Care Quality Commission

A fresh start for the regulation and inspection of adult social care

Working together to change how we inspect and regulate adult social care services

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

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

Our principles:

- We put people who use services at the centre of our work
- We are independent, rigorous, fair and consistent
- We have an open and accessible culture
- We work in partnership across the health and social care system
- We are committed to being a high performing organisation and apply the same standards of continuous improvement to ourselves that we expect of others
- We promote equality, diversity and human rights

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Foreword from the Chief Executive

During the past six months we have set out a new vision and direction for the Care Quality Commission in our Strategy for 2013-2016, *Raising standards, putting people first* and in our recent consultation, *A new start*, which proposed radical changes to the way we regulate health and social care services.

We developed these changes with extensive engagement with the public, our staff, providers and key organisations. Adult social care stakeholders, together with other care sectors, have welcomed our proposals, which include the introduction of a Chief Inspector; expert inspection teams; ratings to help people choose care; a focus on highlighting good practice; and a commitment to listen better to the views and experiences of people who use services.

Understanding the experiences of people who use adult social care services is paramount. They are often in very vulnerable circumstances and, for many, their care affects every part of their lives. Many are older people coping with several health conditions; many are also affected by dementia and cannot speak up for themselves. Being treated with compassion, dignity and respect is of great importance for them.

This document sets out the parameters of the conversations we want to have with all of our adult social care stakeholders, including our own staff, the public, providers, people who use services, their families and carers. It also signals our commitment to develop changes to the way we regulate adult social care services with them.

Alongside this document we are also publishing our analysis of the responses to our recent consultation, *A new start*. We will use these responses, alongside further engagement, to inform and develop our thinking. They demonstrate that there is strong support for the new framework, principles and operating model that we will use, including the five key questions that we will ask of services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well-led?

We are clear, however, that we will recognise differences within sectors and will develop our model for each of them accordingly.

I am delighted that Andrea Sutcliffe has joined CQC to lead this work as our Chief Inspector of Adult Social Care. The three Chief Inspectors will work together to improve care for people as they move between health and social care services, consider issues that cut across different sectors such as dementia and end of life care, and make

sure issues relating to social care are addressed in other sectors.

Andrea will also lead the development of an important new role for CQC – that of monitoring the finances of some providers of adult social care services and making sure that the interests of people who use services are paramount in the event of a provider going out of business.

CQC will develop strong and effective relationships with organisations such as the Department of Health, local authorities, providers, their trade associations, the Association of Directors of Adult Social Services, the Social Care Institute for Excellence, the National Institute for Health and Care Excellence, Skills for Care, the National Skills Academy for Social Care, the College of Social Work and other key stakeholders. At the same time we will maintain our independence in the judgements we make and make sure CQC is focused on the public and people who use services.

In this document we set out our priorities for improving how CQC monitors, inspects and regulates adult social care services. We describe how CQC will work with people who use services their families and carers, providers, commissioners and other organisations to deliver these priorities.

“Understanding the experiences of people who use adult social care services is paramount”

CQC will work as a team to develop and deliver our new regulatory approach for adult social care. Andrea will support our specialist staff who regulate adult social care services, and be accountable both internally and externally for the quality and delivery of our regulatory programme.

The programme of work set out in this document is hugely important. It will help us to make sure that we deliver our purpose – to make sure services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve. If we can achieve that it will improve the lives and experiences of people who use social care services, their carers and families.

David Behan
Chief Executive

Introduction from the Chief Inspector of Adult Social Care

The direction set out in *A new start* is a great starting point for developing changes to how we inspect and regulate adult social care services. I know how supportive people are of the changes we want to make. I am looking forward to working with all of our stakeholders to make a significant difference to the quality of care and the lives of people who use social care services.

This document sets out the programme of work ahead. Most importantly it describes how we are going to work in partnership to develop our proposals and make sure they are the right ones. One of the first things I want to do is to set out clearly our early priorities for the areas we need to cover. I am sure these priorities will evolve over time, but this is where I believe we need to begin.

My five initial priorities are to:

1. Develop changes to how we monitor, inspect and regulate adult social care services.
2. As a critical part of this, 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 CQC staff to deliver.
5. Build confidence in the CQC.

