CQC Adult Social Care Trade Association Meeting Notes 28 September 2022

Operational Update – Deanna Westwood

There was an update on the inspection figures. Inspection numbers rising steadily – the bulk of inspections are in adult social care.

The current approach taken by the CQC is risk and rate wherever possible.

Transforming to a single assessment framework: Reviewing the timeline – they have learnt a lot from the work so far but will review the schedule so that when it is implemented it is good to go. It may not be taking place when it was initially expected to do so. They will share a fully revised schedule for implementing the schedule soon.

Discussion
Q – Are you defining inspections as onsite physical or telephone inspections?
CQC – The understanding is that the data refers to onsite physical inspections.
Q - Are the CQC only coming into homes because of risk?
CQC - In order of priority risk will come first. But will also go to inadequate and required improvement services.
Action – CQC to look into a further breakdown of inspection stats to show those responding to risk and those responding to inadequate and requires improvement
Q – Does this mean that in the interim all inspections will continue with the previous methodology?
CQC - Yes

Local Authority assurance and provider feedback workshop – Dave James

The CQC reiterated that it is essential to get views from providers.

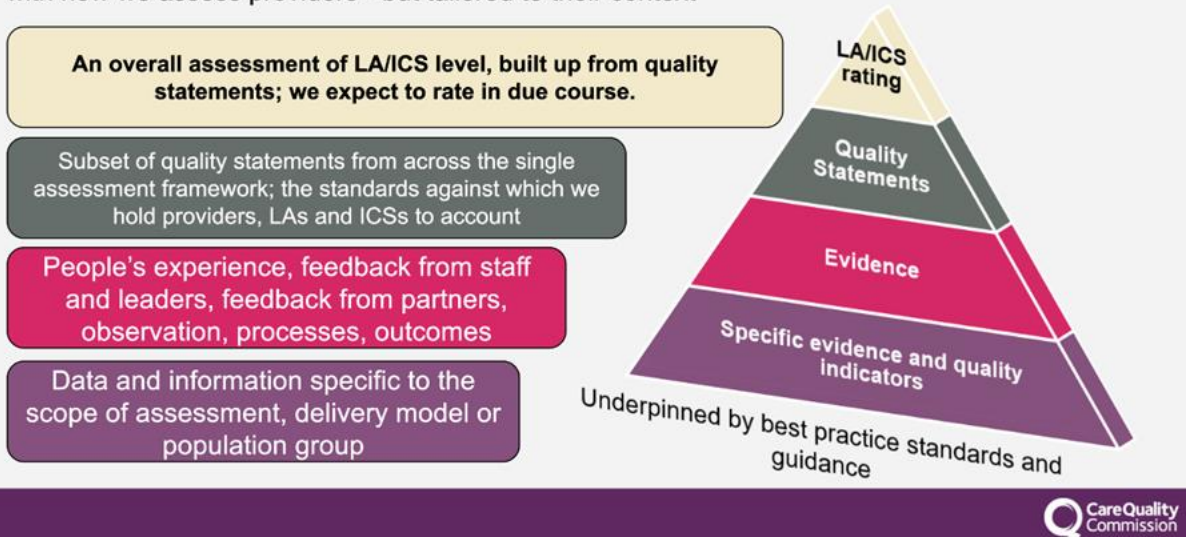
System oversight in CQC context

- New powers in Health and Care Act – for local authority assurance and integrated care system assessment
- Strategic focus: How well are local authorities delivering against their Care Act duties?
- Connects with wider programme of regulatory change in CQC
  - Single assessment framework across providers and systems
  - New ways of team working
  - Reporting and rating in a timely and responsive way

- New role for this on the social care side – tied to the Care Act and can't look at things covered in part 1 of the Care Act
- A broader program of regulatory change in terms of how they implement our single assessment framework in a way that joins everything we know about providers across health and care as well as its system level.

