

Brighton and Hove Provider Day

25 October 2018

Steven Rust (Inspector)



3 Questions to Answer ~?

What has
happened in
the past 12
months?

Focussing on
the use of
technology.

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 from November 2017

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?

Consultations on our proposed changes to inspections



Closed

**20 December 2016 –
14 February 2017**

New care models and complex providers

Cross sector changes to assessment frameworks

Updated guidance for registration of learning disability services

Changes to **Hospitals** inspection methodology

Closed

12 June – 8 August 2017

Changes to **Adult Social Care** regulation

Changes to **Primary Medical Services** regulation

Clarifying how we define registered providers and improving the structure of **registration**

Updating guidance on Fit and Proper Person Requirements

Winter 2017

Changes to **Independent Acute** inspection methodology

A joint consultation on Use of Resources with NHS Improvement is expected in Winter 2017

The purpose of the consultations



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



Evolution, not revolution

Strengthen

Based on learning over the past four years and changes in the sectors

Not 'raising or lowering the bar' for providers

Providers to be able to demonstrate how they are developing and adapting

Same structure: Key Questions, KLOEs, prompts, Characteristics of Ratings

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



- Reduce KLOE sets from 11 to 2; one for health, one for ASC
- Most KLOEs and prompts relevant to all sectors
- Same where possible, different where needed
- Additional sector-specific material
- Also informs evidence when registering providers

Made available primarily
online



- Shared inspection handbook
 - Changes to Key Lines of Enquiry and Ratings Characteristics
 - The future of provider information requests
 - Signposting to updated guidance
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Shared Handbook for Providers



In November 2017 we published a shared handbook for providers, inspectors and the public.

This replaced the provider and inspector handbooks and ensures that inspection guidance is transparent and clear for all who use it.



KLOEs Key Changes (Important Themes)



- CARING strengthened to include resources, time and support for staff to work with people in a compassionate way
 - KLOE questions are more 'open' (HOW? Rather than Do/Are?)
 - Information sharing, governance and data security
 - Technology (risk and opportunities)
 - Medicines KLOEs strengthened
 - EDHR strengthened
 - Bigger focus on personalisation
 - Supporting people to live healthier lives
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An example: S1.1

Health:

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

Social care:

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

Current:

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

Assessment Framework Key Lines of Enquiry (KLOEs)



There are **5 new KLOEs** introduced and **11 KLOEs have been amended/moved** in light of consultation feedback and aligning wording with Health assessment framework

Examples of KLOEs moved to other domains:

- SAFE—Supporting people with behaviour changes (formerly in EFFECTIVE)
 - EFFECTIVE—Processes to ensure people are protected from discrimination (formerly in SAFE domain)
 - EFFECTIVE—How organisations work together (formerly in RESPONSIVE)
 - RESPONSIVE—Supporting people at the end of their life (formerly in CARING)
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Preparing for updated assessment framework



These changes came into effect from 1 November 2017, so you should be aware of them now.

The updated KLOEs and Characteristics are all on our website for you to review at:

<http://www.cqc.org.uk/guidance-providers/residential-adult-social-care#care-standards>

The handbook has also been shared on our website.



Several new KLOE's developed to enhance reporting of EDHR

Greater emphasis on leadership and how the provider is driving improvement

Several KLOE's moved to different domains to sit better in terms of evidence gathering or alignment with health

Closer alignment between health and Adult Social Care frameworks

Work more closely with commissioners – reduce duplication & burden

The Impact for Providers



Further work around educating managers and staff in relation to the revised KLOE's eg:

Demonstrating how the service uses new technology and it benefits to people.

How can the provider show the inspector that they provide the support for staff to deliver care in a compassionate way.

Can staff and managers demonstrate the principles of Equality, Diversity and Human Rights in their day to day practice.

Can manager's demonstrate leadership and continued improvement in a meaningful and tangible way.

Further work around educating managers and staff around the importance of joined up and robust pre-inspection reporting in line with a single shared view of quality.

