

Folkstone study Day

25 October 2018

Jane Jewell (Inspection Manager)



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



- 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 well-led?

Is it safe?

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

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

Dentists

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

Private hospitals

Over 1,200 private hospitals and clinics

Home-care

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

GP practices

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

England

55.3 m
(45.2m adults)

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

Ambulances

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

State of Care: what have we found?



- Access to good care is increasingly dependent on **where people live** and how well **local systems work together**
- It's an '**integration lottery**'
- Ineffective co-ordination of services has led to **fragmented care** in some areas
- Current funding mechanisms for health and care services have led to a focus on **individual organisations performance** rather than **joined-up care**
- We can only change the way services work together, by changing the way services are funded



The ‘tipping point’ has already been reached for some

Quality

79% rated as good



Fewer eligible for publicly funded services

12% real-term cut in financial thresholds since 2010/11



Adult social care remains fragile

Unmet need is increasing

1 in 7 older people



1.4 million

Home care agencies handing back contracts

44 councils in 2017/18

Nursing home bed numbers mixed

44% rise in one local authority

58% reduction in another local authority

Focus on adult social care



Overall

79% rated good

3% outstanding

17% requires improvement

1% inadequate



Improvement on re-inspection

Of 396 rated inadequate

89% have improved their rating

63 fewer nursing homes

Of 3,031 rated requirements improvement

42% stayed the same

7% dropped their rating to inadequate



The quality of care across England is mostly good ... despite the challenges of workforce, demand and funding



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

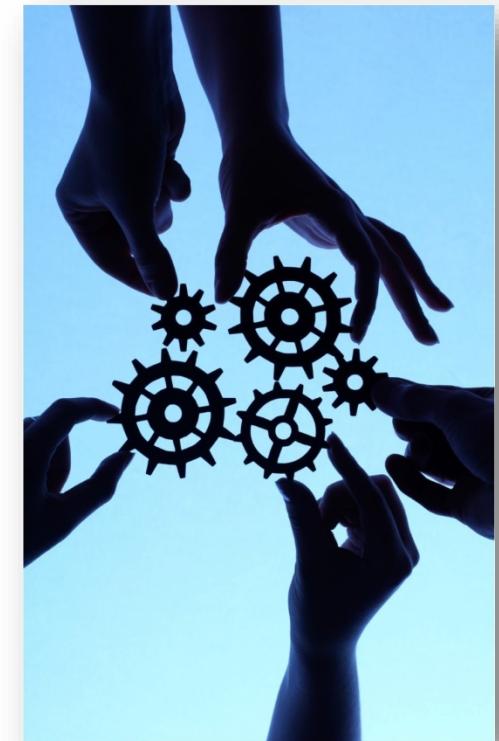
Innovation and technology

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

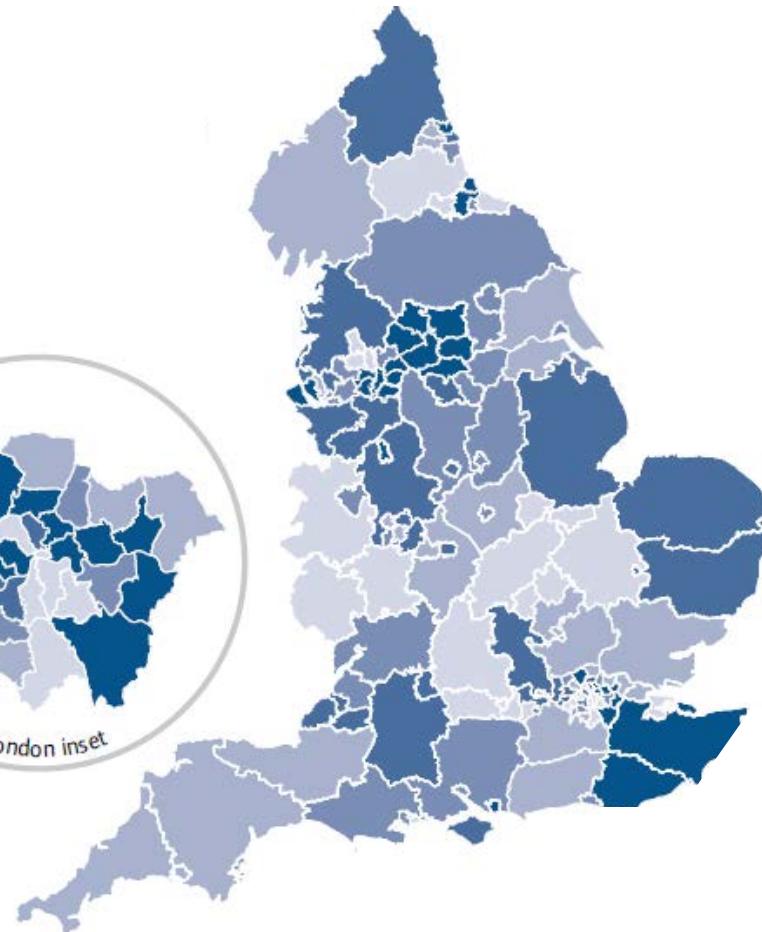
Some areas closer to the tipping point, others further away

