

# Our next phase of regulation: a more targeted, responsive and collaborative approach

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CT1, CT2 and CT3- approx. 52 registered services made up of 41 care homes and 11 DCA's.

Ratings- 3 OS, 27 good, 18 requires improvement, 1 inadequate

Kent ratings- 749 services

22 OS, 502 good, 154 requires improvement and 23 inadequate

Domains most likely to be inadequate, safe and well led

Domains most likely to be outstanding or good, caring and responsive

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# Evolution, not a revolution



more integrated approach that enables us to be **flexible** and **responsive** to changes in care provision

more targeted approach that focuses on **areas of greatest concern**, and where there have been improvements in quality

greater emphasis on **leadership**, including at the level of overall accountability for quality of care

closer working and **alignment** with NHS Improvement and other partners so that providers experience **less duplication**

# Strengthen and simplify



Our changes to how we regulate providers represents an evolution of our assessment framework.

## Strengthen

- Based on learning over the past three years and changes in the sectors
- Not 'raising the bar' for providers
- Providers to be able to demonstrate how they are developing and adapting

## Simplify

- Aligning the questions we ask of different sectors
- Promote a single shared view of quality
- A simpler process to reduce regulatory burden on providers



# Changes to our assessment framework



- Reducing the number KLOEs sets from 11 to two; one for healthcare and one for ASC
- Majority of the KLOEs and prompts relevant to all health or adult social care sectors
- Continue to provide additional sector-specific materials
- Also informs evidence when registering providers



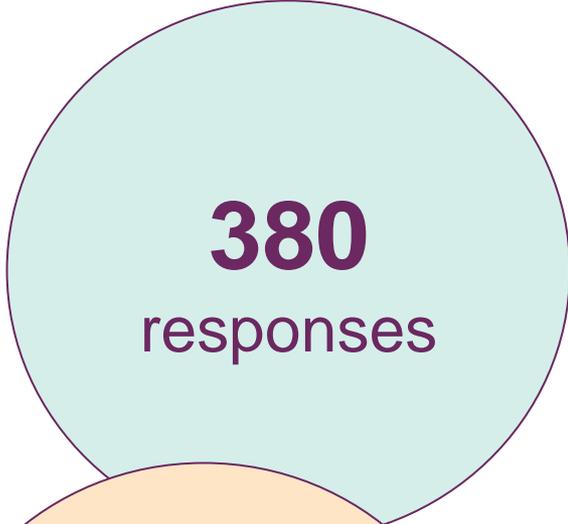
These handbooks can be found on our website

## Second next phase consultation



Key changes include:

- The regulation of primary medical services and adult social care services, including the frequency and intensity of inspections and how CQC monitors providers and gathers its intelligence
- The structure of registration and CQC's definition of 'registered providers'
- How CQC will monitor, inspect and rate new models of care and large or complex providers
- Our approach to the 'fit and proper persons' requirement



**380**  
responses

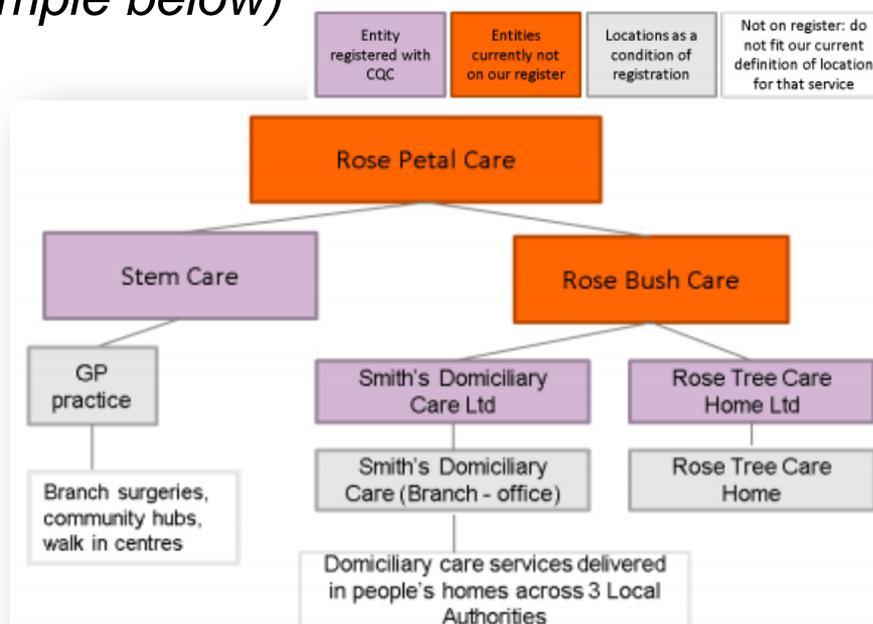
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**10**  
consultation  
events

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# Changes to registration

- Any providers registered with us will remain registered
- We will also register related organisations who have accountability for quality and delivery of care
- We will develop our register so that it informs the public about ownership of providers, what services are provided, to whom and where to find these services (*example below*)
- We will introduce digitalised provisions to collect information and make this available to providers
- We will implement in a phased way across different types of providers from 2018/19



# ASC: The changes and timeline



We will begin to implement changes in how we regulate adult social care services in phases.

