support and this has included taking fresh flowers and homemade cakes.

We are introducing 'Come Dine with Me' (where we support people to dine with each other) and people are often taken fish and chips or a specific takeaway of their choice.

E3.4 How are risks to people with complex needs identified and managed in relation to their eating and drinking?

The assessment is done by the social worker and they will identify any specific complex needs. If we have concerns when we support someone, this would be identified at a Team Meeting through the 'Living Well at Home' board and action would be taken to get an assessment from a Speech and Language therapist or dietician. Their recommendations would then become part of the Care and Support Plan and we would ask for specific training to be able to deliver this. We would arrange for the team members supporting the person to have this training and create a video component to the Care and Support Plan so that we could provide support accurately.
The Care and Support Plan will describe how we need to prepare the food for each person depending on how they are able to eat and their personal preferences.
We would explore different cutlery or other technology or equipment to support people to eat well.

E4. How well do staff, teams and services within and across organisations work together to deliver effective care, support and treatment?

E4.1 How do staff work together to ensure that people receive consistent, timely, coordinated, person-centred care and support when they are referred to, use, leave, or move between, different services?

We have a good knowledge of the local health and care system through partnership meetings within providers and health and social care.
We work closely with the social work team and when someone is referred to us we are given their assessment and outcomes so that we can build on these and use them to start the Care and Support Plan. This means that we do not ask the person the same questions and they tell their story once.

If people have other health professionals who have assessed the person for a specific issue and have a treatment plan, we work closely with them to incorporate the exercises or treatment into our Care and Support Plan as far as is appropriate, and we can do video elements of the Care and Support Plan so that the team know exactly what to do. We ask professionals to clearly demonstrate, and where necessary train our team to deliver the necessary care and support.
Once the Care and Support Plan is completed we print out a hard copy for the person and their family. This is their information and they can use it to share with other services as they choose. It would be available, for example, for a District Nurse to see. We also create a 'This is Me' specifically to use if the person goes into hospital.

E5. How are people supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support?

E5.1 How are people's day-to-day health and wellbeing needs met?

The initial conversation is holistic and includes health and wellbeing. We think about health and wellbeing in relation to the evidence-based "5 Ways to Wellbeing" (UK Government Office for Science: www.gov.uk/government/publications/five-ways-to-mental-wellbeing). We look at opportunities for people to: 1) keep active, 2) take notice, 3) be present, 4) keep learning and 5) connect.

Examples of how we support people with each of these five ways are: 1) we support people to do exercise. We, in partnership with the relevant health professionals, offer people the opportunity to do armchair exercises, yoga or tai chi ; 2 & 3) we do mindfulness

meditation with people or introduce them to Headspace, a leading mindfulness App; 4 & 5) we identify their important relationships with them and think about how to keep in touch (e.g. through Skype, a closed Facebook group). We intentionally look at what it takes to connect people with others through the 'Getting Together for Good Days' work that we do. This involves bringing people with shared interests together so that they engage in meaningful and enjoyable activities, practice their skills and knowledge, learn new things and develop and cultivate new social contacts.

This will often include issues to do with their health where there needs to be support from health colleagues. We work closely with health and any concerns are taken to the GP or Pharmacist first on a day-to-day basis, or request for referrals to other health colleagues. Each person we support has their own channel on Slack where immediate updates are posted to make team members who support that person aware of them. These may then be used to update the Care and Support Plan through review with the Link Wellbeing Worker or Wellbeing Leader.

The Communication and Learning Logs reflect how we meet the day-to-day needs of the people we support, and what we are learning from doing this.

E5.2 How does the service make sure that people can understand the information and explanations about their healthcare and treatment options, including medicines, and their likely outcomes?

We have conversations about this as part of the initial conversation, starting with any medications that the person is taking and checking that they understand why they are taking them.

We try to ensure that people are involved in their own medication reviews.
We have a Speech and Language Therapist working with us, who can help us if people need accessible information about treatment options.

E5.3 How are people involved in regularly monitoring their health?

We have a partnership with MySense who use a range of health tracking units to enable people to get feedback on their health and to inform decision making. We are testing this with someone we support and their family. We can also introduce Fitbits to people who specifically want to track their activity levels or sleep.

We look at health and health data proactively at the Person-Centred Review, as part of asking the person and their family (and health professionals) what is working and not working for the person and their support. This would include a request for a medication review from the GP.

If there are issues of concern about the person's health and monitoring this would come up at a Team Meeting when looking at the 'Living Well at Home' Board.

Family members are able to access their family members' Care and Support Plan and Learning and Communication Logs to see how they are being supported. This has resulted in both compliments and concerns being raised with the Wellbeing Leader.

E5.4 Can people access care, support and treatment in a timely way and, where the service is responsible, are referrals made quickly to appropriate health services when people's needs change?

If there are issues of concern about the person's health and monitoring this would come up at a Team Meeting when looking at the 'Living Well at Home Board'. This would lead to an immediate referral to the appropriate health services or request for reassessment. It would be recorded in the meeting actions and be reviewed the following week to check that this had happened.
Team members have called ambulances and used NHS 111 to get emergency support for people.

E6. How are people's individual needs met by the adaptation, design and decoration of premises?

Not relevant to us

E7. Is consent to care and treatment always sought in line with legislation and guidance?

E7.1 Do staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national guidance?

Our policies and procedures cover the Mental Capacity Act and consent issues.
Team members complete e-learning on this as part of the WBT Certificate of Compassionate Person-centred Care and Self Management, and then this is supported through the use of 'What if?' cards and scenarios.

The Practice Coaches specifically talk to people about this during the four shifts as part of their initial training.

Team members ask people's consent on a daily basis, and people are involved in recording information about them in the Learning and Communication Logs.
Issues concerning consent are also explicit in the Care and Support Plan.

E7.2 How are people supported to make their own decisions in line with relevant legislation and guidance?

We explore with people how they make their own decisions in the initial conversation and this is described in the Care and Support Plans.

If there are specific issues do to with supporting decision making, then the person may have a decision-making agreement. This clearly describes the decisions that people make by themselves, the decisions that they need support in, and any decisions that others need to make on their behalf in line with relevant legislation. This would be completed together with the person, family and the social worker, and regularly reviewed. We can provide easy-to-read information or information in audio files or in other ways as needed.

We ask about DNAR in the initial conversation and this is recorded in the Care and Support Plan.

We would make a DOLs application if we had concerns or an issue about deprivation of liberty.

E7.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded?

If we had concerns, the Wellbeing Leader would do a mental capacity assessment and if necessary send a DOLs referral. This could be done with the social worker. It would be recorded in the Care and Support Plan.

E7.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance?

This is done through:

- Raising as an issue at the Team Meeting through the ‘Living Well at Home’ board
- Reviewed as part of the Monthly Check-ins with the person
- Reviewed at the six-monthly Person-Centred Review

We have consent to care documented and signed for people we support and this is uploaded onto their file.

We are compliant with GDPR through our technology supplier and we have checked this.
We understand the impact of power of attorney and court of protection in people's lives.
We are part of the Skills for Care Registered Managers forum to stay up to date with changes and the implications of this.

E7.5 When people lack the mental capacity to make a decision, how do staff ensure that best interests decisions are made in accordance with legislation?

Team members have training and support on this through e-learning and then support to put this into practice initially with the Practice Coaches. They would request a Best Interest meeting with the social worker, family, relevant professionals as necessary to make a Best Interest decision. We would refer to an independent mental capacity advocate if required.

E7.6 How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person-centred support plan?

Through the initial conversations and developing the Care and Support Plan, we promote independence and minimise restrictions as much as possible.
If any kind of physical constraint looked like it could be needed, we would do a full risk assessment with the relevant professional. Any restrictions on the person would only be done after authorisation from the DOLs team.

E7.7 Do staff recognise when people aged 16 and over, who lack mental capacity, are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?

Our e-learning includes Deprivation of Liberties safeguarding.
This includes what is required to do a mental capacity assessment and conditions under which DOLs is required - this is overseen by the Wellbeing Leader.
Any DOLs authorisation would result in a notification to CQC.

Examples

Positive health outcomes
CL using Virtual Reality to reduce pain
Encouraging exercise programmes with people we support to improve health
Introducing exercise programmes on tablets in partnership with ‘Healthier Wigan’

How Wellbeing Teams are RESPONSIVE

Person-centred care

R1. How do people receive personalised care that is responsive to their needs?

