Adult social care trade associations meeting

12 February 2020

Agenda

No.	Agenda item	Lead	Time
1.	**Welcome, introductions and reflections**	SH/KT	10.00
2.	**Minutes and actions from the last meeting**	SH	10.10
3.	**Updates**	SH	10.15
4.	**Hot topics**	All	10.20
5.	How to get the most out of inspection	SH	11.00
6.	Registering the Right Support	DW	11.15
7.	Principles to enable successful innovation and adoption in health and social care providers	TS	11.40
8.	**AOB and reflections**	SH	11.55

Welcome, introductions and reflections

Minutes and actions from last meeting

Updates

#CQCConnect podcast

CQC Connect is now live!

- All 4 episodes are now live and across the series there have been over 7800 downloads
- Feedback surveys live after every episode
- Series 2 is being planned with topics such as Winter pressures, Outstanding ASC and Sustaining Improvement
- 2 episodes publishing every month

Sustaining improvement:
Four case studies

Following on from *Driving improvement* reports in NHS acute and mental health trusts, we've been back to four trusts to find out how they have sustained and/or improved further. The trusts are:

- East Lancashire Hospitals NHS Trust
- Cambridge University NHS FT
- North Staffordshire Combined Healthcare NHS Trust
- Lincolnshire Partnership NHS FT

The case studies are due to publish in February – key dates to be agreed

Thematic review of restraint, segregation and prolonged seclusion (1/1)

- On 15 January we ran a session at ASC Coproduction – first look at shaping the recommendations.
- The final Expert Advisory Group and recommendations workshop took place on the 28th of January. It was a full day session which looked at the final report, as well as previous reports relating to learning disabilities and autism and discussing recommendations on this.
- The Expert Advisory Group included 50% families/people who use services – co chaired with families.
- We plan to launch the report Spring 2020.
- Our report will be told from the view of people who use services and their experiences of restrictive practices.
- We will be making recommendations for change

Hot topics

How to get the most out of inspection

Working Together Towards Shared Expectations for Providers and Inspectors

How this was developed?

The ASC Trade Association members, CQC inspection colleagues and members of the Outstanding Society came together to agree:

- *What does a good inspection look like, for all parties?*
- *What are the common issues?*
- *If it goes wrong, why?*
- *Whether we could develop some agreed expectations and opportunities.*

We saw we all want the same and the following was easy to develop and agree.....

Purpose

To work collaboratively to develop key principles and a shared understanding for providers and CQC inspectors that makes sure **everyone can get the most out of inspection by**;

- ✓ *Addressing popular* ***misconceptions***
- ✓ *Clarifying common* ***misunderstandings***
- ✓ *Removing any* ***barriers to effective working***
- ✓ *Agreeing some* ***mutual expectations***

What we heard

Culture, communication and consistency are vital to an inspection running smoothly and being valuable to all parties

There are key themes which run through each stage of the inspection for providers, inspectors and for both parties

Key Themes

There are some underpinning principles that apply throughout all stages:

- Everyone is looking to achieve the same outcome; great quality care for people using services
- Everyone has a role and it should be played professionally; with respect and dignity for all parties
- Everyone needs to be thoroughly prepared; the inspector needs to understand the service, including pre-inspection analysis of the provider's information; the provider should help everyone in their service to understand the inspection process and methodologies
- The inspector will not predict the rating until all the evidence has been gathered and analysed; this will not be at the inspection; however they will be open minded to all ratings, i.e. always be prepared to see outstanding care
- Great communication is the key to a constructive, professional relationship and all parties will provide regular opportunities for open and transparent input and feedback.

Make sure the inspection starts well - good communication is key

Both parties…

- On arrival everyone should be introduced and their role in the day agreed and explained
- Both parties should agree their key contacts for the day; i.e. who is the most senior person on duty in the service; do they need/want to contact their manager?
- Opportunities will be agreed for open and regular dialogue during the day
- Where possible agree who will be present at the feedback and agree an approximate time; be prepared to change this if necessary but communicate well.

