

# East Sussex Event

## 20 September 2018

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## 3 Questions to Answer ~?

Looking at  
good to  
outstanding

Changes to  
the way CQC  
inspect

What is changing in the  
next 12 months?

# Our purpose and role



- We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve



- Register
  - Monitor and inspect
  - Use legal powers
  - Speak independently
  - Encourage improvement
- 
- People have a right to expect safe, good care from their health and social care services

## What we do:

- Set clear expectations
- Monitor and inspect
- Publish and rate
- Celebrate success
- Tackle failure
- Signpost help
- Influence debate
- Work in partnership



# Our current model of regulation



## Register

We **register** those who apply to CQC to provide health and adult social care services

## Monitor, inspect and rate

We **monitor** services, carry out expert **inspections**, and judge each service, usually to give an overall **rating**, and conduct **thematic reviews**

## Enforce

Where we find poor care, we ask providers to improve and can **enforce** this if necessary

## Independent voice

We provide an **independent voice** on the state of health and adult social care in England on issues that matter to the public, providers and stakeholders

## 3 Questions to Answer ~?



Changes to the way CQC  
inspect

# Ambition for social care: The Mum Test (or Anyone You Love test)

**Is it effective?**

**Is it responsive to people's needs?**

**Is it safe?**

**Is it well-led?**



**Is it caring?**

***Is it good enough for my Mum?***

# 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



# Adult social care services regulation



We have begun to implement changes in how we regulate adult social care services and will continue to do so, 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	TBC
Shift to more focused inspections	Nov 2017
Inspection interval of up to 30 months for providers rated good or outstanding	Apr 2018

# 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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# 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



## 3 Questions to Answer ~?



What is changing in the next 12 months?

# The landscape of care

## Care homes

- **460,000** beds
- **223,000** Nursing home beds
- **237,000** Residential home beds

## GP practices

- **58.9 m** registered with a GP
- **7,700** GP practices

## NHS hospitals

- **93.9 million** outpatient appointments / year
- **12.6 million** inpatient episodes / year
- **23.7 million** A&E attendances / year
- **636,000** baby deliveries / year

## Dentists

- **22 million** adults seen by NHS every 2 years
- **6.8 million** children per year

## England

**55.3 m**  
(**45.2m** adults)

## Private hospitals

**Over 1,200** private hospitals and clinics

## Home-care

**500,000 +** people receiving home-care support at any one time

## Health & social care staff

- **1.2m** NHS staff
- **1.58m** in adult social care

## Ambulances

- **6.9m** calls receiving a face to face response
- **10** NHS trusts
- **251** independent ambulance providers

# Are adult social care services closer to the tipping point?

## People receiving publicly funded services

Public funding of adult social care similar in 2016/17 to the previous year: budget 15/16 = £19.6bn, 16/17 = £19.7bn.

An extra £2bn has been made available through the Better Care Fund and changes to the precept.

## Quality of care

78% of services are rated as good and many services have improved on re-inspection.

However, 23% of good services have deteriorated on re-inspection.

## Are adult social care services closer to the tipping point?

## Home care agencies handing back contracts

ADASS survey found 43 councils reporting homecare contracts handed back in 2016/17, affecting 3,135 people.

## Unmet need

Age UK estimate nearly 1.2m older people have unmet care needs – up from 1.0m last year.

## Nursing home bed numbers

Stopped rising in March 2015 and 4,000 fewer since then, with regional variation.

# Adult social care: stats and facts

## Diverse needs

- Older people and people living with dementia, long term physical conditions, mental health needs, physical and learning disabilities

## Significant Sector

- **£20 billion** contribution to economy
- **1.4 million** staff
- Public, private and voluntary providers

## Residential Care

- **16,000** locations caring for **c.460,000** people in care homes, nursing homes and specialist colleges

## Community Care

- **8,500** community services providing personal care for **500,000+** people at home or Shared Lives schemes, supported living and extra care housing



# Ambition

Our ambition for the next five years:  
A more targeted, responsive and collaborative approach to  
regulation, so more people get high-quality care



# Four priorities to achieve our strategic ambition



1. Encourage improvement, innovation and sustainability in care
2. Deliver an intelligence-driven approach to regulation
3. Promote a single shared view of quality
4. Improve our efficiency and effectiveness



