Adult Social Care Trade Associations Meeting

Care Quality Commission

Minutes

Date	**Wednesday 17 November 10:00 – 11:30**
Location	TEAMS online meeting
Attendees	**Care associations accepted so far:** Zoë Fry (ZF)- Outstanding Society Amrit Sumal (AS)- National Care Association George Appleton (GA)- Care England Clive Parry – Association for Real Change Liz Jones – National Care Forum Erika Murigi – Voluntary Organisations Disability Group Michael Voges – Associated Retirement Community Operators Liz Blacklock (LB)- National Association of Care and Support Workers Geoffrey Cox- Care Association Alliance James Creegan- Care Association Alliance **External**: Eliza McConnell- Project Manager - Relationship and Engagement **CQC:** Alison Murray – Head of Inspection, Adult Social Care **(Chair)** Phillipa Styles – Head of Inspection, Hospitals April Cole – Regulatory Policy Officer Ronald Morton – ASC Regulatory Policy Manager Sam Wallace – Provider Engagement Lead Simon Hill – Medicines Manager Latoya Tawodzera – Provider Engagement Officer (minute taking)
Apologies	

Minutes	Lead
Welcome and Introductions	Alison Murray
Operational Update Vaccination as a condition of employment and deployment in care homes (VCOD) • Alison Murray (AM) advised the majority of provider queries that have come through to CQC can be resolved with reading the guidance. • The additional amendments to the regulation have caused confusion. Once the new regulations go on the statute book, care home providers can deploy new starters three weeks after their first dose of the vaccine. We're expecting this to be debated in parliament in December. Widening the scope to mandatory vaccination for everyone employed or otherwise engaged in the provision of a regulated activity is expected to go live in April 2022. VCOD will not be applicable in shared lives services.	Alison Murray

- Amrit Sumal (AS)- asked what is the pragmatic approach being taken by CQC? There have been suggestions that CQC will be taking a prudent approach to those homes that have staff who have had the first vaccination and can show an appointment for their next. Do you have any data on that the approach?

- AM – advised we don't have data yet. Currently the law is clear, staff have to be either vaccinated or medically exempt to work in a care home. During an inspection if we see a staff member has had their first dose of the vaccine and their second is booked within a couple of weeks of that inspection, we can review evidence and keep the inspection open. This is only if there are no other issues with the service. If the staff member's second dose of the vaccine is booked more than two weeks from the inspection date they will be in breach. The proportionate action we'll take may be in the form of a requirement notice if that is the only breach in the service. We have set-up an internal panel to review these breaches against this regulation.

- Liz Jones (LJ)– advised she talked to members on how VCOD is going and how supportive other parts of systems are being to ensure compliance. Feedback has been that there are issues with ambulance services saying that they can't guarantee their staff are vaccinated and have refused to enter some care homes. There's also been confusion with district nurses, and whether they need to be doubly vaccinated. Care manager's duty to comply with the regulation has also been issue with system partners pushing back when they try to check visiting professional's vaccination status.

- AM – advised we've seen a number of examples where trusts, GP practices and other providers have said that care home managers don't have to worry about checking evidence of vaccination which is incorrect. The regulation is clear that registered managers and care home managers have to check individual evidence of vaccination or exemption.

- LJ- asked CQC to support with asking the government to be clearer on guidance for the widening of VCOD. There are terms in the guidance that are causing confusion, which when considering how this will be enforced providers will struggle to make sense of it.

- Mary Anson (MA) – advised that there are visiting professionals such as funeral directors and carpet fitters who have been left out of the communications on VCOD who's services care homes rely on.

- AM- advised she will raise with DHSC.

- AM reminded colleagues that we've relaunched the how to get the most out of inspections document with inspectors and we've asked inspection managers to follow-up with their inspection teams for further discussion on how it should be used.

Duty of candour

- AM advised CQC acute healthcare teams have had queries around actions by the NHS with regards to nosocomial (hospital acquired) infections, particularly people who have acquired COVID-19 in hospitals.

