ITEM 4

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

3 July 2014

Care Quality Commission Consultation on Inspection Methodology and the HAS Processes for monitoring of services

1.0 Purpose of report

1.1 The report is to inform the Committee of the proposed changes to how the Care Quality Commission (CQC) intends to regulate, inspect and rate health and social care services. All services will be inspected under the new arrangements by March 2016.

1.2 The report also details how the Directorate undertakes its own monitoring of services including the scope and outcomes during the past year.

2.0 Background to the CQC Proposals

2.1 In October 2013 CQC published “A Fresh Start for the Regulation and Inspection of Adult Social Care”. The document set out proposals for a revised methodology for the inspection and regulation of adult social care.

2.2 The initial five priorities from “A Fresh Start” were:

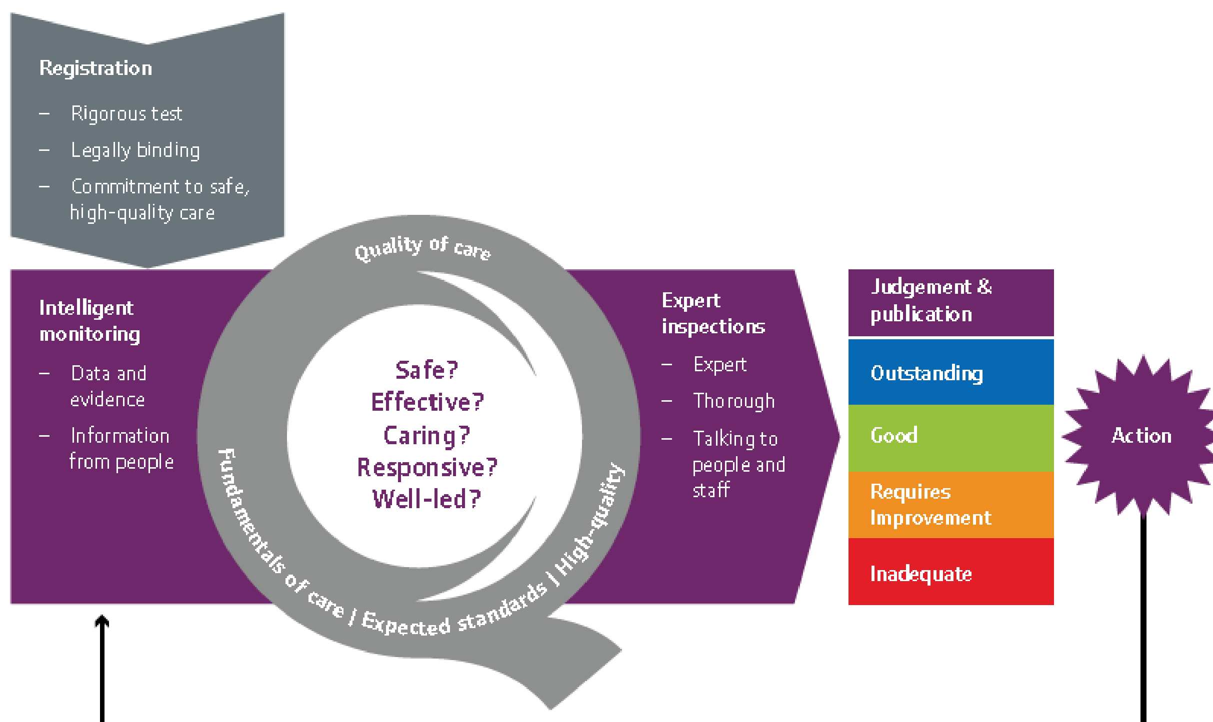
1. Develop changes to how CQC monitor, inspect and regulate adult social care services.
2. Develop ratings system for adult social care services.
3. Develop an approach to monitoring the finances of some adult social care providers.
4. Support CQC staff to deliver.
5. Build confidence in the CQC.

2.3 One key to the above was the creation of the post of Chief Inspector of Adult Social Care, currently held by Andrea Sutcliffe. The Chief Inspector role will oversee the regulation of: Care home services with nursing; Care home services without nursing; Specialist college services; Domiciliary care services; Extra Care housing services; Shared Lives; Supported living services; Hospice services and Hospice services at home. These are all services regularly contracted for by HAS.

