



Understanding Our Customer Journey

Participant Name:

Date:

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Understanding Our Customer Journey

THE CARE COMPASS STANDARD - JANUARY 2026-

Welcome to Kingsley Healthcare

Our mission is simple: To ensure that every person who contacts us feels seen, heard, and valued from their very first interaction.

To achieve this, we use a central system called **Care Compass**.



Our Customer Journey: An Overview

We have streamlined the journey of a prospective resident into **six clear stages**. This ensures nothing is missed and everyone knows what needs to happen next.

1. **The First Hello (Enquiry Capture - The First Impression):** How we receive and record initial interest from families.
2. **The Visit (Showrounds - The Kingsley Experience):** How we prepare for, conduct, and follow up on visits to our homes.
3. **The Assessment (Getting to Know You - Safety & Suitability):** How we assess the clinical needs and confirm the financial arrangements.
4. **The Agreement (Contract Generation - Funding & Finances):** How we prepare, generate, and manage contracts with families.
5. **The Welcome (Move-In Day - Admissions):** How we finalise preparations and welcome the resident on move-in day.
6. **The Lifecycle (Stay & Discharge - Care and Completion):** How we support residents during their stay and manage the discharge process.

This guide introduces you to "**The Golden Thread**"—the seamless digital journey of our residents. To help you understand this flow, we follow the story of **Sarah** (a daughter) seeking care for **Mary** (her mother).

Stage 1: The First Hello (Enquiry Capture)

The First Impression: This stage is about ensuring every single enquiry is captured accurately and responded to quickly and professionally.

The Goal

- Professional, centralised, and complete data capture.

The Process

- **Central Recording:** All enquiries, regardless of the channel, are recorded automatically in one central place (Care Compass).
 - *Note 1: Most referral partner leads are automated. Some (e.g. Senior Home Plus, CHS etc) currently require manual entry.*
 - *Note 2: Home Direct Referrals, Walk-ins, and Out-of-Hour calls to homes too currently require manual entry.*
- **The Care Advisory Hub:** The Care Advisory Hub acts as the first point of contact for phone, web, and live chat enquiries.
- **Lead Validation:** The care Advisory Hub validates all inbound leads and remove any invalid non-care related leads such as job enquiries, media enquiries, supplier enquiries etc. Only the "Validated Care Leads" are progressed.
- **Structured Data:** We follow a structured process to gather the right information for all valid care leads (Enquirer Details, Care Seeker Details, Care Needs, Timeline, Funding, Communication preferences, how did they hear about us etc.) every time.
- **Automatic Tracking:** The system tracks and record most of the tracking details such as Lead Channel, Lead Source, Lead Type, Care Home numerous other digital tracking parameters.
- **Shared History:** The entire conversation history is visible to both the Hub and the Home.
- **Lead Qualification:** We only pass "Qualified Leads" (those with contact details and genuine intent) to the Home Team.
- **Conversion:** We convert the qualified lead into an "Opportunity" by booking a showround and assigning it to the home.
- **Centrally maintained home information.** Including room availability, starting prices, and key features. Will ensure accurate, up-to-date data is accessible.

Scenario: A Stressed Caller

Sarah is looking for care for her mother, Mary. She is stressed and emotional. She calls Kingsley Healthcare.

The Care Advisory Hub Member captures all of Sarah's information within Care Compass, following a clear, guided process. All essential details are recorded before moving forward. If Sarah contacts us again, or visits the home, everyone involved sees the exact same information. Sarah feels remembered and valued.

Care Advisor then book a showround for Sarah and Mary to visit the home based on both Sarah's and home's availability.

After the call is completed Care Advisor convert the lead into an opportunity within Care Compass so the home can progress with the opportunity.

