

Inspections & The Regulatory Framework



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Our role and 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



The Mum (or anyone you love) Test



Is it responsive to people's needs?

Is it effective?

Is it safe?

Is it well-led?



Is it caring?

Is it good enough for your Mum or Dad?

Quality Matters: what people told us they wanted



Improvements: shorter reports and new FAC



Shorter reports

- Easier and quicker for us and for you
- Better quality
- Only one style of report for all inspection types
- Feedback at end of site visit
- Providers find them 'easier', 'great to read and informative', 'much clearer'

New factual accuracy process

- Clarity, efficiency and effectiveness for us and for you
- Separate clear guidance for you to check correctness and completeness of evidence
- New form on CQC website instead of with your report



Improvements: returning to Good and Outstanding services



- New approach for services returning to Good and Outstanding
- Inspectors spend more time on quality of people's experience, any positive (or negative) impacts and their causes
- Focus of inspection is speaking with people, observing interactions and observing care (80%), with a check of records (20%)
- Inspectors can flex these guidelines and be curious – if something looks very good or raises doubts



Components of our risk monitoring approach across all sectors includes Intelligence, Provider Engagement and Stakeholder/Public information as well as information from previous inspections. However this is sometimes held individually.

CROSS SECTOR

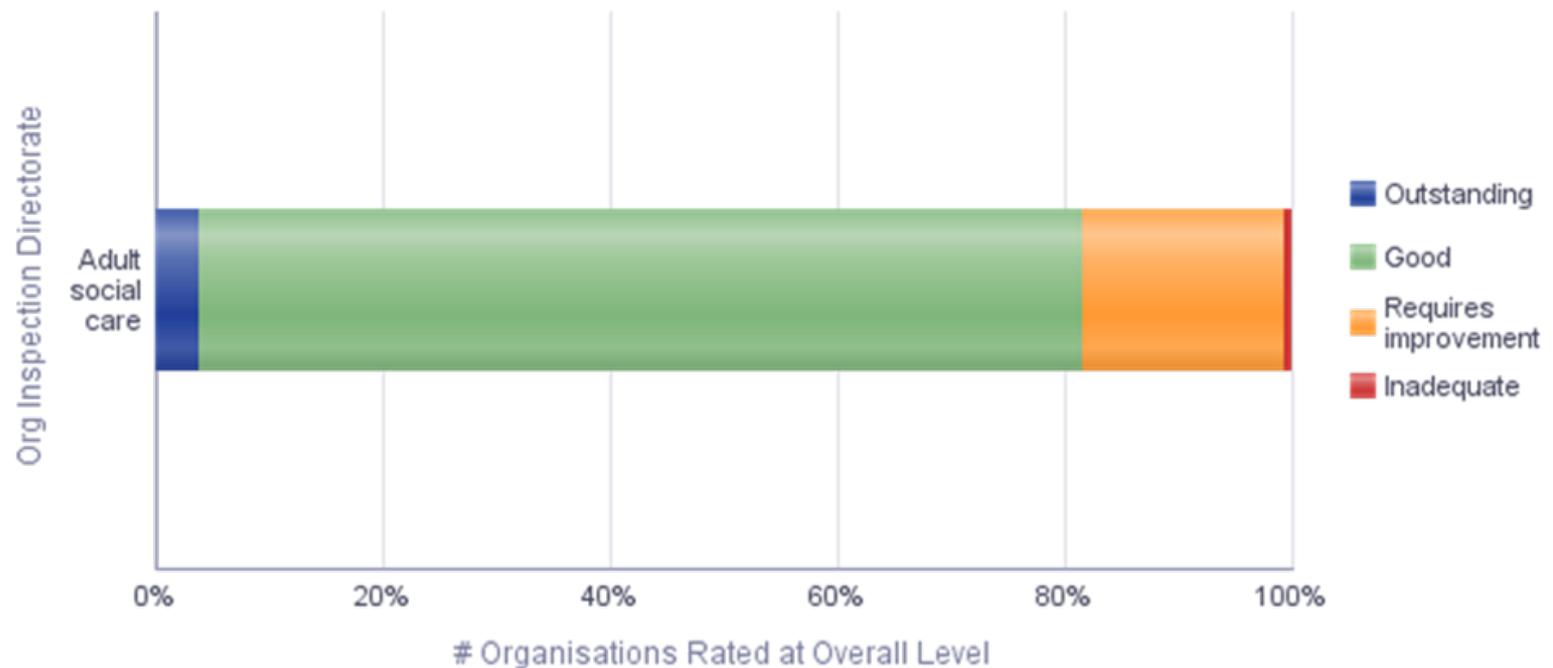
Cross Sector risk management will ensure that CQC manages risk to people across all the services they receive care from. Therefore, risk should be routinely discussed across borders and not managed in isolation.

This will support better outcomes for people.

- In adult social care, issues around workforce – including a lack of qualified staff – and funding continue to contribute to the fragility of the sector. 2018/19 saw providers continuing to exit the market and in 2018, CQC twice exercised its legal duty to notify local authorities that there was a credible risk of service disruption because of provider business failure. These were the first notifications of this type CQC has issued in four years of running its Market Oversight scheme.
- Difficulties in accessing the right care can mean that people with a learning disability or autism end up detained in unsuitable hospitals.
- Better integrated and community services are needed to stop people being pushed into crisis.