Adult social care is hugely important. It is the largest sector that CQC regulates, with a wide range of providers that support and enhance the lives of many people. It has particular characteristics which will inform the changes that we will make.

One of the reasons I applied for this role is because it provides a real opportunity to energise a sense of common purpose across the sector. I want our approach to identify, highlight and celebrate good practice. I want it to inspire providers to strive to be outstanding, and to continuously improve standards. We must not tolerate mediocre or poor care.

I know that this is not a task CQC can deliver alone. The main responsibility for quality care lies with care professionals, providers, and those who arrange and fund services. Our role is to set clear standards, assess performance, identify improvements, take action where care fails people and celebrate success. We can act as an advocate for every person who uses social care services, and their families and carers, so that they are treated with respect and dignity and get the person-centred care and support they deserve each and every time.

Above all we will be working in co-production with, and on the side of, people who use services, their families and carers. Social care supports people with a huge range of needs including mental health, learning disabilities and older

people who lack capacity. For each of these areas we will need to develop bespoke approaches to specific issues such as advocacy, the use of restraint, and the Mental Capacity Act. I know from both my own experiences and the stories of others how important it is to get this right. Social care services at their best have the ability to completely transform people's lives. I want us to work together to strive to make that a reality for the millions of people who use them.

This is a tall order; there is a lot to do and I want to work collaboratively with people to achieve it. I will need to rely on the professional judgement of teams of expert inspectors. I want to increase the number of people with experience of care – Experts by Experience – in our inspection teams. They have a unique and valuable role to play in helping us to listen to the views and experiences of people who use a service. I hope that by working together we will succeed in building an approach that is effective, that people support and have confidence in, and that plays its part in supporting improvements to people's care.

This document is the start of my engagement with people who use services, providers, CQC staff and other stakeholders. It sets out the things we need to work on together, and how we will work with people in a wide range of meaningful ways to develop our thinking and approach. There are some ideas in here that represent very early thinking. In the interests of working collaboratively and being transparent we want to share those now. We will discuss these ideas further and some of them may be included in our consultation next year.

Next spring we will formally consult on the changes we propose to make, including our standards, regulatory approach and ratings model. Between now and then we will be working and engaging with people in an open and inclusive way to shape those proposals.

“This document sets out the things we need to work on together, and how we will work with people in a wide range of meaningful ways to develop our thinking and approach.”

A final thought. To make sure that our regulatory approach is truly personalised I want us to consider for every service we look at – is this good enough for my Mum (or any other member of my family)? If it is, that is fantastic. If it's not then we need to do something about it. That thought will guide me as we tackle the programme of work set out here. I am eager to begin and I look forward to working with you in the coming months and years ahead.

