



Changes to the way we inspect and regulate care services



**Primary medical
services**

2,243 locations

**Independent
healthcare**

738 locations

**Independent
ambulances**

57 locations

NHS Trusts

657 locations

**Adult social
care**

6,681 locations

**Primary dental
care**

2,534 locations

**12,910
locations**

Our new purpose and role



Our 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

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care



Underpinning our approach



Two public commitments:

- Our judgements will be independent of the health and social care system
- We will always be on the side of people who use services



Asking the right questions about quality and safety



- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led



What does April 2014 look like?



- Three Chief Inspectors – new specialist structure
- The new inspection approach for Acute will be in place and will be under way for Mental Health, Adult Social Care and GPs
- Wave 1 and 2 Acute hospital inspections concluded
- Wave 2 Mental Health starts
- Wave 1 pilot on Adult Social Care starts
- Wave 1 Primary Care inspections start
- Phase 2 of CQC's training Academy will have launched



A fresh start for the regulation and inspection of adult social care



8 key issues



- **Characteristics** of adult social care
- **Strengths and weaknesses** of current regulation
- **Our top five priorities**
- What we will do better – our **top ten changes**
- **Other areas** we want to discuss
- **Developing a ratings system**
- Monitoring the **finances** of some providers
- **Next steps** and **timescales**

1 Characteristics of adult social care services and the people who use them



- **Whole of people's lives, not episodic**
- **Complex and varied needs and aspirations**
- **Personalisation** hugely important
- People are often in very **vulnerable circumstances; care generally provided in people's own homes**
- Role of **unpaid carers** is critical
- **Diverse sector** - large numbers of providers, different sizes and types, strong private and voluntary sector
- Significant numbers of people **fund their own care**
- A lack of consistent, high quality **data** and **fewer standards**

2. Adult social care regulation - strengths and weaknesses



Strengths	Weaknesses
Focus on people's views and experiences	Limited focus on leadership, governance and culture (including corporates) Gathering people's views more difficult in domiciliary care
Range of methods including speaking to people, observing care, questionnaires, and using our Short Observational Framework for Inspection (SOFI)	Lack of data and information to inform our activity Lack of sophisticated approach to surveillance
Regular inspections	Inconsistency in our judgements and less room for professional judgement
Experts by experience on inspections	Limited use of specialist advisors
Many in CQC have an ASC background	Enforcement not used as effectively as possible
Internal tools that support our staff such as the Inspection Record web form	Lack of ratings

3. Top 5 priorities for the Chief Inspector



1

Develop changes to how we monitor, inspect and regulate adult social care services

2

Develop a ratings system for adult social care services

3

Develop an approach to monitoring the finances of some adult social care providers

4

Support our staff to deliver

5

Build confidence in CQC

4. Our top ten proposed changes



1

More systematic use of people's **views and experiences**, including complaints

2

Inspections by expert inspectors, with **more experts by experience and specialist advisors**

3

Tougher action in response to breaches of regulation, particularly services without a registered manager for too long

4

Checking providers who apply to be registered have the **right values and motives**, as well as ability and experience

5

Ratings to support people's choice of service and drive improvement

Our top ten proposed changes (2)



6

Better data and indicators to help us target our efforts

7

New standards and guidance to underpin the five key questions

8

Avoid duplication of activity with local authorities

9

Focus on leadership, culture and governance with a different approach for larger and smaller providers

10

Frequency of inspection to be informed by ratings

5 Developing a ratings system



- **One overall rating for a service**, always based on inspector's professional judgement
- **Four point ratings scale** – outstanding; good; requires improvement; inadequate – but more work needed on the descriptions
- **To be outstanding**, it must feel outstanding to people who use the service, their families and carers.
- We are considering whether to offer providers the **opportunity to pay for an additional inspection**
- The things we look for will develop over time as **people's needs and aspirations change**

6 Monitoring the finances of some providers



- Care Bill is expected to establish **CQC as the financial regulator** for the sector, overseeing the finances of an estimated 50–60 care providers that would be difficult to replace were they to go out of business
- CQC is expected to:
 - Require regular financial and relevant performance information from some providers
 - Provide early warning of a provider's failure
 - Seek to ensure a managed and orderly closure of a provider's business if it cannot continue to provide services

7 Other ideas for discussion



- **Better use of technology** to capture people's views and experiences
- Specific guidance on our expectations for the **induction and training of staff** who work in adult social care services
- How we might encourage services to be **more open and better integrated** with local communities, creating an open culture
- Allowing **providers to pay for additional inspections** if they believe the quality of their service has improved
- Finding a better way of **regulating supported living schemes and domiciliary care**
- Potential use of **mystery shoppers and hidden cameras** to monitor care

8 Next steps



- **Open and inclusive engagement with** people from October 2013 to Spring 2014 so they **shape and improve the new approach**:
 - External co-production group and other working groups on particular aspects of work
 - Round table events and workshops on specific topics and issues
 - On line forums and discussions, surveys and social media
 - Events and workshops on regulatory approach, standards, ratings
 - Public focus groups and engagement through our network of local groups, including Local Healthwatch

Timelines



**Oct 2013 –
March 2014**

Co-production and development to shape consultation proposals

**March
2014**

Consultation on regulatory approach, ratings and guidance

**March –
May 2014**

Wave 1 pilot inspections

**June
2014**

Evaluation; guidance and standards refined

**July –
Sept 2014**

Wave 2 pilot inspections and initial ratings of some services

**Oct
2014**

New approach fully implemented and indicative ratings confirmed

**March
2016**

Every adult social care service rated