Change	Timescale
Ask providers repeatedly rated as requires improvement to complete an improvement action plan	Nov 2017
Introducing the online provider information collection, to be updated at least once annually	Early 2018
Inspection interval of up to 30 months for providers rated good or outstanding	Apr 2018

# Changes to our assessment framework

- **Co-produced** with sector & CQC staff.
- **Single Assessment Framework** for all ASC services
- Sources of evidence improved and simplified
- Characteristics for 'Outstanding', 'RI' & 'Inadequate' expanded to match the scope of those for 'Good'
- **Read across mapping** from KLOEs & Prompts to Characteristics
- **Better alignment** of Health & ASC frameworks (language & structure)
- Greater emphasis on **leadership**
- **Simplified** to reduce burden



# Key changes – important themes

- Caring strengthened to include resources, time and support for staff to work with individuals in a compassionate way
- More open KLOE questions (**Do & Are?** to **How?**)
- Information sharing, governance and data security
- Technology (risks and opportunities)
- Medicines KLOE strengthened
- EDHR strengthened
- Even bigger focus on personalisation
- Support to live healthier lives



# Merging our KLOEs and moving from closed to open questions



## **Previous health:**

Are there reliable systems, processes and practices to keep people safe and safeguarded from abuse?

## **Previous social care:**

Are the systems, policies, processes and practices that are essential to keep people safe identified, implemented and communicated to staff?

## **New merged KLOE:**

How are safety and safeguarding systems, policies, processes and practices developed, implemented and communicated to staff?

# Realigning our KLOEs



Moved from **Effective to Safe** – support for people when behaviour challenges

Moved from **Safe to Effective** – processes to ensure no discrimination

Moved from **Responsive to Effective** – organisations working together

Moved from **Responsive to Effective** – staff working together across organisations

Moved from **Caring to Responsive** – supporting people at the end of their life

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# Creating new KLOEs



**S1** - How do systems, processes and practices safeguard people from abuse?

**S6** - Are lessons learned and improvements made when things go wrong?

**E1** - Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?

**W2** - Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

**W3** - How are the people who use the service, the public and staff engaged and involved?

## Changes to KLOEs (11 in total)



**S2** - How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?

**S4** - How does the provider ensure the proper and safe use of medicines?

**E2** - How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?

**E5** - How are people supported to have healthier lives, have access to healthcare services and receive ongoing healthcare support?

**E6** - How are people's individual needs met by the adaptation, design and decoration of premises?

## Changes to KLOEs (11 in total)



**C1** - How does the service ensure that people are treated with kindness, respect, and compassion, and that they are given emotional support when needed?

**C2** - How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?

**C3** - How is people's privacy, dignity and independence respected and promoted?

**R2** - How are people's concerns and complaints listened and responded to and used to improve the quality of care?

## Changes to KLOEs (11 in total)



**W1** - Is there a clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people?

**W4** - How does the service continuously learn, improve, innovate, and ensure sustainability?

# Provider Information Return



- The Provider Information Collection (PIC) service will launch soon replacing the four Provider Information Return forms with one
- Providers will be asked for key information about their service, how it is meeting the five questions, and what improvements they plan to make
- Providers will be required to update their account at least once a year but encouraged to provide certain information more frequently and will also be able to update at anytime
- The questions asked have been updated from the previous PIR and are more tailored
- PIC is the IT collection system which is a new digital solution developed using a new approach which involves regular testing with providers



# A more targeted, collaborative and responsive approach



- Jan 2017, almost 5,900 services were rated RI
- 675 services rated RI did not have a Registered Manager
- Our strategy set out our ambition to achieve “a more targeted, collaborative and responsive approach to regulation so more people get high-quality care”
- In the next phase of our inspections, we will be focussing on services rated RI



# Key points

- The majority of **people are receiving good quality care**. This is something to celebrate.
- Over 80% of inadequate services improve on re-inspection but for services that require improvement nearly 40% don't improve and 5% get worse
- We are focusing on encouraging improvement in services rated RI
- We will do this **flexibly and proportionately**, using inspector judgement and existing risk and enforcement frameworks
- We will monitor these services more closely to identify changes in quality (up or down) and respond more quickly, as required



# Focused inspections based on risk



- ASC will use focused inspections based on risk
- Inspections will consider Well-Led alongside any other Key Questions where there are risks, concerns or improvement
- The 6-month limit for a focused inspection to change an overall rating will, be abolished
- Overall ratings will be calculated using
  - ratings for Key Questions looked at during the focused inspection
  - ratings for Key Questions not looked at in the focused inspection but brought forward from the last comprehensive inspection
- Focused inspections will retain flexibility to expand to become comprehensive inspections where this is necessary

# Thank you



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