CQC…

- Explain the purpose and type of inspection planned
- Describe the plan for the day but that the inspection may have to change as the day progresses; the lead inspector will keep the agreed contact person informed if changes are needed and why
- Familiarise, and be aware of any activities planned for the day
- Take into account the current staffing arrangements, including the implications of turnover and absence
- Establish any 'need to know' information about the people using the service
- Remember that the people working and using the service might well be nervous; try to put everyone at their ease and encourage the provider to showcase best practice.

Provider…

- Make sure the inspector has all the information they need about any risks, planned activities, staffing or people using the service
- Reassure and empower care workers and other staff so they know what to expect and are encouraged to speak openly with the inspection team
- Make sure, where possible, people using the service know what is happening and how they can be involved
- Use the opportunity to ask questions and iron out any misconceptions and/or anxieties about the inspection
- Get ready to use every opportunity to showcase best practice.

A positive inspection experience; good communication is still the key

Care Quality Commission

Both parties…

- Put the needs of people using the service first
- As far as possible be available for regular updates and to provide clarification where necessary
- Treat everyone with kindness, respect and compassion
- Use and refer to the methodologies provided by CQC to ensure consistency with other inspections.

CQC…

- Feedback should be given throughout the day and any immediate risks explained straight away
- Questions should be asked in a clear way and explained/rephrased if not understood
- Explain what is happening/being looked at and why throughout the day
- Know when staying longer would be unreasonable and arrange a second day if needed
- Inspect for opportunity and accept the provider's welcome.

Provider…

- Staff should be visible, and where possible available throughout the day
- Use every opportunity to show how good practice positively impacts people using the service
- Empower and encourage everyone to be confident and welcome the inspection and inspection team members
- Ask if worried or concerned about the inspection process.

A good end to the inspection; communication is still the key

Care Quality Commission

Both parties…

- Ensure proper time is set aside for inspection feedback
- If necessary, arrange an alternative, mutually agreeable suitable date and time
- Discuss the evidence gathered, which will also include information from prior to the inspection day
- If relevant, agree where and how additional evidence can be sent
- Actively listen to each other and with respect of any differing views
- Do not try to predict, request or share an indicative rating.

CQC…

- Summarise the key points; you will have had regular dialogue throughout the day
- If immediate improvements are required, explain clearly what they are and why
- Provide written feedback as per CQC methodology
- Be clear on the next steps and timescales, i.e. what is the report process; what do they do if they are concerned about the content and/or rating; will the inspector contact the provider at the point of the draft report; how and speak to whom?
- Ask the provider for their experience of the inspection
- Reassure provider that should any additional evidence come to light arrangements will be made to share it ASAP
- Thank the provider, staff and people using the service for their hospitality.

Provider…

- Use feedback as an opportunity to add anything that might not have been seen during the day
- Ask questions for clarification if needed
- Make sure you have enough detail about any concerns the inspector has raised with you
- Seek clarification if needed about the next steps in the inspection process
- If you are unsure, ask how CQC will make a ratings judgement
- Offer to provide the inspector with feedback about what went well or less well during the inspection
- Read and sign feedback form to confirm receipt (this signature is to confirm provider has read and received a copy, not that you agree with the feedback given).

Next Steps

Break – 5 minutes

Reviewing our guidance on how we regulate services for people with a learning disability and/or autistic people

Dawn Wallace
12 February 2020

Background

CQC published ‘Registering the right support’ in June 2017 following public consultation.

The guidance sets out our policy position on how providers of health and adult social care should meet the fundamental standards in line with best practice when developing and running services for autistic people and people with a learning disability.

In 2019 we undertook a scoping review with a range of people to look at how we could make improvements to it guidance.

What people told us

Size and scale of services.
- Some stakeholders have told us that they would like clarification of the issue relating to size and scale of services, and what this means for registration and inspection.

Service setting definitions
- Some stakeholders have told us that they would like clearer definitions of 'campus' and 'congregate' settings, specifically in relation to outcomes for people.

Title
- There have been several suggestions for a new title for the document.

Supported living
- Some stakeholders would like more detail about Supported Living (Support for living) services, suggesting that some examples of different models of care would be helpful.