# Our priorities for 2018/19

## Registration

Transformation programme

Registering the Right Support

Implications for inspection and enforcement

## *Quality matters*

Reducing duplication for providers

## Inspection and rating

Supporting relationships in residential care

What 'good' looks like in nutrition and mealtimes

Provider-level assessment

## Cross-cutting work

Green Paper and other reports

Innovation and technology

Address inconsistencies and improve our approach

# 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



## 3 Questions to Answer ~?



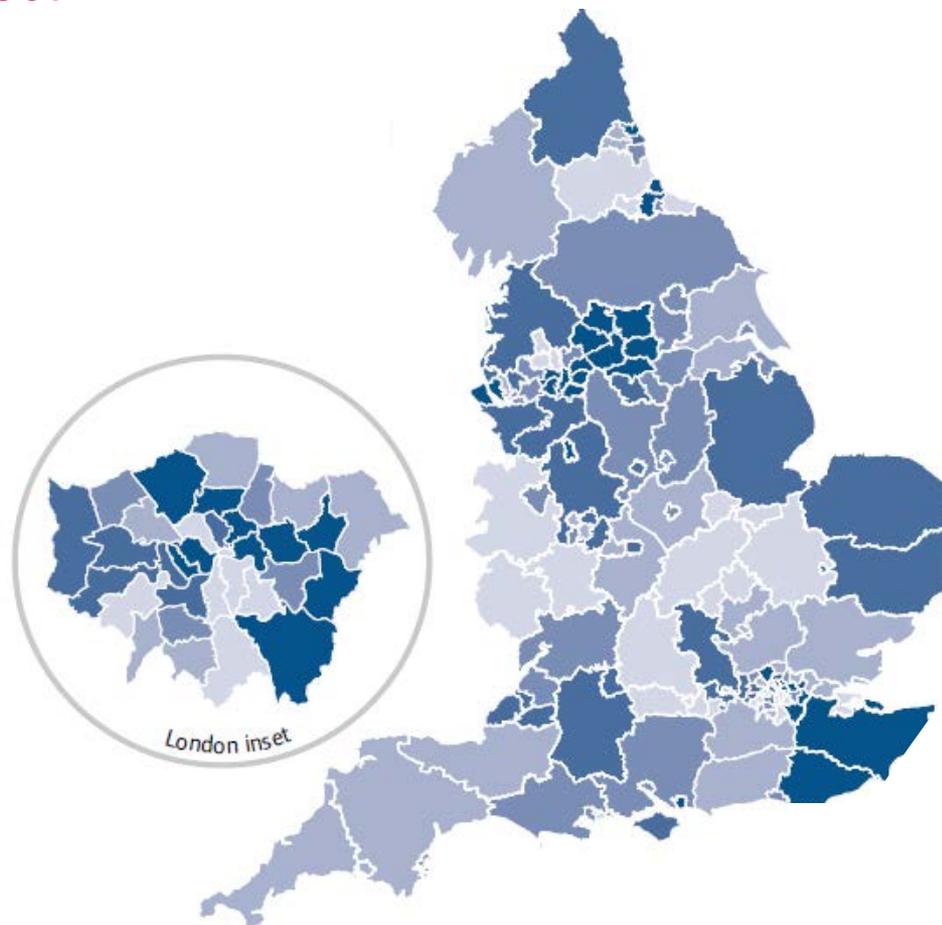
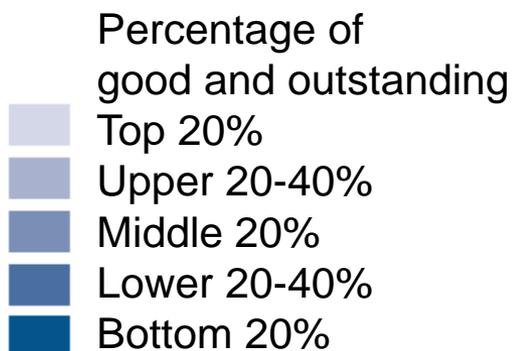
Looking at  
good to  
outstanding

# Variation and the tipping point

Some areas closer to the tipping point, others further away  
Factors affecting the tipping point vary geographically – ratings variation is one aspect

Source: CQC ratings data, 31 July 2017

## ADULT SOCIAL CARE RATINGS BY LOCAL AUTHORITY



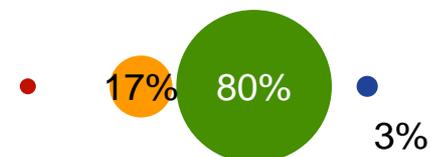
## East Sussex

Latest Overall Rating	Number of Active Rated Locations	Percentage of Active Rated Locations
Outstanding	7	1.8%
Good	297	76.3%
Requires improvement	80	20.6%
Inadequate	5	1.3%
Total Active Rated Locations	389	100.0%