R1.1 How do people, or those with authority to act on their behalf, contribute to planning their care and support, and how are their strengths, levels of independence and quality of life taken into account?

We start with the information provided by the social worker who did the assessment of need and eligibility under the Care Act (2014). We use this information about the person's needs and outcomes to start to develop the person's Care and Support Plan so that we are not asking people to tell their story again and we can build trust and confidence by showing that we already know a bit about the person and we are not starting from the beginning.

The process we use for the initial conversation is a conversation designed to learn about what matters to the person - the people who matter to them, the places that matter to them, hobbies, interests, the 'small' things about routines and preferences that matter. We find out what a good day means to them and what makes a good life. We learn what we can do to make their day.

We also learn what are the 'must dos', the things that have to happen on each visit and these are listed as the tasks of each visit.

It is a strengths-based conversation - focussed on what is strong, what people like and admire or appreciate about the person, rather than an assessment of what they cannot do. We learn in detail what good support looks like for them - how much they can do for themselves and how we can support them, in enough detail for anyone to take the plan and know how to support them.

R1.2 How does the service make sure that a person's care plan fully reflects their physical, mental, emotional and social needs, including on the grounds of protected characteristics under the Equality Act?

These should include their personal history, individual preferences, interests and aspirations, and should be understood by staff so people have as much choice and control as possible.

Learning about what good support looks like naturally incorporates issues to be covered around protected characteristics as we learn what support people want in relation to following their faith or culture, or preferences. We ask about whether there are any important religious or cultural dates or events that we could celebrate with them (e.g. support to attend the local Pride event).

We start a personal history at the first conversation, and then build on this by offering to support the person to record their life story through our own Life Story books to complete together (or this can be done in other ways, for example in an audio format through Story Corps App).
We learn about what matters to the person, and also ask 'if I could I would..' to discover aspirations. We directly support people to find out what else they would like to do at home (through Good Days at Home) and what they might like to do in the community (through Good Days Together) so that people can try things they have never done before or take up new hobbies.

All of the information is stored electronically on our care planning system through a secure App that every team member has on their phone. This means that the detail of the Care and Support Plan is always available to them and there is also a specific task list to be completed on each visit. The visit cannot be ended without these tasks being completed. Link Wellbeing Workers do a Monthly Catch-up (or Check-in) with each person we support and this is an opportunity to ensure that the Care and Support Plan is up to date.

Example: Team members carry Pamper Kits, to offer a quick nail varnish to women who like to have beautiful nails, and this is part of what matters to them. The team had training from a beautician to learn how to paint nails, offer hand and foot massage, and how to give scalp massage when washing someone's hair.

Example: Clive used to be in the Navy and experiences dementia. Karen, his Link Wellbeing Worker knew that being smart and taking pride in his appearance was something that mattered to him. Over six weeks, she supported him to be able to do the buttons on his own shirt, going from one, to being able to do all eight. His daughter cried when she saw this, as it was so important to her dad and he was obviously so proud to have done this.

R1.3 Where the service is responsible, how are people supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them, including in the wider community, and where appropriate, have access to education and work opportunities?

Wellbeing Team members take note of the things that they people they support are interested in. And then, they try to think of creative ways to connect people with shared interests.

To address the issues of social isolation and the lack of opportunities for enjoyable activities, we developed a menu of over 20 possible or potential activities that people could undertake with others. The people we support voted for their top ones. These were knitting, singing, crafts and trying yoga. We ask team members to tell us their gifts, passions, hobbies and interests which we record in what we call the 'Gifts/Passion Audit'. Team members with an interest in any of the activities voted for by the people we support took the lead in organising relevant community events.

The first group facilitated by a Wellbeing Team is the Wigan Community Knitting Group (a.k.a. the Knit and Natter group) created after a number of people expressed an interest in knitting in the company of other knitters. People also said that they would like to knit items that others would want and use. Wellbeing Teams arranged for people to connect with one another and after asking a lot of people for suggestions suggested to the group of knitters to consider creating items that would be donated to Alder Hey Children's Hospital in Liverpool.

R1.4 Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation?

We learn about what matters to the person, and also ask 'if I could I would..' to discover aspirations. We directly support people to find out what else they would like to do at home (through Good Days at Home) and what they might like to do in the community (Good Days Together) so that people can try things they have never done before or take up new hobbies.

This is how we actively work to prevent loneliness, by connecting people through hobbies and interests instead of traditional befriending schemes.
The activities that we set up in the community generate interest in friends and family and they get involved too. For example, in Wigan, Becky's Aunt helped us set up the Knit and Natter group, and Emily's daughter came to the Pebble Painting. We gradually build connections around shared interests. We are developing a partnership with local SAMS bar (for ex-servicemen) and working with them to offer activities that are of interest to the local community. This includes planning an 'Action for Happiness' course there that will be open to the community, people we support, and team members.

We find out from our team what their gifts of the head, heart and hands are - and do a passion audit to find out what they are passionate about.
At the initial conversation we identify the people who matter to the person, how they keep in touch and how often. We ask if there is anything that we can do to support that relationship. We tried giving team members blank postcards and stamps to encourage

people to write a quick postcard and we would post it to them, but this was not very successful. We explore the use of Skype to support people to connect with family members and friends who live apart.

Example: One team member WC to visit her sister who is in a nursing home. We then took a photo of WC and posted it to her sister using the TouchNote App that we have downloaded on everyone's phones. This meant that her sister got a postcard with a photo of WC smiling and the text on the card said how lovely it was to see her.
Families have got involved with us and connected with other people we support through activities like the Knit and Natter. As this is for a local Charity, Alder Hey Children's Hospital, families have also been knitting for us, and give us squares to contribute.

R1.5 How does the service identify and meet the information and communication needs of people with a disability or sensory loss? How does it record, highlight and share this information with others when required, and gain people's consent to do so?

We identify communication needs as part of the initial conversation. This could lead to developing a 'Communication Chart' or a 'Decision-Making Profile.
Team members look for ways to communicate well with people, for example using visual timetables showing who is coming to visit next, using Amazon Echo with Alexa as a way of giving reminders and telling people who is coming next, and using pictures. Wellbeing Teams employ a Speech and Language Therapist to support us to keep learning and developing how we can communicate with people.

Example: The Trusted Assessor in Wigan developed a ring of photos for one person we support with dementia, and the photos show the venue where they go to 'Knit and Natter'. Mo uses this to talk about where the person is going to go or to talk about where they have been.

R1.6 How is technology used to support people to receive timely care and support? Is the technology (including telephone systems, call systems and online/digital services) easy to use?

In Wigan the Local Authority pays for Elder Care to support people in emergencies.
Each person we support also has the phone number of their Link Wellbeing Worker and the Wellbeing Leader and our experience is that people are more likely to phone us instead of Elder Care.

We are piloting a system by MySense which provides health data on when people may be dehydrated or more likely to fall, so that this can inform how we support people, for example, introducing technology that reminds people to take a drink when we are not there.

We are supporting people to try Amazon Echo with Alexa to support them, and one family have extensively used Alexa. We asked them to show us how they are using this and made a podcast of this to share with other families who might be interested. The son is helping us to support people to set up Alexa if they want to.

Our electronic system sends a message to the Wellbeing Leader by text if a call is 30 minutes late and the Wellbeing Leader would act on that and get in touch with the person immediately.

The team use Slack and can ask for their colleagues to help if they have any issues that may affect them getting to someone we support on time. All team members are expected to phone the person and let them know if they are going to be more than 15 minutes late. We agree with people we support 15 minutes leeway on the appointment times to allow for needing to spend a little longer supporting the person before or unavoidable traffic.

Concerns and complaints

R2. How are people's concerns and complaints listened and responded to and used to improve the quality of care?

R2.1 How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How well are people encouraged to do so, and how confident are they to speak up?

R2.2 How easy and accessible is it for people to use the complaints process or raise a concern? To what extent are people treated compassionately and given the help and support they need to make a complaint?

R2.3 How effectively are complaints handled, including ensuring openness and transparency, confidentiality, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record?

R2.1,.2 and .3 are answered below

Everyone we support has a folder called ‘Welcome to your Wellbeing Team’. This includes a section which describes what to do if they are not happy with the support they are getting and the relevant phone numbers of how to take this further.

