

An update from CQC



Jo Wallace
Inspection Manager Kent
10th March 2021

Our role and purpose



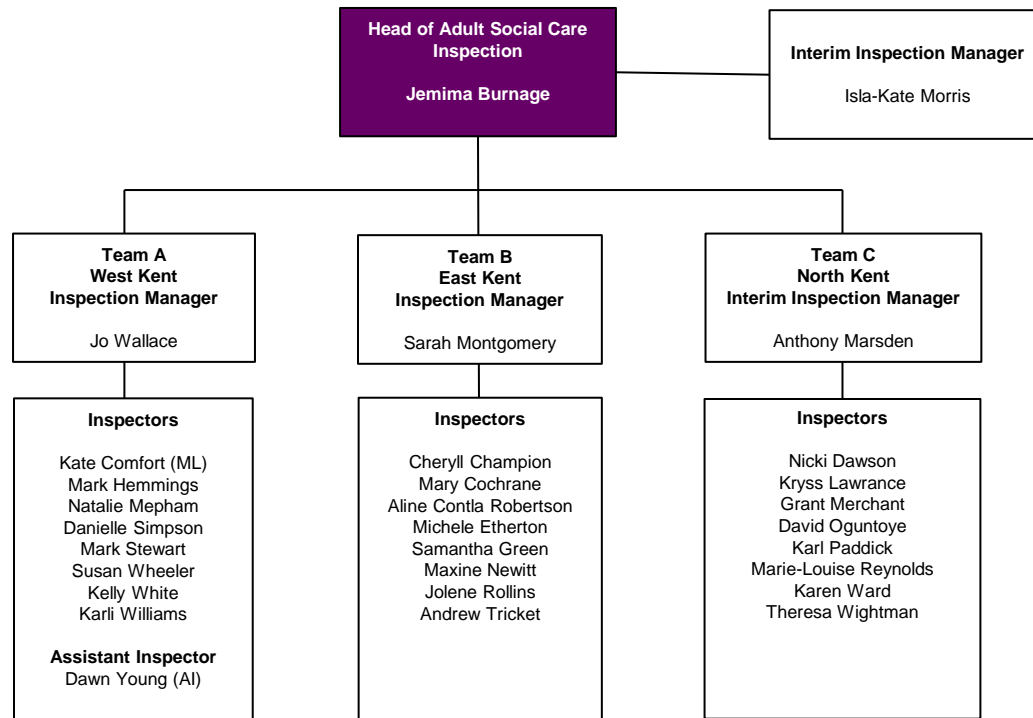
The Care Quality Commission is the independent regulator of health and adult social care in England

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



Adult Social Care Directorate

South East – Hub 1



Where are we now?

- As the risks relating to the delivery of health and care during the COVID-19 pandemic change; we are evolving our approach
- Existing methodologies + COVID-19 learning = transitional regulatory approach
- Aspects of our transitional approach will provide learning on how we want to regulate in the future
- Exploring our emerging strategic themes in more depth through our consultation now open until the 4 March 2021



Setting out our priorities during the current period of the COVID-19 pandemic

Proactively

We are focusing on work which either helps create capacity or responds to significant risk of harm to the public.

Reactively

We will continue to respond to information from the public, whistle-blowers and other groups, as we know that sharing information about risks has proved to be very important in ensuring that we can take proportionate regulatory response.

Supportively

Working together with DHSC and other stakeholders to offer our expertise in supporting the vaccination programme and COVID response. With our strategy currently out to consultation, we are talking and listening more than ever to support people now and in the future.

The key components of our transitional regulatory approach are...



- A strengthened approach to monitoring, with clear areas of focus based on existing Key Lines of Enquiry (KLOEs), to enable us to continually monitor risk in a service
- Use of technology and our local relationships to have better direct contact with people who are using services, their families and staff in services
- Inspection activity that is more targeted and focused on where we have concerns, without returning to a routine programme of planned inspections.

We will continue to adapt our transitional regulatory approach, and remain responsive as the situation changes.

We will be considering longer-term changes through our strategy consultation. Open now until 4 March 2021.

<https://www.cqc.org.uk/news/stories/joint-statement-cqc%E2%80%99s-chief-inspectors-deputy-chief-inspector-lead-mental-health>

Developing our monitoring approach



- Built on our learning from ESF and based on existing Key Lines of Enquiry (KLOEs)
- Focus on safety, access and leadership – increasingly looking at other areas like infection prevention and control (IPC)
- We review information from all available sources, including piloting new ways of gathering from people who use services and Provider Collaboration Reviews (PCRs)
- Strong relationships with providers remain part of our approach – including through regular calls
- Risk model is there to help us make better decisions, but professional judgement will remain part of how we monitor risk



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Responding to risk

- With the risks relating to COVID-19 still present, we won't just be returning to business as usual
- The pandemic means that we cannot return to our fixed timetable or frequency rules on inspecting
- We need to strike a balance between making sure we hear people's experiences and minimising risk of spreading infection
- On-site inspections are a valuable tool, and we'll continue to focus on services where we have concerns about the quality of care