2.4 The new methodology will use more specialist teams that include members of the public (Experts by Experience). They will use a new system of intelligent monitoring (data led) that will help CQC decide when, where and what to inspect. More use will be made of listening to people's experiences of care and linking in to information across the range CQC monitoring systems.

3.0 CQC Proposals

3.1 The proposed new system can be summarised as:-



3.2 **Registration** - the registration process will be more rigorous and will focus on leadership and management of the service A part of the registration process will ensure that applicants have the right values and motives as well as ability and experience.

3.3 **Intelligent Monitoring** - Intelligent monitoring' is how the CQC describes the processes used to gather and analyse information about services. Together with local insight and other factors, this information will help CQC to decide when, where and what to inspect. By gathering and using the right information CQC can target activity where it is most needed. In addition CQC is developing a Provider Information Return which will provide more information on a service and help target resources and lines of enquiry.

3.4 **Five Key questions**
For all health and social care services, CQC have defined these five key questions as follows

Safe	That people are protected from abuse and avoidable harm.
Effective	That people's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence-based where possible.
Caring	That staff involve and treat people with compassion, kindness, dignity and respect.
Responsive	That services are organised so that they meet people's needs.
Well-led	That the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

3.5 **Key Lines of Enquiry (KLOE**) - Each of the five key questions will have a series of KLOE to aid and prompt the inspector to form an opinion. As already happens inspectors will triangulate responses and evidence from different viewpoints to arrive at a conclusive answer.

3.6 **Ratings** - Each key question will be given one of four ratings:-
Outstanding, Good, Requires Improvement or Inadequate.

In deciding on a key question rating, the inspection team will answer the following questions:

- Does the evidence demonstrate that we can rate the service as good?
- If yes – does it exceed the standard of good and could it be outstanding?
- If no – does it reflect the characteristics of requires improvement or inadequate?

Each rating will have its own set of characteristics

Future inspections will be linked to the ratings rather than an annual time scale.

3.7 **Other Proposed Changes –** Other proposed changes are

- Better use of technology to capture people's views and experiences
- Avoiding duplication of effort with Local Authorities

4.0 HAS's response to the consultation

4.1 The consultation ended on 4 June and HAS submitted a full response. This covered HAS's role as both a provider and commissioner of services.

4.2 In broad terms the Directorate was supportive of the proposals but with the caveat that more development and detail was needed. It was felt that the proposed inspection system will help inform users of the service about the quality of the provision. The new methodology combined with the recently produced CQC area profiles will also help give reassurance in the commissioning of HAS services as to the quality of the provision.

4.3 Specifically comments were submitted:-

- More clarification should be given on examples of a "good" service and how inspectors will judge this. In a number of instances the phrase "will tell" is used and this should be changed to "will evidence"

- In respect of the KLOE's our response expressed a good degree of confidence however it was noted that the use of mandatory and non-mandatory questions could lead to incompatibility of judgement issues when comparing services. This may be especially relevant as the new regime "bed in".

- Covert surveillance activities. In some respects it was felt that this went against CQC statement of wanting to have an open and honest relationship with providers. However it was accepted that in a minority of cases where poor practice has been identified by other means this is an acceptable tool.

- The use of “Mystery Shoppers” was unclear from the consultation documentation.

- Rating adult social care services. There was agreement with CQC that the overall rating system was sound, although of the five key questions those regarding “Safe” and “Well Led” should be given more emphasis in the overall rating.

- Gathering information on adult social care. There was broad agreement on CQCs plans to use information to inform inspections and to initially risk rate the service. Registration information should be maintained throughout the year not at any set points. CQC should hold open meetings in localities to gather base line information on services. Whilst helping to form opinions on services it was felt that raw information without context could not on its own identify good or poor practice.

- A key “element” of the “good” and “outstanding” rating is “skills and time to develop positive and meaningful relationships” and a comment was made as to the possible financial impact of additional time spent in the service users home to develop these skills.