At the end of the file, there is a sheet that people can use to record a compliment, comment or complaint.

At the front of the book is the name and phone number of the Link Wellbeing Worker, and the name and phone number of the Wellbeing Leader, and the contact email for the National Lead for Quality, Mary Curran.

Family members also have access to the App we use for Care and Support Planning and Learning and Communication Logs, and can directly post a compliment or complaint and a notification is sent directly to the Wellbeing Leader. This is then shared at the next Team Meeting as part of the metrics board, and will be analysed to check for patterns and themes within the month.

Our focus on small, stable, consistent teams for each person we support, and Wellbeing Leaders doing at least one shadow shift a month means that people have lots of opportunities to raise any concerns with people they know. We actively encourage comments, and we see these being shared by the team on Slack as well as in Team Meetings as part of the Living Well at Home board.

When people express a concern, they are asked if they want to make it a formal complaint or how they would like us to deal with this. If they want to make a formal complaint, they phone the Wellbeing Leader directly or the team member passes this onto the Wellbeing Leader. The Wellbeing Leader makes contact with the person usually that day or the following day, and will speak to them to find out what the issue is and what they want to happen (using the principles of Making Safeguarding Personal). She will then follow the direction of the person and investigate, record this and get back to them. We see this as a dialogue, and a learning opportunity and we seek to have an even better relationship with the person at the end of this.
There will be a report completed on our complaint form, and this is stored on the person's file, and is reviewed at the monthly review of incidents and complaints. It will also inform the team's quarterly report.

The six-monthly, Person-Centred Reviews are a way to hear about concerns before they become bigger issues as we ask people what is working and not working from different perspectives and what people would like in the future. We create an action for everything that is not working.

Monthly Check-ins: Link Wellbeing Workers do a Monthly Check-in with the person they support to talk about what is working and not working, and if there is anything we can do to improve their support or help them have better days.
We do an annual survey to family members to ask them to comment on the promises that we make people and to tell us what is working and not working from their perspective and how they would like to see us improve. The information is shared with the relevant Link Wellbeing Worker and team members and this is acted on immediately and also feeds into Working Together for Change.

We hold an annual Working Together for Change event which is a bit like a Hackathon, where we use anonymous data from the survey, and from person-centred reviews to

transparently share what people have told us is working and not working, what they would like to see in the future, and to look together at their priorities for change and what we can do together to understand the root causes and make change. We then provide a newsletter every two months that describes what is happening as a result of this.

R2.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?

If someone is complaining about a specific team member we would ask them if they still wanted to be supported by that team member and if they did not, we would aim to move them from that person's team immediately.
We balance protecting the anonymity of the person making a complaint with our commitment to transparency, and the Wellbeing Leader would discuss this with the person making the complaint. The Wellbeing Leader, in following up the complaint, would be ensuring that the person is not discriminated against or victimised in any way.

R2.5 To what extent are concerns and complaints used as an opportunity to learn and drive continuous improvement?

Incidents, concerns and complaints drive our continuous improvement. We see them as a way to improve individual practice and team practice and our incident form is framed in that way. We are transparent about them and look at them every week in the team metrics and review themes every month. This could lead to direct changes or 'experiments' something that we want to try and test based on what we have learned.

We actively encourage them and would not see success as being a decrease in the number, as we see this as an example of our open and transparent culture.
The six-monthly, Person-Centred Reviews are a way to hear about concerns before they become bigger issues as we ask people what is working and not working from different perspectives and what people would like in the future. We create an action for everything that is not working.
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We hold an annual Working Together for Change event which is a bit like a Hackathon, where we use anonymous data from the survey, and from person-centred reviews to transparently share what people have told us is working and not working, what they would like to see in the future, and to look together at their priorities for change and what we can do together to understand the root causes and make change. We then provide a newsletter every two months that describes what is happening as a result of this.
The complaints we received and how we learned and acted upon them is part of the quarterly report.

R3. How are people supported at the end of their life to have a comfortable, dignified and pain-free death?

R3.1 Are people's preferences and choices for their end of life care and where they wish to die, including in relation to their protected equality characteristics, spiritual and cultural needs, clearly recorded, communicated, kept under review and acted on?

We have End of Life Champions: team members and one of our Co-production Partners. We have a section in our Care and Support Plans for end of life decisions as well as recording DNAR in the initial conversation. We ask people if we can talk more about this with them at the review conversation three months later (when we hope we will have developed a relationship that may make this easier to talk about). We ask about DNAR and end of life wishes/funeral plans when we first start supporting people regardless of whether they are considered to be at the end of their life because we think we have a role in supporting people to think about the end of their life.

At the six-month review after we have started to support people, we sensitively bring up the question about end-of-life plans again and introduce 'Living Well and Planning for the end of your life' as a place to record these. We are looking at introducing people to the App about end-of-life wishes and Advance Directives. We then give people different options to talk about end of life wishes, if they are open to this. For example, we can loan people end of life FINK cards, if they want help to have a conversation with their family, or we could offer for someone to come and talk to them and in the future invite them to a Death Café led by a Death Doula to start the conversation.

We are working in partnership with a Death Doula so that we can learn from best practices in end-of-life care. The team has e-learning on end of life and we use this with team members who are supporting someone at end of life, and we would access the Local Authorities end-of-life care training.

We know that talking about death is difficult, and we are supporting the team to think about their own end of life plans, and 'Before I die' (sharing a TED Talk about this). We are also using the 'train the trainers' programme provided by the Local Authority that explores what to expect at end of life etc.

R3.2 How are people, and their family, friends and other carers, involved in planning, managing and making decisions about their end of life care?

We introduce the 'Living Well and Planning for the end of your life' to the person and their family at the six-month review and ask how we can support them to have these conversations. We are planning to do regular Death Cafes to support people to have

these conversations in a safe space together. We can sometimes offer a Community Circle Facilitator to support these conversations through our partnership with the charity Community Circles.

We support people to develop a one-page profile for end of life if they want to do this. We understand that this has made a difference for people. Here is Max, who was at the end of his life talking about the difference his one-page profile made: https://docs.google.com/document/d/17sTqLiNrEPpMarzv8cQUf0ipt5dCb6SfS6l4_vlA7U8/edit#

We make sure that people have all the information they need available to them to plan for the end of their life and work closely with the local hospice to do this where possible. We have worked with our Co-production Partner, to develop her end-of-life plan, in a way that she is happy to share this with people so that they can see an example of what is possible.
The Wellbeing Leader is able to talk to families about Power of Attorney and end-of-life care.

R3.3 How are people reassured that their pain and other symptoms will be assessed and managed effectively as they approach the end of their life, including having access to support from specialist palliative care professionals, particularly if they are unable to speak or communicate?

We work closely with specialist palliative care professionals to make sure that people are confident that their pain and other symptoms are managed. We work in partnership with the local hospice and palliative care nurses, in all end-of-life care.

Team members can access training and resources about end-of-life care symptoms, pain and distress that is specific to the person we are supporting.

The team can access support and advice from our Advisor who is a Death Doula, and from Dr Rod Kersh if they need additional information or advice.

We address issues with the team at each Team Meeting and offer additional support to team members who are supporting someone who is at end of life.

R3.4 How does the service make sure that it quickly identifies people in the last days of life whose condition may be unpredictable and change rapidly and, where required, that people have rapid access to support, equipment and medicines?

We work in partnership with the local hospice and palliative care nurses, in all end-of-life care and this includes ‘just in case’ stock medicines to use as required.

We seek to have good working relationships with the local GPs so that together we can respect the wishes of the person and their family and avoid unnecessary trips to hospital and aggressive treatment. The teams have the support of Dr Rod Kersh who is a consultant geriatrician who can provide advice if necessary.

R3.5 How does the service support people's families, other people using the service and staff when someone dies?

We would support family and friends at end of life by providing meals and drinks and going beyond what would be expected in the usual visit times, and providing personal space as well.
Team members would be available to provide practical and emotional support around making final arrangements in ways that supported religious and cultural needs.

Example: When WR died suddenly the Wellbeing Leader provided support to the team members who had directly supported him, and the wider team who were affected. She bought a condolences book that team members wrote in, and shared their memories at the Team Meeting and four team members attended the funeral and gave the book to his daughter. We sent a card three months later to say that we were still thinking of her.