Your Responsibilities

Care Advisory Hub:

- **Be the primary contact** for phone calls, website enquiries, live chat follow-ups, and third-party referrals. (e.g. Autumnna, carehome.co.uk, Lottie and Trustedcare etc.)
- **Validate the enquiry**
- **Accurately record** the care seeker's needs, contact details, and preferences.
- **Qualify the enquiry:** Do we understand their needs? Are they a good fit? Do we have at least one valid contact method? (Phone or Email).
 - **The Dementia Prompt:** If the care seeker has dementia, the system will **prompt** you to consult the Home Manager before booking. It does not block you, but you must use judgment.
- **Book the showround (visit) and convert the lead to an opportunity.**

Home Teams (Managers, Administrators, Receptionist, Customer Relationship Managers etc.):

- **Walk-ins:** Greet visitors warmly. If appropriate, conduct a visit immediately. Crucially, you **must** record the walk-in enquiry details centrally on Care Compass **before the end of your shift**.
- **Direct Referrals (e.g., Hospitals/Social Workers):** These often require urgent attention and must be recorded immediately. When necessary, these may skip the 'Visit' stage and go straight to 'Assessment'. Record these immediately.

- **Out-of-Hours Calls:** If a call comes directly to the home outside of the Care Advisory Hub's hours, you are responsible for logging it in the system. **Do not use a paper diary.**
- **Emergency Admissions:** When processing an Emergency Admission, ensure you flag the lead accordingly. This allows you to bypass the 'Showround' stage and proceed directly to 'Assessments'.
- **Visibility:** All Care Compass Home Level Users see the exact same Enquiry pipeline as Managers. If a task is overdue, the whole team can see it.

Stage 2: The Visit (Showrounds)

The Kingsley Experience: This stage is about providing an exceptional, personalised experience when families visit our homes and ensuring we follow up effectively.

The Goal

- The "Kingsley Experience" - prepared, personalised, and professional.

The Process

- **Standard Availability:** Every home is ready for showrounds 10:00 AM – 5:00 PM, 7 days a week (including Bank Holidays). We also accommodate lunchtime visits if requested.
- **"Always Book" Rule:** We always offer a showround, even if at capacity. Availability is dynamic, and we can offer waiting list spots.
- Once a visit is booked, the Home Team automatically becomes the main point of contact for that prospective resident.
- **Automated notifications and calendar invites**, with a 15-minute reminder, are sent to the home team as soon as a visit is booked. A daily reminder email is also sent showcasing all scheduled visits for that day.
- **Automated emails** will be sent to enquirers whenever a showround is booked, rescheduled, or cancelled.
- A **shared home-wide email calendar** will display all upcoming visits.
- Mandatory **Pre-Showround Checklists** ensure the home is ready, the team is briefed, and materials are prepared.
- **Host the showround** – Please refer to the **Showround Host Guide** for further detail on hosting exceptional home tours to make a lasting impression.
- Mandatory **Post-Showround Checklists** capture feedback, outcomes, and next steps from the home immediately after the visit.
- **The "Orange Tablet" Rule:** Every home is issued a dedicated tablet. Weekend hosts use this to access the **8 AM Daily Digest Email**, which contains links to the checklists. This ensures staff can manage visits without needing a full system login.
- **The 3-Step Feedback Loop:**
 1. **QR Code:** Ask the family to scan the feedback card before they leave.
 2. **Email:** The system sends an automated follow-up.
 3. **Call:** We only call manually if the first two steps fail.

Scenario: Preparing for a Visit

The Care Advisory Hub books a visit for Sarah at 2 PM on Tuesday.

- **Booking:** The Home team instantly receives a notification, and a calendar invite for the visit. Sarah receives an email confirming the visit details. Ownership of the enquiry transfers to the Home Team.
- **Tuesday Morning (8 AM):** The Home team receives an **automated digest email**. This contains links to the checklists. The Weekend Host can open this on the **Orange Tablet** to see who is coming without logging in.
- **Before the Visit:** The Home Manager (or delegated staff member) completes the Pre-Showround Checklist, confirming the environment is ready and the hospitality team is briefed.
- **During the Visit:** At the end of the showround, the showround host encourage Sarah and Mary to provide feedback by scanning a QR code.
- **After the Visit:** The staff member who conducted the visit completes the Post-Showround Feedback (a Checklist), noting Sarah's positive feedback and their desire to proceed to assessment.

