

Adult social care trade associations meeting

Date	Wednesday January 2024 10am – 12pm	TEAMS online meeting
Attendees	<p>Trade associations: Michael Kazich (MK) – Shared Lives Plus Mary Anson (MA) – Care Association Alliance Jan Burns MBE (JBU) – The National Dignity Council Amrit Sumal (ASu) – National Care Association Duncan Tree (DT) – Association of Mental Health Providers James Creegan (JC) – Care Association Alliance Masline Chitura (MC) – Social Care Nurses Advisory Council Liz Jones (LJ) – National Care Forum Terry Donohoe (TD) – Home Care Association Zoe Fry (ZF) – The Outstanding Society</p> <p>Apologies received Peter Webb (PW) – Care Association Alliance Sarina Kiayani (SK) – Associated Retirement Community Operators Sarah Storer – Shared Lives Plus</p>	<p>CQC and Speakers: Chair: Rob Assall (RA), Network Director London and East, CQC Raki Butt (RB) Policy Lead, DHSC Hayley File (HF), Regional Medicines Manager (South), CQC Alison Murray (AM) Deputy Director of Adult Social Care, CQC Amanda Partington-Todd (APT) – Deputy Director of Adult Social Care, CQC Helyn Aris (HA) - Equality, Health Inequalities & Human Rights Manager, CQC Sheila Grant, Deputy Director Network North, CQC Lizzie Hardy (LH) – Communications and Engagement Manager, CQC Samuel Wallace (SW) – Provider Engagement Lead, CQC James Bullion (JB) – Chief Inspector of Adult Social Care and Integrated Care Mary Cridge (MC) – Director of Adult Social Care, CQC Ayse Sema (ASe) – Senior Engagement & Communications Officer, CQC</p> <p>Apologies received Dave James – Head of Adult Social Care Policy, CQC Deanna Westwood – Director of Operations - South Network, CQC Ann Ford – Director of Operations Network North, CQC Lorraine Tedeschini – Network Director, CQC</p>

Agenda item	Lead
<p>Welcome, introductions and updates</p> <p>RA welcomed everyone to the meeting and shared the following updates:</p> <ul style="list-style-type: none"> • VIVALDI study animation <ul style="list-style-type: none"> ○ Stephen Fry provides the voiceover for this short animation from the VIVALDI Social Care Team. The film talks about the project in care homes on reducing infections and improving lives. The VIVALDI Social Care team are still accepting expressions of interest from organisations providing residential care to older people who would like to participate in this study. ○ To note: to go with the animation for VIVALDI ZF shared oversight of the project. CQC sits on the quarterly steering group which has representation from NCF and CPA (Eddy McDowell) and have the adults social care engagement collective (Monthly). If TAs would like to be involved, please email info@vivaldisocialcare.co.uk. • Visiting guidance consultation is live and runs until 20 February 2024. <ul style="list-style-type: none"> ○ The consultation on CQC's draft guidance for the new visiting regulation went live on Tuesday 9 January and runs for six weeks, closing at noon on Tuesday 20 February. • Carehome.co.uk listings <ul style="list-style-type: none"> ○ APT: We have become aware of several discrepancies between the way providers advertise their service type, specialisms, and client groups on websites such as carehome.co.uk and what they have told us they deliver through their Statement of Purpose. CQC's adult social care January provider bulletin reminds providers to ensure these details about their locations are aligned. They can do this either by updating their pages on the appropriate websites or by updating their Statement of Purpose and sending it to us through the usual notification route. It is a breach of the regulations to deliver additional specialities without notifying CQC. <p>Questions followed:</p> <ul style="list-style-type: none"> • LJ: on the CareFind website, which is coming from the capacity tracker, did they pull that profile information from CQC rather than from capacity tracker information? • SW: we're having conversations with DHSC at the moment to develop how CareFind aligns with information we hold and information from elsewhere. We'll aim to be able to give a clearer view on this between now and the next TA meeting. • AS: Is CQC contacting providers who may have potential breaches? 	<p>Rob Assall, Network Director, London and East, CQC</p>