Example: One person who we supported specifically asked for his link Wellbeing Worker to be with him when he died, and we worked with the schedule and team members to make that possible.

When we support someone at the end of their life, at an appropriate time we would want to talk to the family to learn whether there was anything that we could have done differently or better.

R3.6 What arrangements are there for making sure that the body of a person who has died is cared for in a culturally sensitive and dignified way?

The end-of-life preparation ‘Living Well and planning for the end of your life’ includes the detail about how the person wanted their body cared for, so that there is no confusion when the time comes and it can be done in line with the person’s wishes.

How Wellbeing Teams are WELL-LED

W1. Is there a clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people?

W1.1 Are managers aware of, and do they keep under review, the day-to-day culture in the service, including the attitudes, values and behaviour of staff and whether they feel positive and proud to work in the organisation?

Our way of working intentionally involves a lot of communication, coordination and collaboration between team members in Team Meetings, one-to-one conversations either in person or via teleconferencing (Zoom), in online collaboration tools (Slack and Google Docs) and through written records (e.g. Learning and Communication Logs). This ensures that team members' attitudes, beliefs and work remain visible and accountable to their work 'buddies', their colleagues, and the Wellbeing Leader.

Team members do not become isolated or 'hidden' and are able to receive frequent feedback and support. Wellbeing Leaders, on a weekly basis, demonstrate E.R.A (encouragement, recognition and appreciation) for communication and behaviour that reflects our values and culture. As well as appreciating the person, their feedback is recorded in an ERA document so that we can track what people are appreciated for, and recognise who may not be getting appreciation and understand why this may be the case (including paying attention to potential discrimination).

Further, our way of working intentionally involves small teams of up to 12 people led by two Wellbeing Leaders. The small size of the teams further ensures that culture, attitudes, values, morale and behaviours are visible since working never becomes impersonal and cut off from the rest of the team.

We see the day-to-day culture of the service (and therefore the attitudes, values and behaviour of staff) in the following ways:

Team Meetings: Each team meets as a group once a week. Team Meetings are structured in a way where no one can hide or not contribute, due to the use of rounds and Confirmation Practices at the beginning of two meetings a month. This means that Wellbeing Leaders have an opportunity every single week to see, hear, witness and experience how team members interact with one another, how they talk about the people they support and about their work, the extent to which they are alert to ways of improving our service and to dealing with difficulties and what the overall emerging culture of the team is.

Slack: We are able to see conversations between team members on the different channels on Slack. This enables the Wellbeing Leader to give encouragement, support, and feedback on the positive behaviours that we see, and to challenge any negative ones. We also see examples of team members encouraging and supporting each other, and using emojis to react to other people's comments. We are sensitive to the ways people contribute to discussions, e.g. using appropriate, respectful and sensitive language, and in particular we are careful to look out for people withdrawing from contributing to discussions and disengaging or their attitudes and style of commenting changing markedly and in a way that is out of character.

Team Surveys; Every month, we ask team members to complete an anonymous survey on engagement and culture.
The survey tells us the three areas that we are strongest in and the three areas to work on. This information is shared with the team at a Team Meeting. The team celebrates the top three successes and also decides what we can do together about the bottom three areas.

W1.2 How does the service promote and support fairness, transparency and an open culture for staff?

Wellbeing Team Handbook: Our Handbook is explicit about the culture we have in teams, and how we create and support this.

Our culture: We intentionally and purposefully cultivate a culture of openness, fairness and transparency.

We have a ‘radical transparency’ approach, which means that teams have access to full information about how we work, and all documents are transparently available on Loomio. Information that would not usually shared with all team members, for example incidents, are transparently shared at Team Meetings. Work scheduling, shifts and rotas are created in a transparent, collaborative manner involving the whole team. Team members have many channels of communication, including phone numbers, e-mail addresses, and frequent opportunities to interact, raise concerns and discuss problems not only with their colleagues and their team’s Wellbeing Leaders but also with the National Team. Our Team Meetings are structured in such a way that all team colleagues have the authority to put agenda items on the table and to raise concerns and issues. The Wellbeing Leader cannot stop issues from being raised or to silence team colleagues and does not

autocratically control the decisions of team members unless issues of legality or safeguarding are raised.

If we fail in any of the areas of transparency, openness and fairness, team members can tells us both through Peakon and at Team Meetings.

We are going further by having a public website, called Open Teams, where we will be sharing how we work, our Handbooks and other documentation with anyone who is interested. We will invite feedback, criticism and challenge to the ways we work but we also hope that we will learn, develop and improve through the input and suggestions made to us through Open Teams

W1.3 How do managers make sure that staff are supported, respected and valued; have their rights and wellbeing protected; and are motivated, caring and open?

Team members are supported in the following ways:

- Buddies (peer support)
- Confirmation Practices to reflect on how they are working and whether they need support and asking for this
- Weekly Team Meetings (group support) an opportunity to raise any tensions that are getting in the way of them doing good work
- Slack - day to day conversation and support
- Practice Coaches/'Help Desk' for any challenging situations
- Six-monthly review of their practice with the Practice Coach
- Six-monthly career and development discussion with the Wellbeing Leader
- Access to a development and learning budget
- Coaching support for the particular role they have chosen within the team
- Person-centred team review to review teamwork and develop this together
- The team decides how team members want to support each other in their Team Agreements, and these are displayed at Team Meetings and reviewed as part of the Person-Centred Team Review
- Team members know how to support each other, and this is described in the 'How to Support Me' section of the one-page profile, which is in the Person-Centred Team Plan, and in their 'Stress and Support' document.

We support team members to feel valued by:

- Wellbeing Leaders practice ERA - encouragement, recognition and appreciation and do this publicly on Slack, through direct messages and in Team Meetings. The Wellbeing Leaders Handbook explains how Wellbeing Leaders are expected to do this. We have a Team ERA book (in the form of a shared Google Document) where we ask Wellbeing Leaders to record instances of practising ERA and the reasons for doing so. We use the ERA book to send letters or cards to people showing how much we value them for the way they contribute to the lives of the people we support and to our organisation.

- Wellbeing Leaders use Love Notes (www.loveyou2.org) to show their appreciation of team members
- Team members get a Welcome Pack when they join
- Team members get an Appreciation book with what their colleagues appreciate about them
- We share at Team Meetings the compliments that team members get
- We regularly close Team Meetings with what we have appreciated about each other in the Team Meeting

We support team members to focus on their wellbeing in the following ways:

- Team members choose their roles within the team (e.g. Scheduler, Meeting Facilitator, Recruitment Coordinator), and match them to their strengths
- Goals - focussing on what experiences they want to have, how they want to grow and develop and how they want to contribute.
- Team members will have an opportunity to attend the eight-week 'Action for Happiness' course run each year by Wellbeing Teams. It is also open to people we support, their families and the wider community. This eight-session, evidence-based course, titled 'Exploring What Matters', aims to give participants the chance to meet with like-minded people over each two-hour session and to find simple ways to make themselves and others happier.
- We encourage cycling at work and in Wigan this included buying two electric bikes for team members to use.
- We have monthly themes and these include themes around wellbeing and the '5 Ways to Wellbeing'.
- We have opportunities for development and succession planning, for example, from Wellbeing Worker to Trusted Assessor or Practice Coach or Community Circle Connector.
- Organisationally, we support the wellbeing of team members in the following ways:
    - We ensure that individuals feel that they have the information and resources (e.g. equipment) they need to do their work.
    - Team members know that through our Team Meeting and team communications systems and processes no-one is silenced and everyone's voice is heard and respected. In this way, we support team members to feel they have control and influence over how their work is done.
    - Team members feel encouraged and supported by their work relationships which are experienced as collaborative.
    - Teams develop their own schedules which means that people can work in ways that support a good work/life balance. We strive to ensure that team members feel that their workload is stimulating but manageable and is not experienced as overwhelming.
    - Wellbeing Workers are salaried employees on permanent contracts and paid above the hourly minimum wage rate. They are paid for the whole duration of a shift including their travel time. Our organisation regards job and financial security as safeguarding the wellbeing our employees.

