

# An update from CQC



*Jo Wallace*  
*Inspection Manager Kent*  
*24 September 2020*

# Our role and purpose

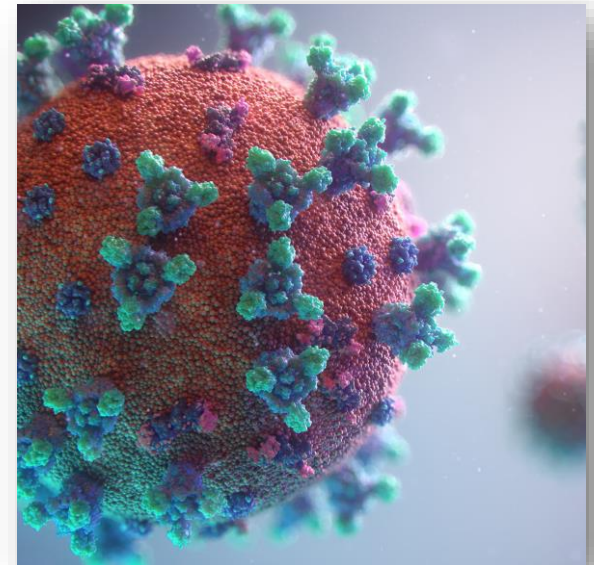


The Care Quality Commission is the independent regulator of health and adult social care in England

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve



- Forced us to **adapt how we work** so we could support providers, allowing them to **focus on the emergency**
- While routine inspections were paused, **we never stopped regulating**
- Deliver our purpose by:
  - Gathering and analysing information
  - Working with providers and partners
  - Acting on what we know
  - Developing new monitoring tools
  - Sharing learning



- **What's important?**

- Information sharing
- Voice of people
- Voice of care providers

- **Local systems** have an impact beyond providers of care, and into the public health and commissioning response – critical to the response of people who use services

- **Transparency** promotes learning – one doesn't happen without the other



- Although the risk of infection is receding, we can't just return to business as usual
- Our transitional approach will **build on what we've learned**, but will have to look and feel different
- We will use **Provider Collaborative Reviews** to look at how local systems have handled the pandemic
- On-site inspections are a crucial tool and one we will always use
- Any changes to our approach will be developed in partnership with providers and people who use services.

# Reflecting on great conversations through the ESF



*‘Supporting people to do ‘hand washing exercises’ by using glitter in water to represent ‘germs’. They then supported people to wash their hands with and without soap; without soap the glitter sticks to your hands, with soap it all comes off! People loved doing this and it has become a daily occurrence.’*

*‘People have been supported to make and decorate ‘hand shapes’ which have been put up and down the corridors at the service. Every two metres one hand has a had a piece of coloured cotton wool put on it to represent the ‘germ’. This has helped people keep to social distancing guidelines in a safe and fun way.’*

*‘People who like to shake hands have been taught about the ‘two metre’ elbow bump (exactly what it sounds like!). This has allowed people to still interact with staff members in a safe manner.’*

# Joint statement on CQC's Emergency support framework



CQC and ADASS are committed to continuing to work collaboratively to keep people safe and to give providers and their staff the support they need during the pandemic.



- Where urgent concerns arise through ESF, the process for sharing information remains unchanged
- CQC will share relevant information such as safeguarding concerns or sudden drops in staffing
- ESF summary records will not be shared by CQC
- CQC and local authorities want to avoid adding to the burden of providers; where practicable, regional CQC managers will inform local authorities of the assessments planned for their area; frequency to be agreed locally
- Where concerns arise, CQC will feed these through the Regional Incident Centres
- All attempts will be made to support service continuity and safety of people using services and staff
- CQC will share an overview of our findings at the local system level with local authority



Monthly insight reports intended to highlight COVID-19 related pressures on the sectors that CQC regulates

Drawn from:

- direct feedback from staff and people receiving care
- data collection from services who provide care for people in their own homes
- insight from our regular conversations with providers and partners
  
