

**The care exchange Series 5**  
**Episode 3: The standard you walk past, is the standard you accept**

**Hosts**

Pia Rathje-Burton and Wendy Adams

**Guest**

Lindsay Rees, Head of product content, Quality Compliance Systems (QCS)

**Pia Rathje-Burton** 00:08

It's really great to have you here today. We had an introduction there that you work for QCS. So just by start off, can you tell us a little bit about that role?

**Lindsay Rees** 01:16

Yeah, of course. So QCS are a software provider, essentially, and at the core of our product is



stepping through the door and some of the care staff maybe are looking at you a little bit

obviously, haven't got much better there. Because that's that's the impression it may have that, you know, they may be absolutely perfect inside, but just the fact that the sign had all kind of mold around it and stuff like that, you know, it's really interesting, isn't it, and

**Lindsay Rees** 09:01

that's one of the first things you do as when you're doing a turnaround, if I'm doing a



dealt with it. No, they weren't reviewing it daily. And so when we got all the team leaders together and we reviewed it daily, and we made that habit, and we made that at 10 o'clock every day. We all looked at that, and we all solved the problems together and looked at the gaps, and we got into the habit of doing it that solved the problem, because we you know, it was just a habit that we formed. But I did it with them. I didn't say you must do that and report back at the end of the week. I would gather them all around every morning at 10 o'clock, come on. Let's get the apps together. Let's look at our stock, and you do it together, and you learn together, and then suddenly you get to five o'clock on a Friday and you've run out of a particular medicine. But that doesn't happen anymore, because you've solved the problem



service. One of the chief complaints is exactly that, manager doesn't know who I am, manager doesn't care about me. And I hear that specifically from night staff, who never get to see the day management team, because they're never there, and so they, you know, they don't feel connected. And that's a common, common thing that people say, yeah, in services that are struggling.

**Pia Rathje-Burton 19:42**

When I was a register manager, I used to work every Tuesday. I used to, I was still doing office based. I was in the office, but I would, I would come in at two o'clock, and then I was stay to 10-11, o'clock, you know, basically, do a late shift. I covered into the night, because I got to see the evening staff, and I got to see my night staff. And they knew that I did that every Tuesday, so if they needed to talk to me, they could come and I was I was there. So I think initially I probably did it. I did it just to see the night staff. But actually it was a really helpful because I got to know the routine in the evening. I could hear stuff. Because I think even if you're not hands on, because you've got stuff to do in terms of admin and pressure. There's a lot of admin that needs to be done in terms of being a manager, but you still have ears, and you can hear how, you know, making sure that people are doing. And I go and have my dinner with everybody, and you know, just work really, really well.

**Lindsay Rees 20:37**

Wendy, you were saying about knowing the staff. I also wanted to add in there about knowing the residents, knowing the service users, people that you support, is also so important two reasons. Obviously helps you make sure they're having quality care, but also it shows the staff that you care and you do care. So you know that knowing the residents, every single you know, I would always say to myself when I was in a position of being a registered manager, or if I'm doing that turnaround piece, when I'm doing that day to day leadership piece, I might not see every single resident in an 80 bed care home in the course of a day, but in the course of a week, absolutely, I will have eyeballed every single member, every single resident in that home. At some point during the week, I've kind of have a mental check of it, because that's my duty of care, to see and observe myself that I'm happy with the quality of their care. Yeah,

**Pia Rathje-Burton 21:32**

good, good kind of standard to have, isn't it? Yeah, I wanted to ask you. So I know you've done a number of kind of webinars and blogs for Skills for Care on audits. What are your sort of kind of top tips around audits? You know, effective auditing, that kind of thing. Well,

**Lindsay Rees 21:53**

I think probably one of the most important things having had, I'm sure you know, everyone's had experiences of being inspected and having interesting and challenging times with the regulator, or even internally. So if you have done an audit and you've not completed the

actions, it's worse than not doing the audit at all. Yeah, so you found a problem, you've done



first training of its kind, which is really exciting, all came from their research. So I didn't actually

older person, particularly an older person who's living with dementia, they're just going to fall. Can't do anything about it. And people have this negative attitude that people will fall, and they will fall a lot, and there's nothing I can do about it. They're high risk. They're always going to be high risk. And that was what I was set out to challenge and say, Absolutely, yes, these individuals -







**Lindsay Rees 43:08**

I get lost in my activities. I get lost in my moments, and I when I'm out there, operationally driven to get things done, and I tend to lose track of time. So one thing that I started doing actually during, during the first and second waves of COVID, actually and thereafter. But one thing I started doing was, sounds a bit weird, but setting an alarm, which is my, not my, I have to leave now alarm, but my prepare to leave alarm. And the reason I set the just to sit with my phone at around sort of three or four o'clock of the day, or whenever it was a good couple of hours before I was planning to leave, because otherwise I engage in the next task, and I and I have to finish the next task, if that makes sense. So I would actually, I actually had to sort of protect my own sanity. From a time management point of view, I would set a prepare to leave alarm, which would just give me a nudge, don't start a new thing, finish the thing you're on, and then think about exiting in a way that makes sure that you just don't disappear in a puff of smoke, because you have to go and pick your child up. Yeah,

**Wendy Adams 44:15**

that's a really good time. You know, time management tip, isn't it definitely, definitely. And our final question, I'd like you to imagine that we're in a lift on the 10th floor going down the group of registered managers. And before everyone gets out, you want to tell them what you think is the most important. So your key message to to leave them with, what would that be

**Lindsay Rees 44:41**

interesting. It kind of leads on, from what I said a minute ago, actually, about the time saving in that the last thing I would always do, and I would ask suggest that everyone does, is to not in a management position, not leave without doing a final walk around. So it's a discipline. So I always had a discipline, and it's the same in any service. If I'm visiting, I go, I walk around and I say hello, and I walk around and I say goodbye. You don't have to take very long, but it tells everybody who you're leading. I've arrived in the first instance, and then I've left in the last instance, and it's a goodbye. And somebody once actually said to me, I feel safe when you're here, Lindsay, because I know you'll never leave without saying goodbye and checking we're okay. Yeah, that might be at three o'clock in the afternoon if I'm whizzing out to do a pre admission assessment, or it might be at 8pm because I've stayed late and I've had to, you know, for the safeguarding referral, but I'll always just whiz around and just check in all the nurse stations. Everyone. All right, yep, Good, fine. I'm off now, and they know I've gone and they know that it's now on the on call service, and that's I developed that as a discipline, and I've stuck by it.

**Pia Rathje-Burton 45:57**

Yeah, it's a good, good tip, I think, really good. Thank you so much that that was a brilliant conversation. And thanks so much for your for your time today. And thanks very much. Bye,



issues in that service, how, what she was sort of kind of planning on doing with that, and she had a really interesting way of approaching that, with being really working, really alongside the people doing the work. I thought was really good. So again, we do have a resource that might help you if you are looking to make improvements. Are they? If you are in that role of going in as a troubleshooter or quality lead, or if you have recently had a CQC assessment and been rated Requires improvement or Inadequate the guide is called the Guide to improvement. It is a guide that we have created in partnership with the Outstanding Society, lots of ideas around