- It was felt that further clarity on CQCs approach to Deprivation of Liberty (DOLs) and the Mental Capacity Act was required.

5.0 HAS Monitoring of Services

5.1 Current Market

There are the following CQC regulated services in North Yorkshire:

- 164 Care Homes without Nursing (including those run by NYCC)
- 70 Care Homes with Nursing
- 120 Domiciliary Care providers (including 14 run by NYCC)umbers and range

5.2 Current Process

5.2.1 Baseline Assessment Visits are undertaken to assess the quality of registered service provision commissioned by the Council. This includes NYCC run services. Staff from the Contracting, Procurement & Quality Assurance Team, and in some circumstances staff from the Continuing Health Care Team, visit the provider to review paperwork, discuss practice with the provider and, where possible, speak to staff, clients and relatives. The information reviewed may include recruitment and staffing, care planning, risk assessment, recording, medication and safeguarding.

5.2.2 Following the visit a summary report is produced which is shared with the provider and forms the basis of any action plan which may be required. The summary form may be shared with other commissioners, CQC, etc. subject to the provider’s agreement. With the introduction of revised terms and conditions future summary forms will be published on the Council’s website. If required, these documents can be sent automatically to CQC.

5.2.3 In some cases the Baseline Assessment Visit is undertaken jointly with a CQC inspection. This enables the information to be viewed simultaneously and for either agency to take any required action. It also ensures a consistent message is given to the provider.

5.2.4 When action is taken this is on a sliding scale of seriousness:-

1. Agreement of Action Plan
2. Suspension of new placements overseen by Action Plan
3. Suspension of new placements, issuing of default notice which details Action Plan
4. Removal of all placements

However it should be noted that monitoring often finds good practice which is fed back to the provider and may also inform best practice guidance for others.

5.3 Outcomes (last year)

- NYCC undertook 206 Baseline Assessment Visits
- April 2013 there were 5 organisations suspended (of which 2 suspensions were partially lifted) 4 organisations were fully suspended, 4 suspensions were partially lifted and 3 suspensions were fully lifted.
- As at 1 April 2014 there were 7 organisations suspended (of which 2 suspensions were partially lifted)

5.4 Examples

5.4.1 Concerns were raised including institutional practice, poor care, staffing and cleanliness. The home was visited and a suspension of new admissions was put in place. The home produced an action plan and progress towards improved outcomes was monitored via a series of Baseline Assessment Visits. Over a period of approximately 2 years the home improved to a standard whereby the suspension was fully lifted and new admissions could be accepted. This is a time intensive situation however with partnership working between agencies a positive outcome was achieved for the people living in the home.

A positive of this approach is that improvements were achieved without people needing to move to other providers.

5.4.2 A Baseline Assessment Visit was undertaken jointly with the Continuing Health Care Quality Assurance Nurse. Staff undertaking the visit shared significant concerns with CQC. As a result a further visit was undertaken involving all three agencies. This was followed by a meeting of all commissioners who reviewed the information gathered during the visits and additional information which had been collated. As a result of the process commissioners agreed that it was not safe for people to remain in the home and all clients were removed to alternative care settings. Information gathered via this process was submitted to the Nursing and Midwifery Council so that consideration could be given to the removal of nurses PINs, ultimately preventing them practicing as nurses in future.

This is at the extreme end of the scale of action but where such risks are identified such steps will be taken.

6.0 Conclusion & Summary

6.1 With the changes proposed within the consultation it is anticipated that there will be some distinct improvements:-

- Clearer information for commissioners and the public regarding the standards of service being delivered by registered providers including the publishing of NYCC reports
- More opportunities for joint working between CQC and the Council, avoiding duplication in processes and visits
- CQC has powers to pursue legal action which the Council does not have and this will be further clarified

6.2 With a joint approach and better opportunities for information sharing and collaboration there should be an opportunity to ensure good and excellent care is provided and poor quality services who fail to improve are removed from the care market. This will either be via regularity action from CQC or direct action by the Council.

7.0 Recommendation

7.1 The Care and Independence Overview and Scrutiny Committee is recommended to note and comment on the information in this report.

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Background reports None
Annexes None