Adult social care Trade Associations meeting

Care Quality Commission

8 February 2017

Agenda

No.	Agenda item	Lead	Time
1.	**Welcome and introductions**	Andrea Sutcliffe	10.00
2.	**Minutes and actions from last meeting**	Andrea Sutcliffe Charlie Monger	10.05
3.	**Ratings and updates**	Andrea Sutcliffe	10.15
4.	**Issues raised by Trade Associations**	Andrea Sutcliffe	10.30
5.	**Care At Home**	Dave James	10.45
6.	**Trusted Assessors**	Dave James	11.00
7.	**Architecture of Registration**	Dave James	11.10
8.	**AOB**	Andrea Sutcliffe	11.25

Welcome and introductions

Minutes and actions from last meeting

Ratings and updates

Ratings

Current ratings published up to 31/01/2017

(Ratings slides shared with Trade Associations in advance of the meeting, hard copies distributed with papers)

Consultation update 1

- Launched Tuesday 20 December 2016

- Running until Tuesday 14 February 2017

This is the first of two phases of consultation, and is seeking views on our proposals for:

- How we will regulate new and complex types of providers

- Changes to our assessment frameworks, moving from 11 frameworks to two; one for health services and one for adult social care services

- Strengthening our policy position on registration of services for people with a learning disability or autism

- A more targeted and intelligence driven approach to regulating NHS trusts

- Developing quality ratings for NHS trusts and other complex providers

Consultation update 2

Consultation on the Next Phase of Adult Social Care inspections has been delayed until after upcoming Local Government elections.

Revised timescales:

- Mid – End May: Consultation opens

- July: Consultation closes

- October: Implementation of next phase inspection approach

2017 agenda plan

Please see the document in your papers

Quality Matters Commitment update

- Think Local Act Personal Co-Production event on Wednesday 15th February

- National and Representative Organisations Group meeting with David Mowat MP on Tuesday 14th March

- Commitment document publishing after purdah, with regional roadshow events to support the publication in Spring/Summer

Issues raised by Trade Associations

Care At Home

Dave James, Head of ASC Policy (Interim)

Care at Home

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Testing improved methods and tools for inspecting services that provide care to people in their own homes

Context

- Diverse & rapidly developing market.

- People's own homes

- Cognitive impairment and consent

- Concerns about safety (Fire Brigade)

- Housing with care pilot findings and proposals

- Variable quality / availability of evidence.

  - Understanding nature and scale of services

  - Problems collecting robust evidence

- Practical issues around using Experts by Experience

- Future resources

'Menu' or 'Toolbox' of options

We have developed a 'menu' or 'toolbox' of methods which inspectors can choose from in response to the different characteristics of the settings of the Care at Home service they inspect.

- Contextual guidance
- Extended inspection timeframe (not total hours)
  - Announcing / Returning
- Better sampling
- Better use of Experts by Experience
- Focus groups

- Home visits (tailored to service type / settings)
- Home visits by Experts by Experience
- Posters
- Home visit consent
- Shadowing
- Short Observational Framework for Inspection

Timetable

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April - June 2016	Scoping and kick-off; project definition and logic model

Jul – Aug 2016	Set up & begin internal and external engagement and co-production

Aug – Dec 2016	Development of proposals / draft changes to methodology

Feb 2017	Piloting / testing of agreed new and adapted methods

Mar 2017	Evaluation and follow-up; decisions on methods

Summer 2017	Publication of revised handbook

October 2017	Introduction of new and revised methods

Evaluation

- Observed inspections
- Questionnaires:
    - Inspectors
    - Experts by Experience
    - Providers
- 1:1 conversations
- Reports

Trusted Assessors

Dave James, Head of ASC Policy (Interim)

Architecture of Registration

Dave James, Head of ASC Policy (Interim)

Key points to remember

- CQC's purpose:

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

- In order to do this effectively it is <u>vital</u> that we get registration right
- We will <u>always</u> inspect, rate and report at the level which makes most sense to people and which means we live up to our purpose
- In Adult Social Care, this means the individual care service
- We register providers, not individual services

What is the problem we are trying to solve?

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Existing registration approach needs to evolve to be fit for the future, and to resolve challenges experienced by CQC, public and providers

For providers

- Some "low risk" or frequent changes require multiple applications, and are experienced as overly burdensome
- **Providers are required to define their services by buildings (according to location rules) which may not match the way care is actually delivered**
- Forms and processes are not always intuitive and applications often rejected as they have not been completed correctly.

