Supporting Well-being

By Well-being for younger adults receiving care and support we mean – People are happy, healthy and safe. They know and understand what care, social support and opportunities are available to them and they get the help they need, when they need it, in the way they want it. Their rights are protected, they have a voice and choice and as far as practicable control in making decisions about their lives.

Outcomes	Some examples of what good may look like	What inspectors should expect to find where Well-being is judged as good	Inspectors should evaluate to what extent people:
I am safe and protected from abuse, neglect and harm but also have my own freedom to take risks. I am able to express my views and opinions. I feel I belong and have safe positive relationships. My potential and independence is maximised. I am content/ happy. I can do things that matter to me. I can be involved, participate and feel valued.	 People feeling and being safe and protected from avoidable harm or neglect and exploitation. People are supported to control and lead their own recovery journey. People being supported to manage their own behaviour / symptoms and are supported after any incidents (e.g.PBS) People experiencing a reduction of behaviours that challenge others. People being encouraged to speak out, express themselves and there is an active offer of access to advocacy. People have control and are enabled to make choices, are being treated with dignity and respect and having their individual identities and routines recognised and valued. 	 SOFI Mood State: People expressing enjoyment, being content and comfortable when resting and relaxing People are alert Engagement and relationships: People being positively encouraged to make choices, engaged in rewarding activities and making positive use of the materials and equipment People being involved in varied conversations/communicating where there is personal connection Staff Interaction: Staff practice positive actions when dealing with difficult situations 	 are safe and protected from abuse, bullying, neglect and all exploitation. are encouraged to keep fit and well benefit from a healthy diet and lifestyle are supported to look after themselves are encouraged and supported to make choices and decisions are listened to and all attempts at communication are valued are encouraged to speak and express themselves are confident that staff understand their needs have their individual identities / cultures recognised and valued are settled and comfortable with staff who know them well and give them consistent and continuous care and support which fosters confidence and positive self-esteem experience warmth, attachment and belonging are supported to cope with difficult

I can receive a service in Welsh.	 People have good relationships with the people they live with and the staff that support them. People enjoying themselves, being fulfilled emotionally, sexually, socially, physically and intellectually. People having things to look forward to and making plans for the future. People's best interests are understood and promoted. People's independence is maximised by positive risk taking. People being enabled to do things for themselves, maintain, recover and develop their individual skills. People have choice in the activities they pursue and when they do this; being encouraged to be creative, to follow their interests, and beliefs, exploring new challenges and experiencing a sense of achievement. Strong emphasis on individual as well as group activities. People feeling valued because they experience responsive care and support where their verbal and non verbal communication is listened to and acted on. People who need it are able to receive a service in Welsh (active offer) 	 People's verbal and non verbal subtle communication being listened to, preferences sought and respected People being encouraged and their achievements being valued People receiving timely, positive reassurance when distressed People being treated with respect People's individual identities/cultures being recognised and being valued and accepted for who they are People having interactions / conversations, being stimulated, being engaged in both quiet, reflective and more focussed, animated interactions / conversations which encourage and maximise non verbal and verbal communication skills. 	 transitions, difficult events and situations feel secure, happy and comfortable and their rights are respected know who to talk to if they are unhappy or worried about something experience enhanced Well-being because their needs are understood and catered for
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	People are engaged in community activities and have opportunities to contribute to, and socialise with people, in their community and access universal services People are encouraged and supported to make healthy lifestyle choices and to access the right treatment and medication for their condition.		
Quality of Care and Sup	oport i.e. Assessment, Planning, Delivery, Re	view	
Outcomes	Some examples of what good may look like	What inspectors should expect to find where the quality of care and support is judged as good	Inspectors should evaluate to what extent people:
I receive the right care, at the right time in the way I want it. I am involved in making decisions that affect my life. I am supported to be as healthy as I can be. I have good relationships with staff. I am treated with dignity and respect.	People being safe and as well as they can be because they receive proactive, preventative care and support and their wide range of needs are anticipated. Early signs of relapse, pain and ill health are recognised and acted upon. People are supported by staff who understand appropriate and evidence based models of care and support e.g. Active Support, Relapse planning and Recovery based approaches People are supported by staff who are committed to enabling and empowering people, so that they have as much choice,	 SOFI Mood state: Staff are alert and responsive to people's changing moods and have the skills and confidence to respond positively. Mood states are lifted by skilful staff interactions. Engagement and relationships: Staff are alert to whether people are engaged and are proactive in fostering people's engagement, amongst each other and with 	 Have pre assessments undertaken to ensure that the setting and local specialist services are able to meet their individual needs. have placement plans which begin prior to moving into the home to minimise distress and anxiety at the point of admission and during the transition period are treated with dignity and respect are involved in making decisions about their care receive timely, appropriate person centred care have regular reviews which are recorded, actioned and