Factors affecting the tipping point vary geographically – ratings variation is one aspect

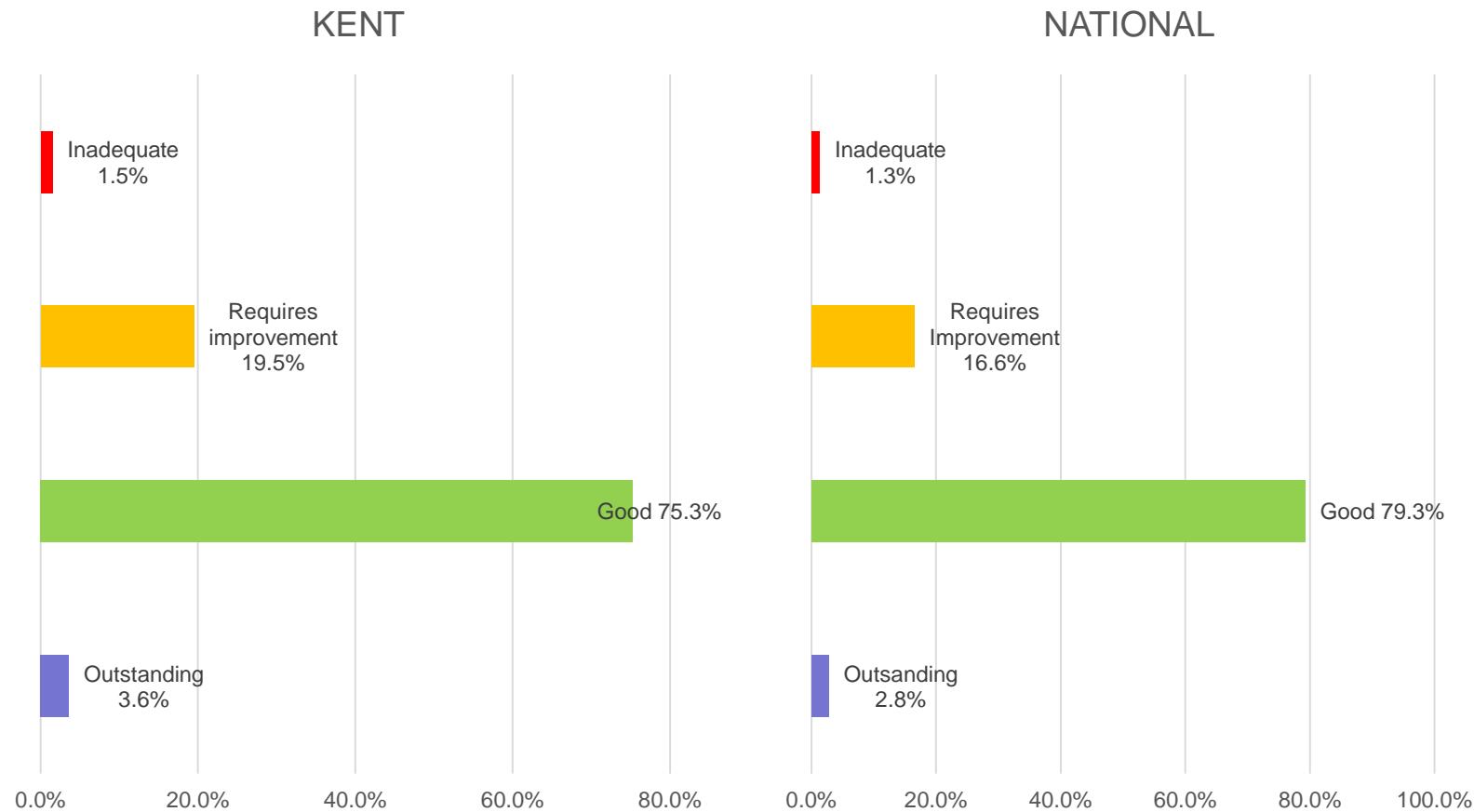
ADULT SOCIAL CARE RATINGS BY LOCAL AUTHORITY