Housing with support
- Although out of the scope of CQC regulation, stakeholders have expressed concern about the vulnerability of people living in this service type which is not currently subject to regulation.

Personalised care
- Stakeholders would like the guidance to better reflect personalised care and outcomes for people.

System
- There were concerns about how the guidance is being applied throughout the system.

Accessibility of guidance
- Stakeholders have made some practical suggestions on style, formatting, structure and layout and use of examples.

What's new?

A new title and format

The guidance is now in two parts:

1. Part one

Sets out what we expect good care to look like for people with a learning disability and autistic people;

1. Part two

A series of cross sector and case studies looking at registration applications, monitoring and inspection.

Clear requirements:

1. **There is a clear need for the service and it has been agreed by commissioners**
   "My care and support is person-centred, planned, proactive and coordinated"
   "I have a good and meaningful everyday life"

2. **The size, setting and design of the service meet people's expectation and align with best practice**
   "I have a choice about where I live and who I live with"

3. **People have access to the community**
   "I can access specialist health and social care support in the community"
   "I have choice and control over how my health and care needs are met"
   "My family and paid support and care staff get the help they need to support me to live in the community"

4. **The model of care, policies and procedures are in line with best practice**
   "If I need it, I get support to stay out of trouble"
   "I get good care and support from mainstream health services"
   "If I am admitted for assessment and treatment in a hospital setting because my health needs can't be met in the community, it is high-quality, and I don't stay there longer than I need to"

New Easy Read version

Next Steps

February

- Review citizens lab feedback
- Finalise guidance
- Complete case studies

March

- Editorial checks
- Executive team sign off and board review
- Create web product
- Promote externally
- L&D for CQC staff

April

- Publication

Any Questions?

Dawn.Wallace@cqc.org.uk

Innovation and the CQC
Principles for good innovation & our work with new forms of home-care

Simon Spoerer, ASC Policy Team

Agenda

- CQC's programme on innovation in 2019/20
- The innovation principles
- Our work with "community care at home" or "introductory+" agencies

Care Quality Commission

What are we doing at the CQC to improve our approach to innovation & tech?

Ambition

Our ambition for our 2016-21 strategy:
A more targeted, responsive and collaborative approach to regulation, so more people get high-quality care

Four priorities to achieve our strategic ambition

1. Encourage improvement, innovation and sustainability in care
2. Deliver an intelligence-driven approach to regulation
3. Promote a single shared view of quality
4. Improve our efficiency and effectiveness

Tech Innovation Project Workstreams

Innovation Principles: Is a provider good at innovation?

Sandbox: How do we regulate disruptive innovation that doesn't fit within our existing methodology?

Quality Improvement: Is the innovation delivering good quality care?

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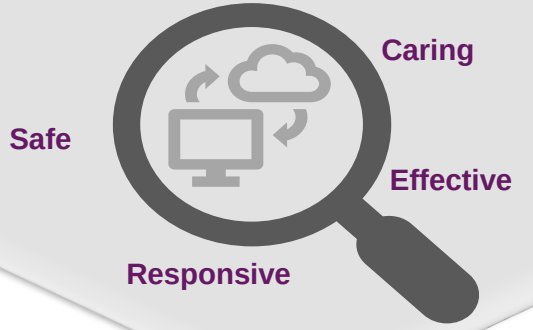


Developing Principles for Innovation for our sector

Study phase

Commissioned research from Catalyze consulting to review the literature and hold focus groups

Engaged with 60+ innovators and thought leaders across health and care

Visited 11 health and care providers

Reviewed internal capacity and ability to engage in new ways of delivering care

Key learning

We do very little user testing in our sector, but that when we are able to do this well, it often has brilliant results

People are often not honest about the nitty gritty of innovation, success is often partial, and learning is often lost

We see lots of providers re-inventing the wheel rather than learning from their peers

"Zombie" tech that does not serve a purpose or gets in the way of care, seems to survive too long in our sector

Providers are often unclear about what they are trying to achieve or are often just not innovating or seeking to adopt the best interventions (mainly in social care). In social care, there additional fears re: CQC and capital expenditure.