<ul style="list-style-type: none"> • APT: We've put out a reminder, not only from the careathome.co.uk side, but also through our stakeholder events and our contacts as well through the bulletins. This gives providers an opportunity to rectify and then if the issue persists, we can certainly start to make contact with individual providers. The onus is on providers to take some action to make sure that any details on sites like that match those that we hold. 	
<p>Care Workforce Pathway</p> <p>Please refer to slides 4 - 12.</p> <p>Questions followed:</p> <ul style="list-style-type: none"> • JC: <i>lack of funding to the sector to reward its staff appropriately and to create parity and equity across the whole care and health system - how will this make a difference and encourage staff to develop and progress in Social Care?</i> • RB: The pathway isn't linked to pay yet and if there are ambitions to do that, then we will engage in the sector at that point. The pathway addresses other factors affecting motivation for being recruited and retained in the sector, for instance, the need for support in career development, issues relating to esteem, recognition and professionalisation or having the option to develop their skill set in an easy and accessible way. • LJ: <i>what is the ambition here of the department?</i> • RB: We want this pathway to be a tool for managers and staff to have conversations. Does it work as a tool? It's why the earlier adopters programme will be a helpful way of judging that. <p>Additional questions were sent to Raki for follow-up.</p>	<p>Raki Butt, Policy Lead, DHSC</p>
<p>Access to medicines support – ASC provider experiences</p> <p>Please refer to slides 13 - 15.</p> <p>People who are supported by ASC services can benefit from input from other healthcare professionals and providers, such as GPs, hospitals, pharmacies, councils, and other providers. We also know that ASC services are not always able to access this support, so Ipsos is undertaking research on behalf of CQC to understand more about this issue and its impact on ASC providers and the people they care for. Your service should receive a unique link to this anonymous survey in February. It should take around 20 minutes to complete. The purpose is to find out about:</p>	<p>Hayley File, Regional Medicines Manager (South), CQC</p>

<ul style="list-style-type: none"> • The support you receive from other healthcare professionals and services to help manage people's medicines safely. • What advice and support you would like to be able to access to help manage people's medicines safely. <ul style="list-style-type: none"> ○ <i>However, any concerns about a particular service should be raised through our website rather than this survey.</i> cqc.org.uk/give-feedback-on-care ○ Please do encourage members to complete the survey when they receive the link. 	
<p>Visiting guidance consultation</p> <p>Please refer to slide 17.</p> <ul style="list-style-type: none"> • The consultation is live at cqc.citizenlab.co/en-GB/projects/cqc-visiting-guidance-consultation • The consultation is open until Tuesday 20 February 2024 at noon. • Easy read version is available via this link. • We encourage you and your members to respond to the consultation on the guidance. 	<p>Alison Murray, Deputy Director of Adult Social Care, CQC</p>
<p>Human rights approach update</p> <p>Please refer to slides 19 - 23.</p> <p>HA: Our approach was published on CQC web pages last December Our updated human rights approach - Care Quality Commission (cqc.org.uk).</p> <p>Please see blog on Bringing humanity into action — our revised human rights approach to regulation by Lucy Wilkinson Head of Equality, Health inequalities and Human Rights at CQC.</p> <p>Webinar on 21 March 2024 at 10 am – further details will be circulated separately.</p>	<p>Helyn Aris - Interim Equality, Health Inequalities & Human Rights Manager, CQC</p>
<p>Inspections update</p> <p>Please refer to slide 25.</p> <p>SG expressed the importance of providers using the correct provider ID and location ID because that will result in the information going in the right place at the right time. Issues have emerged where services are using the provider ID, and that provider might have 20 services therefore it is difficult to track which location it needs to sit with.</p>	<p>Sheila Grant, Deputy Director Network North, CQC</p>