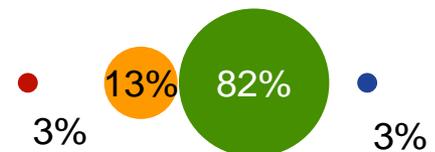
## National

Latest Overall Rating	Number of Active Rated Locations	Percentage of Active Rated Locations
Outstanding	617	2.8%
Good	17,513	79.3%
Requires improvement	3,660	16.6%
Inadequate	297	1.3%
Total Active Rated Locations	22,087	100.0%

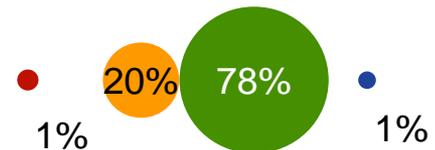
Community social care



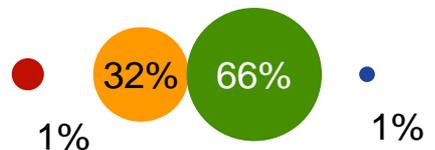
Domiciliary care agencies



Residential Homes



Nursing homes



# Common factors of outstanding

No one solution to outstanding but common themes:

1. Strong, committed focused leadership to drive change
2. Principles into action
3. Culture of staff equality
4. Apply equality & human rights thinking into quality improvement
5. Staff as improvement partners
6. People who use services at centre
7. Use external help
8. Courage
9. Continuous learning and curiosity





## Equally outstanding

### Equality and human rights – good practice resource

How can a focus on equality and human rights improve  
the quality of care in times of financial constraint?



# What do the overall ratings mean?



## **Outstanding**

The service is performing exceptionally well.



## **Good**

The service is performing well and meeting our expectations.



## **Requires improvement**

The service isn't performing as well as it should and we have told the service how it must improve.



## **Inadequate**

The service is performing badly and we've taken action against the person or organisation that runs it.

# Themes from Well-Led– Outstanding



Overall  
Outstanding



- People who use services, relatives and staff speak highly of the service
- Effective monitoring and quality assurance
- 75% of services had a registered manager in post consistently
- Open culture – people who use services/ staff/ relatives shared views and issues
- Good leadership extends beyond the manager and includes the provider
- A can do, will do attitude
- Strong links with local community
- Safe care actively promoted – effective oversight of care and staff communication

Overall  
Outstanding



- People are at the centre and staff want to give them a life not just a service
- Good leadership extends beyond the manager and those values are cascaded to inspire staff
- Open culture – people who use services/ staff/ relatives shared views and issues
- Strong links with local community
- 75% have registered manager in post consistently
- A can do, will do attitude – staff dedication
- Safe care actively promoted – effective oversight of care and staff communication

# Common themes from 'well-led': Outstanding



Cooperation

Integrity

Excellence

Passion

“This place is brilliant,  
management care so much, as  
do the staff, everybody knows  
their role and the atmosphere  
is amazing.”

“I’m made to feel important, I’m  
constantly encouraged to  
always better myself.”

# What does this mean for individuals?



“I feel safe, I can live the life I want and I am supported to manage any risks”

“I am in control of planning my care and support”

“I have care and support that is directed by me and responsive to my needs”

“I can plan ahead and keep control in a crisis”

## 'Outstanding' can be achieved

"We didn't think we were outstanding. And perhaps that's why we were – I think it's because we see every single person as an individual. It is our privilege to support them to live the last years of

their life with as much happiness, love and security as we can give them."



Suzanne, Prince of Wales  
House, Ipswich

**innovative and creative**

*commitment by managers  
to continually improve*

*'My Story' booklets give detailed  
biography of a person – with the  
clear message that their lives do  
not stop when they move into  
care*

**vibrant and friendly environment**

**staff are motivated by a  
strong culture of inclusivity**

care is person-centred

*considers individuals and their  
views and preferences*

**management inspire confidence  
and lead by example**

**strong and visible  
leadership**

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# An outstanding and creative care home



‘We observed Zumba. One person decided to get up and dance – staff assisted the person to kick their legs and move their arms. We saw them laughing as they had their photograph taken. This person was almost 100 years old.’

☆ Peregrine House, Whitby



‘A varied programme of activity: Zumba, Motivation, large drafts or Connect 4, film events, afternoon tea, pampering sessions, and music. The home supported them to run clubs such as poetry, walking, reading, gardening, Scrabble and singing.’