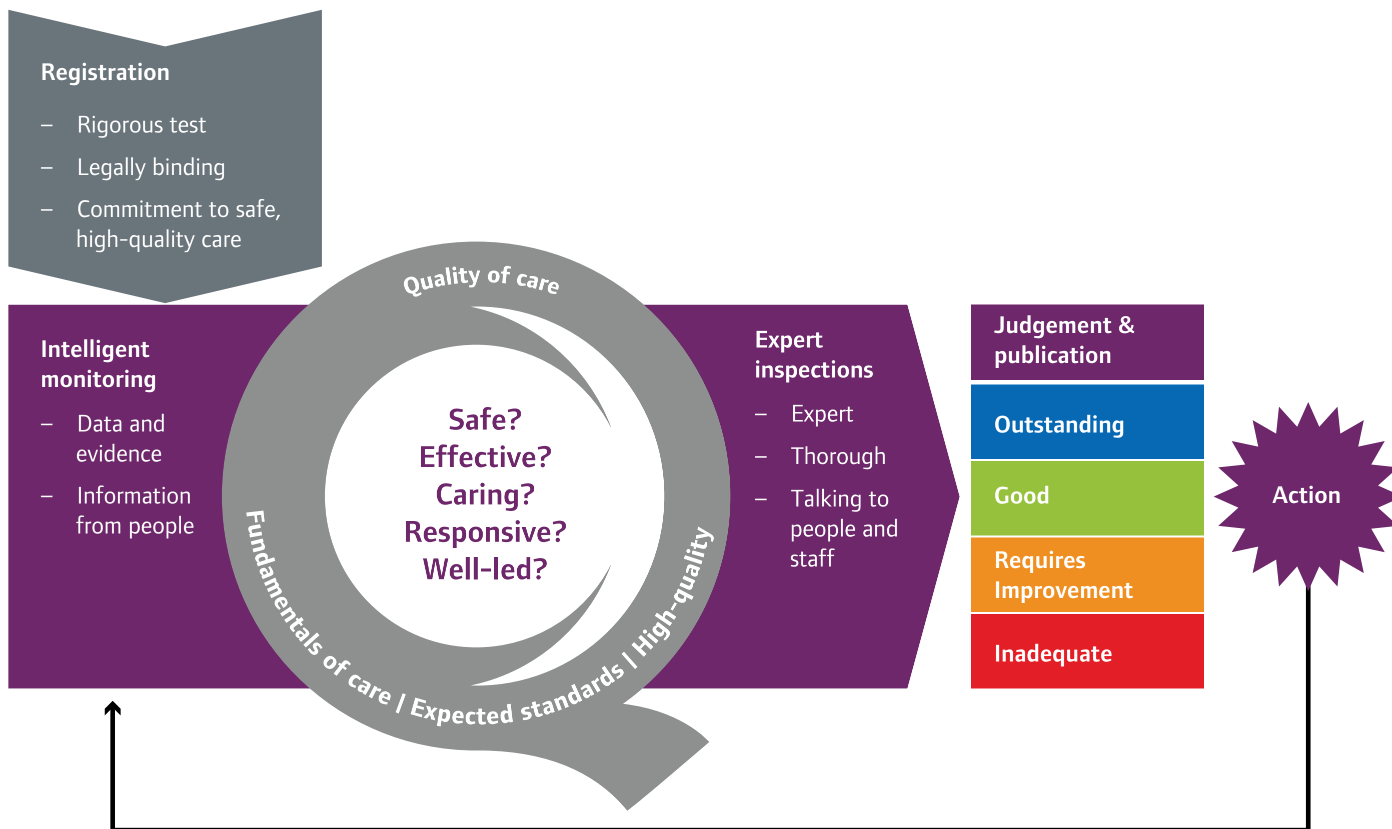
Andrea Sutcliffe
Chief Inspector of Adult Social Care

Monitoring, regulating and inspecting adult social care

Our recent consultation *A New Start* set out the principles that guide how CQC will inspect and regulate all care services. It described our future 'operating model' which includes:

- Registering those that apply to CQC to provide care services.
- Intelligent use of data, evidence and information to monitor services.
- Expert inspections.
- Information for the public on our judgements about care quality, including a rating to help people choose services.
- The action we take to require improvements and, where necessary, the action we take to make sure those responsible for poor care are held accountable for it.

FIGURE 1: OVERVIEW OF OUR FUTURE OPERATING MODEL



These principles guide our regulation of adult social care, but the detail of how we will do this will be specific to the sector and to the services within it. We know that there is more to adult social care than residential care or care in people's own homes. There are community-based services for people with a learning disability; extra care housing services, Shared Lives schemes, and supported living services. We will inspect and regulate them in ways that are sensitive to their differences but retain a common purpose.

Our inspections also need to reflect the progress made in the personalisation of social care. We must inspect and regulate in a way that meets the different needs of people who use social care services, for example older people, younger adults with a physical or sensory impairment, people with mental health needs or people with a learning disability.

The services that the Chief Inspector of Adult Social Care will be responsible for

The Chief Inspector will oversee the regulation of:

- Care home services with nursing
- Care home services without nursing
- Specialist college services
- Domiciliary care services
- Extra Care housing services
- Shared Lives
- Supported living services
- Hospice services
- Hospice services at home

We recognise that hospice services cross health and social care. Our Chief Inspectors will work together to make sure we regulate these in the best way.