We make sure that team members are caring and open by recruiting for values. Anyone who is not caring and open would not pass probation. Our culture and our ways of working encourage people to talk about their concerns (either to their buddies, Wellbeing Leaders, people who share similar roles in different teams on Slack, people who support the same person) and these include feeling stressed, overwhelmed, experiencing difficulties in their homes and families that affect the way they show up and are present in their work. Our culture and our ways of working encourage people to openly discuss problems that occur as part of their work including in their work relationships with people we support. Although we emphasise an ethos of relationships, we are careful that team members are not the subject of unreasonable requests and expectations on them either by the people we support or their family. These issues would be raised as a tension at a team meeting and addressed. We are alert to the fact that the health and social care professions and occupations run a higher risk of experiencing burnout and mental health-related issues. Wellbeing Leaders are alert to these issues and are trained to be sensitive to them in interacting, communicating and supporting team members.

W1.4 Does the service show honesty and transparency from all levels of staff and leadership following an incident? How is this shared with people using the service and their families in line with the duty of candour, and how does the service support them?

Does the service show honesty and transparency from all levels of staff and leadership following an incident?

We ask team members to document anything that is a concern to them, the person we support or the team, so our concerns/incident forms include a wide variety of issues.

Each Team Meeting includes a session on the key metrics of our service: one of these is the number of concerns/incident forms completed that week. Team members, including Wellbeing Leaders, take turns to identify the ones they have submitted. The relevant incidents are discussed at the Team Meeting and looked at in depth in order to identify patterns and themes once a month. The whole team engages in deriving lessons learned from this exercise. The lessons learned are recorded in the meeting minutes and these are also reported in the quarterly quality report compiled by Wellbeing Leaders. Buddies support team members who have made mistakes through Confirmation Practices. We have a no blame culture. Instead, we have an accountability and responsibility culture.
We also intentionally and purposefully cultivate a cultural environment of psychological safety which enables team members to openly and transparently speak about unintentional or well-intended mistakes or incidents without fear of negative consequences. We prefer to know exactly what happened than to scare people into silence. This does not mean that we do not actively work to avoid mistakes and negative incidents or that we, as a team, tolerate poor performance. It does mean however that we prioritise catching mistakes and problems early before they develop into something more serious and that we prefer to err on the side of trusting team members instead of trying to control them through the fear of sanctions. This is one of the ways we show how

we value honesty and transparency over maintaining a false image of perfect professionalism. We intentionally cultivate a culture in which people are not scared to own any omissions, mistakes, or failures and in which they can expect to be supported by the team and the organisation as long as they are willing to take action to restore any harm done; help others to learn from their experience; and do what is necessary to ensure that similar incidents do not recur. We have a 'Friday Failure' Slack channel where people share 'faitures' including Wellbeing Leaders. Unjustifiably repeating the same mistakes and omissions is clearly unacceptable, however.

Example: Helen (founder of Wellbeing Teams) posted in the Wigan Friday Failure channel that she had posted on twitter a poster about the Men's Breakfast without asking Becky if she had finished it. Becky publicly responded to say how annoyed she had been about that at first, but how she had got over this.

How is this shared with people using the service and their families in line with the duty of candour?

Wellbeing Leaders would visit and talk to the person and family where an incident required an apology as well as the team member apologising at the time. The concern/incident form specifically asks whether an apology has been made. Wellbeing Leaders fully explain what happened and detail the ways the organisation has responded to the incident including all the actions and measures taken to remedy any inconvenience, harm or anxiety caused and to prevent that such an incident or similar ones recur e.g. identifying and undertaking changes in systems and procedures, identifying learning and developmental needs of the team members involved.

How does the service support the people using the service and their families?

We, in close consultation, with the people using the service and their families, take those actions that will remedy any inconvenience, harm or anxiety caused to the people supported and/or their families. We also signpost people to the Local Authority and Social Care Ombudsman as well as to local authority and independent advocacy services where available locally.
We follow the ethos behind 'Making Safeguarding Personal' which is to find out what the person wants as a resolution and working to deliver that as far as possible.

W1.5 Do leaders have the skills, knowledge, experience and integrity they need to lead effectively – both when they are appointed and on an ongoing basis?

Wellbeing Leaders are recruited through our multi-award-winning, nationally recognised Values Based Recruitment process. Wellbeing Leaders complete our five-week Future Leaders course during which they are given opportunities to demonstrate that they have the integrity, values, attitude and propensity to lead effectively. The course also equips them with the knowledge and skills to lead a self-managing Wellbeing Team. We invite Wellbeing Leaders to serve as apprentices to experienced Wellbeing Leaders so as to

learn how our systems and processes work. Wellbeing Leaders also join the Slack space of an established, experienced Wellbeing Team so that they can see how this works.

Wellbeing Leaders are supported in their practice and development by a mentor, who is a member of the National Team, and by a Buddy who is also a Wellbeing Leader. Wellbeing Leaders are supported through Confirmation Practices every two weeks. Every year, Wellbeing Leaders attend four Community of Practice gatherings (one every three months) and an annual retreat which is externally facilitated.
Wellbeing Leaders have the opportunity to enrol for Seth Godin's AltMBA which is an internationally acclaimed, four-week, leadership development program. They are part of a work-related book club so that they learn new ideas and think about how to implement them together.

W1.6 Does the service have, and keep under review, a clear vision and a set of values that includes a person-centred culture, involvement, compassion, dignity, independence, respect, equality, wellbeing and safety? How do leaders make sure these are effectively embedded into practice? Do all staff understand and promote them?

Does the service have, and keep under review, a clear vision and a set of values that includes a person-centred culture, involvement, compassion, dignity, independence, respect, equality, wellbeing and safety?

We have a clear purpose - our purpose is to do whatever we can to help people live well at home and be part of the community.
Our values are: compassion, responsibility, collaboration, curiosity, creativity and flourishing.

We review how we are delivering on our purpose and living our values in a range of ways, including:

- Monthly check ins
- Wellbeing Leader visits
- Wellbeing Leader shadow shifts
- Person-centred reviews with individuals
- Annual survey for families
- Team Surveys
- Team meetings
- Person-centred team reviews

How do leaders make sure these are effectively embedded into practice?

The Wellbeing Leaders Handbook and our training offer include how we live our values and how we support the teams to live these values.
During our induction process, we invite team members to learn more about and review their own values through the Minessence Framework Values Inventory (www.minessence.net). Research shows that when people have a chance to reflect on their own values they are more engaged at work.

Our purpose and values are clearly visible during Team Meetings displayed on the 'Living Well at Home Board'. Our purpose and values are also reflected in Team Agreements, which are the teams' way of living the values of the organisation and of supporting each other.

Do staff understand and promote them?

In our monthly surveys, we ask team members what our values are, and ask them to offer their feedback on how well we live and embody them. This is how we check that team members share an understanding of the organisation's values and share common practices that embody, express and bring our values to life.

In the learning and development section of our Team Meetings and in Slack, Wellbeing Leaders use Scenario cards that focus on values to help us stay focussed on how we live our values in practice.
Our Monthly Themes are ways for us to keep developing how we live our values.

We have a National Advisor for Values, Jackie le Fevre (www.magmaeffect.com) and she supports the National Team to keep finding ways to stay focussed on demonstrating our values.
Our purpose and values are fixed, we do not plan to review them, but we continually review and seek to improve how we live our values and deliver our purpose.

W1.7 Is the leadership visible and capable at all levels and does it inspire staff to provide a quality service?

In Wellbeing Teams, leadership is not exercised in a traditional, top-down, hierarchical way. Instead, we enable our team members to fulfil team roles that require the development and exercise of leadership in various aspects of our service. For example:

- Recruitment Coordinators show leadership in Value Based Recruitment
- Practice Coaches show leadership in compassionate, person-centred and safe care
- Wellbeing Leaders show leadership in governance

Certain of the roles that would have traditionally been done by a manager are shared amongst the team. Each role has a clear description, expectations and self-evaluation process. People are coached into their role, and then the previous role holder coaches the next person into the role.

The main roles are:

a) Meeting Facilitator who ensures that meetings serve their business purpose and that everyone's voice is heard and included in decision-making;
b) Scheduler who is responsible for producing the shift and home visits rota;
c) Community Connector who is responsible for helping the team and the people we support in accessing and enjoying community resources;

d) Recruitment Co-ordinator who in close collaboration with the Wellbeing Leader organises recruitment processes when needed;
e) Reporter/Recorder who is responsible for keeping the team's main documents up to date and for recording decisions and actions at team meetings;
f) Storyteller (social media) responsible for populating the team's social media accounts with appropriate content. All team members serve as Wellbeing Workers to the people we support and as Buddies to a colleague.