# Outstanding providers: person-centred care

*Going the extra mile, the registered manager at Stiperstones knew locating family was especially important to one resident and helped to find their long lost family member. Since then, they have been helpful in facilitating regular contact.*

**Stiperstones,  
Chobham, Surrey**



*The Butterfly project – people and staff were wearing items to provoke conversation and memory. For example, one resident wore a uniform and this provoked conversation about their time in the armed forces.*

**Broadwater Lodge,  
Godalming, Surrey**



# Outstanding provider: Compassionate end of life care



- People receiving end of life care **treated with exceptional care and compassion**
- **Personalised care** to meet **individual needs** – one person who came to the service for end of life care improved so much they went home
- **Strong links with the local hospice and palliative care coordinator**, who provided training recommendations for all staff

*Music and memory – a pilot run by a United States based charity brings personalised music into lives of older people living with dementia through digital technology. People enjoy listening to familiar tunes.*

**Woodlands Nursing Home,  
Burgess Hill, West Sussex**



# Published and forthcoming



## Forthcoming:

- Driving Improvement: Primary Medical Services
- Driving Improvement: Adult Social Care
- Local System Reviews: final report
- Never Events thematic review
- State of Care 2018

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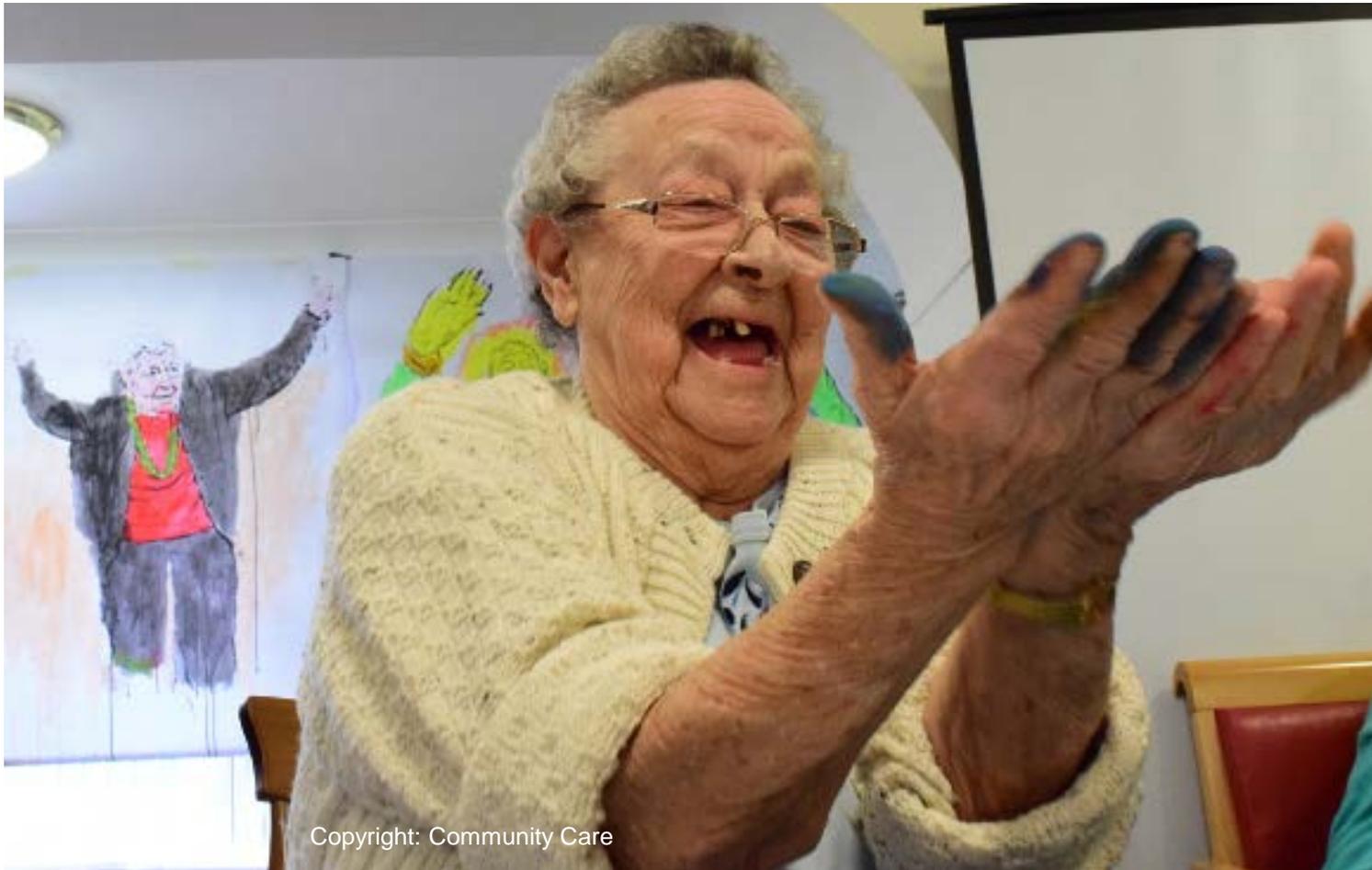


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Remember why we do this.....



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# Thank you



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