Digital deployments tend to have poor configuration e.g. "portal hell" and poor compliance

The paper - objectives

We want to set out how providers can innovate well

We want to have a discussion with providers on what that means for the sector

We want to be clear on why we are seeking changes to our assessment framework in this area

We want to align this to work by other national bodies, and as such have sought to co-authors and signatories including NHS X, NHS England/Improvement, the Accelerated Access Collaborative, Health Education England, SCIE, NICE and TLAP

The paper - principles

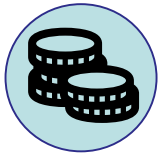
Develop a **culture** where innovation can happen: give permission to innovate, set high standards without getting caught up in governance, and help innovators navigate what they need to. Leaders have a vision and make sure there's open dialogue with staff.

Support your people: develop capabilities, consider training and develop your 'super users' and champions

Adopt the best ideas and **share** your learning

Focus on outcomes and **keep learning**, know what you want to achieve and keep testing, measuring and learning how to improve your key outcomes

Develop and deploy innovations **with the people that will use them** so that they work for all users. Test well and early.



Take a **flexible** approach to managing change: plan to adapt, build slack resource into your project, get a good team together, communicate, carefully manage supplier relationships and finish well

So what for trades bodies?

We want to set out how providers can innovate well
Would you like to add your logo & voice to our paper?

We want to have a discussion with providers on what that means for the sector
Would you like to be involved in provider round-tables or similar engagement events here?

We want to be clear on why we are seeking changes to our assessment framework in this area
We will publish our consultation in March, and your input, especially on the changes to the well led lines of enquiry, would be appreciated

We want to align this to work by other national bodies, and as such have sought to co-authors and signatories including NHS X, NHS England/Improvement, the Accelerated Access Collaborative, Health Education England, SCIE, NICE and TLAP
Would you like to give feedback or suggestions on how we can better support innovation in social care?

Please send feedback on the paper to tom.stocker@cqc.org.uk before Thursday 20th Feb

Tech Innovation Project Workstreams

Innovation Principles: Is a provider good at innovation?

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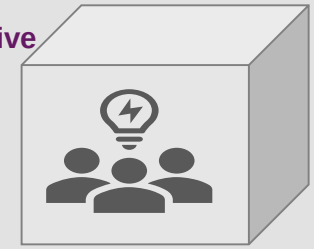


Quality Improvement: Is the innovation delivering good quality care?

Why a sandbox?

We needed a way to respond to new, emerging technologies, and what they do to the way that care is delivered. The businesses that are doing this are:

Increasingly **numerous**

Increasingly confident and "**disruptive**"

Promise to significantly **improve quality and access** in some ways

Often **wary of the CQC** and its way of assessing quality

Hard to understand

Piloting this new approach across 3 areas

1. Digital clinical triage

Full report here - health facing apps that determine where a patient goes next. They can be direct to patients online, support call handlers without clinical training, or support trained clinicians to make key decisions.

2. AI in diagnostics and screening

Statistically based software is now competing with Radiologists and other clinicians to make diagnoses from e.g. X-Ray films. We are working with industry and MHRA et al to get the regulatory governance right for this

3. **Umbrella bodies** supporting personal assistants / service user led home-care

The round that we want to talk to you about today!

Round 3 – Umbrella bodies supporting independent care at home

Growing number of single-handed care workers, including 'personal assistants'. The law excludes individuals from regulation when working solely under the ‘direction and control’ of their clients.

Also growing numbers of 'introductory' agencies. Agencies that solely introduce care workers to clients and have no ongoing role in the ‘direction and control’ of personal care provided are also excluded from regulation by CQC.

BUT

A number of workers and agencies are working in 'grey' areas that have some value: working with others and getting advice and support promotes quality and safety.

Many people do not want employer responsibilities.

Registered 'Umbrella Bodies', informed by Shared Lives model, recruit suitable care workers, introduce, and continue to support both.

Community-based teams; 'self-managed'; circles of support, asset-based, networking focus.