The characteristics of adult social care

Adult social care has particular characteristics that will inform the changes we need to make. In making them we will consider the following factors:

- People can experience adult social care very differently to other forms of care. It often affects every aspect of their lives for long periods of time, rather than affecting part of their lives for a shorter period. People using social care services often have complex and varied needs which can be life-long.
- However, we know that not everyone who uses adult social care services uses them for the long term. For example many people are supported by reablement services (sometimes known as rehabilitation services) after a period of illness or a stay in hospital to help them get back on their feet and regain independence.
- While people with a particular impairment may face similar issues and barriers to accessing services, this does not mean that they have the same aspirations or choose to live their lives in the same way. What good looks like differs according to people's individual needs and choices, and we need to recognise this in our person-centred approach.
- Not everyone who uses social care services will be receiving treatment as a patient. This means that effectiveness in social care is different to effectiveness in health care and our approach needs to reflect this.
- The social care sector is hugely varied, with a very large number of providers, a strong private and voluntary sector, significant differences in size and types of services and care provided, and a lack of consistent, high-quality data. This means that we will need to consider carefully the type of information we use to trigger and guide inspections, and how we make sure our scrutiny is robust without imposing an unnecessary burden on small providers and enterprises. We want to work with others to improve the data available.

- Social care is generally provided in people's own homes, either because their home is now a residential or nursing home setting, or because domiciliary care is provided at home. Receiving poor-quality care in these domestic settings has a devastating effect on people and those who love them. The way we regulate and inspect services needs to provide the appropriate level of scrutiny and action.
- Social care is often provided to people in the most vulnerable circumstances in our society – older people who may be isolated and lonely; people with mental health issues; and younger people with disabilities. Many of those receiving care services do not have the mental capacity to make decisions for themselves and some people have no-one to advocate on their behalf.
- There are large numbers of people who pay for their own care. This makes the job we do even more critical. People must be able to rely on us to regulate efficiently and effectively; to make sound judgements about the quality of services; and to hold providers to account when necessary.
- The role that unpaid carers play in delivering social care is critical. Figures estimate that there are millions of unpaid carers in the UK. This means we must involve them in our work, and ensure they can rely on our judgements to help them choose services that provide paid support to the people they love.
- Adult social care is commissioned by a range of people and organisations. The NHS, local authorities and individuals who pay for their own care all commission services, at times from the same provider. This means that we must work to align our approaches and empower people. For example, we want to have systems that enable people who commission their own care to give us their views in the same way as a local authority or health commissioner can.
- There are fewer nationally recognised standards and guidance in adult social care than in many other sectors. We need a common understanding, shared with all of our stakeholders, of what different levels of quality look like in adult social care services.

> **"We must inspect and regulate in a way that meets the different needs of people who use social care services, for example older people, younger adults with a physical or sensory impairment, people with mental health needs or people with a learning disability."**

- Personalisation is hugely important in adult social care. This means that people are able to identify their individual needs and are empowered to take control and to make informed choices about the way they live their lives. We need to take this into consideration when assessing how effective services are.
- Integration of health and social care services is crucial. Social care has a key role to play in helping people avoid the need for healthcare services and in supporting the recovery of people who have used them. We must consider how well services work with their local health partners in doing this, for example by helping to prevent avoidable emergency admissions.

Priority 1: Developing the new regulatory approach

We know there are lots of good things about how we inspect and regulate adult social care that we want to keep and build on, but we also know that there are some things we need to improve.

Most adult social care services registered with CQC provide either residential care, which could include nursing care, or care in people's own homes (domiciliary care). The feedback we have received from our adult social care stakeholders is that our inspection and regulation of residential care generally works well. While we have improved the way we regulate care in people's own homes, we recognise that this is just much more difficult to get right.

It is much easier for our inspectors to assess people's individual experiences of residential care as the people who use the service are there when we inspect. Our inspectors and Experts by Experience can talk to people and observe how staff interact with them.

A provider of care in people's own homes might deliver care to 500 people in as many different places. The care may be of a very intimate nature, delivered to people who are often in vulnerable circumstances. This makes assessing people's experiences much more difficult. We have already introduced new methods of doing this, including telephone interviews with a sample of people using a service; questionnaires in some circumstances; and home visits (with people's consent). We know we need to explore what we can do to improve on this.

