Care Quality Commission

# Regulating through a pandemic

*Jo Wallace*
*Inspection Manager*
*10th March 2021*

# The quality of care *before* the pandemic

## Pre-COVID, care was broadly good
## Ratings quality was largely maintained

NHS acute hospital core services
67%
Good
8% outstanding

GP practices
89%
Good
5% outstanding

NHS mental health core services
71%
Good
11% outstanding

Adult social care services
80%
Good
5% outstanding

# However…

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**41%** of maternity services rated **requires improvement for safety**

Almost a **third** of medical care services and outpatients rated **requires improvement or inadequate**

**13%** of inpatient wards for people with a learning disability and/or autistic people rated **inadequate**, up from 4%

There are services where the quality of care needs to improve substantially

More than **half** urgent and emergency care services were rated **requires improvement or inadequate**

**11%** of 101 independent ambulance services rated **inadequate** and **33% requires improvement**

192 GP practices improved to good on re-inspection, but 173 **declined from good**

Social care still fragile, in need of investment and workforce planning, and a long-term funding solution

# What does this mean for people?

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## Poor quality care and poor access, affects lives

- Longer **waiting times** and difficulties with **access** to timely diagnosis, screening and treatment
- Long waits for routine **GP and dental** appointments
- Poor access to **mental health services for young people**
- A lack of suitable **nursing care** in homes and poor access to good **home care**
- Over 1.5m people registered with **GP practices that deteriorated**

# How COVID is magnifying inequalities…

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- Impact felt more severely by **people already more likely to have poorer health outcomes**
- **Adult social care** was already fragile as a result of lack of long-term funding solution
- **Acute care** prioritised for COVID patients – elective, diagnostic and screening services affected
- Some life-changing operations still not rescheduled
- Some services continue to struggle for reasons that pre-date COVID - people may be more likely to receive poorer care

# …and "risks turning fault lines into chasms"

Focus now must be on delivering a health and care system that works for everyone

- **First wave spirit of innovation** should drive new design for a COVID era
- **System-wide** action with providers **working collaboratively** with all sectors
- Action now for **social care**
- Make sure no-one is **left behind**

# CQC and COVID-19

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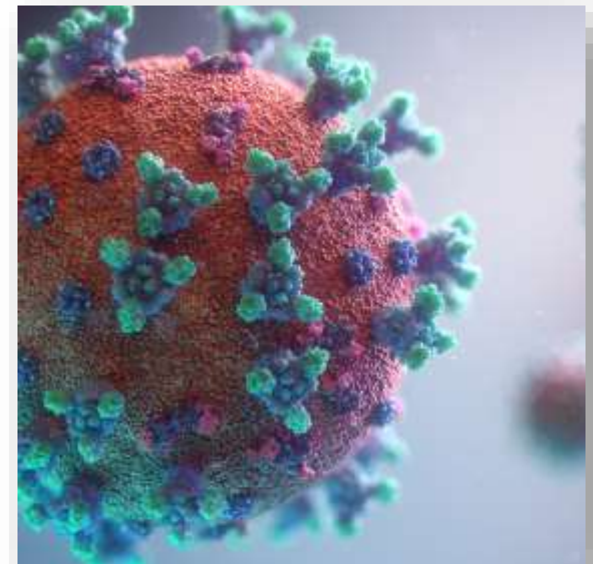
- Forced us to **adapt how we work** so we could support providers, allowing them to **focus on the emergency**
- While routine inspections were paused, **we never stopped regulating**
- Deliver our purpose by:
  - Gathering and analysing information
  - Working with providers and partners
  - Acting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



# Learning from the COVID-19 crisis

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- **What's important?**
  - Voice of people
  - Voice of care providers
  - Information sharing
- **Local systems –** peoples outcomes are significantly impacted by the way health and social care join up

# Developing our approach

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- Our transitional approach is **building on what we've learnt**, but will have to look and feel different
- Any changes to our approach will be developed in partnership with providers and people who use services.
- We are using **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

# How we will regulate during the next phase of the pandemic

The key components 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'll also be considering longer-term changes to how we regulate, which we'll explore through engagement on our future strategy.

