

Adult social care

Trade Associations meeting







12 April 2017

Agenda



No.	Agenda item	Lead	Time
1.	Welcome and introductions	Debbie Westhead	10.00
2.	Minutes and actions from last meeting	Debbie Westhead Gabrielle Jones	10.05
3.	Ratings and updates	Debbie Westhead	10.15
4.	Issues raised by Trade Associations	Debbie Westhead	10.35
5.	Update on consultations	Ronald Morton	10.50
6.	Nursing task delegation / Nursing Associate role	Gale Stirling	11.20
7.	ASC Provider Information Return (PIR)	Louise Chapman	11.50
8.	Post-inspection programme analysis	Charlie Fisher Duncan Stacey	12.10
9.	AOB	Debbie Westhead	12.25



Welcome and introductions



Minutes and actions from last meeting



Ratings and updates

Ratings



Current ratings published up to 03/04/2017

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

Quality Matters



- In response to the challenges faced by the sector, a broad coalition
 of partners has come together to develop Quality Matters, a
 document that sets out a shared vision for the future of high-quality
 adult social care
- Around 50 groups and organisations have been involved in co-producing Quality Matters,
- On 14 March a roundtable event was held with David Mowat MP, where the minister formally confirmed his support of the document
- The document will launch on Monday 15 May



CQC asked to review how health and CareQuality social care work together

- The Secretary of State for Health has asked CQC to carry out targeted reviews across a number of areas to look at how health and social care work together and what improvements could be made to benefit people who use services
- The Department for Communities and Local Government sent a letter to local authorities on Wednesday 22 March to inform them of this
- We will be planning how we will work with providers, commissioners, system leaders and people who use services, their families and carers to ensure this work delivers real improvements to people's care



Issues raised by Trade Associations



Update on consultations

Ronald Morton – Adult Social Care Policy Manager

Publication timings



- The outcome of the Winter consultation, including the section looking at our Registering the Right Support guidance will publish in mid-May (expected to be Thursday 11 May).
- The Summer consultation will open on the same date for 8 weeks, seeking views on:
 - How we will regulate adult social care and primary medical service providers from October 2017
 - How we will regulate new and complex providers
 - Fit and Proper Person Requirements for Directors

Assessment Framework



Evolution, not revolution

Same structure: Key Questions, Key Lines of Enquiry (KLOEs), prompts, characteristics of ratings, sources

Strengthened

- 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

Simplified and aligned

- Single assessment frameworks for health and adult social care
- Greater alignment of the sector assessment frameworks
- Promote idea of a single shared view of quality
- Simplified to reduce burden

Key changes



- Better mapping of adult social care key lines of enquiry, prompts and characteristics
- Better alignment of health and adult social care assessment frameworks (language and structure)
- •'Caring' strengthened; service resources, staff kindness etc...
- Consent moved from 'Effective' to 'Responsive'
- •Changed, new and strengthened themes:
 - Open questions ('do' and 'are'? to 'how'?)
 - Even greater emphasis on personalisation
 - Information sharing, governance and data security
 - Technology (risks and opportunities)
 - Medicines
 - Equality, Diversity and Human Rights and accessible communication
 - End of life care (moved from 'Caring' to 'Responsive')
 - Support to live healthier lives
 - Use of restraint

Mapping of key lines of enquiry to regulations



Mapping tool: regulations to key lines of enquiry (KLOEs)

Example lines from 'Safe'

	Key line of enquiry	Primary mapping	Also consider
S1	How are people, including children and families, protected from bullying, harassment, avoidable harm and abuse that may breach their human rights by systems, processes and practices?	Regulation 12: Safe Care and Treatment Regulation 13: Safeguarding service users from abuse and improper treatment	Regulation 17: Good governance Regulation 10: Dignity and respect
\$2	How are risks to people assessed and their safety monitored and managed so they are protected and their freedom is supported and respected?	Regulation 12: Safe Care and Treatment Regulation 13: Safeguarding service users from abuse and improper treatment	Regulation 15: Premises and equipment Regulation 17: Good governance Regulation 20: Duty of Candour