For CQC

- CQC has limited visibility of links between entities, lines of accountability in structures that have multiple legal entities
- Duplication within inspection and enforcement
- Cannot rate at corporate / federation / chain HQ level
- **Limited understanding of nature and scale of services in some models**

For public

- CQC Register does not reflect public understanding of 'brands' or services they use
- **This limits the usefulness of the register to the public in understanding quality and making choices about their care**
- Systemic failings cannot be met with appropriate action against those persons or entity ultimately responsible for controlling and directing care

2) A new structure for registration

- Registration is structured around locations (buildings) and a set of locations rules;

- These work well for services delivered in specific buildings, but less well elsewhere, and become increasingly challenging with the development of new models of care;

- The structure of registration is important because it determines what changes a provider will need to either apply to us to make, or inform us of;

- We are proposing a new, more flexible way of structuring the register, so that registration can be more appropriate to specific kinds of service;

- We will make it easier for providers to keep this information up to date, to avoid increased burden for providers;

- An improved structure will allow us to develop a fairer way of calculating fees.

| Rather than structuring all providers on the register by their buildings, we will structure them by 'blocks' of service provision | → | Information about the 'fundamental attributes' of each block will be held on the register: What type of service? Who for? Where? | → | Providers will need to apply to or inform CQC when they make changes to their blocks of provision, rather than their buildings |

What might this look like in practice?

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Figure 1: A flexible approach to registration architecture

Is the provider carrying on a regulated activity?

Which regulated activities is the provider carrying on?

What 'blocks' of service delivery make up the provider?

Each 'block' is defined by five fundamental attributes,

- Service type
- Service user age group
- Scale
- Setting
- Address(es) or geography
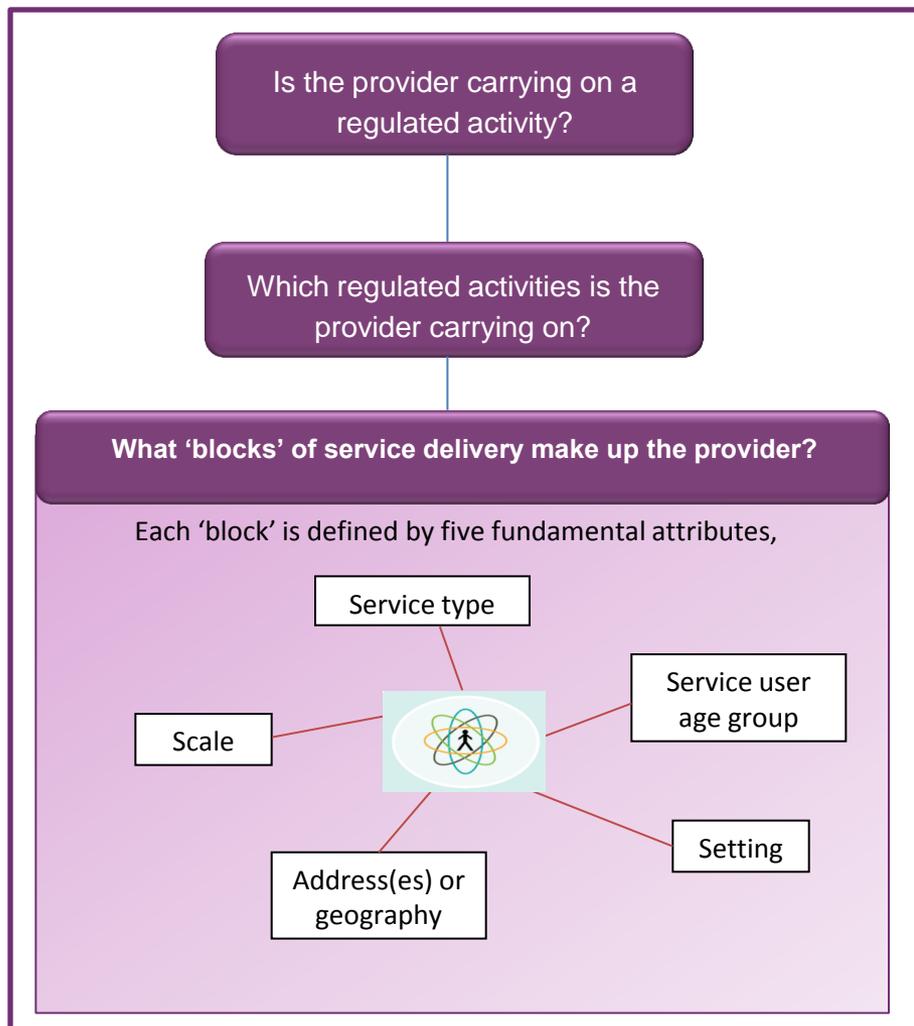
Figure 2: Care home provider – building and number of beds remain

Provider: Warren Care

Regulated activity: Accommodation for person who require nursing or personal care.