Percentage of good and outstanding

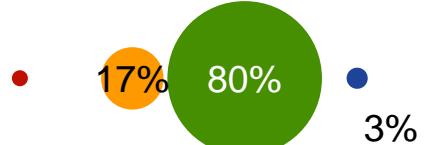
- Top 20%
- Upper 20-40%
- Middle 20%
- Lower 20-40%
- Bottom 20%



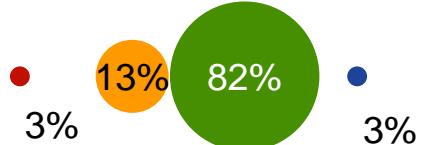
Picture in Kent



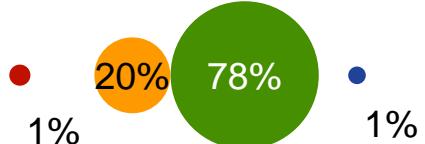
Community social care



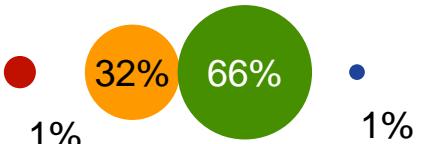
Domiciliary care agencies



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



Guides to help you



A screenshot of the 'Equally outstanding' guide cover. It features the CQC logo at the top left. The title 'Equally outstanding' is in large, bold, purple font. Below it, the subtitle 'Equality and human rights – good practice resource' is in a smaller, dark blue font. A subtext asks 'How can a focus on equality and human rights improve the quality of care in times of financial constraint?'. At the bottom, there are four small square images showing diverse healthcare interactions: a nurse with a patient, a doctor with a patient, a woman in a wheelchair, and an elderly man with a headscarf.



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

Outstanding characteristics



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



Passion Excellence Integrity Cooperation

“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*

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

care is person-centred

**management inspire confidence
and lead by example**

*'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

*considers individuals and their
views and preferences*

**strong and visible
leadership**

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



The slide displays a grid of 11 Care Quality Commission publications and reports, each with its title, a small image, and a brief description. The publications include:

- The state of health care and adult social care in England 2016/17
- The state of NHS acute 2014 to 2017
- The state of mental health 2014 to 2017
- The state of general practice 2014 to 2017
- The state of care in independent acute hospitals
- Learning, candour and accountability
- Driving improvement: Case studies from eight acute trusts
- Driving improvement: Case studies from seven mental health trusts
- ADULT SOCIAL CARE Quality matters
- Local system reviews Interim report
- Monitoring the Mental Health Act in 2016/17

Forthcoming:

