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CQC single assessment framework

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"Definitely my go to law firm, would highly recommend."

Andrew Luckett, Managing Director
New Concept Care and Nursing

Introductions

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- I'm Philippa Doyle
- Lead partner in health & social care advisory team
- Over 25 years' experience
- Primary care
- Community care
- Social care
- Court of Protection
- Information governance
- CQC challenges

- Today's session focuses on the new CQC single assessment framework and in particular the quality statements, or "we" statements – lots of detail in these slides – going to skip over some of it – but slides will be sent afterwards.

Where are we now?

- Go live date for everyone has now passed – 6 Feb
- If CQC turn up tomorrow – new regime
- Assessment, not inspection
  - 2 parts – paper- based analysis
  - "cross the threshold" observations
- Asking for a PIR
- Will tell you what information they want you to provide
- Likely more onerous for new assessment teams grappling with new system, then for you where it's business as usual

Quality statements

- Initially, we were told only reviewing 5 quality statements – should tell you at the outset of the assessment which 5
- Then we were told it was 11
- Now a CQC blog says it will vary and we'll decide what we need to assess
- QS being assessed should be set by reference to "soft intelligence" gathered about your service
  - from LA
  - from direct complaints to CQC / whistleblower referrals
- Make sure you ask at the outset which QS they are assessing!

Scoring

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- Points mean prizes
- 34 Quality (or “we”) statements
- Score 1 – 4 on evidence submitted to answer each question

  1 = inadequate

  4 = outstanding
- Scores then converted into percentages to give ratings

  25 to 38% = inadequate

  39 to 62% = RI

  63 to 87% = good

  Over 87% = outstanding

Rating limiters

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- Note of caution:

- If key question score is within good range but with a score of 1 for one or more statement, the rating is limited to RI

- If key question score is within outstanding range but with a score of 1 or 2 for one or more quality statement, the rating is limited to good

Evidence categories

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- People's experience of health and care services
- Feedback from staff and leaders
- Feedback from partners
- Observation
- Processes
- (Outcomes) – mainly for NHS services

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People's experience of health and care services

- This is all types of evidence from people who have experience relating to a specific health or care service, or a pathway across services. It also includes evidence from families, carers and advocates for people who use services

- CQC define people's experiences as:

"A person's needs, expectations, lived experience and satisfaction with their care, support and treatment. This includes access to and transfers between services."

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Feedback from staff and leaders

- This is evidence from people who work in a service, local authority or integrated care system, and groups of staff involved in providing care to people
- It also includes evidence from those in leadership positions
- This includes, for example:
  - results from staff surveys and feedback from staff to their employer
  - individual interviews or focus groups with staff
  - interviews with leaders
  - feedback from people working in a service sent through our Give feedback on care service
  - Whistleblowing
- **All contact with CQC could be seen as them assessing the service so all staff should be mindful of all interactions with CQC and others**

Feedback from partners

- This is evidence from people representing organisations that interact with the service or organisation that is being assessed
- CQC may gather evidence through interviews and engagement events
- The organisations include, for example:
  - commissioners
  - other local providers
  - professional regulators
  - accreditation bodies
  - royal colleges
  - multi-agency bodies.

Observation

- Observing care and the care environment will remain an important way to assess quality
- Most observation will be carried out on the premises by CQC inspectors and Specialist Professional Advisors (SpAs)
- External bodies may also carry out observations of care and provide evidence, for example, Local Healthwatch. Where the evidence from organisations such as Healthwatch is specifically about observation of the care environment, CQC will include it in this category, and not in the people's experiences category
- CQC will not use the observation category for local authority assessments. It does not apply to a local authority context
- All observation is carried out on site

- All contact with CQC could be seen as them assessing the service so all staff should be mindful of all interactions with CQC and others

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Processes

- Processes are any series of steps, arrangements or activities that are carried out to enable a provider or organisation to deliver its objectives
- Assessments focus on how effective policies and procedures are. To do this, CQC will look at information and data sources that measure the outcomes from processes
- For example, CQC may consider processes to:
  - measure and respond to information from audits
  - look at learning from incidents or notifications
  - review people's care and clinical records

- Good documentation is the route to a good rating – if it's not written down – it didn't happen

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Outcomes (understood to be NHS only)