I receive care in my language of need. My individual needs and preferences are understood and anticipated.	 autonomy and control over their lives as is possible Referrals made in a timely way to relevant health and social care professionals when people's needs change. People are supported to have friends and intimate relationships because staff have the confidence and skills to support individual decision making. People are actively engaged in making decisions about the service they receive and the way they spend their time. People are encouraged to have ambition and control and to be as independent (e.g. Active Support model is implemented). People feel they matter because staff use a range of communication skills and tools appropriate to individual needs to ensure people are listened to and spoken to in a way they understand and can be understood. People recover and develop because support is proactive, responsive and delivered in the least restrictive way. 	 activities etc. There is a natural familiarity between staff and people living in the home. The amount of staff engagement during the time period observed. Staff interaction: There are a high proportion of positive interactions. Low proportion of neutral / negative interactions. Staff display active listening to verbal and non verbal communication, tune in to individual people's needs, skilfully engage and provide warmth and encouragement. Staff interactions provide evidence of putting training into practice Team working in evidence Appropriate and individually tailored tactile care and support in 	 communicated to relevant people involved in their lives have the involvement of relatives and carers in assessments and reviews as appropriate Inspectors should evaluate the extent to which staff promote Well-being and safeguarding and are able to: recognise signs and symptoms of abuse recognise signs and symptoms of distress and mental ill health work in line with the setting's safeguarding policy understand health and safety administer first aid manage behaviour positively; including physical intervention identify risks to vulnerable people Inspectors should evaluate how well staff: know, understand and are able to meet the individual needs and abilities of people provide a caring atmosphere/environment
		 Appropriate and individually tailored tactile care and support in evidence Staff who are required to implement any physical 	provide a caring

to access support (e.g. smoking cess sexual health) People have opportunity to be involve increase their independence in, all as of daily living including – menu plann shopping, cooking, and washing up, laundry, budgeting etc. People are supported to reflect on th impact of their behaviour on others a offered support following incidents. People are supported by staff who understand and have good working knowledge of DOLS and the key requirements of the MCA. They put th to practice effectively and ensure people human and legal rights are respected	ects g, d are	
Quality of Leadership & Management Outcomes Some examples of what good may		Inspectors should evaluate to what extent leaders

		and managers:
 I know and understand the care, support and opportunities which are available to me where. I receive high quality care and support from a service which sets high standards for itself, is committed to quality assurance and constant improvement. I benefit from care and support which is committed to innovation and is informed by best practice. I am able to express my concerns. I am able to contribute to the development of the service. 	The vision, values and purpose of the service are clear and is actively implemented. All decisions are based on the principle of 'how will this benefit those we support' There is a strong commitment to, and evidence of, driving continuous improvement with robust, transparent systems in place to assess the quality of the service in relation to outcomes for people, which includes feedback from people using the service and their representatives along with learning from best practice, complaints, and incidents. There is a willingness to be accountable, and when things go wrong, the response of the service is to talk about it and to inform people. This approach to openness and transparency gives people and their families a real sense of confidence in the organisation, which reinforces a culture of learning by experience. The needs of people living at the home are compatible with each other and considered before new people move in. Managers make considered and timely decisions where people's behaviours are having an adverse impact on other people living at the home. There is evidence that people living at, working in or visiting the home know how to raise concerns or make complaints and are supported to do so and that these are acted upon. People are aware of the lines of accountability and leadership and the registered	 and managers: comply with all required regulations and procedures (Amend in line with R&I Act) have a clear and comprehensive statement of purpose that provides an accurate picture of the setting and includes their position regarding an "Active Offer in relation to the Welsh language and advocacy. communicate their vision for the setting well and collaborate with others to achieve positive outcomes for people keep staff well informed about developments promote safe practices and a culture of safety create a positive ethos and culture whereby people and staff feel valued set high and ambitious expectations develop a sense of purpose that promotes and sustains improvements set clear aims and policies that are focused on people's needs which are understood and implemented by all staff
I benefit from an efficient service where best use is made of	manager is visible, approachable and responds to concerns. Leadership and management demonstrate that they consistently act with due diligence and care, have clear delegation of responsibilities and effective	The effectiveness of quality care review and planning for driving improvement Inspectors should consider whether the setting's