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

Keep up to date



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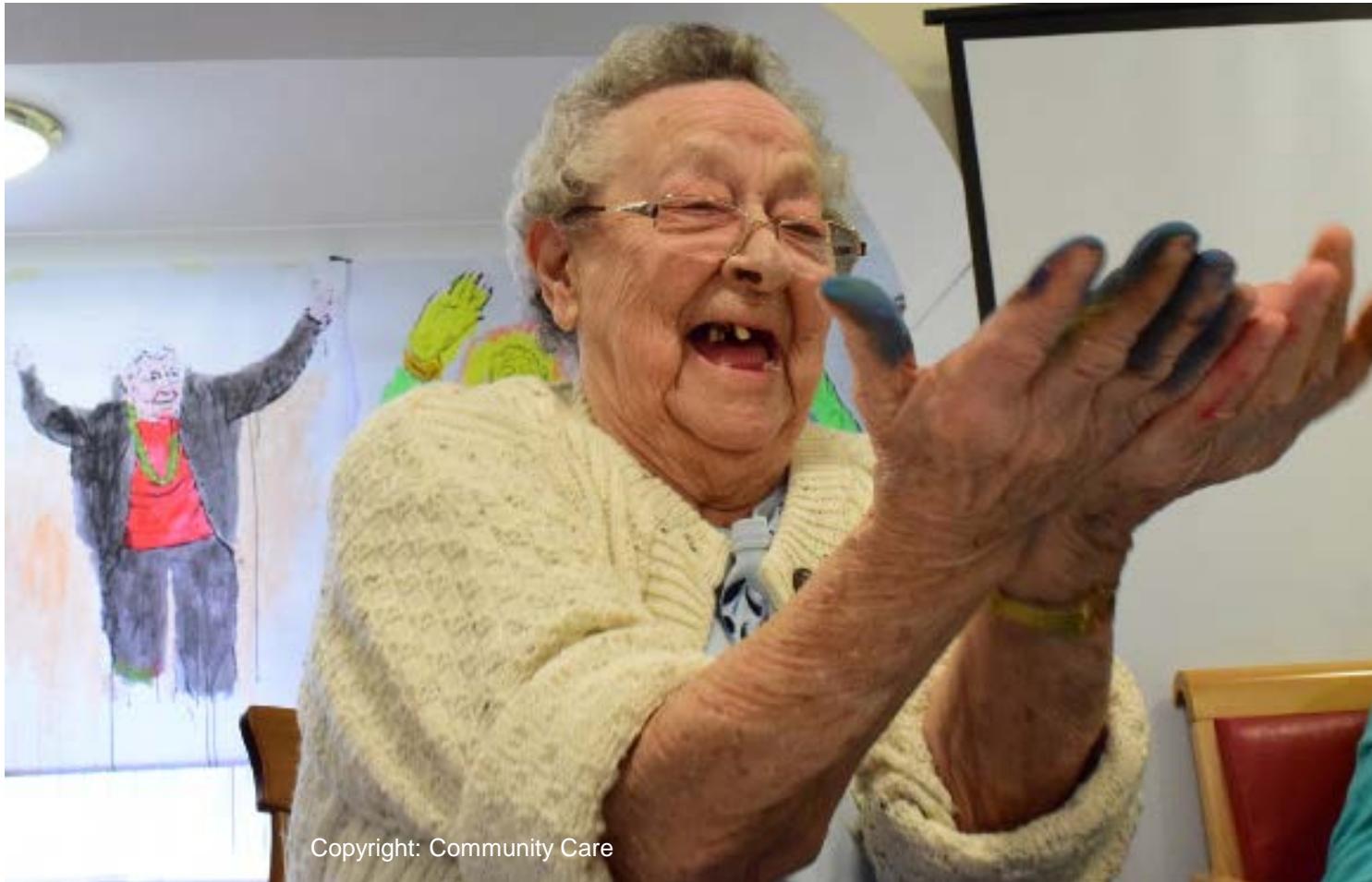


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Join our provider online community to share your views:

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Remember why we do this.....



Thank you



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