Our next phase of regulation: a more targeted, responsive and collaborative approach

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The purpose of the consultations

CareQuality Commission

How we propose to update our approach and our assessment framework to reflect the changing provider landscape

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**

There are three consultations on these changes: one in Winter 2016/17, one in Summer 2017 and one in early 2018.

Consultations on our proposed changes to inspections

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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** inspection methodology

Changes to **Primary Medical Services** inspection methodology

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

Updating guidance on Fit and Proper Person Requirements

Early 2018

Changes to **Independent Acute** inspection methodology

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

Changes to our assessment framework

- Reducing the number KLOEs sets from 11 to two; one for healthcare and one for ASC

- Majority of the KLOEs and prompts relevant to all health or adult social care sectors

- Continue to provide additional sector-specific materials

- Also informs evidence when registering providers

These handbooks can be found on our website

How CQC regulates
Healthcare
Provider Handbook

How CQC regulates
Adult
Social Care
Provider Handbook

Strengthen and simplify

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Our changes to how we regulate providers represents an evolution of our assessment framework.

Strengthen

- 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

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

Second next phase consultation

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Key changes include:

- The regulation of primary medical services and adult social care services, including the frequency and intensity of inspections and how CQC monitors providers and gathers its intelligence

- The structure of registration and CQC's definition of 'registered providers'

- How CQC will monitor, inspect and rate new models of care and large or complex providers

- Our approach to the 'fit and proper persons' requirement
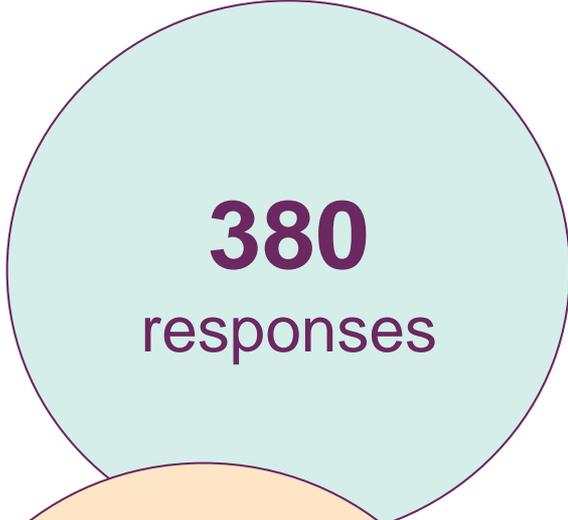
380 responses

10 consultation events

Implementing changes to registration

- Holding providers to account at the right level
- Redefining the definition of a registered provider and asking all entities to meet that revised criteria
- Making ownership relationships and links between providers clear to the public
- Introducing digitalised provisions to collect information, having this information available to providers and allowing them to only take action when that information changes
- Implementing in a phased by across different types of providers from 2018/19

Adult social care services regulation

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We will begin to implement changes in how we regulate adult social care services in phases.

Change	Timescale
Ask providers repeatedly rated as requires improvement to complete an improvement action plan	Nov 2017
Introducing the online provider information collection, to be updated at least once annually	TBC
Shift to more focused inspections	Nov 2017
Inspection interval of up to 30 months for providers rated good or outstanding	Apr 2018

Changes to our assessment framework

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- **Co-produced** with sector & CQC staff.

- **Single Assessment Framework** for all ASC services

- Sources of evidence improved and simplified

- Characteristics for 'Outstanding', 'RI' & 'Inadequate' expanded to match the scope of those for 'Good'

- **Read across mapping** from KLOEs & Prompts to Characteristics

- **Better alignment** of Health & ASC frameworks (language & structure)

- Greater emphasis on **leadership**

- **Simplified** to reduce burden

Key changes – important themes

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- Caring strengthened to include resources, time and support for staff to work with individuals in a compassionate way

- More open KLOE questions (**Do** & **Are**? to **How**?)

- Information sharing, governance and data security

- Technology (risks and opportunities)

- Medicines KLOE strengthened

- EDHR strengthened

- Even bigger focus on personalisation

- Support to live healthier lives

Merging our KLOEs and moving from closed to open questions

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Previous health:

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

Previous social care:

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

New merged KLOE:

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

An example: S1.1

Realigning our KLOEs

Moved from **Effective to Safe** – support for people when behaviour challenges

Moved from **Safe to Effective** – processes to ensure no discrimination

Moved from **Responsive to Effective** – organisations working together

Moved from **Responsive to Effective** – staff working together across organisations

Moved from **Caring to Responsive** – supporting people at the end of their life

Creating new KLOEs

S1 - How do systems, processes and practices safeguard people from abuse?

S6 - Are lessons learned and improvements made when things go wrong?

E1 - Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?

W2 - Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

W3 - How are the people who use the service, the public and staff engaged and involved?

Changes to KLOEs (11 in total)

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S2 - How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?

S4 - How does the provider ensure the proper and safe use of medicines?

E2 - How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?

E5 - How are people supported to have healthier lives, have access to healthcare services and receive ongoing healthcare support?

E6 - How are people's individual needs met by the adaptation, design and decoration of premises?

Changes to KLOEs (11 in total)

C1 - How does the service ensure that people are treated with kindness, respect, and compassion, and that they are given emotional support when needed?

C2 - How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?

C3 - How is people's privacy, dignity and independence respected and promoted?

R2 - How are people's concerns and complaints listened and responded to and used to improve the quality of care?

Changes to KLOEs (11 in total)

W1 - Is there a clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people?

W4 - How does the service continuously learn, improve, innovate, and ensure sustainability?

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

Thank you

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