resources.	administration systems. <i>Not plain language</i>	quality care review process:
	administration bystems. Not plan language	 is embedded in strategic and operational
I benefit from a service where the Well-being of	Staff are valued and supported, are given clear direction and their potential is developed with staff creativity valued and encouraged.	planning and draws on regular quality assurance procedures
staff is given priority and staff are well lead, supported and trained.	There are responsive on call arrangements which support people at times of crisis.	 involves all staff in assessing outcomes and their own performance, such as reflecting on what they do on a daily basis
	Staff induction has provided them with the knowledge, skills and understanding required to effectively support people's well-being	 takes account of the views of people, staff, parents (where appropriate) placing authorities/commissioners and produces a
	All staff employed at the home work well as a team with shared values of enhancing the lives of people living at the home.	 report that is shared with all contributors draws upon reviews, advice and feedback from external professionals and agencies
	The well-being of staff is a priority for leaders and managers with investment and support provided	 monitors and evaluates outcomes for people results in development plans / strategies
	The service has a proactive approach to the learning and development of staff and ensures that training is relevant to the individual needs of the people they are caring for.	 that are monitored against clear targets and success criteria Evidence that practice is based on latest research and applied in day to day work
	Care/support plans are designed to allow people with communication needs to participate and feel a sense of ownership in their care/support planning	 prioritises the matters they wish to improve takes account of whether concerns / complaints have been appropriately
	Managers ensure individual risk assessments plans are in place and regularly reviewed for any individual who may need to be restrained for their own safety or that of others.	addressed and considers how to implement any necessary learning / improvements from these.
	Leaders and managers take a multi- agency approach, involving staff and representatives in reviews and making decisions about people's Well-being.	The effectiveness of management of staff and resources Inspectors should evaluate how leaders and managers:
		 follow safe, robust and timely recruitment processes define roles and responsibilities

	 have an effective system of staff supervision and appraisal that leads to agreed targets ensure that there are sufficient staff who have relevant and appropriate qualifications, training and experience in working with people ensure that staff understand and fulfil their roles in relation to the setting's strategic aims, plans and responsibilities manage their own time and prioritise activities responsively agree and achieve challenging and realistic targets for themselves and others negotiate and co-operate well with staff and outside agencies ensure that there are sufficient staff numbers and that they are deployed appropriately develop contingency staffing plans have a clear line of sight on service delivery support the active engagement of all staff in increasing their professional knowledge, understanding and skills, including participation in whole-setting professional learning experiences The effectiveness of partnerships Inspectors should consider whether the service is clear about its role and responsibilities to establish trust and clear communication between partners. Inspectors should evaluate how well the setting:
	Inspectors should evaluate how well the setting:

	 works with staff and representatives to improve the care/support and Well-being of people involves others in reviews and making decisions about people's Well-being assesses the impact of partners, e.g. the local authority, local health boards, the community, advocacy agencies, training providers, police and voluntary organisations