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

# Sharing insight – reports from CQC

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

https://www.cqc.org.uk/publications/major-report/covid-19-insight-issue-8

# Systems

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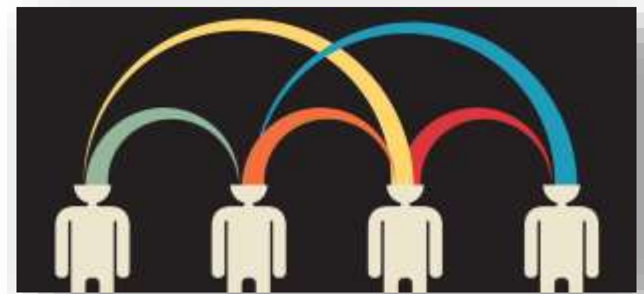
- *Beyond Barriers* highlighted how peoples' experience depends on how well services work together with and for them, their families and carers
- The pandemic has further demonstrated the benefits of creativity and innovation through collaborative approaches
- We are conducting **COVID-19 Provider Collaboration 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
- Further develop CQC's insight reporting



# Interim findings

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So far, we can see:

- Understanding local population needs, including cultural differences, is 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

# Where next for PCRs?

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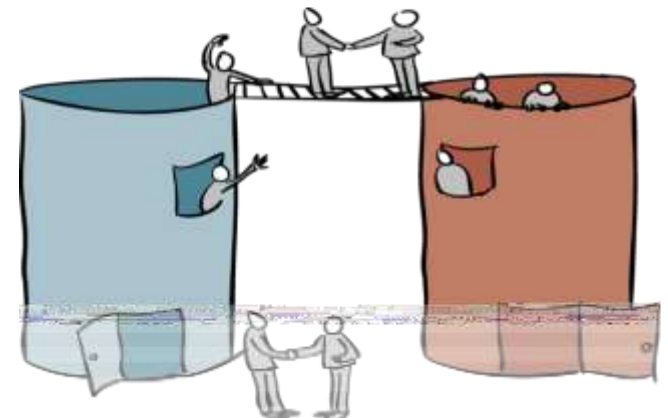
- By the end of 2020/21, we will have looked at provider collaboration in all ICS and STP areas in England
- Our full programme will focus on different topics / areas
  - Care for older people
  - Urgent and emergency care
  - Cancer
  - People with a learning disability and/or autism
  - Mental health
- We will also look at how providers are re-establishing services and pathways in local areas



# Advanced care planning review

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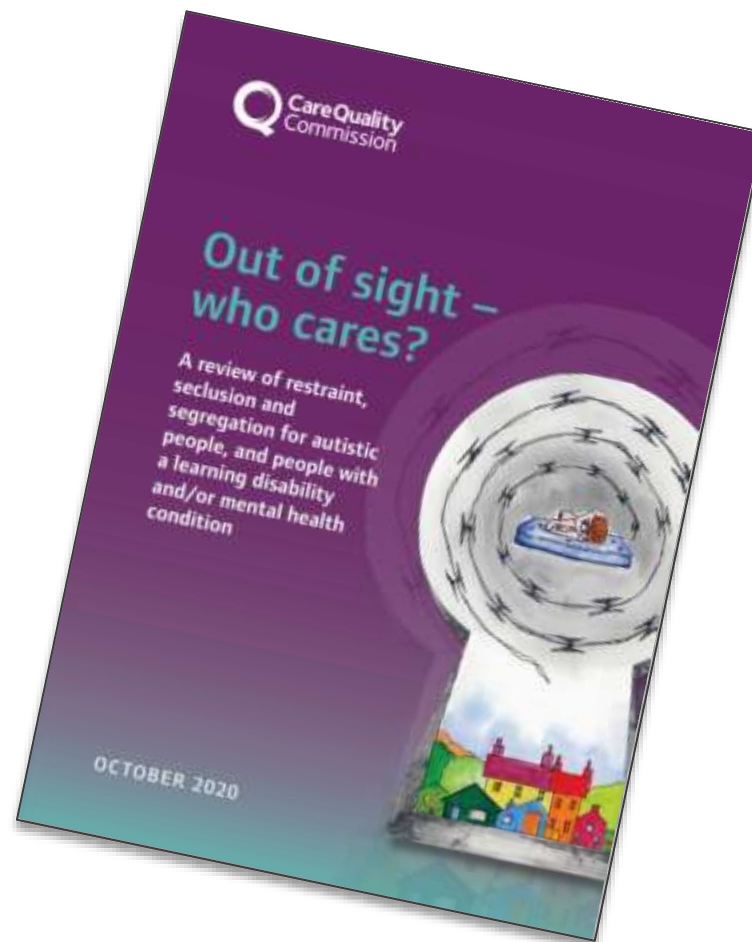
- Government asked CQC to review how **Advanced Care Planning** (including DNACPR / DNAR) decisions were used during the pandemic
- Concerns that elderly and vulnerable people may be being subjected to blanket decisions **without their consent**
- In April, we published a joint statement with the BMA, CPA and RCGP on DNACPR
- Early findings show that at the beginning of the pandemic, a combination of unprecedented pressure on care providers and other issues may have led to decisions concerning DNACPR being incorrectly combined with other clinical assessments around critical care
- **Final report in early 2021.** This is expected to include recommendations on how people can be properly supported in this area and support good practice that protects people's human rights