Your Responsibilities

Care Advisory Hub:

- **Book the visit** at a convenient time for the family and the home.
- **Convert the led into an Opportunity**
- **Lunchtime Protocol:** While we try to avoid protected mealtimes, if a customer specifically requests a lunchtime visit (e.g., to observe the dining experience), you must accommodate them. Liaise with the home to make the visit a viable and safe plus comply with the residents' expected dignity requirement etc.
- **Sister Homes:** If the home is full (with no waitlist capacity) or cannot meet the specific care needs, proactively recommend a nearby Sister Home.
- **Feedback Follow-up:** Call the family within 3 days after the visit to obtain verbal feedback, if they haven't already provided feedback.

Home Manager and Home Teams:

- **Take Ownership:** Once the visit is booked, you lead the relationship with that family.
- **Availability:** Ensure a trained member of staff is available to show the home 10am–5pm, 7 days a week.
- **Friday Task:** The Home Manager must nominate the "**Weekend Showround Hosts**" every Friday by submitting the form via the Orange Tablet.
- **Staff Readiness:** The host must be confident, primed with the route, have showrooms prepared, know the location of brochures/goodie bags, and know the current entry-level fee rate etc.
- **Prepare:** Complete the **Pre-Showround Checklist** before the family arrives (this is mandatory unless it was an immediate walk-in visit).
- **Host:** Provide a warm, personalised welcome and tour.
- **Urgent Escalation:** If a visitor requests a rapid assessment/admission during a showround (especially out of hours), you must relay this to the On-Call Manager or the Operations Manager immediately.
- **Follow-up (The 3-Step Feedback Loop):**
 - **In-Person:** Encourage the family to provide feedback using the **QR Code Card** before they leave.
 - **Digital:** Care Compass sends a post-showround 'Thank you for visiting' email with the link to "Online Feedback" on the same day.
- **Record the Outcome:** Complete the **Post-Showround Feedback** (Home's POV) using 'Orange Tablet' or in Care Compass within 1 hour. Update the status: Did the visit happen? Do they want to proceed to assessment, or do we need to reschedule or close the enquiry?

Stage 3: The Assessment (Getting to Know You)

Safety & Suitability: This stage ensures we fully understand the prospective resident's clinical needs and that the financial arrangements are clear and secure.

The Goal

- Clinical safety and financial clarity.

The Process

- Details regarding assessor, Assessment date & time, location and outcomes information are recorded centrally.
- Both Clinical and Financial assessments must be completed and approved before admission can proceed.
- A dedicated step ("Manage Funding Contributions") clearly breaks down exactly where the funding is coming from and the amounts.
- Clear outcomes (e.g., Suitable, Not Suitable, Approved, Declined) are recorded for both assessments, with reasons noted.

The Two Key Assessments

Both assessments must be completed. They can be done in any order, but both must be finalised before moving to the admission stage.

1. Clinical Assessment: (Pre-Admission Checklist / Need Assessment)
 - **Purpose:** To evaluate the care seeker's health and determine if the home can meet their needs.
 - **Process:** Conducted by the Home Manager, a Senior Nurse or another team member authorised by the Home Manager. The assessor's details, location, date, and the final outcome (Suitable/Not Suitable) must be recorded.
 - **System Note:** Clinical Assessments are conducted using Nourish on the "[Blue Tablet](#)" or a laptop. Care Compass (on the PC/Orange Tablet) is used only to schedule the date and record the final "Pass/Fail" outcome.
2. Financial Assessment & Funding Contributions:
 - **Purpose:** To confirm affordability and finalise funding arrangements.