Outcomes	Some examples of what good looks like	What inspectors should expect to find where the environment is judged as good	Inspectors should evaluate to what extent people:
I live in accommodation which meets my needs and supports me to maximise my independence	 People feel included, uplifted and valued because they are supported in a personalised environment that is appropriate to individual needs. People are able to do things for themselves because the layout, design and facilities promote independence and accessibility. The building is designed to enable people's individual needs to be met and risks reduced. People's relationships are enhanced by an environment that encourages people to meet either communally or privately People have access to safe, pleasant and interesting outdoor space, which is easily accessible. People benefit from the use of innovative, modern equipment and facilities which opens up opportunities and enriches their lives. People are encouraged to influence and choose the facilities and equipment provided to support them. 	 SOFI Mood state: Ambience is light, clean, warm and uplifting. People responding positively to things within the environment e.g. personal bric-a-brac photographs. People being able to find quiet space and be calm and relaxed when they need to. Engagement and relationships: People having opportunities for good quality engagement and communication in both small and large numbers because seating arrangements across communal areas supports variety Staff interaction: Natural associations between staff and residents being facilitated by the layout 	 safety of the premises: people are cared for in a safe, clean and secure environment unnecessary risks to people have been identified and as far as possible eliminated. suitability of the premises: the premises are welcoming, comfortable, clean homely and personalised there is sufficient internal and external space and facilities to meet the needs of people there is sufficient space for private meetings when required the premises are well maintained and decorated.

	conform to relevant safety standards.
People are cared for in safe, secure, warm and well maintained surroundings. The need for privacy and confidentiality is anticipated and respected	
The location of the home means that people are easily able to access community activities and in rural settings, accessible transport is readily available	

These themes are closely aligned with the Social Services and Well-being (Wales) Act and the <u>National Outcomes Framework</u>, which place an expectation on us to assess the impact services have on people's "Well-being".

* One of the key principles of 'More than just words' is the 'Active Offer'. An 'Active Offer' simply means providing a service in Welsh without having to ask for it. It means creating a change of culture that takes the responsibility away from the recipients' service user and places the responsibility on service providers. Improving the quality of care and support – it is important to recognise the concept of language need. Although the Welsh language is an integral element in the care and support of many Welsh speakers, for certain priority groups, the Welsh language should be viewed as an even more fundamental element of service provision. People are classed as a priority group. (link to strategy)

link to National Autism guide to inspecting settings http://www.cqc.org.uk/sites/default/files/20151120_briefguide-good_communications_standards.pdf

Potential sources of evidence

Observation:

- SOFI
- Look around consider how the layout, access, design, adaptations taking into account the needs and dependency of people living there specifically for those with learning disability, autism, physical disability, sensory impairment based upon current guidance and research
- Signage is appropriate to the needs of people who live at the home
- Provision of Welsh language signage

Gather feedback:

- Talk to people who live at the home and their representatives for their views about how the layout/setting supports and enhances people's wellbeing
- Talk to people who live at the home and their representatives for their views about how the quality of care and support provided support and enhances their well-being and meets their needs
- Talk to people who live at the home and their representatives for their views about the effectiveness of leadership and management
- Talk to other professionals

Talk to staff:

- Discuss with them their thoughts on the premises, are they appropriate for the care, treatment and support provided. Are there any changes that could be made to improve peoples day to day lives
- Discuss with them their thoughts on the support provided. Are there any changes that could be made to improve people's well-being
- Discuss with them their thoughts on the effectiveness of leadership and management

Documentation

Consider how policies and procedures are implemented in practice and support and enhance people's well-being

- Communication passport
- Care plans include, (where appropriate), transition or move on plans
- Care plans are regularly reviewed and acted on
- Evidence of service specific accredited training e.g. PCP, active support, recovery approaches, BILD
- Compatibility risk assessments

- Check registration requirements and notifications of accidents /incidents.
- Review safeguarding any incidents and action required/taken. Review whether statutory notifications are being submitted as required
- Staff chose appropriate QCF units specific to setting
- Staffing structures including skills development log which takes into consideration Welsh Language skills of staff
- Care and treatment Plans and reviews
- PCP and reviews
- Reduction in incidents reports of behaviours that challenge
- Gather information from other professionals
- Care service documentation including range of
- Evidence that people are supported to manage their medication
- Advocacy arrangements how independent are these?
- Care service documentation evidence of active support being used
- Consideration of how language/communication needs are met. Evidence that Active offer is provided (link to strategy) (e.g. Welsh Language, Signing)
- Consideration of how Human Rights principles are featured and implemented within the home.
- Staff trained to use PCP and recovery tools
- How are people provided with choice
- Evidence re health promotion / healthy lifestyle
- Food hygiene ratings
- Health/oral care risk assessments and action plans
- Decision making documentation
- IPP (individual personal plan)
- MAPPA (Multi agency public protection arrangements)
- MARAC (Multi agency risk assessment conference)