Hospital inspection teams have done a big piece of work on discussing duty of candour. • We thought this would be a good opportunity to remind colleagues about duty of candour. • More information on duty of candour is available on our website to share with all providers. • MA – raised that care managers are struggling to find carpet fitters who are vaccinated which is having a knock-on effect on hospital discharge/flow • AM – advised DHSC are in the process of reviewing designated setting guidance, which may help with hospital discharge issues. • AM- advised we are thinking about how we can better report workforce issues, and we are devising some extra questions and prompts that will help to collate an understanding of workforce issues. We're also aware that some providers are not taking on new residents/care requests because they do not have the workforce to provide the support. • LJ– advised that there's opportunity to collect workforce data through the capacity tracker. Providers across the country cannot respond to new requests for care because they do not have the staff. • LJ - asked CQC to consider the level of risk care providers are taking on with patient care, as a result of pressures across systems, patient risk is rapidly increasing. The risks associated with patient discharge have increased, and it is difficult for individual providers to take on that risk. This is also negatively impacting patients because the package of care being assigned to someone may not meet their needs, resulting in them being admitted back into hospital. • AM – advised there is increased media interest on visiting, and essential care givers. This will be soon discussed at an upcoming Joint Committee on Human Rights hearing. CQC are drafting a response to JCHR in preparation to their next look at care home visiting. • **Post meeting note – our response to JCHR can be found on our website**	
Urgent and Emergency Care review • Philippa Styles (PS) – advised CQC are doing work to understand urgent and emergency care pathways across systems, from the provision of primary care, urgent and emergency care provision in the community, community hospitals, ambulance trusts, acute trusts, community services, community hospitals and adult social care. The aim is to improve patient experience and patient safety across pathways. To achieve a supportive approach this winter we'll be coordinating our activity across sectors CQC colleagues work in. • We are hearing about the pressures on different systems that intersect with urgent and emergency care, especially in relation to patients at risk of avoidable harm. All stakeholders agree that there needs to be shared	Philippa Styles

accountability, and that a system-wide approach to regulation would drive improvement. • We are mindful of the current pressures on systems so our approach will be to use our usual risk-based and focused methodologies and monitoring in line with our existing practices. We will also continue to inspect and regulate providers in line with existing legislation. • We will be testing a coordinated approach to inspecting services across pathways, which means we may inspect several providers in a system to understand a patient's experience. We will continue to feedback to providers, inspection reports will be published in the same way, though there will be a summary of findings across systems. • This work has commenced and will be running through to April next year, we will be using our independent voice to publish key findings which may happen publicly throughout the work. • Liz Jones (LJ) – asked can the group suggest systems where they think there is a crisis. Also highlighted that risk needs to be shared across systems, providers have fed back that the system is collapsing in pockets, and they have solutions but aren't able to feedback in a way that can embed change across systems. • PS – advised we're happy to take suggestions of systems to look at. Part of our approach is giving providers the opportunity to share their experiences of urgent and emergency care and working with system partners. We are aiming to have round table discussions within systems so that feedback and experiences can be shared, and we'll invite adult social care providers to give their perspectives. • MA – highlighted concerns about not doing any further harm when trying to help a resident who needs urgent and emergency care. Advice from 999 services needs to be more coordinated with paramedic/ambulance staff advice. Due to delays for ambulances, non-medically trained care workers are having to rely on the advice of 999 operators. • MA- raised skin trauma as another example of risk non-medically trained care staff have to take on whilst waiting for ambulance assistance, this needs to be recognised system-wide for shared accountability. • Geoffrey Cox (GC)– raised staff shortages in the Devonshire area across social care and the NHS, seeing an increase in discharges, poor information, inappropriate discharge, information being withheld from care providers, and rise in safeguarding referrals. Care providers are increasingly raising safeguarding reports, they are also facing challenges when raising safeguarding reports to the NHS, which aren't getting resolved. With this amount of issues and different approaches between the NHS and social care, are CQC handling these issues in a proportionate and reasonable way? • Philippa – advised CQC are working to ensure we take a proportionate response to the issues raised, the volume of feedback we receive per sector does vary. This work will give CQC an opportunity to further understand the issues across systems and help us to look at any improvements we can make to responding consistently and proportionately to issues raised to us.	