<p>Reminder to all providers, when using the portal please make sure to use the correct ID (for you as a provider and for the location that you're sending that information for).</p>	
<p>Any other business</p> <p>TD: I have a provider who had an assessment before Christmas who is yet to receive their report. What's the delay?</p> <p>SW:</p> <ul style="list-style-type: none"> • We've been working closely with the early adopter group of providers and obviously really grateful that they put themselves forward and helping us make sure the new approach and the various systems around it work well. • It's fair to say we have encountered a few issues with the technology that's part of the process and one of the particular issues has been around the issuing of the draft report for the factual accuracy part of the process. We discovered that the correct information wasn't being shared with providers at that stage. We've worked to issue a technical update • Individual assessment teams should have been in touch with affected providers to explain the issue and give them an update on when they should receive their draft report. Issues should be fixed the week commencing 29/01 and providers should be receiving their draft reports with further instructions on how to complete their factual accuracy checks. <p>TD: How can we tell which reports have been done under the new assessment framework?</p> <ul style="list-style-type: none"> • We are making some website updates to make it clearer which reports are using the new approach and which reports are from the old approach. Specifically, we also want to make clear which elements of the provider have been assessed when we've done an assessment using the new approach. • As you know, we're looking at individual quality statements and we might not look at every single quality statement in an assessment. We'll try to be really clear which quality statement has been assessed most recently using the new approach. At present there were only two reports on the website that are from the new approach, so this fix to make things more visible will be more helpful when we start to see more reports going live. • https://www.cqc.org.uk/location/1-142588772 • https://www.cqc.org.uk/location/1-495331491 <p>RA emphasised to TD and all trades members that if anyone has particular issue or concerns around late reports or inconsistent practice, please contact the relevant local manager for that team via national customer service centre.</p>	<p>Rob Assall, Network Director, London and East, CQC</p>

DT requested a future agenda item on 'people's experience of the implementation of the National Partnership agreement and right care right person'. ACTION

MA: question regarding on portal and how that's rolling out – “if any nominated individual has access until wider delegation, what happens if the PIR request comes out in that situation, nobody else can see it and there are no extensions offered for returning of the PIR and it's supposed to be returned within 10 days? People have expressed concerns.”

SW: Currently the provider portal will only be used for submitting some statutory notifications and completing some registration actions. The PIR, for example, won't go through the provider portal at all, there is no issue with not being on the portal and receiving a PIR request as that will be through a completely different process.

We want providers to get on and use the new portal because we believe it to be a much better way to submit notifications. It also goes some way to address some of the issues SG was referring to earlier about ensuring the data quality is as best as possible.

Currently only providers we've directly invited can join the new portal, but from the end of February and the start of March, any provider will be able to join it and they'll be able to delegate access to different people within their organization to submit notifications and do things like changes of registration, etc. The best thing providers can do is if they get an invite between now and the end of February is to sign up or just wait till the end of February and start to March and you'll be able to sign yourselves up to the portal then.

JB reminded everyone that National Dignity Day (Dignity action day) is 1 February. The National Dignity Council was holding an online session featuring CQC's Jay Harman speaking about launching the campaign activity sharing for better care. More details at https://www.dignityincare.org.uk/Dignity-in-Care-events/Dignity_Action_Day/.

TD: Raised a concern about registration delays and issues regarding the new assessment process.

RA: Debbie Westhead, national OPS, provided an update just before Christmas about registration delays. We process the applications in the order that we received them. There has been a huge spike in demand over the last 18 months. We're working incredibly hard to respond to the applications as fast as we can, working through them in date order. We'll be making improvements as part of our wider transformation which will make for a more streamlined process. This will enable us to deal with them more quickly.

There are instances, however, where we may give priority to an application if it's critical to either increasing capacity in the health and social care system or helping the system to recover from the pandemic, and we find this process works well. But we do

require written evidence that the application is urgent and that needs to come from either NHS Trust, CCG or the local authority, and that there is guidance on CQC website about this. If there are any locations that you're concerned of that fit that criteria that may benefit from a speedy response, then please do get in touch with us.