# Restraint, seclusion and segregation review

- The Secretary of State for Health and Care asked CQC to look at how restraint, segregation and seclusion is being used for people with a learning disability and/or autism and people with a mental health problem
- **Interim report (stage 1)** - Hospitals - findings: lack of staffing, poor training, lack of assessment and treatment, human rights abuses of people in seclusion and long term segregation.
- **Final report (stage 2) -** Wider scope including adult social care



# What did we find?

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- People in services were often **subject to restrictive practices** because they **failed to get the right community care early on**

- We found that mental health hospitals are **not** always **therapeutic environments** and some used blanket restrictions

- Restrictive practice is a human rights issue and should be viewed as such. We found too many examples of undignified and **inhumane** care, in hospital and care settings

- We found that people got **better care in the community** than in hospital

# What is a closed culture?



**What is a closed culture?**

- Culture with an increased risk of harm
- Can be deliberate or unintentional

**More likely to develop in services where:**

- people are removed from their communities
- where people stay for months or years at a time
- where there is weak leadership
- where staff often lack the right skills, training or experience to support people.

# What have we done so far to improve regulation?

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- Two independent reviews
- Set up a dedicated team to implement these
- We're working with external stakeholders, including people who use services.
- We have **released new guidance** for inspectors
- We have **trained approximately 2,000 inspectors** on closed cultures throughout summer 2020
- There are a series of other tools and resources being developed

# Right support, right care, right culture

How CQC regulates providers for autistic people and people with a learning disability

- **Right support**: Model of care and setting maximises people's choice, control and independence
- **Right care**: Care is person-centred and promotes people's dignity, privacy and human rights
- **Right culture**: Ethos, values, attitudes and behaviours of leaders and care staff

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Right support, right care, right culture
How CQC regulates providers supporting autistic people and people with a learning disability
October 2020

# 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

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The world of health and social care is changing.

So are we.

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## Our purpose is even more vital than ever

We're changing how we regulate to improve care for everyone

The pandemic has renewed the focus on inequalities in health and care

We need to be more flexible to manage risk and uncertainty

It's now not enough to look at how one service operates in isolation

We need to look at how health and care services work as a system

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# Our strategic themes

Built on four interlinked themes that determine the changes we want to make.

Throughout each theme we aim to improve people's care by looking at:

- how well systems are working, and
- reducing inequalities

We'll implement our new strategy over the next five years so we can be flexible and adapt to changes in health and care.

# People and communities

We want to be an advocate for change, with our regulation driven by people's needs and their experiences of health and care services, rather than how service providers want to deliver them.

This means focusing on what matters to the public, and to local communities, when they access, use and move between services.

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**Listing and acting**

We want our regulation to be driven by people's needs, expectations and experiences of health and care services.

We'll build the trust of people who use services by being open and honest about what we've done with their feedback. We'll identify more and better ways to gather experiences, changing the way we record and analyse it, so it's easier for us to quickly identify changes in the quality of care – both good and bad.

**People are empowered**

We know that people are often afraid to speak up. We want to help build a new understanding among the public, health and care providers, and our partners, that welcomes, values and acts on feedback to improve care for all.

**Prioritising people and communities**

As well as strengthening our assessments of individual services, we'll also assess how they work together as a system. We know this is central to a holistic view of quality. Our focus will always be on the things that matter most to people.

# Smarter regulation

We'll keep pace with changes in health and care, providing up-to-date, high-quality information and ratings for the public, providers and all our partners.

We'll regulate in a more dynamic and flexible way so we can adapt to the future changes that we can anticipate – as well as those we can't.

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**Targeted and dynamic**

We want to be smarter in how we regulate. We'll keep pace with changes in health and care, providing up-to-date, high-quality information and ratings for the public, providers and all our partners. We'll regulate in a more dynamic and flexible way to reflect the changes that we anticipate – as well as those we can't.