How it fits together: system context

Our framework will assess local authorities and integrated care systems in a way consistent with how we assess providers - but tailored to their context

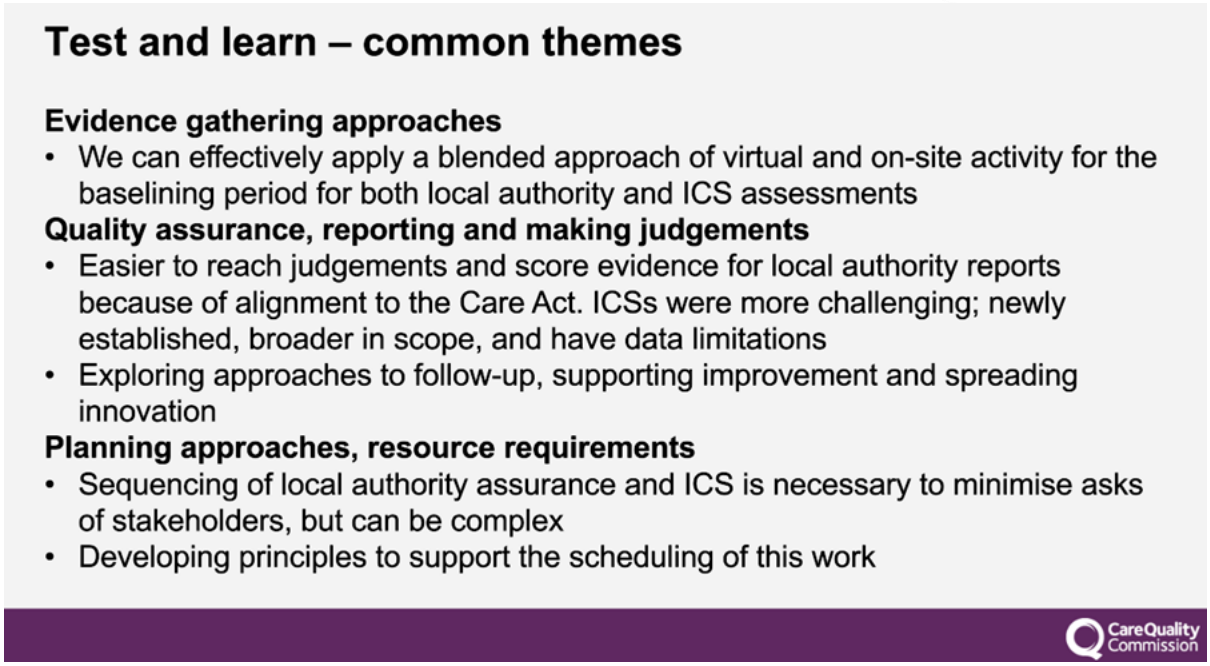


- In LA and ICS assessments the five key questions aren't at the top of the pyramid – not using enough of the question to warrant their use – only using 8 quality statements for LA.
- 8 quality statements for LAs, 16 for ICSs – 34 in total for providers.
- They don't think they will do any observation for LAs.
- The evidence they need is specific to the task at hand.

- And all of this is in line with where best practice and standards and guidance are. They are fortunate that local authorities are well established, the Care Act is a longstanding piece of legislation. They can draw on best practice standards and guidance a bit more challenging than the ICS land where they've only been legally required to form for just a few short weeks.

- Themes are a helpful way to break up so they can organise the quality statements.
- No score for these theme levels, but they will be scoring quality statements themselves.
- They will not be looking at assessing needs in ICS.

- The CQC are looking at minimising the inconvenience and burden that they place on the system.
- I'm really important to have the skills and capability, of course, to take on this new role now and they have been able to work with the team that did their test and learn.
- There are a number of people that will already work at CQC with those skills and it's given them a good run at testing out what this looks like, but they will need to bring in other people – both staff and also experts.
- People have been really clear that we need to understand the context that local authorities and systems are operating in and to reflect that, and that's the same. That's the same for provider regulation as well, which isn't the same as saying it's really hard out there.
- They will hold back on the scores and ratings for a short time
- How are provider ratings reflected in the assessments of systems?
- There's more work to come back to on this – it hinges on who's accountable for what.