• AM – advised as the regulator it's our role to monitor compliance with the regulations. We hold providers and registered managers accountable for compliance with the regulations. It may be a case that we do have to find the provider in breach of the regulations however, the actions we take will be in context of the wider issues faced by the provider which we can feedback to inspection colleagues in different sectors. This work will provide us with more information on challenges social care providers face that we can feedback across systems. We also need to be mindful that people using health and social care services have a right to receive safe, effective and compassionate care which meets their needs. • Liane Iles (LI)- asked for an example of how the multidisciplinary approach would be implemented? • PS– advised this work operates in line with our risk-based approach, we are identifying existing planned activity, concerns and data we hold on services, and reviewing this information across sectors, combining knowledge and expertise from inspection and intelligence colleagues to understand the provision of urgent and emergency care pathways in a place. We'll also be looking at identifying key services to understand how risk is shared and how improvements are made across the system. In terms of implementation, we'll be speaking with local services to understand the most valuable and proportionate way we can conduct assessments. • PS – we're hoping to have early feedback/high level themes in late December. We're evaluating this work throughout our activities. Philippa is happy for the group to contact her directly philippa.styles@cqc.org.uk for further discussion. • GC- raised there are fundamental challenges and tensions in the relationships between providers and system partners. And asked whether CQC's oversight role can help with the looking at best practice? • AM- advised this work will help us identify what's going on in different systems, where things are going well and potentially tools that we can recommend based on that evidence to other systems. • Action: Latoya to share 1-page document for this work.	
Short break	
Local Authority Assurance • April Cole (AC)– policy colleagues have been focusing on key topics we are considering the assurance work, 11 have been identified so far from section one of the Care Act. They've been look at how these topics will fit against the quality statements and considering what evidence categories would be required. • We're also looking how local authorities are meeting their duties in the Care Act and the outcomes for people using services and the people that support them. There are active discussions on whether market shaping should be merged with commissioning.	Ronald Morton and Jeannette Blackburn

• Ronald Morton (RM)- in terms of scope and emerging issues, we haven't finalised what the scope will be, though we are working closely with DHSC to finalise the policy. We'd like to focus on part one of the Care Act as a reasonable and proportionate start to local authority duties. We've been talking to LGA and ADASS throughout. We want to reduce burden on local authorities. Our approach to ratings local authorities is still unclear, • Liz Jones (LJ)- asked how can trade bodies support CQC to start rating local authorities? • RM- advised once some testing has been done, CQC policy colleagues can feedback to this group. • Geoffrey Cox (GC)- welcomes CQC's local authority assurance role. Raised concerns about inconsistencies in safeguarding processes across local authorities nationally. Raised concerns about local authority funding of systems, would like to make sure CQC's aware of this • Liz Blacklock (LB)- raised concerns about unregulated carers and impact it has on providers. Would like to know if unregulated carers will continue, or that will come into • Alison Murray (AM)- advised this issue comes outside of CQC's scope.	
Roll out of inspections using digital technologies • April Cole (AC)– this tool will be available for Inspectors to use from Monday 22 November on some inspections of domiciliary care and extra care home care services. The use of the tool has been expanded from the pilot to be used with locations with any existing rating and services that are currently unrated. • The information on this tool on our website will be live and updated where necessary. • Liz Jones (LJ)- asked if providers will be able to choose what type of inspection they get. • Graham Woods (GW)- providers won't be able to choose the type of inspection, this will be informed by the Inspector's planning. Inspectors must consider the providers capabilities and resources to undergo an inspection using remote technology. The inspection can be changed to a site-visit where the inspector sees any issues in continuing a remote inspection. • More information on this tool is now available on the CQC website.	April Cole
AOB	
Close Next meeting: Wednesday 15 December 10am-12pm	

Action	Detail	Who	Update	Status
September 29/09	If possible – trade association representatives to share workforce survey results	All		
November 17/11	Latoya to send one-page document to group on assessment framework	Latoya	Sent via email	completed