

An update from CQC



Kathryn Reid Inspection Manager & Caroline Bairstow Inspector

*National Care Associations Regional Business Clinic Harrogate
19 September 2017*

Our purpose



The Care Quality Commission is the independent regulator of health and adult social care in England.

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



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

What will drive the next phase inspections?

What will this mean for adult social care?

- The 3Rs:
 - Registration
 - Risk
 - Rating



Our next phase of regulation

We plan to **update our approach and assessment framework** to reflect the changing provider landscape

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**

Two consultations have taken place on these changes.

Consultation 2: adult social care inspection methodology

Our next consultation has covered a range of areas, including the end to end process for inspecting adult social care services

- Specific focus on how we will encourage improvement in services that are repeatedly at requires improvement
- Improved processes for inspecting services providing care to people in their own homes
- Our effectiveness and consistency of how we use our enforcement powers



Strengthening and simplifying our assessment framework

We are not proposing a significant shift in what we already ask of providers; rather, our proposals for change represent an evolution of our framework.

Strengthen

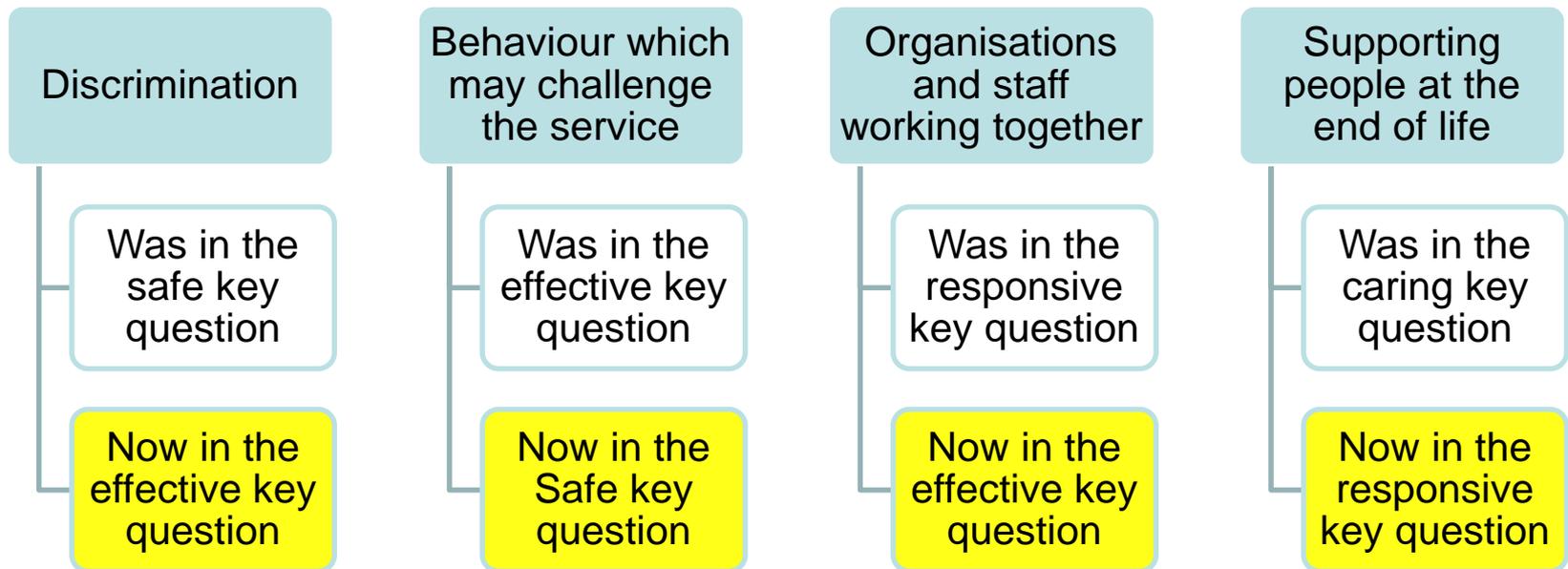
- Based on learning over the past three years and changes in the sectors
- Not 'raising the bar' for providers
- Providers to be able to demonstrate how they are developing and adapting

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



Key changes important themes





Caring

- Strengthened to include how resources, time and support is provided for staff to work in a compassionate way.

KLOE Questions

- How, Do and Are

Information

- Sharing
- Governance and data security

Medicines

- KLOE strengthened

Equality, diversity and human rights

- KLOE strengthened
- More focus on personalised care
- More focus on support to live healthier lives

5 New KLOES

Key Changes for ASC

- **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?

11 Changed KLOES

Key Changes for ASC

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

Key Changes for ASC

- **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?
 - **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?
-

Requires Improvement rated services



The **majority of people are receiving good quality care**. This is something to celebrate.

