

**Adult Social Care Trade Associations meeting
Query responses – June/July 2019**

Query:

What are the current figures around rating appeals and outcomes and have these changed over time?

(Ann Mackay, Care England)

Response:

TBC

Query:

We have had feedback that:

- Inspectors not having/giving enough time for the inspection which they say means they cannot rate a home outstanding E.g. an inspector said I only have 2 hours so I do not have time to look at outstanding characteristics
- Inspectors not wanting to award an outstanding rating because of the extra work this entails for them
- LD homes being told “even if everything I saw today was outstanding, I cannot rate you that because you are over 6 beds.”

Can CQC respond to this feedback?

(Ann Mackay, Care England)

Response:

TBC

Query:

A breach of a regulation can impact 2/3 of the key areas and so ensure a home can never be more than Requires Improvement but is there not a quality and proportionality aspect to this decision?

(Ann Mackay, Care England)

Response:

It's not such a clear-cut issue. A breach can lead to a recommendation, not an automatic limiter on ratings. The nature and context of a service needs to be taken into account, along with the history of the service. For example, does the provider put things right quickly after an issue has been identified or do they let it run on and the risk to people continues? For services to be rated Good, they need to be displaying not only the characteristics of Good, but also meet the standards of the regulations. We also look at whether the provider can demonstrate that improvements made after a breach are sustainable and what the evidence is to support this. Also, what do people using the service say about the improvements and what impact has that had on them?

Query:

Often, inspectors speak to family members following the inspection and this informs the report. However, could inspectors not speak to families before an inspection and use the inspection to verify family comments?

(Ann Mackay, Care England)

Response:

Inspectors do not give notice of inspection for care/residential homes and therefore, if they contacted family members before, this could alert the service to the potential inspection. For care at home services inspectors will often give notice before an inspection, due to the nature of the service and the logistics around conducting a site visit. During this notice time, inspectors may contact people who use the service and their relatives but this is decided when they are planning the inspection activity. Inspectors have the opportunity to re-visit the office/service should they need to corroborate any evidence further.

Query:

Should a home inform CQC every time they raise a safeguarding issue with the Local Authority (LA)? I.e. if the LA says this is not safeguarding and they will not be taking any action should CQC be informed? Providers say different inspectors give different advice on this.

(Ann Mackay, Care England)

Response:

The regulations state that providers must notify "(e) any abuse or allegation of abuse in relation to a service user".

Query:

What guidance do CQC give the inspector, e.g. prefer electronic or paper base systems?

(Ann Mackay, Care England)

Response:

We have been asked by inspectors and some providers to clarify what format records should be in. We are clear with inspectors and providers who ask that the regulations do not specify what format records must be in. There are certain criteria records should meet regardless of format, for example being accurate, current, available, meet data protection standards and the accessible information standard where applicable. We are in the final stages of drafting guidance for providers/inspectors on provider digital record systems, and shared an earlier draft with the trade associations in December. This will clarify CQC's position.

Query:

Would CQC consider asking large providers such as PCS, icarehealth for some training in their products to help inspectors. Also to understand how the systems work offline.

(Ann Mackay, Care England)

Response:

We can discuss this with the Academy, who lead on inspector training. We will update on this in due course.

Query:

Would CQC consider speaking to software suppliers to recommend a list of standard reports?

(Ann Mackay, Care England)

Response:

We have spoken to some tech providers in general to direct them to the fundamental standards and ASC Assessment Framework so they can understand how their products or systems interact with our regulatory approach. We would hope that any providers of technology or software to the providers that we regulate understand our approach and regulatory requirements for registered health and social care providers. There are two parts to this question, the first is how software suppliers can understand our Provider Information Return (PIR), the standard information we

request annually from providers. Secondly the type of records/evidence we request during inspection, particularly the site visit. This is something we can perhaps consider alongside our sources of evidence document/perhaps through discussion with Operations colleagues. We will also consider this in the Quality Matters work we are undertaking, specifically considering data and the shared single view of quality.

Query:

Consistency of inspections

- a) Comments received are that if a provider has more than one location, then sometimes, the inspections do not follow a consistent pattern; what is acceptable at L.1, is not acceptable at L.2.
- b) At a subsequent inspection for a “Good” rated location, the inspector will not be content with an item deemed perfectly acceptable during the previous inspection, 2 / 3 years ago. Obviously, this refers to areas where there have been no changes to inspection requirements and has included care plans and risk assessments, and personnel files.
- c) Items appearing on a draft report that have not been discussed during, or after the inspection.

(Peter Webb, Care Association Alliance)

Response:

In terms of consistency of inspections, our inspectors use a risk-based intelligence-led approach to conducting inspections. We have two assessment frameworks: one for Adult Social Care and one for Health Care. Inspectors assess evidence and information they are told, receive or gather against a framework of characteristics of ratings which enables them to form judgements about the quality and safety of services.

In our experience, no two services are the same, and this means that there is no single one-size-fits-all approach. Inspectors assess what the intelligence and information is telling them about the service and where they best need to focus their efforts in inspections to get the best understanding and appreciation of the quality and safety of the service. And that may vary – sometimes considerably – between services, even services that belong in a group or brand. In addition, the inspector may need to react to information they find during the inspection and that may lead them to consider additional aspects of the service and seek evidence about the impact on people of what they have been told (this could be information about good practice or less good practice, for example).

In terms of the point the correspondent makes about “Good”, the operating context of services, the nature of the services they provide, the number of people using the service, technology, as well as the inspection methodology we use may change over time, especially if we do not inspect for 2 to 3 years. Additionally, guidance and best practice can change or be updated, so it is a moving picture rather than a static one. For example, CQC introduced an inspection methodology in 2014 and this was

substantially revised in 2017 to incorporate learning from our experience of regulation and make changes to how we monitor, inspect and rate services.

Regarding feedback at the end of the inspection, the inspector should debrief the registered manager/nominated individual of the key findings (without giving information of any ratings that may be awarded, as intelligence and information gathered during the inspection may be supplemented from a wide range of other sources before they write the draft report). That may help explain why not every issue is raised in the inspector's end of site visit feedback.

Query:

Although it is preferable to have an entire employment history for an employee / prospective employee, this is not always possible and checking the validity of older entries on that history may be impossible, (organisation no longer in existence for example, or they may have worked in other countries). Inspectors have questioned employment histories that have gaps many years ago. There is 15+ years of recent documented work experience, several years of that being with their present social care employer. They had a DBS and the required references prior to the present employment and have been satisfactory employees, reliable, trained and upskilled.

(Peter Webb, Care Association Alliance)

Response:

Safety of people using services is one of a number of key issues and that is why inspectors may seek information going back some time if they have information of concern and want to explore a staff member's employment history, particularly if there may have been gaps of some years. We seek the provider's reassurance that they have done all they can to explain any long gaps in employment history, to identify and mitigate any potential risk. We therefore may also ask the staff member about their history.

Query:

Inspectors have been critical of domiciliary care providers using a home office, rather than an accepted business premise. Other domiciliary care providers have been operating in this manner for some years without issue.

(Peter Webb, Care Association Alliance)

Response:

As long as records are secure, it's a safe environment for people/staff to visit (risk assessed etc) and we have access for inspection purposes then there is no reason why it cannot be at a home address. We will remind our inspectors about this.