- Outcomes are focused on the impact of care processes on individuals. They cover how care has affected people's physical, functional or psychological status.
- CQC consider outcomes measures in context of the service and the specifics of the measure
- Some examples of outcome measures are:
  - mortality rates
  - emergency admissions and re-admission rates to hospital
  - infection control rates
  - vaccination and prescribing data
- CQC source the information from:
  - patient level data sets
  - national clinical audits
  - initiatives such as the patient reported outcome measures (PROMs) programme

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Quality statements

- 109 page document that pulls together all QS's, sub-topics, regulations and guidance – lengthy – but helpful – remember applies to all types of services
- Follow same 5 domains
  - Safe
  - Effective
  - Caring
  - Responsive
  - Well-led
- Potentially easier to work with than previous key lines of enquiry and ratings characteristics

SAFE

- QS 1 – Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons learned to continually identify and embed good practices

- Evidence categories
  - Feedback from partners
    - commissioners
  - Processes
    - duty of candour records
    - evidence of learning and improvement
    - incident, near misses and events records

What this QS means

- Safety is a top priority that involves everyone, including staff as well as people using the service. There is a culture of safety and learning. This is based on openness, transparency and learning from events that have either put people and staff at risk of harm, or that have caused them harm.
- Risks are not overlooked or ignored. They are dealt with willingly as an opportunity to put things right, learn and improve.
- People and staff are encouraged and supported to raise concerns, they feel confident that they will be treated with compassion and understanding, and won't be blamed, or treated negatively if they do so.
- Raising concerns helps to proactively identify and manage risks before safety events happen.
- Incidents and complaints are appropriately investigated and reported.
- Lessons are learned from safety incidents or complaints, resulting in changes that improve care for others.
- Sub-topics
  - organisational learning and actions
  - continuous improvement
  - duty of candour

Which fundamental standards are engaged?

- Reg 20 – Duty of candour
  - Make sure your policy is up to date
  - Make sure staff have had up to date training
  - Make sure staff know what a "notifiable safety incident" is and when duty of candour is actually engaged / what is a day-to-day occurrence to notify family of
  - Move away from language such as "duty of candour phone calls"
  - Ensure wherever DoC has in fact been engaged, that you have confirmed the position in writing and have the letter – CQC are looking for this
  - If DoC hasn't technically been engaged, but you have treated it as if it has been, you need to have followed through with the letter

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Which fundamental standards are engaged?

- Reg 17 – Good governance
  - Assess, monitor and improve the quality and safety of services
  - Assess, monitor and mitigate risks relation to health, safety and welfare
  - Maintain securely, accurate, complete and contemporaneous records
  - Seek and act on feedback
  - Evaluate and improve your practice

- Audits
- Action Plans
- Meaningful progress
- Don’t try and fix everything, identify key areas for improvement and work on them

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Which fundamental standards are engaged?

- Reg 12 – Safe care and treatment
  - Assess risks
  - Do all you can to mitigate risks
  - Ensure persons providing care have qualifications, skills and experience

- Concerns about safety all stem back to risk assessments and how well those are carried out, how risks are mitigated and how staff respond to the management of those risks

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Which fundamental standards are engaged?

- Reg 13 Safeguarding
- Service users must be protected
- Systems and processes must be established and operated effectively to
  - Prevent abuse
  - Investigate potential abuse
- Outcomes of investigations form part of learning
- Reg 16 – Complaints
  - Complaints must be investigated and necessary and proportionate action taken

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Which fundamental standards are engaged?

- Reg 18 – Staffing & Reg 19 Fit and proper persons employed
  - Suitably qualitied, competent, skilled and experienced persons
  - Must receive such appropriate support, training, professional development, supervision and appraisal as to necessary to enable them to carry out the duties
  - Be enabled where appropriate to obtain further qualifications
  - Be of good character
  - Be able by read of their health, after reasonable adjustments, of properly performing tasks

Overall conclusion

- Lots of detail and only looked at 1 quality statement!
- Lots that you do in your service is already great work –
  - have in mind how the quality statements frame questions in a different way
  - might need to present evidence in a different way to get best marks
- Always remember to challenge CQC
- Don’t accept draft reports at face value
- Use the FAC process
- Call Hempsons
- CQC are expecting a high level of challenge in year 1

Seek advice

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- Hempsons free social care advice line
- **01423 724056**
- 30 minutes free advice
  - sense check your plans
  - point you in the right direction
  - guide you in needing more detailed advice

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Contact

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