We create capable leaders by coaching leaders in the specific requirements of their roles. These are clearly described in the Wellbeing Leaders Handbook and the Wellbeing Team Handbook. There is a coach for each role, and people connect and Buddy with other people in the same role through Loomio.

Leadership is visible through Slack, through weekly Team Meetings, and by Wellbeing Leaders doing shadow shifts each month.

W1.8 Do managers and staff have a shared understanding of the key challenges, achievements, concerns and risks?

Our way of working entails close and intense collaboration and coordination between roles at all levels of the whole organisation. Our separate teams are purposefully small with a maximum number of colleagues being twelve. This ensures that team members share information often and easily without being overwhelmed. The systems and processes for team communication and collaboration ensure that the frequent, focussed and meaningful interactions between team members facilitate the development of shared understandings of everything that pertains to the team's work. Our open, distributed, shared and collaborative way of working ensures that people are not isolated and that information is not concentrated in or blocked within particular roles. Our ways of working minimise information bottlenecks.

The team identify the challenges themselves through raising and addressing tensions in Team Meetings. The metrics board is also a way of sharing information about challenges, concerns and risks. The teams celebrate their local achievements internally and they share them with other teams in order to disseminate and showcase good practice.

Team achievements and awards - for example, Wellbeing Teams being identified by NESTA and The Observer newspaper as one of 50 New Radicals for 2018 developing creative ways of tackling society's biggest challenges - are shared through the announcement channel on Slack.
We have a culture of celebrating everything that is positive in our colleagues, teams, organisations and in the lives of the people we support. We take every opportunity to celebrate common achievements whether local or national.

W1.9 How does the organisation promote equality and inclusion within its workforce?

We have policies on equality and diversity and these are reflected in our recruitment.
Our Values Based Recruitment process means that we cannot discriminate based on CV and previous experience (or lack of it) because we do not request or read CVs at this stage of the recruitment process.

The Recruitment Coordinators have a set of questions to ask and are coached to do this.
They have to record why they have not put someone through to the next stage.
The recruitment workshop has been designed to reflect values and people's ability to use common sense. We ask people if they need any specific support related to disability when we invite them to the recruitment workshop.

We evaluate people's recruitment experience through a SurveyMonkey survey on the day or the day after the recruitment workshop and this is one way that we check how well we are doing. We specifically ask how we can improve.
We employ people who are disabled and make adjustments to support them.
We can demonstrate that we attract and employ people from all different generations (to a greater extent than the NHS and Adult Social Care do).

W1.10 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?

We know that the relationships between the team is one of the most important factors in the support that people receive.

We intentionally work to build and support relationships in the following ways:

- People choose a Buddy, someone they naturally get on with
- We ask people to spend 45 minutes together doing the 36 Questions of the App of the same name (we have the App already downloaded on their phones). This is an evidenced-based way to develop trusting relationships;
- Teams share their work histories with each other which is shown to be a quick way to build relationships and trust;
- Teams have one-page profiles of their team members, as part of a Person-Centred Team Plan that describes what matters to each person, and how to support each other, and includes Stress and Support so that we can recognise how we each show our stress and how we can support each other;
- People do Confirmation Practices together to share how they are getting on;
- One of the questions in Confirmation Practices is how well people support each other in the team;
- We have a ‘get the party started budget’ to support Buddies to celebrate together and to invite the team along too;

- We teach people Compassionate Communication to help people give feedback to each other;
- Teams are no more than 12 people and research suggests that 8 - 12 is the ideal number to know and trust each other;
- Teams share personal information in the opening rounds in each Team Meeting - sharing something that is going well and home and at work;
- Teams make commitments to each other through Team Agreements.

W2. Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

W2.1 Do staff receive feedback from managers in a constructive and motivating way, which enables them to know what action they need to take?

We use feedback to support people to do a great job to help them develop and improve their practice.

- Wellbeing Leaders practice ERA - Encouragement, Recognition and Appreciation – when communicating with Wellbeing Workers. They do so openly on Slack and in Team Meetings and privately through direct messages and when coaching Buddy pairs . This is part of the Wellbeing Leaders Handbook. We have a Team ERA book (a Google Doc) where we ask Wellbeing Leaders to record this. We use a summative and formative approach to feedback which means that before team members engage in a new practice, they have a discussion with the Wellbeing Leader/Practice Coach about specific areas they need to work on. After they have completed the new practice or task, the Wellbeing Leader gives them specific, direct appreciation of what they did well.
- Wellbeing Leaders are taught Compassionate Communication which is a way to clearly communicate the behaviour you have seen and what you need to see instead so that team members know the action that is required.

Wellbeing Leaders also give feedback to colleagues about changes that are required in their behaviour, for example, in order to pass probation, or as a result of a concern, incident or complaint, or based on her observations on shifts. This feedback is given using Compassionate Communication, and will be shared in an actionable way (ie people know exactly what needs to change), and the Wellbeing Leader will ask what support they need to deliver this change and how they can both check that this change has happened.

W2.2 Where required, is there a registered manager in post?

Yes, their day-to-day responsibilities, however, are devolved to the Wellbeing Leaders. These are clearly described in the Wellbeing Leaders handbook.

W2.3 Does the registered manager understand their responsibilities, and are they supported by the board/trustees, the provider and other managers to deliver what is required?

Yes. These are clearly described in the Wellbeing Leaders handbook.

W2.4 Are all relevant legal requirements understood and met, including CQC registration requirements, safety and public health related obligations, and the submission of notifications and other required information? Do managers understand recommendations made by CQC, keep up-to-date with all relevant changes, and communicate them effectively to staff?

Yes.

Relevant changes would be communicated to team members through the announcement channel in Slack and then reinforced in weekly Team Meetings, and recorded in the minutes. Significant changes would result in updates to the How we Work green book and sent to people as an amendment.

What notifications to make to CQC is clearly identified in the Wellbeing Leaders Handbook.

W2.5 How does the service make sure that responsibility and accountability is understood at all levels so that governance arrangements are properly supported? Do staff know and understand what is expected of them?

W2.6 Are there clear and transparent processes for staff to account for their decisions, actions, behaviours and performance?

W2.6 and W2.5 answered here:

Wellbeing Workers know what is expected of them from:

a) their induction period;
b) the probation period and the explicit expectations in this;
c) the 'How We Work' booklet;
d) from the Wellbeing Teams Handbook
e) on each visit there is a clear list of what needs to be achieved,
f) from their communications with their colleagues, the Wellbeing Leader, Trusted Assessor and Practice Coach in Team Meetings and on Slack;
g) from their Confirmation Practices with their Buddies which are initially coached by the Wellbeing Leader.
h) from the Team Agreements developed with their team

The Wellbeing Teams Handbook describes in detail what is expected from each role, and how they will know they are performing each role well.

The Confirmation Practices make it very clear what is expected and team members review this every two weeks.

In the Wellbeing Teams handbook it describes what happens where there is conflict or a disagreement.

The Directors' decisions are recorded in Loomio. The 'business plan' is co-developed with the team, people we support, their families and other stakeholders through Working Together for Change.

W2.7 How does the service make sure that its approach to quality is integral and all staff are aware of potential risks that may compromise quality?

Our approach to quality is how we live our values and are responsible for the support we deliver. Team members are clear about what has to be done in a particular way (e.g. medication) and where they can be creative and use their judgement. The 'What if?' cards are a way that this distinction is made clear and how we reinforce the behaviours that deliver our values.

We have a Quality Framework centred around our 'Six Promises' to the people we support. These are: 1) Your care and support reflects what matters to you; 2) Your support, your way; 3) You have consistency and reliability; 4) Your service is flexible and fits around your life; 5) We care for our team's wellbeing; 6) We'll help you connect to your community. For each of the 'Six Promises', we have identified a number of standards of practice, the ways we check that we are achieving this standards, how we can support the team to achieve the standard and to keep getting better and how we are recording these processes.