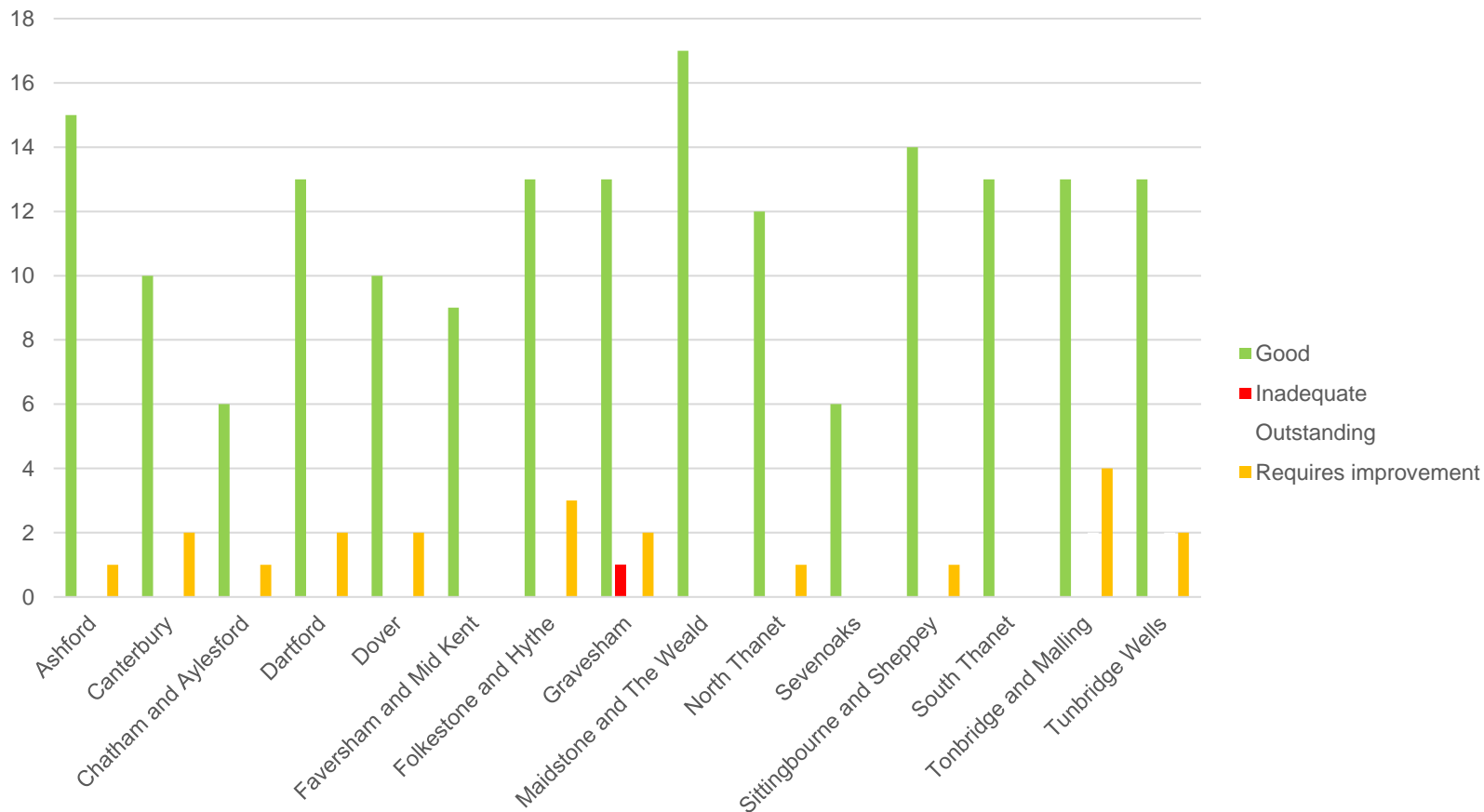
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- Carrying out pilots in adult social care and general practice to explore new ways of gathering evidence
- In general practice, we will test how developments in digital technologies can help us gather information, including directly accessing evidence such as clinical records
- In adult social care, we will look at how we engage with providers, people who use services and staff without visiting location offices. Our immediate focus will be on whether the service is safe and well-led
- This part of our transitional approach will help us test new ways of working that will inform our future strategy and approach



- Ratings and information about our assessments remain vital in giving a view of quality
- Following transitional monitoring activity – if our review indicates a low level of risk – we'll take no further action and let providers know
- Where our monitoring activity leads us to inspecting a service, we'll follow our existing inspection methodologies, adapted for the current environment
- Although we can look at any or all the KLOEs on inspection, our activity will be more targeted and focused around areas of risk – meaning our inspections may not always result in a change of rating
- Ability to re-rate is limited by the pandemic and our published methodologies

Kent ratings picture



What this means for how we'll work in the future



- We are constrained by how far we can go due to the need to consult on aspects of how we regulate
- Some aspects of our transitional approach will provide invaluable learning for the future
- This learning will also provide insight for areas we want to explore through our consultation, open now until 4 March - publication of strategy in May 2021
- We will continue to iterate our transitional regulatory approach in response to feedback from the public, providers and our partners



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Recent key messages



Kate Terroni, Chief Inspector of Adult Social Care at CQC, said:

"Blanket bans are unacceptable and people should follow Government guidelines, give sufficient weight to local risks and advice from their Director of Public Health as well as giving consideration to the home environment.