- They successfully used to blend of virtual and onsite activity, as that's how they're going to run the actual assessments for local authorities, ICSs and for provider regulation.
- The local authority findings are a requirement for the ICS judgment. They don't want to tie themselves to a chain of set pieces where they're tied up in one local authority doing everything there. And then they all decamped to the next one. That's not how this is going to look. There will be where possible, elements of parallel working.

Discussion

Q - Providers who are the most nervous about safeguarding and rating deficiencies are limiting their admissions to safe clients, whereas the homes which are being more proactive about trying to support the wider system, are ending up with greater damage in terms of reputational stuff with safeguarding's and so forth because there are so many potentially unsafe discharges which other care homes will not be tackling.

CQC – A good example and what they hope to hear in provider assessments. They hope to know what's holding them back and to what extent is it the LA/ICs. Who will fix this?

CQC – this needs to be flagged to us. Some providers will become risk-averse. They collect intelligence across all services.

Workshop Discussion

How can CQC best gather the provider experience of working with the local authority?

A - It might be useful for inspectors to ask about providers' experiences with the LAs monthly – who was helpful, or not helpful so that they can build a picture. PIR should be open and updated every three months and not take a long time to complete. So that it is a dynamic conversation. What works well so can do more of it and what doesn't work well so can do less of this.

A - ask questions about the LA/Trust response and support when a provider has had to go back to them with concerns about a new admission/transfer.

A – need to know why something has worked well and why. Communication, connections and relationships. There should be targets for how fast assessments can be assessed and dealt with. Data

collection is so important. Market shaping because I'm not feeling market shaping as a count of the health and Social Care Act. Where are the strength-based assessments? Where is it real? And if there is a real direction, how are we able to contribute to it?
A - Perhaps creating local forums that are open to all those in care (individuals receiving care, unpaid carers, care workers, LA representatives, care providers etc.). Having these forums at a local, regional and national level may help improve communication (i.e., the feedback loop) and the sharing of ideas.
CQC – agree with points about conversations. Thinking about burden and affordability. Committing inspectors to monthly calls with every provider might not be affordable. Are there other ways that we can make it really easy to tell things on an ongoing basis and then have some more targeted and active conversations when working on that particular LA?
CQC - Forums – used to invite people in to have conversations when did comprehensive hospital inspections but they did not work. They have tried a variety of things with limited success. How can they do this most efficiently and what can they tap into that's already going on? Issues with affordability here. Thinking about the resources that they have.
A – paying quite a lot of money, if not going to hear or see from CQC what is the value of the registration fees that they are paying.
CQC – this work is not coming out of fees

How might providers' advocacy for the people they support feed into the new local authority assessment? Is this true for other providers, not just the voluntary sector?
CQC – many care homes are advocates but may not seem themselves as official advocates, but could be the only family that the person has. We need to recognise the voluntary sector and especially in home care.
A – providers will answer any question put to them. They know they are advocates for people and their families. If we ask a question about providers trying to advocate for individuals, have there been issues, have you been heard? If we make advocacy a question then it will allow people to see that they are advocates

What can member organisations do to support sharing feedback of both providers' and people's experiences?
A – there is a role for local trade associations, even if only to gather data. Anonymises data. You can provide local trade associations with questions that they can circulate
A – we need trade associations in gathering the feedback
A – trade associations are a valuable tool that needs to be utilised – anonymity is vital. Local trade associations can be good for feedback

Publishing findings from inspections – Owen Griffiths

Owen presented slides and an update about the potential changes for the CQC website content. While PDF reports may have an advantage in the initial stage report, they recognise that it is not an ideal form of publication. They want to make all the information that they publish more accessible – improving those with visual impairment can read it, mobile devices, Amazon Alexa etc
Could be a lag between inspections, so moving towards more regular updates so need to change the way that they publish information on the website

We saw mock-ups of ideas for different pages on the website demonstrating what things look like now and how they are planning to improve them in the future.

Discussion

Q – How up-to-date will the information be? How often will the information be updated?
A (CQC) - we are still working on the frequency of updates - these will be per evidence category. We need a more efficient and timelier model than the current one but one which is proportionate and cost-effective. That's the balance we need to find.

AOB
It would be helpful if we have the slides prior to the meeting so that we can prepare