- **Process:** Completed by the Home Manager, Deputy, Home Administrator or another team member authorised by the Home Manager. This step involves recording the funding type, confirming the room rate, and verifying proof of funding. It is essential to complete the Manage Funding Contributions section, which outlines the full breakdown of all funding sources (e.g., Local Authority contribution and family top-up), including the amount attributed to each source and who is responsible for each payment.

Your Responsibilities

Home Manager:

- Book clinical assessment with the prospective resident.
- Oversee both assessment processes, ensuring they are completed promptly.
- Conduct or delegate the Clinical Assessment.
- Ensure the Financial Assessment is completed and verified, including all funding contributions.

Senior Nurse or a senior member of the team who is authorised by the home manager:

- Conduct Clinical Assessments as required.

Deputy / Administrators:

- Support the Home Manager in completing the Financial Assessment and verifying proof of funds.
- **Evidence:** Asking funding questions is Mandatory. Uploading physical "Proof of Funds" is OPTIONAL (but recommended).

Stage 4: The Agreement (Contract Generation)

Funding & Finances: This stage ensures all contractual arrangements are formally agreed and recorded before the resident moves in, providing clarity for both families and staff. It also covers booking the room, confirming the type of stay, and specifying its duration.

The Goal

- Legally compliant, error-free contracting.

The Process

- Room booking is managed centrally, showing live availability and fees. Rooms are reserved once booked.
- **Selection:** Manager selects the specific Room and "Stay Type" (Permanent / Respite / Day Care / Night Care).
- When a room is booked, a prospective stay record will be created for the resident. This stay will automatically activate upon admission and close upon discharge.
- **Review:** Manager/Home Team reviews the auto-populated details on screen.
- **Generation:** We use the Care Compass Contract Management app to generate legally compliant contracts with one click.
- **The Signing Chain:**
 - Home Manager Signs FIRST (Electronically).
 - Family Signs SECOND (Via email on their device).
- **Storage:** The signed contract is automatically saved to the resident's record.

Scenario: Contract and Stay Arrangement

Sarah and her mother Mary are ready to proceed.

1. The Manager selects "Room 10" and "Permanent Stay" in Care Compass. This automatically notifies the Care Advisory Hub to generate the contract.
2. The Care Advisory Hub Team Member clicks "Generate Contract." The system pulls the correct fee and data.
3. The **Home Manager signs electronically first.** Then, Sarah receives it via email to sign on her phone.
4. Sarah signs on her phone, Revenue Team receives the completed contract, Revenue team add the accounts reference number, and the fully signed contract is automatically saved to Mary's record.
5. Sarah receives confirmation of room, stay type, duration, and fees before moving in.

Your Responsibilities

Home Manager and Administrators:

- Book the resident's room centrally, specifying stay type and duration.
- Carefully review and approve information that will be populated on contracts.
- Ensure the contract is signed, stored centrally, and communicated to the family.
- **Process Rule - Respite Extensions:** If a resident moves from Respite to Permanent, or extends their stay, you must **Clone** the existing Opportunity to generate a new contract. Do not edit the old one.

Care Advisory Hub:

- Review and generate the contract using the system once the home has reviewed the contract details.
- Monitor for overdue contracts and follow up with Home Managers or Finance to prevent delays.
- Ensure the system reflects accurate room bookings, stay types, durations, and contract status for all enquiries progressing to admission.

Stage 5: The Welcome (Move-In Day)

Admissions: This is the stage where we welcome the new resident into their new home.

The Goal

- A focus on hospitality, not paperwork.

The Process

- **Gatekeeper:** A formal step requires confirmation that the deposit is received (Private) OR written confirmation is received (Local Authority/CHC) **before** admission.
- The final admission confirmation is a clear step that completes the journey once the resident has moved in.
- If an enquiry is closed at any stage, we must record the reason (e.g., Chose another provider, financial reasons).
-

The Final Steps to Admission

This stage involves two sequential steps:

1. Contract Management:

- Confirm the deposit has been received OR that written confirmation from Social Services/CHC has been received.
- Ensure all supporting documents are uploaded.