- 4% of adult social care services were rated outstanding (3% were rated outstanding at 31 July 2018)
- 80% of adult social care services were rated good (2018:79%)
- 15% of adult social care services were rated requires improvement (2018:17%)
- 1% of adult social care services were rated inadequate (2018:1%)

Organisations Rated at Overall Level



Review of restraint, segregation and seclusion



We are currently reviewing the use of the above in social care settings and restrictive interventions and will be reporting on this in March 2020

What does this mean for services –

Protecting people's basic human rights is at the heart of good care. We ask you to make sure that your services and staff are fully aware of what human rights are, and whether there is anyone in your care whose human rights are at risk of being breached. Where people at risk are identified the management and staff are motivated to protect them.

Consistent, compassionate workforce



- Great consistency of staffing makes a massive difference
- Limited or structured use of agency staff
- Empowered staff willing to speak out and suggest changes
- No blame culture, learning culture
- Taking people on the improvement journey
- Regular supervision and training
- Robust recruitment and induction process, management providing bespoke training

“Having the same staff means that they know the little things that make a difference to Jean, like making sure she has a tissue in her sleeve, or seeing if she’d like to spray some of her favourite perfume”

David Eadie, wife uses the service



Expectations are changing



Creating environments for **systems** to flourish



New **technology**



We need to do the same

What have we done to encourage improvement?

- Talk about best practice through our independent voice
- Publish our findings, through inspection reports, publications, blogs, learning from incidents such as our safety blog
- Lots and lots of speaking engagements, like these – national and regional
- Listening to you and what you want us to talk about



Focus on... Learning from safety incidents



Critical safety issues in health and social care that help to support through sharing good practice

There are seven in the ongoing series:

- 1: Falls from improper use of equipment
- 2: Unsafe use of bed rails
- 3: Fire risk from use of emollient creams
- 4: Burns from hot water or surfaces
- 5: Safe management of medicines
- 6: Caring for people at risk of choking
- 7: Falls from windows



For committed staff, the inspection report can come as a relief...



- Using the report as a roadmap to success
- Creating action plans
- CQC are here to help; using our inspection teams as support and guidance
- Having a 'we will get this right' attitude
- Key first steps to improvement
- Strong, focused leadership to drive change



New guidance on relationships and sexuality



- Supporting people to form and maintain relationships while helping them to understand risks
- Also diversity, protecting people from harm, physical disabilities and the importance of offering an environment welcoming to LGBT+ people
- Published February 2019



Relationships and sexuality in adult social care services

Guidance for CQC inspection staff and registered adult social care providers

1. What is sexuality?	2
2. What is sexual orientation and gender identity?	3
3. What does the term LGBT+ mean?	3
4. When should providers assess a person's sexuality needs?	3
5. How can providers help people develop their understanding of sexuality and relationships?	4
6. Can a best interests assessment be made in relation to a person's consent to sex?	4
7. How can providers support people living with a physical disability?	4
8. How can providers support people with accessing dating services?	4
9. What is sexual disinhibition?	5
10. How should providers support people exhibiting sexual disinhibition?	5
11. How should providers respond to incidents?	6
12. What if someone lacks capacity to consent to sexual relations?	6
13. How is someone's capacity to consent to sexual relations assessed?	7
14. Do care staff need specialist training?	7
15. How are sexuality and relationships considered within the key lines of enquiry?	8
16. Are there any specific questions relating to sexuality and relationships?	8
17. How will this subject be reported in inspection reports?	9
Appendix 1: Key lines of enquiry	10
Appendix 2: Additional resources and references	12

- Mental Capacity Act Amendment Bill repeals Deprivation of Liberty Safeguards (DoLS) and sets out the new scheme – **Liberty Protection Safeguards** – protecting people who lack capacity giving rise to a deprivation of liberty
- **Local authorities** will be able to **authorise** arrangements giving rise to a deprivation of a person's liberty in a care home – hospitals and CCGs can authorise for their patients
- **Care home managers will have a formalised role** in passing on information to the local authority to inform their decision

Age: change from 18+ only to cover 16-17 year olds

Settings: expansion from hospitals and care homes only to include domestic settings if state funds e.g. domiciliary care

Care homes: New care home manager role in gathering information to pass to local authority, including consultation

Admin/Monitor: LPS is 'passportable'

Encourage improvement innovation and sustainability

In next year's business plan (2019/20) we are prioritising the development of a *robust and consistent approach to regulating innovative and tech-enabled care provision, and complex cross-sector providers*

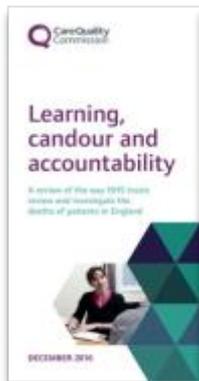


Take home messages on tech



- As technology and provision evolves, we will:
 - work alongside people who use and deliver services to encourage improvement
 - stay abreast of technological innovation
 - refine our regulatory approach
 - We welcome open discussions with....
 - people who use services
 - providers
 - private sector and entrepreneurs
 - researchers
 -on how technology can improve care, while safety and quality of care is assured
-

Published and forthcoming



- Forthcoming:**
- Restrictive practices

A look to the future and in conclusion

- We await the Green Paper with interest
- Long Term NHS plan – only one sentence refers to social care...
- Great quality exists, but... we can't stand still
 - Flexible positive response to change
 - Challenge the status quo
 - One size does not fit all
 - It's a collective effort
 - Don't forget the Mum test!





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