

From Helen Whately MP Minister of State for Care

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Henry Smith MP By email to: <u>henry.smith.mp@parliament.uk</u>

28 December 2022

Dear Henry,

Thank you for your correspondence of 25 January and 8 September, about respect for religious and philosophical beliefs while eating in care. I apologise for the delay in replying.

As the independent regulator of health and adult social care in England, the Care Quality Commission (CQC) monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety, including Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulations specify that people who use services must have their nutritional needs assessed and food must be provided to meet those needs. People's preferences, including religious and cultural backgrounds, must be taken into account when providing food and drink, so different approaches should be taken for each person.

The CQC considers how people are supported to eat and drink enough to maintain a balanced diet. This includes how people are involved in decisions about what they eat and drink, how their cultural and religious preferences are met, and how risks to people with complex needs are identified and managed. Among the potential sources of evidence CQC would look at are nutrition, staff training records and plans, and feedback from people who use services and their families, providers and staff.

The CQC has developed a new single-assessment framework that uses quality statements about the care. The statements clearly set out the CQC's expectations about the quality of the care, support and treatment that people can expect to receive. They are the commitments that providers, commissioners and system leaders should live up to in order to deliver truly person-centred care and support.

The Care Certificate represents a set of standards as part of an induction programme for those new to social care. However, it is not always delivered in a consistent way, meaning care workers often repeat training when they move roles. We will be working closely with the CQC to design a brand-new qualification, ending the need for care workers to repeat this training when moving roles. In the longer term, we want to it to be a requirement for all care workers to have reached this standard, and we will consider how to achieve that.

Yours,

HELEN WHATELY