2. Admission Confirmation:

- On move-in day, confirm the resident has arrived.
- Mark the admission as successful.

Scenario: A Smooth Move-In Day

On the preceding Friday, the Home Manager completed the 'Pre-Contract' step, reserving Room 10. They then completed the 'Contract Management' step, verifying the deposit was received. When Mary arrives on Tuesday, the team is ready, the room is prepared, and the focus is entirely on welcoming her and helping her settle in.

Your Responsibilities

Home Manager and Administrators:

- Verify receipt of the deposit (Full payment for respite stays) or funding confirmation with the Sales Ledger team.
- Ensure all documentation is complete.
- Confirm the admission on the day the resident moves in.
- If an enquiry does not proceed, ensure the reason is recorded accurately.
- If an admission is delayed or cancelled, ensure it is updated accurately and in a timely manner so the room status, the availability and the home occupancy status will show the accurate information.

Sales Ledger Department:

- Check and confirm the receipt of the deposit (Full payment for respite stays) or Local Authority funding confirmation

Care Advisory Hub:

- Follow-up on any overdue tasks relating to admissions and update the Care Compass accordingly.

Stage 6: The Lifecycle (Stay & Discharge)

Care and Completion: This stage focuses on supporting residents during their stay and managing the discharge process consistently and safely. A key objective is to ensure families experience a smooth transition while providing the organisation with clear visibility of room occupancy and reporting.

The Goal

- Accurate occupancy and safe transitions.

The Process

- Provide a consistent approach across all homes.
- Record key information such as confirmed discharge dates and the financial contract end date (for reference).
- Align reporting for automatic occupancy updates.
- Give the Care Advisory Hub visibility of rooms that become vacant, supporting timely follow-up with prospective residents.

While full integration with Nourish will eventually centralise resident information, the current discharge process remains fully operational and does not yet include finance management. We use Coldharbour Billing System for residents finance management purpose.

Within Care compass:

- A structured discharge checklist is used for every resident, covering confirmation, family notification, transport, and follow-up.
- Discharge completion updates the system automatically, providing real-time occupancy status and reporting for vacant rooms.
- The system records the admission date & the financial contract end date (for accurate occupancy reporting), while finance continues to manage billing separately.

Scenario: A Smooth Discharge

Mary is scheduled to move home after a short respite stay. Previously, staff had to track discharge in spreadsheets, call families, and manually update occupancy reports.

- The Home Manager completes the discharge process, confirming Mary's move-out date.
- They record the financial contract end date (If this is different to the discharge date).
- Families are notified, transport is confirmed, and care instructions are provided.
- Once the discharge is confirmed, the system automatically updates occupancy reports and lists, showing the room as vacant.
- The Care Advisory Hub can now see the available room in real-time, allowing them to follow up promptly with prospective residents.

Your Responsibilities

Home Manager and Care Teams:

- Complete the discharge process for every resident to ensure all steps are followed.
- Notify families and any external care providers in advance.
- Confirm transport, medications, and care instructions.
- Record the discharge date and the financial contract end date in the system.
- **Respite Extensions:** If a resident extends their stay or returns for another visit, you must **Clone the Opportunity** to generate a *new* contract. **Never edit an old contract.**
- **No Contract = No Admission.**

Care Advisory Hub:

- Monitor occupancy updates to identify available rooms for new enquiries.

The Pulse (Occupancy Oversight)

Reports and Dashboards: Focuses on giving the organisation a clear, accurate, and instant view of occupancy and KPI metrics across all homes. By replacing manual reporting with automated dashboards, we ensure decision-making is faster, easier, and more reliable.

The Goal

- Accurate and timely occupancy and home operational health reporting.