Six provider developing services based on this broad approach, and co-producing registration, monitoring and inspection methods, tools and processes with us and sector stakeholders

What is a sandbox?
Part 1 – the mission

We are **working collaboratively** with lots of people who know about User led care and support teams.

Co-ops, "Introductory plus" agencies, people who use services, councils, national agencies, experts, trade bodies. We have also worked to develop a multi-disciplinary team within CQC.

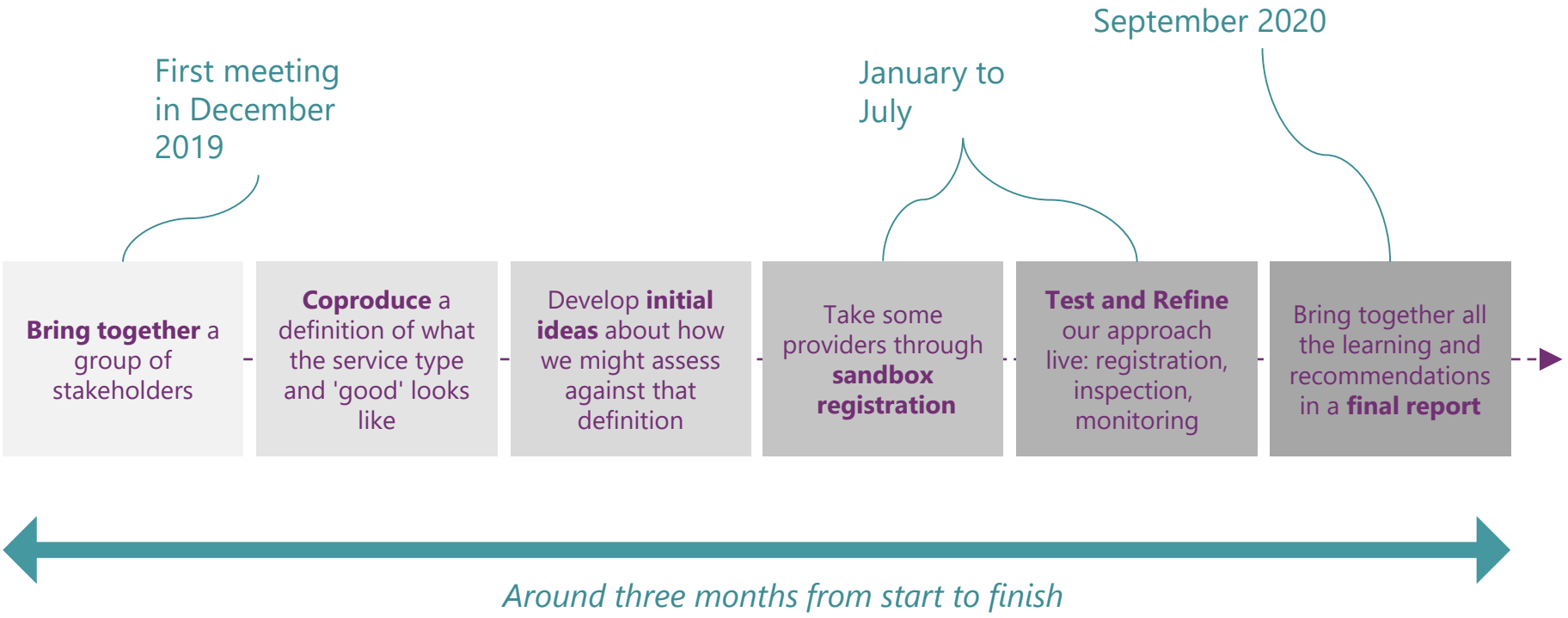
We are **accelerating** CQC's usual processes for understanding new types of service.

The whole process of engagement, policy development, live testing and decision making will take around nine months.

We were **open and honest** about what we don't know and that we also need to learn and improve.

We are primarily working to change the CQC's approach, but where we need to influence other bodies, we will

What is a sandbox?
Part 2 – what we are doing for the Umbrella Body round?



Key questions

What are your key concerns or issues we need to be thinking about or testing as we do this work?

How can we involve more of your providers in the thinking as we go along?

AOB & reflections