Our Quality Framework permeates our way of working and all our practices. The main ways we ensure we are keeping our promises to the people we support are:

1. Buddies support and challenge each other, and reflect through Confirmation Practices.

2. Practice Coach reviews of Learning and Communication Logs and Care and Support Plans when they are supporting people.

3. Practice Coach coaches Wellbeing Workers to competence and confidence in the skills required to deliver compassionate, safe, person-centred care. We train and support people to deliver on our promises and the Practice Coach checks they can do this, and agrees people are competent through the Care Certificate.

4. Living Well at Home Board and weekly metrics.

5. Monthly check ins with people we support.

6. Wellbeing Leaders visits and shadow shifts

7. Person-Centred Reviews
These include family, and any relevant health or social care colleagues. These take place every six months.

8. Working Together for Change (which has been explained previously)

9. SurveyMonkey information gathering from families. This specifically asks for information about how we are doing in delivering the six-point promise, and how we can keep improving. The information is shared with the relevant Link Wellbeing Worker and team members and this is acted on immediately and also feeds into Working Together for Change.

10. Peakon. (which has been explained previously)

11. Team Meetings that have an explicit function of raising and addressing tensions, as explained previously. This means that team members can identify anything that is causing concern and this is addressed immediately. Any Wellbeing Worker also has the right to escalate any major concerns (whistleblowing) to the Practice Coach or the Wellbeing Leader or the National Team of Advisors.

12. Compliments and complaints process, and notifications including safeguarding alerts are monitored by the local authority, the Care Quality Commission and Police. The Practice Coach and the Wellbeing Leader are responsible for making sure we are compliant with this.

Our main ways for continuous improvement in our promises to people we support are:

1. Team meetings - reviewing the Living Well at Home Board, the metrics and the focus on raising and addressing tensions are opportunities to learn how we can improve.
2. Monthly review of themes in relation to concerns, incidents, accidents and complaints are a way to reflect on lessons learned and opportunities to improve.
3. Review of compliments. We can use these as ‘Appreciative Inquiry’ to learn from what is going well and how we can do more of this.

4. Communities of Practice (for specific roles) and sharing learning across teams.
5. Practice Coach's role is to help to continuously improve by spotting opportunities in their support of individuals.
7. Working Together for Change is explicitly a process to co-create positive change based on a review of what is working and not working and what people want for the future.
8. Best practice processes and documents are continually updated through feedback by Wellbeing Teams and through the National Team. We have a process for taking ideas or changes from Wellbeing Teams testing them out and sharing the update with everyone. Each National Advisor has a responsibility to keep improving in relation to their lead area.

W2.8 How does the service assure itself that it has robust arrangements (including appropriate internal and external validation) to ensure the security, availability, sharing and integrity of confidential data, and records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?

All of Wellbeing Workers work takes place on smart phones. Work smartphones are secure and password-protected. If a phone was stolen and hacked, no personal information would be found in our communication and collaboration apps,

Slack and Loomio, in which people are referred to using initials only. Access to our care management platform, Mobizio, requires a password and users are logged out automatically after three minutes of inactivity. We have external checks of our arrangements through JanJar Consulting and through Unicorn Consulting.

We do not use standard laptops with Wellbeing Leaders, instead we use Chromebooks with access to the internet as our records are stored on Loomio and we use Google Docs. No confidential information is stored in google docs or Loomio.
Information about colleagues is stored in People Planner and Mobizio, and both of these are password protected. Only Wellbeing Leaders, and two members of the central office team have full access to People Planner.

We share files with the Local Authority and Health via an encryption service.
If there were data security breaches then this would be handled in the same way we do with other incidents and complaints - with a full review, root cause analysis and the implementation of lessons learned and implications.

Engagement and involvement

W3. How are the people who use the service, the public and staff engaged and involved?

W3.1 How are staff actively involved in developing the service? Are they encouraged to be involved in considering and proposing new ways of working, including ways of putting values into practice?

Team members are actively involved in the following ways:

- Weekly Team Meetings are opportunities to raise tensions. A tension is anything that is getting in the way of team members doing a great job, or could be something that we could be doing, but we are not. Therefore, there is a weekly opportunity to develop the service and how we work.
- Each weekly Team Meeting will also have a particular focus, for example, looking at incident themes, at engagement and wellbeing through Peakon Scores or developing individual practice through Confirmation Practices. Each of these could lead to suggestions for how to improve and develop the service or live our values.
- Person-Centred Team Reviews are a way to review what is working and not working and suggest ways to improve and develop practice. Team Reviews usually result in the team developing outcomes and actions.
- Working Together for Change is the way that we work with people we support, families, the team, and local stakeholders to plan changes for the next year based on what is working and not working for people.

W3.2 Are there strong links with the local community? How has the service strengthened relationships beyond the key organisations?

We have a Community Circle Connector whose role is to develop our relationship with the community in ways that reflect what matters to the people we support, for example we will be connected to a church where we support the person to attend.

We actively contribute to the community by creating opportunities to join groups like Knit and Natter. We proactively discover what matters to people we support and what they would be interested in doing both at home and in the community (Good Days at Home and More Good Days). We use this to learn what the greatest priorities are to the people we support. We also learn from the team what their passions and interests are (Gifts audit) and try and match team passions to the priorities of the people we support. We use this to both see what is currently available in the local area. We don't want to replicate what is already happening. If nothing is available or suitable (e.g. accessible) we would see if we could develop our own. The first group facilitated by a Wellbeing Team is the

Wigan Community Knitting Group (a.k.a. the Knit and Natter group) created after a number of people expressed an interest in knitting in the company of other knitters. People also said that they would like to knit items that others would want and use. Wellbeing Teams arranged for people to connect with one another and after asking a lot of people for suggestions suggested to the group of knitters to consider creating items that would be donated to Alder Hey Children's Hospital in Liverpool.

We use community venues like SAMs Bar and develop a close relationship with them, and we are putting on joint events.

In Oxfordshire we link with Community Circle's to offer people the chance to attend a weekly coffee club at a local cafe. We also find opportunities for colleagues and people we support who share interests, to spend time together. Both DT and AH love nature and bird watching, so two team members are linking with Community Circles to arrange some nature get togethers. This will be extended to a wider audience through Circles.

We also seek to support people with on-line communication and communities. We support people to use email, Facetime and to use the internet to connect with the world. BC was shown how to email her relatives by Gemma over the last few weeks. Gemma told us that 'BC is beyond excited when she receives an email and wants to share them all with me. She is so grateful for my help and now uses email every day.'

Wellbeing Worker Laura encouraged and supported JJ, a stroke survivor to access an online support group. JJ had suffered a rare type of stroke and was often saddened and frustrated by her slow progress afterwards. Linking with other stroke survivors gave her more optimism for the future and improved her wellbeing.

We are connected to organisations nationally, to share and learn from best practice, for example Think Local Act Personal (TLAP), the Royal Society of Arts (RSA), and Nesta.

W3.3 How are staff supported to question practice and how are people who raise concerns, including whistle-blowers, supported and protected?

The processes that we use to develop the service are the same ones that team members would use to question practices, e.g.

- Weekly Team Meetings are opportunities to raise tensions. A tension is anything that is getting in the way of team members doing a great job, or could be something that we could be doing, but we are not. Therefore there is a weekly opportunity to develop the service and how we work.
- Each weekly Team Meeting will also have a particular focus, for example, looking an incident themes, at engagement and wellbeing through Peakon Scores or developing individual practice through Confirmation Practices. Each of these could lead to suggestions for how to improve and develop the service or live our values.

- Person-Centred Team Reviews are a way to review what is working and not working and suggest ways to improve and develop practice. Team reviews usually result in the team developing outcomes and actions.
- Working Together for Change is the way that we work with people we support, families, the team, and local stakeholders to plan changes for the next year based on what is working and not working for people.

People who raise concerns are supported and appreciated because this is how we learn to improve.
We have policies and procedures on protecting whistle-blowers, however we hope that we have enough processes in place for any concerns to be raised long before this is required.

W3.4 How does the service enable and encourage accessible open communication with all people who use the service, their family, friends, other carers, staff and other stakeholders, taking account of their protected and other characteristics?

W3.5 How are people's views and experiences gathered and acted on to shape and improve the services and culture?