The individual must be at the centre of the decision and all decisions need to stay under review as circumstances change."

Guidance updated 5th March



Kate Terroni, Chief Inspector of Adult Social Care at the CQC, said:

“We recognise the extraordinary pressures on care homes at this time, often facing large staff shortages as a result of the Covid-19 pandemic. Local systems, including providers, local authorities and CCGs must work together to rise to these challenges, however it is unacceptable for Covid-positive staff to be in contact with residents.”

New guidance issued 3rd March

Applies to care homes and other care settings

Care home providers should continue to limit all staff movement between settings unless absolutely necessary to help reduce the spread of infection. This includes:

- staff who work for one provider across several care homes
- staff who work on a part-time basis for multiple employers in multiple care homes or other care settings
- agency or other temporary staff

All of our inspectors are recognised as ‘visiting professionals’ under Department for Health and Social Care (DHSC) guidance which explains:

A visiting professional is defined as anyone visiting the care home in a professional capacity, for example a chiropodist. Some visiting professionals, including NHS staff and CQC inspectors will already be part of a regular testing regime, and therefore they will not need testing on the door of the care home.



PIRs being reinstated from this week

This first month of requests are on a voluntary return basis, and we have taken account of any services we believe to be affected by COVID-19, removing these from the request list.

The PIR content has been reviewed and reduced. There is updated guidance for providers [on our website](#).

Because we care



Share your feedback on health and social care



Because we all care

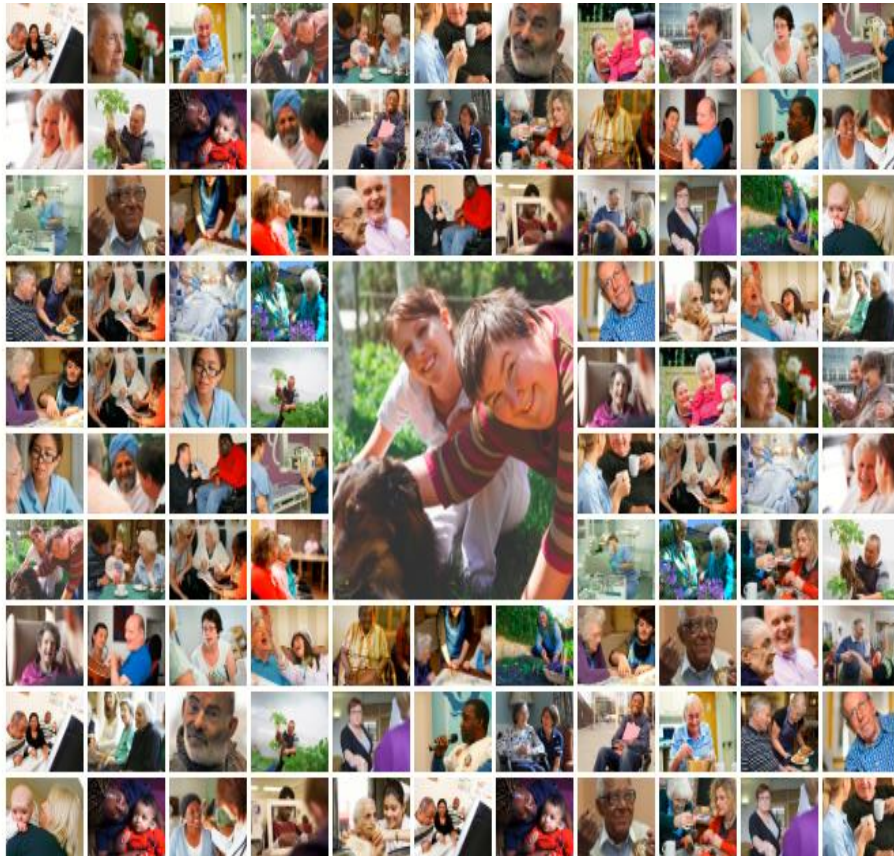
Visit www.cqc.org.uk/BecauseWeAllCare today and help improve services for everyone.



Latest campaign is active to seek feedback from people with learning disability and their families and carers

More information about the campaign on our website

<https://www.cqc.org.uk/get-involved/share-your-experience/because-we-all-care>



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