



The Outstanding Society

From Good to Outstanding –
Presenting evidence to the CQC that
tells your story

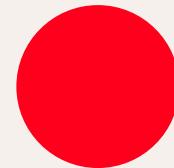
Virtual Meeting - 15th January 2026

Headline Partner



theoutstandingsociety.co.uk

This meeting will be recorded.

[ REC]

If you would prefer not to appear in the recording, please feel free to turn your camera off at any time.

To help keep background noise to a minimum, microphones have been switched off by default.

If you have any questions or comments during the session, please use the chat facility, and we'll be happy to respond.



SAFE

Practice

- High-quality mental capacity assessments with plans to reduce restrictions over time.
- Accessible safety information in easy-read formats.
- Detailed risk assessments and care plans with de-escalation guidance.
- Safety plans enabling independent community access.

Evidence

- Copies of mental capacity assessments and follow-up plans that show **decisions/ involvement**.
- Examples of **easy-read** safety materials.
- Risk assessments and care plans showing **detailed** guidance.
- **Testimonials** from professionals or case studies demonstrating independence.

Recent inspections:

“Where restrictions were in place for people who were not able to make decisions for themselves, the provider had conducted detailed and high-quality mental capacity assessments, which considered how best to approach the information shared and the decision being discussed... The staff team followed up on restrictions by working with people to develop skills or understanding that might mean when next assessed, restrictions could be further reduced.”

“People had access to information about staying safe to educate them and access external helplines if required. This was available in easy-read formats to help people clearly understand.”

EFFECTIVE

Practice

- Flexible service provision, especially in emergencies.
- Personalised communication plans for non-verbal individuals.
- Immediate safeguarding escalation for suicidal ideation.
- Proactive nutrition and hydration monitoring.
- Use of digital tools and AI for real-time risk analysis.

Evidence

- Communication plans and evidence of **difference** made.
- Incident logs showing safeguarding actions and how this has made service **safer** (lessons learnt).
- Nutrition/hydration monitoring charts and **evidence of the impact** the monitoring has had.
- Screenshots or reports from digital tracking tools and **benefits** to care/health and wellbeing

Recent inspections:

“Staff adapted their approach for people with communication challenges. For example, a person, who did not use verbal communication, had a personalised communication plan that included gesture interpretation, picture books, and emotional cues. Carers were trained to recognise signs of discomfort and offer meaningful choices.”

“Staff monitored nutrition and hydration closely and acted early to prevent deterioration...a person’s care package was adapted to include a lunch visit after staff noticed reduced food intake. Their fluid intake nearly doubled over three months, and their weight stabilised following these additional visits.”

CARING

Practice

- Active involvement of people and families in decision-making or life of home.
- Respect for cultural, spiritual, and religious needs.
- Creative use of technology to meet cultural needs – e.g. foreign radio or TV.
- Support for personal goals (e.g., charity events. Learning new skills).

Evidence

- Care plans reflecting **details** of personal preferences and cultural needs.
- Photos or schedules of cultural/religious activities and **IMPACT!**
- Examples of technology use (e.g., online radio access) and **why this has helped** reduce e.g. isolation.

Recent inspections:

“I am the residents’ ambassador so I keep an eye on any new residents and make sure they know what is happening.”

“A relative said, “[Person] has a Greek background and likes stuffed peppers and they (staff) will make them things that they like. They always make them a lovely fresh salad every week. They do try to please people.””

“People’s spiritual and religious beliefs were respected and supported. For example, a weekly live stream of a Sunday church service took place for those who wished to attend.”

RESPONSIVE

Practice

- Effective use of Trauma-informed or other recognised tools, to secure deeply person-centred care.
- Collaboration with students of varying professions and external professionals too.
- Tailored care plans preventing hospital admissions, especially for known conditions.

Evidence

- Documentation of trauma-informed or other recognised approaches with clear **benefits** to the person.
- Partnership agreements or student placement records **with** student and staff testimonies
- Care plans showing **collaboration** with specialist clinics and examples of impact

Recent inspections:

“The service took on Occupational Therapy (OT) students each year...[the team] were exceedingly receptive to the knowledge that these professionals brought”

“A robustly person-centred approach ensured people had access to appropriate treatments and prevented readmission or admission to hospital... staff worked closely with nurses from the local diabetes clinic under an initiative which offered a tailored care plan to prioritise safety and wellbeing for people living with diabetes.”

WELL-LED

Practice

- Warm, inclusive culture empowering people.
- Continuous improvement and innovation.
- Robust governance systems and audits.
- Recognition through national awards.
- Involvement in research

Evidence

- Staff, resident, NOK feedback surveys and **actions** taken as a result!
- Audit reports and action plans resulting from these that **support improvement**.
- Case studies of **learning** from incidents.
- Certificates or announcements of awards (or even nominations).

Recent inspections:

“The service focused on continuous improvement, innovation, and learning, resulting in positive and sustained outcomes for people, including examples of individuals regaining independence and returning home.”

“Incidents were investigated thoroughly with lessons learned shared across the team and wider organisation.”

“Governance systems were robust, with regular audits, effective oversight, and a dynamic focus on learning and innovation.”

“The registered manager undertook detailed case studies to identify learning opportunities and strengthen future practice. For example, following the admission of a person who displayed signs of distress, where staff initially faced challenges and were unclear on escalation procedures, the team reflected deeply on the experience.”



Navigating the CQC regulations: Building confidence in what you will need to evidence

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- Wednesday 25 February 2026 | 10:00 - 11:00 | Online

[Book your place](#)



STAY OUTSTANDING.



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