Inspection of Learning Disability services



Building the Right Support

Learning Disability service model for commissioners

- Registering the Right Support
- Impact on Inspection risk of perception of double standard
 - Tier 4 guidance on impact of Building the Right Support service model principles
 - Greater scrutiny of restrictive practices, including restraint
 - Link to Care at Home project and supported living

Update on summer consultation – proposals (i)



We propose to:

- register all organisations at the level of ultimate accountability for quality as well as at provider and location level, and make sure they improve quality across their services
- Develop the register to clarify the services that are provided, to whom and where, and links between providers
- implement a more consistent approach to working with providers and other stakeholders to understand the quality of care and encourage improvement
- introduce an online provider information collection and share information with key stakeholders
- develop a new Insight model that brings together information about all the locations of a provider to help inspectors see the broader performance context

Update on summer consultation – proposals (ii)



We propose to:

- increase the period between comprehensive inspections for services rated good (from 2 to 2.5 years) and outstanding (from 2 to 3 years)
- make more use of focused inspections, which will always include an assessment of the well-led key question
- remove the 'six month limit', which only allows us to change an overall rating if a focused inspection is carried out within six months of the last comprehensive inspection report being published
- extend the time in which to gather views about the quality of services that provide care to people in their own homes
- increase our focus on services rated requires improvement to drive improvement

Update on summer consultation – outstanding issues



 Cross-sector differences regarding rating services 'Good' with a breach – adult social care propose no service can be rated 'Good' in these circumstances

- Cross-sector differences about limiters on 'Well-Led' i.e. adult social care propose no service rated 'Requires Improvement' in 'Well-Led' can be rated overall better than 'Requires Improvement'
- Cross-sector implications of proposal to abolish 6-month limit for a focused inspection to change an overall rating after the comprehensive inspection report is published

Update on Care at Home pilot



Testing of the new tools commenced in March

Evaluation has started using these methods:

- Observed inspections
- Questionnaires:
 - Experts by Experience
- 1:1 conversations
 - Inspectors
 - People who use services
 - Providers
- Reports

Positive feedback received so far with particular approval for shadowing, flexible use of time and better Expert by Experience support

Fit and Proper Person Requirement consultation



- Introduced November 2014 for NHS Trusts and April 2015 for all other sectors, in response to Mid Staffs and Winterbourne View
- Currently, we ask provider to consider and respond only to information of concern we believe is relevant
- Proposing in May consultation to send all information we receive to the provider (redacted as appropriate) and ask them to detail their current processes e.g how they assure themselves of a director's fitness.
- We will also indicate the type of response we require i.e. that provider has used a fair and proportionate process to establish the facts, and have assessed whether concerns fall within Reg 5(3) categories
- We will assess the information the provider sends us. If we are not satisfied with it, we will seek further information. If still not satisfactory, we could consider action under Reg 17
- We have better defined "serious misconduct" and "serious mismanagement" to help providers manage the fitness of Directors better

October implementation



From October 2017 (subject to consultation responses):

- Online provider information collection is live
- New inspection methodology (refined and tested from April '17)
- Revised assessment framework (inspections in the first six weeks will use the existing Provider Information Return (PIR))
- Revised care at home methodology rolled out
- Removal of six-month limit on focused inspections changing overall ratings
- New controls for services repeatedly rated 'Requires Improvement'



Nursing task delegation / Nursing Associate role

Gale Stirling – Head of Adult Social Care Inspection, South East

Nursing Assistant Roles



The nursing assistant role varies across the healthcare sector and is often developed according to need.