Further work with managers and staff around the inspection process, such as required evidence, documentation and care practice.

3 Questions to Answer ~?



The State of Care 2018

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?

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.

Home care agencies handing back contracts

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

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



The State of Care Report 2018



This year's [State of Care](#) finds that most people receive a good quality of care, but that people's experiences are often determined by how well different parts of local systems work together.



State of Care 2018

By looking at local health and care systems, we found that it was harder for people to access services in the community in places where services failed to work well together. In turn, this can lead to unnecessary admissions to hospital, putting extra pressure on acute and mental health services.

We are looking further at joined up and cross directorate working both within the sector and at CQC.



5 factors affecting the sustainability of good care



The challenge for all local health and social care organisations is to understand the needs of local people and to work together to find sustainable solutions that put people first.

We looked at 5 factors that affect the sustainability of good care for people:

Access to care and support

Quality of care for people

Workforce to deliver care

Capacity to meet demand

Funding and commissioning

[Read State of Care 2017/18 to see what we found.](#)

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



At a minimum the information you send should:

- Tell us about key information related to your service and how it operates
- How it is meeting the five questions
- What improvements you plan to make to the service and how you plan to make them

Remember that the inspector will use your response in the planning of their inspection so consider what it is that you want to inspection team to know about your service, what your team has achieved and what you are most proud of.

It is important that you are familiar with the five key questions and the KLOEs so you are able to tell us how you are meeting or exceeding the standards in these areas.

3 Questions to Answer ~?



Focusing on
the use of
technology.

- The view of the CQC is that digital technology should be embraced by the care sector.
 - To enhance care delivery, help achieve and monitor outcomes and improve the independence of people receiving care services.
 - Innovation is part of being Outstanding.
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Technology comes in many shapes and sizes

- Bespoke individual technology....
- Electronic care planning systems....
- Call bells and movement sensors....
- Tablets and Smart Phones....
- Communication aids....
- Electronic systems to record real time care interactions
- Digital records for audit analysis....

The uses are endless.

Three specific KLOE's cover the use of technology:

Effective

E1.3 - How is technology and equipment used to enhance the delivery of effective care and support, and to promote people's independence?

Responsive

R1.6 - How is technology used to support people to receive timely care and support? Is the technology (including telephone systems, call systems and online/digital services) easy to use?

Well Led

W4.6 - Are information technology systems used effectively to monitor and improve the quality of care?

Evidence gathered at inspection can sit in all domains, depending on where the impact lies....eg:

- **Safe** – Technology used to safeguard people from harm, eg movement sensors and call bell systems.
- **Effective** – Technology used to promote independence.
- **Caring** – Technology used to promote choice, control and enjoyment.
- **Responsive** – Technology used to provide care staff with real time updates in care delivery.
- **Well Led** – Technology used to monitor performance and drive improvement.

Show your Inspector your best evidence – what do **you** do, not what can **We** find out!

One in five care homes do not offer Wi-Fi.

Maybe technology could be used for what
we use it for....

Engage staff and people together in doing
the things we like....

Imagine a care home where the residents
can be shown how to....

Use Facebook to see keep up with the day to day 'goings-on' in their family....

Make calls using Facetime so they can actually see and connect with their family and friends every single day....

Skype with friends who live too far away to drop in and visit....

Receive emails from their loved ones and arrange visits....

Watch videos of activities/interests they used to do before they moved into the home....

Watch TV on catch up channels streamed to their tablet....

Read the news and keep up with current affairs....

Pass the time using apps and games....

Download books to read and discuss with their carers and other residents....

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



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.

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

'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

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

commitment by managers to continually improve

vibrant and friendly environment

staff are motivated by a strong culture of inclusivity

considers individuals and their views and preferences

care is person-centred

management inspire confidence and lead by example

strong and visible leadership

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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David Behan has moved on from the CQC and has been replaced as Chief Executive by Ian Trenholm. Ian started in post on 30 July 2018 and is the former CEO of NHS Blood and Transplant.



Remember why we do this.....



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Thank you



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