- **Over eighty per cent of inadequate services improve on re-inspection** but for services that require improvement **nearly forty per cent don't improve and 5% get worse**¹
 - In Next Phase, therefore, we are focusing on encouraging improvement in services rated requires improvement
 - 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
-

Scope of requires improvement services is very broad:

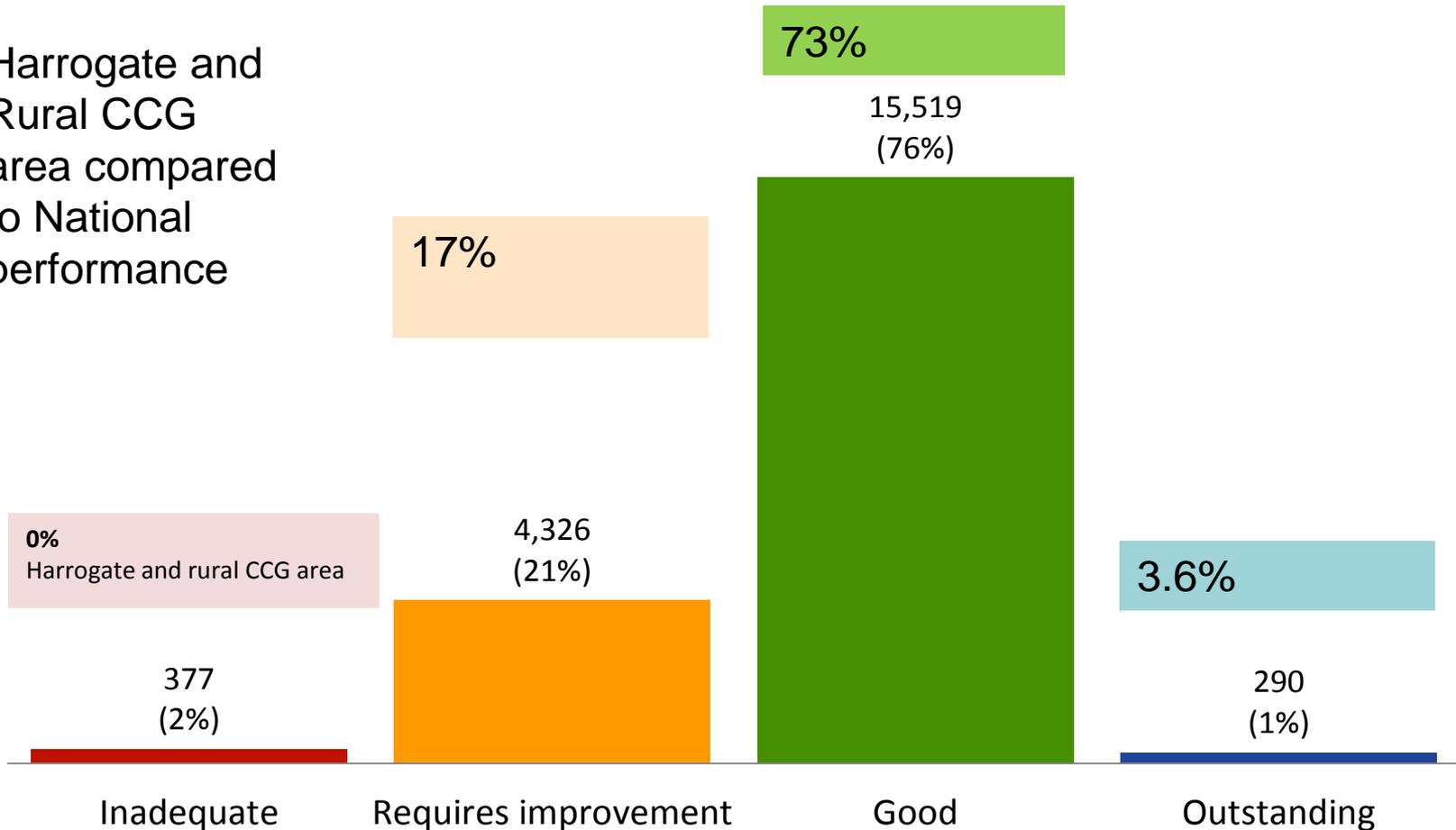
- From ‘nearly good’ to ‘nearly inadequate’
- Services with some or no breaches of legal requirements
- We can only use our enforcement policy to respond when services are breaching legal requirements

Our focus will be on services that:

- Can’t sustain a comprehensively good service (e.g. fluctuate between RI and Good)
 - Never improve (e.g. don’t have capacity, capability or will to improve)
-

Overall ratings....

Harrogate and Rural CCG area compared to National performance



- **Staffing**
 - Recruitment and retention – registered managers, nurses and care workers (Nursing homes and care at home services)
- **CQC serious incidents** – investigations and powers
- **Overcoming the impact of market forces:**
 - Driving improvement through quality assurance
 - Raising awareness – sharing good practice
 - Transparency – work with us and the LA/ CCG to avoid enforcement.

Any Questions?

Thank you



www.cqc.org.uk
enquiries@cqc.org.uk
[@CareQualityComm](https://twitter.com/CareQualityComm)