**Making it easier to work with us**

We want to make sure every minute we spend on site is used well. This means less time looking at paperwork, and more time observing and having better conversations with providers, and with people who use services.

**Future proof and focused on what matters most**

Our local teams will combine the power of their professional judgement with the best information and data available, helping us to take the right action at the right time.

# Safety through learning

We want all services to have stronger safety and learning cultures. Health and care staff work hard every day to make sure people's care is safe. But safety is still a key concern as it's consistently the poorest area of performance in our assessments.

It's time to prioritise safety: creating stronger safety cultures, focusing on learning, improving expertise, listening and acting on people's experiences, and taking clear and proactive action when safety doesn't improve.

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**The importance of culture**

A strong safety culture needs everyone working in health and care and people who use services to play their part. Risks aren't overlooked, ignored, or hidden – and staff can report concerns openly and honestly, confident that they won't be blamed. In this type of culture, it's accepted that all incidents – positive, negative, and wholly avoidable – provide opportunities to learn and improve.

We'll focus more on the types of care setting where there's a greater risk of a poor culture going undetected. We'll develop ways to understand what's happening in these services as we know people are often unable to speak up for themselves, and more likely to be failed by a poor culture.

**Regulating safety**

Learning and improvement must be the primary response to all safety concerns in all types of service. Where we have concerns, we will directly make services respond and show us – and the people who use their service – what action they'll take to show they are learning and improving. We'll share this information with the public as part of our up-to-date view of quality.

# Accelerating improvement

We'll do more with what we know to drive improvements across individual services and systems of care. We'll use our unique position to spotlight the priority areas that need to improve and enable access to support where it's needed most.

We want to empower services to help themselves, while retaining our strong regulatory role. The key to this is by collaborating and strengthening our relationships with services, the people who use them, and our partners across health and care.

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We know the pressure all health and social care services are under pressure at the moment, but we've seen remarkable resilience and innovative thinking during the pandemic – we'll always expect services to be striving for improvement.

**Collaborating for improvement**

We want to establish and facilitate national sector-wide improvement coalitions with a broad spectrum of partners within both health and care, including those representing people who use services. They would work collaboratively to improve the availability of support, focusing on areas where there are gaps, both nationally and at a local system level.

**Making improvement happen**

We'll be clear with services of our expectations on them to improve, but we'll provide support to them do this through better relationships, guidance and benchmarking data.

**Encouraging innovation**

Where services want to use innovation to improve, we'll never stand in the way of this, but will work with partners to develop a coordinated, effective and proportionate approach to regulating any new innovations or technology.

CQC is in a unique position in health and social care – we want to use this to do more with what we know to drive improvements in individual services and across systems of care.

# Our core ambitions

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## Health and care systems

- It's now more important than ever for health and care services to work together as a system to deliver care – to meet the needs of the local population and of each individual.
- So it's now not enough to look at how one service operates in isolation. It is **how** services work together that has a real impact on people's outcomes.
- We're adapting to this. Our assessments of people's care will look at every stage of their journey through the health and social care system, looking at both individual services and across different providers and organisations.

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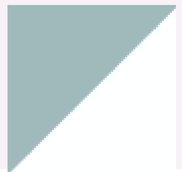
## Reducing inequalities

We want everybody to have access to safer and better-quality care and we'll champion this in everything we do. We want to understand why there's such variation across the country in how people get the care they need, so we can help to tackle it.

The COVID-19 pandemic has highlighted the inequalities that remain across different areas of the country and different groups of people. We will use the learning from this experience to enable change.



# Common success factors in outstanding services

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1. Committed leadership

2. Principles into action

3. Culture of staff equality

4. Apply equality and human rights thinking to quality improvement

5. Staff as improvement partners

6. Put people who use services at centre

7. Use external help

8. Courage

9. Continuous learning and curiosity

# How to get involved

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Opportunities

- Coproduction
- Experts by Experience
- Citizen lab
- Expert advisory group

What we want to achieve

- Diversity in representation
  - We refresh our membership consistently
  - We try to look at new ways of working with underrepresented or seldom heard groups

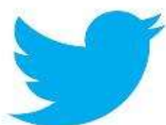
Get Involved

- publicinsight@cqc.org.uk

# Staying up to date

## Receive our Provider Bulletin

Sign up here: https://www.cqc.org.uk/news/newsletters-alerts/email-newsletters-cqc



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## Read our Blogs

Keep up to date on our latest thinking.

Look for: https://medium.com/@CareQualityComm

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#BecauseWeAllCare

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# Thank you and questions?

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