W3.4 and W3.5 are both addressed below:

We encourage open communication with team members using the processes described above.
We encourage open communication with people we support and their families through:

- We identify with the person anything we need to do or pay attention to in relation to their protected characteristics and address this sensitively in the Care and Support plan.
- Involving the people we support in the creation of Learning and Communication Logs at the end of each home visit;
- Giving access to important others, with the person's consent, to the Care and Support Plan and the Learning and Communication Logs, through our care management platform, Mobizio;
- learning from comments, concerns or compliments
- Talking to the Link Wellbeing Worker each month at the monthly Check in Session
- Encouraging the people we support and their important others to contact the Wellbeing Leader directly to share comments, concerns, or complaints
- Talking directly to Wellbeing Workers
- Giving us feedback and sharing openly through the Person-Centred Review around each individual every six months
- Being part of Working Together for Change
- Responding to our annual survey on how well we are delivering on out 'Six Promises' to the people we support

W4. How does the service continuously learn, improve, innovate and ensure sustainability?

W4.1 Are resources and support available to develop staff and teams, and drive improvement?

Each team has a development and training budget available to them to use and can access a national Virtual 'Help Desk' around learning opportunities if required.

Example: Trusted Assessor Mo use the development and training budget to attend a day's event for people who wanted to put on a 'Death Cafe' during Dying Matters week. She shared what she learned with the End of Life Community of Practice on Whats App. They had a Zoom call to look at what she had learned and how to organise the Death Cafe. There is someone from each Wellbeing Team location, so this information was shared amongst all teams.

Learning from incidents and when things do not go as planned can lead to deciding to do an experiment to test out a better way of working as a result of the learning. The team will decide what they want to test and learn and what support they may need.

Example: Not all team members felt confident to give people head or feet massages and use their 'Pamper Kits'. They used the development and learning budget and pay for a beauty therapist to run a session to demonstrate hand, head and foot massage and for people to practice. The session was filmed so that team members who could not attend, and people in other teams could benefit.

Team members have five ways that they develop:

1) Confirmation Practices - how they develop their own competency in the work
2) Personal goals - around experiences, contributions and growth, they are invited to do this in induction and reflect on it with their Buddy during Confirmation Practices.
3) Happiness action plan - they are invited to start this in induction and complete with their Buddy
4) Career planning - with the Wellbeing Leader every six months
5) Practice reflection and review - with the Practice Coach every 6 months

Teams develop through the Person-Centred Team Plan where the team reviews what is working and not working and how they want to develop and change in the future.
Teams tell us how they want to develop through the monthly Peakon Questionnaire that they look at together once a month at the Team Meetings.

They also develop through Working Together for Change where together with people we support, family members, community leaders and members of health and care, review

what people are telling us about what is working and not working and how to develop over the next year.

W4.2 How effective are quality assurance, information and clinical governance systems in supporting and evaluating learning from current performance? How are they used to drive continuous improvement and manage future performance?

Quality assurance and improvement happens through:

- Confirmation Practices - leading to goals to improve, coached by the Wellbeing Leader initially
- Living Well at Home Board - weekly review of how we are doing supporting each person leading to actions
- Peakon - monthly review of how the team are engaged leading to actions
- Learning from incidents, safeguarding, complaints leading to actions based on themes each month
- Person-Centred Reviews - what the person and the family is telling us is working and not working - leading to change
- Practice Coaches supporting team members to develop their competence and checking competence
- Safe recruitment processes and SurveyMonkey to gather feedback and suggestions after the recruitment process.
- Wellbeing Leaders on shadow shifts with team members and talking to people we support
- Audit of incidents, complaints and concerns each month with the teams

Every quarter the Wellbeing Leaders brings the lessons learned together (reflecting what has been captured in team meetings, and transparently shared with the team) in a report that is shared and reviewed with the National Team to spot trends across teams and see if there are actions that are required at a national level.

W4.3 How is success and innovation recognised, encouraged and implemented?

Wellbeing Leaders, on a weekly basis, demonstrate E.R.A (encouragement, recognition and appreciation) for communication and behaviour that reflects our values and culture. As well as appreciating the person, their feedback is recorded in an ERA document so that we can track what people are appreciated for, and recognise who may not be getting appreciation and understand why this may be the case (including paying attention to potential discrimination).

Team members each have an Appreciation Book where their team members write in them what they appreciate about the person. We aim for each person to get weekly feedback that they can add to the book.

When Wellbeing Leaders and Practice Coaches receive compliments about team members they ensure that these are passed on to the relevant team member.

There is a ‘moments’ channel on Slack where team members post photos and comments about moments they have created with people we support and the Wellbeing Leader and other team members comment.

The Living Well at Home Board section of the meeting is an opportunity to recognise progress and success.

We implement innovation through team members ideas, through what people tell us they want to do through ‘Good days at home’ and ‘Good days together’.
This also comes from agreeing experiments and ideas to test from reviewing learning from incidents.
We generate ideas together through the Person-Centred Team review and Working Together for Change.

W4.4 How is information from incidents, investigations and compliments learned from and used to drive quality?

Incidents, concerns and complaints drive our continuous improvement. We see them as a way to improve individual practice and team practice and our incident form is framed in that way. We are transparent about them and look at them every week in the team metrics and review themes every month.

We actively encourage them and would not see success as being a decrease in the number, as we see this as an example of our open and transparent culture.

The six-monthly Person-Centred Reviews are a way to hear about concerns before they become bigger issues as we ask people what is working and not working from different perspectives and what people would like in the future. We create an action plan for everything that is not working.

We do an annual survey with family members to ask them to comment on the promises that we make to people and to tell us what is working and not working from their perspective and how they would like to see us improve.

We hold an annual Working Together for Change event which is a bit like a Hackathon, where we use anonymous data from the survey, and from person-centred reviews to transparently share what people have told us is working and not working, and what they would like to see in the future, and to look together at their priorities for change and what we can do together to understand the root causes and make change. We then provide a newsletter every two months that describes what is happening as a result of this.
The complaints we received and how we learned and acted upon them is part of the quarterly report.

We review compliments by asking what we need to do to make this a common experience for lots of people, and what we can learn from the person who the compliment was about.

We use a process called Appreciative Inquiry around compliments. We review these at the same time as the incidents to look for themes.

W4.5 How does the service measure and review the delivery of care, treatment and support against current guidance?

We make sure we are aware of current guidance and do this in a number of ways. We work closely with the Local Authority and other local and national providers to ensure we are up to date. We also do this through the national associations that we belong to, for example, the National Care Forum, and through social media.
The National Team then review any new guidance in relation to their lead area, and look at the implications of this for our work. We are also supported by a team of National Advisors who share new information with us and support us in adopting best practice and incorporating any changes in current guidance.

W4.6 Are information technology systems used effectively to monitor and improve the quality of care?

We use technology to improve the quality of care that we deliver. For example:

- we work with a family member to support other people to see how they can use Amazon's Echo with Alexa;
- we support people to use tablets and computers to keep in touch with families and friends who are away via Skype;
- we support people to send postcards via Touch Note;
- we support people to record their life stories through the StoryCorps App;
- we support a person to use guided meditations through an App to manage their pain;
- we support a person to use a VR headset to help manage their pain;
- we have partnered with a tech company to look at wearables and devices in the home to provide health data;
- we have purchased a Robot Cat, specifically designed for health and social care contexts which is available to the people we support through our lending library.
- All of our Care and Support Plans are on a secure App and we are paperless (except for the folders in people's houses). DBS information, signed contracts etc are scanned and uploaded to People Planner.

Working in partnership

W5. How does the service work in partnership with other agencies?

W5.1 How does the service work in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care? Does it do so in an open, honest and transparent way?

We are part of the Providers Group facilitated by the Local Authority.
We attend the training put on by the Local Authority where possible.
We have a partner provider organisation who we work closely with in case of emergencies.

We were part of a best practice providers group sharing and developing best practice in paperwork and processes, and we shared our learning around recruitment.
Practice Coaches, and Wellbeing Leaders work closely with the local safeguarding teams and social work teams.

W5.2 Does the service share appropriate information and assessments with other relevant agencies for the benefit of people who use the service?

We ensure that there is an up to date Care and Support Plan in the person's home so that this is available to any other professional who is supporting the person.
We work closely with the people responsible for technology in the Council so that we can make this available to the people we support.

We work closely with hospital staff to support quick discharge of people we support.