

The role of CQC – changes to regulation



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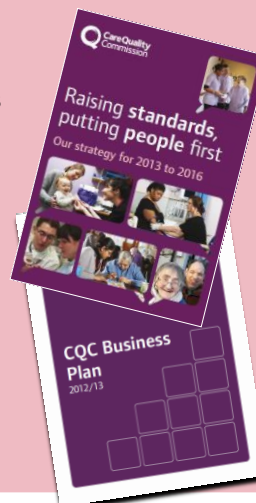
Our purpose and role

Our purpose

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

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care



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Asking the right questions about quality and safety



- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led



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New Operating Model



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Characteristics of adult social care services and the people who use them



- › **Whole of people's lives, not episodic**
- › **Complex and varied needs and aspirations**
- › **Personalisation** hugely important
- › People are often in very **vulnerable circumstances; care generally provided in people's own homes**
- › Role of **unpaid carers** is critical
- › **Diverse sector** - large numbers of providers, different sizes and types, strong private and voluntary sector
- › Significant numbers of people **fund their own care**
- › A lack of consistent, high quality **data** and **fewer standards**

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Top 5 priorities for the Chief Inspector



- 1** Develop changes to how we monitor, inspect and regulate adult social care services
- 2** Develop a ratings system for adult social care services
- 3** Develop an approach to monitoring the finances of some adult social care providers
- 4** Support our staff to deliver
- 5** Build confidence in CQC

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Our top ten proposed changes



- 1 More systematic use of people's **views and experiences**, including complaints
- 2 Inspections by expert inspectors, with **more experts by experience and specialist advisors**
- 3 **Tougher action in response to breaches of regulation**, particularly services without a registered manager for too long
- 4 Checking providers who apply to be registered have the **right values and motives**, as well as ability and experience
- 5 **Ratings** to support people's choice of service and drive improvement

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Our top ten proposed changes (2)



- 6 **Better data and indicators** to help us target our efforts
- 7 **New standards and guidance** to underpin the five key questions
- 8 **Avoid duplication of activity** with local authorities
- 9 **Focus on leadership, culture and governance** with a different approach for larger and smaller providers
- 10 **Frequency of inspection to be informed by ratings**

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Developing a ratings system



- **One overall rating for a service**, always based on inspector's professional judgement
- **Four point ratings scale** – outstanding; good; requires improvement; inadequate – but more work needed on the descriptions
- **To be outstanding**, it must feel outstanding to people who use the service, their families and carers.
- We are considering whether to offer providers the **opportunity to pay for an additional inspection**
- The things we look for will develop over time as **people's needs and aspirations change**

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Monitoring the finances of some providers



- Care Bill is expected to establish **CQC as the financial regulator** for the sector, overseeing the finances of an estimated 50–60 care providers that would be difficult to replace were they to go out of business
- CQC is expected to:
 - Require regular financial and relevant performance information from some providers
 - Provide early warning of a provider's failure
 - Seek to ensure a managed and orderly closure of a provider's business if it cannot continue to provide services

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Providers and the CQC



- Providers are **responsible for quality** – the regulator cannot deliver quality, only check for it & influence practice
- The **'well-led' question** is vital – sustainable quality comes from the top
- Registration for new applicants will be tougher, with new powers for 'fit and proper persons'
- We will take tough enforcement action where needed
- We must **build confidence in the sector** together by:
 - celebrating the good e.g. Care Home Open Day
 - working together to **criticise poor care** when exposed to the public

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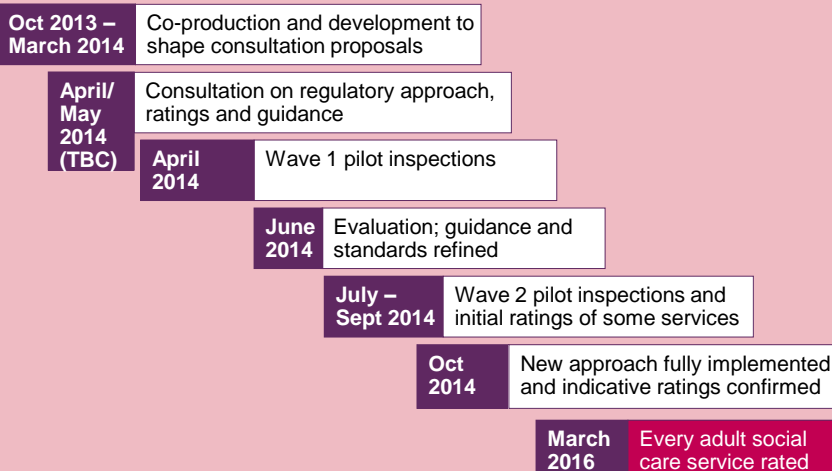
Next steps



- **Open and inclusive engagement with** people from October 2013 to Spring 2014 so they **shape and improve the new approach**:
 - External advisory groups and other working groups on particular aspects of work
 - Round table events and workshops on specific topics and issues
 - On line forums and discussions, surveys and social media
 - Events and workshops on regulatory approach, standards, ratings
 - Public focus groups and engagement through our network of local groups, including Local Healthwatch

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Timelines



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Thank you



To keep up-to-date with developments visit:

CQC website: www.cqc.org.uk



@CareQualityComm

Online community: www.cqc.org.uk/organisations-we-regulate/get-involved/join-our-online-communities-providers

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