The Process

- Occupancy is tracked automatically based on admissions, discharges, and room allocations recorded in the system.
- A central dashboard updates in real time with live occupancy, vacancy, and resident stay details.
- All data is consolidated into a unified reporting view with clear KPIs across regions, homes, rooms, and residents.
- Built-in marketing and enquiry KPIs provide visibility on performance, from initial contact to admission.
- **The 5:00 PM Rule:** Care Compass automatically generates the "Pulse Report" at 5:00 PM.
- **Scope:** This report captures today's actuals and tomorrow's planned movements.

Scenario: Clear and Confident Oversight

It's a busy day at the home: two residents are being admitted, one resident is being discharged, and another admission is scheduled for tomorrow. Previously, these updates were tracked manually using the daily report input, leading to unclear or inconsistent information across teams.

As soon as the Home Manager updates today's admissions and discharge in the system—along with tomorrow's planned admission—the information is captured instantly and accurately.

- **The 5 PM Cut-off:** Daily Reports are now generated automatically at 5:00 PM. This report captures Tomorrow's planned admissions/discharges to ensure we are ahead of the curve. Ensure all Care Compass data is live by 5 PM.
- The report shows today's live occupancy based on the completed updates and provides a clear forecast for tomorrow's occupancy, including the scheduled admission.
- Home Teams, Regional Teams, Marketing and the Care Advisory Hub all work from the exact same real-time data, ensuring clarity, alignment, and confident decision-making.

Your Responsibilities

Home Manager and Administrators:

- Ensure admissions, discharges, delays, and room changes are recorded accurately and on time and any updates by 5:00 PM
- Complete admission and discharge steps promptly to keep occupancy information up to date.
- Review occupancy dashboards regularly to support planning and resource allocation.

Care Advisory Hub:

- Use real-time vacancy information to prioritise and progress qualified enquiries.
- Monitor occupancy trends to identify homes needing additional support or targeted marketing.
- Use reporting insights to improve enquiry management and conversion performance.

Regional and Support Teams:

- Access dashboards to monitor overall occupancy, conversion performance, and home-level trends.
- Use KPIs to identify where intervention, support, or additional resources may be required.

THE "SOURCE OF TRUTH"

Operational Golden Rules - 10 operational non-negotiables

To pass your induction, you must demonstrate understanding of these 10 rules. They protect our residents, our data, and our license.

1. **The "End of Shift" Rule:** All walk-ins and direct referrals must be entered into Care Compass before you leave the building. We do not leave resident data on Post-it notes overnight.
2. **The "One Source" Rule:** If it is not in Care Compass, it didn't happen. We do not use separate spreadsheets or diaries for enquiries. The Care Hub quotes prices based only on the data in Care Compass. Home Managers and the Operations Manager must ensure Room Base Rates are always accurate in the system.
3. **The Qualification Rule:** A lead is only "Qualified" if we have at least **one valid contact method** (Phone or Email). Name and Address alone are not sufficient.
4. **The "Orange Tablet" Rule:** Weekend Showround Hosts must use the **Orange Tablet** and the **8 AM Daily Digest Email** to access guest details. "I didn't have a login" is not a valid reason for missing a checklist.
5. **The "Church & State" Rule:** Detailed clinical assessments belong in **Nourish**. Commercial/Contract details belong in **Care Compass**. We only record the "**Pass/Fail**" outcome in Care Compass.
6. **The "Gatekeeper" Rule:** You cannot click the "Admit" button until the **Deposit (Private)** or **Funding Letter (LA)** is verified. The system will block admission without financial clearance.
7. **The "Signing Chain" Rule:** The Home Manager must sign the contract **FIRST**. Only then will the system send it to the family for signature.
8. **The "Respite Cloning" Rule:** Every Respite stay requires a unique contract. If a resident returns or extends, you must **Clone the Opportunity** to generate a new contract. **New Stay = New Contract.**
9. **The "Discharge Two-Step" Rule:** You must accurately record both the **Physical Discharge Date (Care)** AND the **Billing End Date (Finance)**. These are often different.
10. **The "5 PM" Rule:** Automated reports run at **5:00 PM**. All admissions, discharges, and planned moves for the next day must be updated by this time.

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