Post meeting notes:

DHSC has published Infection prevention and control in adult social care: acute respiratory infection guidance. The new acute respiratory infection guidance consolidates the Infection Prevention and Control advice for the Adult Social Care sector. It aims to support providers, and the wider sector, plan for and manage a range of infectious diseases, including COVID-19. This new ARI Supplement to the Infection Prevention and Control resource for ASC replaces the COVID-19 supplement. The guidance itself can be found here: Infection prevention and control in adult social care: acute respiratory infection - GOV.UK (www.gov.uk).

DHSC's Operational Response Centre team has shared messages for trade associations to use in their communications and materials for members. These are messages to help people who use medical technologies to prepare for energy disruption.

Type	Key message	For patient/carer	For clinical team
Context	Power outages can happen at any time	Power outages can happen at any time from a number of causes. Major power outages are very unlikely but smaller, localised outages do happen and are more likely in winter.	Power outages can happen at any time from a number of causes. Major power outages are very unlikely but smaller, localised outages do happen and are more likely in winter.
	It is important to know what to do if the power goes out	If you rely on power for your healthcare, it is sensible to know what to do if the power does go out. By making a plan with your carers now, you	If your patients rely on at-home mains-powered medical equipment, you can play an important role in helping them to know what to do if the power does go out. It is likely you have already

		will be better prepared for if things go wrong.	<p>Speak to your patients about what to do with their medical equipment if it malfunctions. Including what to do in a power outage in those conversations may help them feel more reassured about the risk.</p>		
Action to take	Register on the PSR	<p>Sign up via your local energy network, find out more at thepsr.co.uk.</p> <p>This will mean support can be targeted to those most in need if an outage occurs.</p>	<p>Prior to discharging a patient home on a mains-powered medical device, provide them with information to support them (or their carer) to join the Priority Service Register. Patients/carers can sign up via their local energy network or can find out more information at thepsr.co.uk</p>		
	Understand how the equipment works	<p>Ensure that your care provider, clinical care team and/or equipment supplier has supplied you with sufficient information so that you understand how the equipment works and what to do if there is a power disruption.</p>	<p>Prior to discharging a patient home on a mains-powered medical device, ensure that they have been provided with suitable written information so they understand how the equipment works and what they need to do if there is a power disruption. Consider potential reading age and language issues.</p>		

	Be prepared	Speak to your care team to put a plan in place for what action to take and who they should contact if they experience a power outage.	Ensure that patients/carers have a contact number they can ring 24/7 if there is a device-related problem and that there is a clear plan of action the patient/carer should take during a power outage.		
<p>Next ASC Trade Association meeting is on Wednesday 28 February 2024 from 11 – 3 at CQC's offices, 2 Redman Place, Stratford, London.</p>					

ACTIONS

Action	Action Owner	Status	Due Date
General agenda item on the experiences of people and providers with the implementation of the National Partnership Agreement: Right Care, Right Person (RCRP) - GOV.UK (www.gov.uk)	Lizzie Hardy	In plan with CQC colleagues	Update at March meeting
Review of inspection information presented at these meetings using feedback from TA colleagues at the January meeting.	Lizzie Hardy	In plan with CQC colleagues	31/03/2024
Add update of the enforcement policies and the factual accuracy guidance to future agenda item.	Lizzie Hardy	In discussion with CQC colleagues	31/03/2024
LH to welcome Healthwatch colleagues to future meetings to give more information on what their role is.	Lizzie Hardy	<i>Planned for March 2024</i>	31/01/2024
LJ to pose hypotheses of what data would be useful for CQC colleagues to explore making this available via data dashboards.	Liz Jones	<i>Pending</i>	28/06/2023
Add discussion of Liberty Protection Safeguards (LPS) to future agenda	Lizzie Hardy	In discussion with CQC colleagues	02/08/2023