

CQC Regulation of Adult Social Care

Overview for Scrutiny

31st January 2024

Context

- The Health and Care Act 2022 gives CQC new regulatory powers that enables a meaningful and independent assessment of care at a local authority level.
- CQC assessment will focus on how local authorities discharge their duties under Part 1 of The Care Act (2014)
- Aim is to understand how the care provided in a local area and how this is improving outcomes for people and reducing inequalities in their access to care, their experiences and outcomes from care. How services are working together within an integrated system, as well as how systems are performing overall
- A new single assessment framework. CQC will use this to assess all types of services in all health and care sectors at all levels – Four themed areas

Context

1. How local authorities work with people
 2. How local authorities provide support
 3. How local authorities ensure safety within the system
 4. Leadership
- In addition to the four themes, the assessment framework is based on a set of quality statements, arranged under topic areas and describe what good care looks like
 - Quality Statements – (Making It Real – Think Local, Act Personal) “I” and “We” statements

Summary of framework – 4 themes and quality statements

Working with People: assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice		Providing Support: shaping, commissioning, workforce capacity and capability, integration and partnership working	
Assessing Needs	Supporting people to live healthier lives	Care provision, integration and continuity	Partnerships and communities
<p><i>I have care and support that is co-ordinated, and everyone works well together and with me</i></p> <p><i>I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals</i></p> <p><i>We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</i></p>	<p><i>I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally</i></p> <p><i>We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives, and where possible reduce their future needs for care and support.</i></p>	<p><i>I have care and support that is co-ordinated and everyone works well together and with me (repeat)</i></p>	<p><i>Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities</i></p>
Equity in experiences and outcomes (new addition, Dec 2022)		<p><i>We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.</i></p>	<p><i>We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement</i></p>
Ensuring Safety: safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care		Leadership: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability	
Safe systems, pathways and transitions	Safeguarding	Governance	Learning, improvement and innovation
<p><i>When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place</i></p> <p><i>I feel safe and am supported to understand and manage any risks</i></p> <p><i>We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.</i></p>	<p><i>I feel safe and am supported to understand and manage any risks (repeat)</i></p> <p><i>We work with people to understand what being safe means to them and work with them as well as our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.</i></p>	<p><i>There is currently no CQC 'I' statements for this theme but the 'we' statements emphasise accountability, risk management and good governance to manage and deliver good quality, sustainable care, treatment and support. Continuous learning and innovation are also important for effective and safe practice, and delivering equality and quality of life for people using services</i></p> <p><i>We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.</i></p>	<p><i>We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research</i></p>

Types of Evidence Categories Being Used

1. **People's experience** - This category covers all types of evidence where the source is from people who have experience relating to a specific health or care service, or a pathway across services. It also includes evidence from families, carers and advocates for people who use services. I.e, interviews with people, feedback on care forms, survey results, feedback from representative groups and case tracking
2. **Feedback from staff and leaders** - eg, direct interviews, compliments and concerns, surveys and evidence from self assessments
3. **Feedback from partners** – eg, commissioners, providers, professional regulators, accreditation bodies, royal colleges, multi-agency bodies. This will include partners involved in the wider determinants of health and wellbeing such as housing, licensing, or environment services
4. **Observation** - This category will not be used as part of the assessments of local authorities – it will be based on actual evidence only

Types of Evidence Being Used

- 5. Processes** - the series of steps or activities that are carried out to deliver care and support that is safe and meets people's needs. Focus on the effectiveness of the processes rather than simply the fact they exist. This category includes metrics such as waiting times, audits, policies and strategies.
- 6. Outcomes** - specifically those that are focused on the impact of processes on individuals and communities, and cover how care has affected people's physical, functional or psychological status. Evidence includes information on the quality of a provider, clinically relevant measures, quality of life assessments and population data.

What Information we Require for CQC Inspection

CQC have requested the following from pilot sites before visits take place:

1. 38 pieces of individual information including:
 - Self – assessment completed by council
 - Feedback from service users
 - Processes re assessment and care planning
 - Market Position Statement
 - Complaint/compliment information
 - Arrangements for quality monitoring
 - How we used Better Care Fund (BCF)
 - Learning from Safeguarding Adult Reviews (SARS)
 - Governance arrangements for delivery of Care Act duties
 - Learning and improvement plans from feedback and events
 - And 38 other pieces of information

Updates:

1. Policy Review completed
2. Evidence bank – being populated
3. Data will continue to be triangulated as preparation process continues
4. Project worker – continues to oversee work of collating information for evidence bank.
5. CQC Inspection leads identified in Focus, Navigo and CPG and working group well established
6. Focus have provided 40 cases for review
7. Review work on files now under way.
8. Government announced £27k in funding for each LA to assist with preparation.

Details of 50 service user cases covering:

- Older People
- Working age adults
- Learning Disabilities
- Young people/transitions
- Unpaid carers
- People with protected characteristics

All preparation work at present is based around collating the information required in these 2 areas.

Learning from other local authorities

- 2 neighbouring LA have now had pilot tests by CQC. Both appear to have gone relatively well and information is being shared.
- Both still to receive formal feedback.
- LCC inspection focussed on waiting lists and time taken for assessment whilst North Lincs had a focus on intermediate processes.
- CQC had been due to announce the names of the first 20 councils they would inspect officially but this has now been delayed to 'later this year'.

Scrutiny's Role

- Scrutiny Chair is likely to be interviewed by CQC as part of the process
- We have recently had an ASC Peer review based on the CQC domains, Report is due to be finalised in February so we propose with your agreement that this is a substantive item for scrutiny in March