'Block' of service delivery: Dawn Care Home

- Service type: Residential social care
- Service user age group: Older people
- Scale: 24 beds
- Setting: Care home
- Address: 151 Greenfields
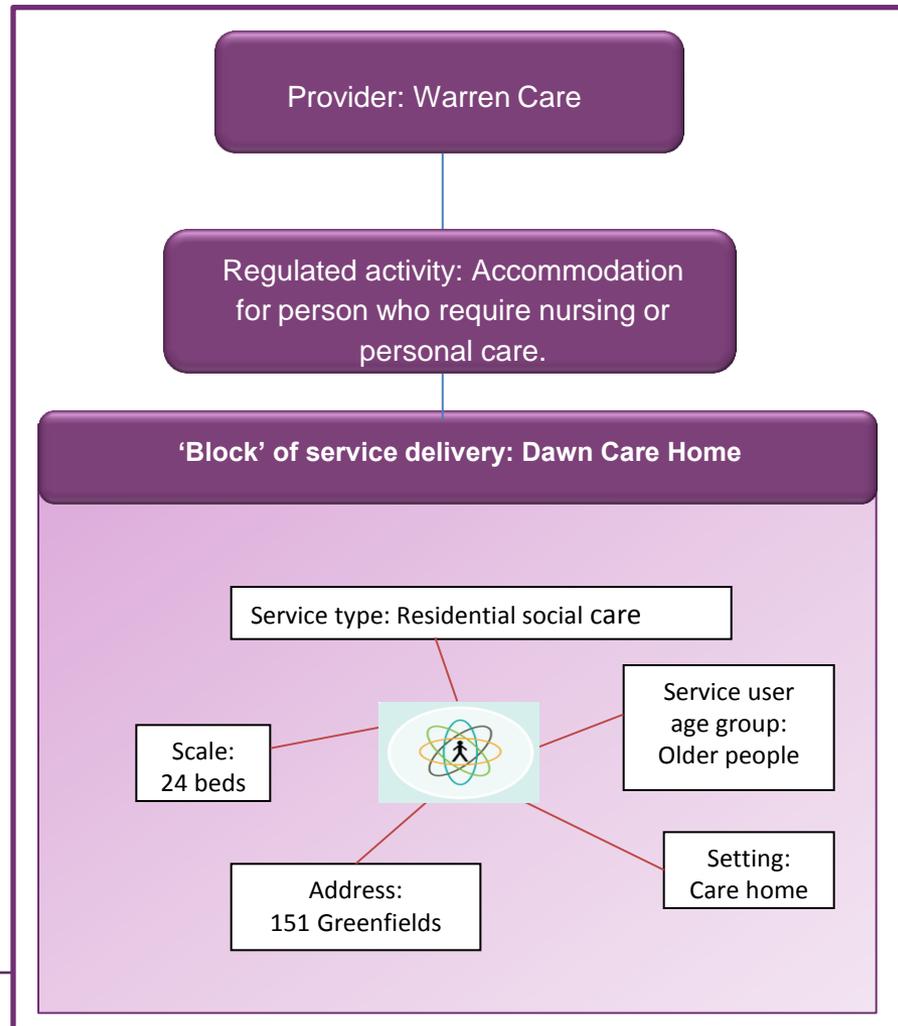
High level timeline

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October 2016

Develop principles and framework

Q4 2016/17

Refine principles through internal and external engagement

Q1 2017/18

Consultation

Principles and framework agreed by Board

Q4 2017/18

Define business requirements

Systems development

Fees consultation

2018 - 2021

Phased implementation of unit and revised architecture

Next phase of inspections timeline

Assess some evidence at HQ level

Well-led and increased activity at provider level

For discussion

1. Do you agree with the problems we have identified in the existing system?

2. What are your thoughts on our early thinking on how to address these problems?

AOB