- Issue 4 now published

<https://www.cqc.org.uk/publications/major-report/covid-19-insight-issue-4>



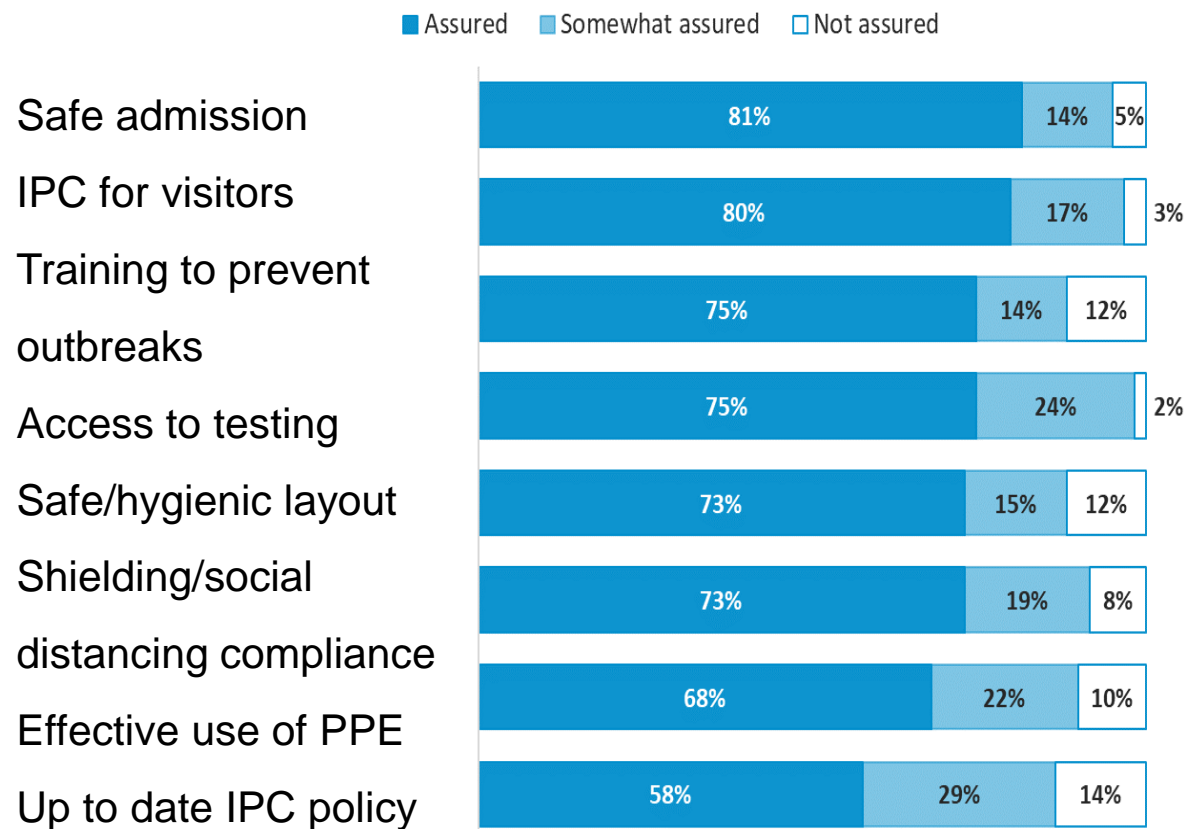


- **300 care homes inspected** in August to look for best practice where services have managed well, including services with an outbreak and those which remained COVID-free:
  - Very few not managing
  - **More than 90% assurance** across all elements
  - Full report in November
- Many examples of **good practice**

# Issue 4: Infection Prevention and Control (IPC)

- **59 inspections** in high-risk care homes:
- **Assured** or **somewhat assured** in most cases

Percentage of care homes assured by infection prevention and control question



Source: Responses from 59 risk-based care home inspections across all questions.

## Issue 4: Infection Prevention and Control (IPC)



- Much good practice to be celebrated on safety, enabling safe family visits with good IPC with creativity and flexibility from homes
- But...
- Lowest level of assurance (58%) for having up to date **IPC policies** – some were updated at the start of the pandemic and not since, others not at all since 2019
- Some homes had **no specific BAME risk assessments or hadn't planned ahead for winter**
- **68% of the 59 homes used PPE effectively** – one home was not changing masks, some were inconsistent or PPE was locked away, others stored PPE uncovered or did not dispose of it correctly.

## Issue 4: Infection Prevention and Control (IPC)



- We can and **will take regulatory action** where we have concerns over a small number of services not tackling IPC correctly
- We have seen some great practice in early inspections
- It is **vital that all providers get this right** owing to rising infections
- We will be writing to providers imminently

# Learning lessons: future of adult social care



## People focus

Inequalities in the system reflected in the outcomes for people receiving care

## Partnership

Local systems have an impact beyond providers of care, and into the public health and commissioning response

## Pathways

Changing access and boundaries directly impacts on care



# Systems: It's not all about providers



- *Beyond Barriers* highlighted how peoples' experience depends on how well services work together with and for them, their families and carers
- The pandemic has further demonstrated the benefits of creativity and innovation through collaborative approaches
- We are conducting **COVID-19 Provider Collaboration Reviews (PCRs)**
- PCRs will review how providers are working collaboratively across a system in response to the COVID-19 pandemic



# COVID-19 Provider Collaboration Reviews (PCRs)



**Why?** To understand how providers have worked collaboratively to meet the challenges posed by the COVID-19 pandemic

## What are the objectives of this work?

- Support providers by sharing learning from COVID-19 and how providers are preparing to re-establish services and pathways locally
- Understand the experiences of people who use services, their families and their carers
- To share with DHSC, providers, local and national stakeholders ahead of any potential 'second wave' of the virus, and winter's pressures
- Further develop CQC's insight reporting





# COVID-19 Provider Collaboration Reviews (PCRs)



Full findings later this autumn. So far, we can see:

- Understanding local population needs, including cultural differences, was especially important.
- The quality of existing relationships between local providers played a major role joined up health and social care
- increased focus on shared planning and system wide governance, but pre-existing plans may not have been fit for purpose to cope with COVID-19
- Staff across health and social care worked above and beyond - we spoke to dedicated, passionate staff
- Range of initiatives to ensure the safety and wellbeing of staff



# COVID-19 Provider Collaboration Reviews (PCRs)



**Why?** To understand how providers have worked collaboratively to meet the challenges posed by the COVID-19 pandemic

## What are the objectives of this work?

- Support providers by sharing learning from the COVID-19 period and how providers are preparing to re-establish services and pathways locally
- Understand the experiences of people who use services, their families and their carers
- To share this learning with DHSC, providers, local and national stakeholders ahead of any potential 'second wave' of the virus, and next winter's pressures
- Further develop CQC's insight to evolve our data offer to stakeholders and inform our understanding and reporting of the impact of COVID-19 on a regular basis



# COVID-19 Provider Collaboration Reviews (PCRs) - detail



In carrying out the reviews, CQC will use data it holds and undertake conversations with providers and ICS and STP leaders. This will include the experiences of people who use services.

CQC's ambition is to look at provider collaboration in all ICS and STP areas. The first phase, between July and August will see reviews in:

- Bedfordshire, Luton and Milton Keynes ICS
- Norfolk and Waveney STP
- The Black Country and West Birmingham STP
- Lincolnshire STP
- North East and North Cumbria ICS
- Lancashire and South Cumbria ICS
- Frimley Health and Care ICS
- Sussex Health and Care Partnership ICS
- North West London STP
- One Gloucestershire ICS
- Devon STP



# Innovation and inspiration - how providers are responding to COVID-19



Health and care providers from all sectors have shared examples with CQC showing how they have innovated and adapted working practices to respond to the challenges of dealing with coronavirus (COVID-19).

These short examples, from small home care agencies to large acute hospitals, are also a celebration of the dedication and resourcefulness of health and care providers and staff.

*GP Dr Rachel Buckley carried out a virtual ward round to two care homes by video call. She saw every patient in the homes registered on the practice list. She then telephoned the next of kin for each patient to again reassure them that their loved ones were being supported.*



Go direct to the webpage here:

[www.cqc.org.uk/coronavirus-provider-examples](http://www.cqc.org.uk/coronavirus-provider-examples)

# The world of health and social care continues to change



To keep delivering our **purpose** to make sure people get high-quality care, we need to change. We know that:

- We don't always get it right
- We must be more relevant and responsive
- We don't have a full picture of care quality across an area, system or pathway



Our people need the right tools and capabilities

# How will we change?

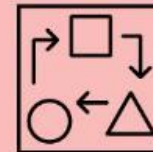
**We have developed four emerging strategy themes:**

1. Meeting people's needs
2. Smarter regulation
3. Promoting safe care for people
4. Driving and supporting improvement

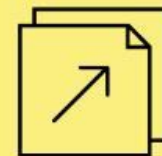
**To make our strategy a reality we must transform by:**



**Building foundations**



**Adapting and evolving**



**Creating our future**

## Now

**Focusing on higher risk services:** Emergency Support Framework (ESF)  
**Preparing for future system pressures:** Provider Collaboration Reviews

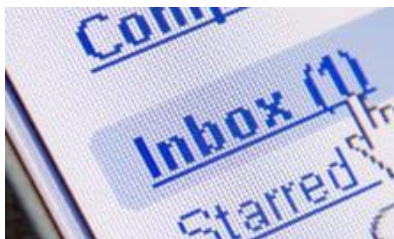
## Next

**Moving beyond emergency:** Transitional regulatory approach (**Sept 2020**)

## Future

**Creating our future:** Future strategy development and transforming how we work (our operating model) to deliver it.  
**(to May 2021 and beyond)**





## Provider Bulletin

Changed from weekly to fortnightly with a coronavirus (COVID-19) focus. Sign up here:

<https://www.cqc.org.uk/news/newsletters-alerts/email-newsletters-cqc>



## CQC Twitter account

For the most up to date, immediate information

Follow: @CQCProf



## Get involved on our digital platform

Feedback surveys available on themes and the strategy

Sign up here: <https://cqc.citizenlab.co/en-GB/>

# Supporting you to support others



## Who can I contact?

Jo Wallace – West Kent  
[jo.wallace@cqc.org.uk](mailto:jo.wallace@cqc.org.uk)

Sarah Montgomery – East Kent  
[sarah.montgomery@cqc.org.uk](mailto:sarah.montgomery@cqc.org.uk)

Val Mckenzie – North Kent  
[Valerie.mckenzie@cqc.org.uk](mailto:Valerie.mckenzie@cqc.org.uk)

Alternatively, please contact our  
NCSC call centre on:  
03000 616161

Thank you and questions?



[www.cqc.org.uk](http://www.cqc.org.uk)  
[enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

Jo Wallace  
Inspection manager - Kent