In Hospital Settings:

- Washing and dressing patients
- Serving meals and helping to feed patients
- Helping people to move around
- Toileting
- Making beds
- Talking to patients and making them comfortable
- Monitoring patients' conditions by taking temperatures, pulse, respirations and weight

Nursing Assistant Roles



In a health centre or GP surgery:

- Sterilise equipment
- Do health checks
- Restock consulting rooms
- Process lab samples
- Take blood samples
- Do health promotion or health education work

Training



- Care certificate
 - Developed with Skills for Health and Health Education England
- Certificate in Healthcare Support Services
- Diploma in Clinical Healthcare Support

Regulation 18 - Staffing



- Sufficient numbers of suitably qualified, competent, skilled experienced staff
- Staff receive appropriate support, training, professional development, supervision and appraisal
- Enabled to obtain further qualifications where appropriate
- Support for continuing professional registration and meet professional standards



Adult Social Care Provider Information Return (PIR)

Louise Chapman – Provider Analytics Manager

Why review the Provider Information Return?



- Feedback from providers, key stakeholders and our inspectors
- Limitations with our current processes and technology
- The current questions have not changed since February 2015
- In line with changes to our inspection methodology we have been reviewing how we strengthen the information that we collect and how we collect it
- Within our strategy we have made a commitment to improve the information we have about local services and our ability to analyse this information
- To assist with developing a shared view of quality

New Provider Information Return



Early thinking about the purpose of the new Provider Information Return:

- Provide CQC with essential data and information on a regular basis to support the ongoing monitoring of the quality of care and to plan and inform inspections
- Allow services to monitor and describe their view of the quality of care they provide against the five key questions
- Enhance shared view of quality with partners and public through data sharing

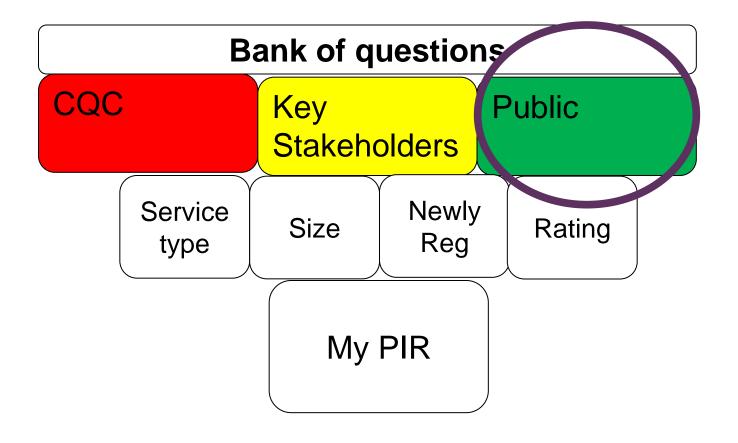
Key changes



Current	Future
Location level	Location level (for the time being)
Pre-inspection questionnaire	Monitor and inform an inspection
4 forms and 4 sets of guidance	1 bank of questions and guidance
Annual requirement to complete	Frequency of update determined by questions/set of criteria
Responses published internally only	External data sharing determined by question
Checkbox	New digital solution

Future of Adult Social Care Provider Information Return





Next steps



- Reviewing the content and guidance with you and your members
- Looking for your feedback and suggestions how we could do this
- Looking for volunteers to get involved



Adult social care end of programme report

Charlie Fisher – Editorial Manager Duncan Stacey – National Reporting Manager

Aims and timings



Aims of the report

 In-depth review of adult social care quality and improvement, based on findings from the last three years of inspections. Illustrated with charts, case studies and extracts from inspection reports, focusing on what it means for people, where possible.

Planned key timings

- Analysis: March mid April
- Drafting/review/coproduction: mid April end May (including TA and External coproduction)
- Publication: end June tbc



Areas for analysis



Areas we plan to look at

- Analysis of ratings, including by service type, over time, geographical patterns, size/ownership
- Examples of good and outstanding practice, by key question, bringing out impact on people where possible
- Focus on smaller parts of the sector such as hospices, Shared Lives
- Analysis of re-inspection / improvement and CQC action
- Focus on services rated requires improvement.



AOB