Promoting a culture of quality, safety and openness

Regulation has an important role to play in making sure that services provide safe, effective, compassionate, high-quality care. Our inspection reports provide a snapshot of a particular point in time, but we need to help make sure quality care is being provided all the time.

We want to encourage those providing care in residential homes to create a more open culture and think about how they can be more involved with their local communities. This year's National Care Home Open Day, where some care homes encouraged local communities to visit them, was a great success. Many of CQC's inspectors were involved too. We want to encourage providers to introduce more innovative schemes like this. We know there are arrangements in some places where a local care home has developed a 'twinning' relationship with a local school – for example, where school children visit the home and the residents of the home go to the school's carol service. We also want to work with Healthwatch as they develop their approach to adult social care and care homes, including how they exercise their 'enter and view' powers.

We would also like to have an open conversation with people about the use of mystery shoppers and hidden cameras, and whether they would contribute to promoting a culture of safety and quality, while respecting people's rights to privacy and dignity. Such a conversation should cover the use of these techniques by the public, providers, or CQC.

What we will do better

Our proposals for regulating and inspecting adult social care services must reflect the different characteristics of social care and meet the challenges described above. We set out our early thinking on this below.

Our top 10 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 regulations, particularly when services are 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.
6. Frequency of inspection to be based on ratings, rather than annually.
7. Better data and analysis to help us target our efforts.
8. New standards and guidance to underpin the five key questions we ask of services – are they safe, effective, caring, responsive and well-led? – with personalisation and choice at their heart.
9. Avoiding duplicating activity with local authorities.
10. Focus on leadership, governance and culture, with a different approach for larger and smaller providers.

Other ideas we want to discuss

1. Better use of technology to capture people's views and experiences.
2. Specific guidance on our expectations for the induction and training of staff who work in adult social care services.
3. How we might encourage services to be more open and better integrated with local communities creating an open culture that helps demonstrate a service is well-led.
4. Allowing providers to pay for additional inspections if they believe the quality of their service has improved.
5. Finding a better way of regulating supported living schemes.
6. Potential use of mystery shoppers and hidden cameras to monitor care.

The five key questions

We set out in *A new start* the five questions that we will ask of all services. There was widespread support for this in our recent consultation. We will use these questions when making decisions about registering providers; as a framework for our use of data, evidence and information in our surveillance of services; and in our guidance, inspections, ratings and published inspection reports. We will make sure that person-centred care is at the heart of the questions we ask of adult social care services and of how we rate services.

There were a lot of comments from the public and adult social care providers about the definitions of these questions in our consultation. We will work with people to define what these questions mean for adult social care, for example:

- **Is this service safe?** In adult social care, safety has to be balanced with people's right to make choices and take risks. Our standards and the information we use will need to be clear that this balance is important. We also need to recognise the important role of safeguarding as a key aspect of safety in this sector.
- **Is this service effective?** In adult social care being effective is about how services help people to live their lives in the way they choose and be as independent as possible – a key aspect of personalisation. Personalised care may look different for a 28-year old disabled person and a 90-year old person with dementia. We recognise that defining effective outcomes is one of the more challenging questions for adult social care, for example recovery in mental health and re-ablement for some people. We want to work with all of our stakeholders to develop a shared understanding of effectiveness and how this can be assessed.
- **Is this service caring?** This could include the importance of staff being kind, empowering and treating people with dignity, respect and compassion, and how carers and family members are treated.

> **"We will make sure that person-centred care is at the heart of the questions we ask of adult social care services and of how we rate services."**

- **Is this service responsive to people's needs?** In social care, as well as meeting people's needs this is also about responding to people's preferences, aspirations and choices. We will want to know if care is personalised and puts the person at the centre in identifying their needs, choices and supporting them in the way they want to live their life. How the service responds to the needs of people living with more than one condition with complex care arrangements will be key, as will how the service recognises and understands the needs of people who lack capacity and responds to them appropriately.
- **Is this service well-led?** In adult social care, this may look different depending on the size of the provider, but we know leadership is a key factor whatever the size of the service. We will also want to focus on the registered manager, as we know that the way they carry out their role has an important impact on setting the right culture, approach and leading good practice by example.

Registration

Registration needs to make sure that those providers who apply to CQC to offer care services can deliver services that are safe and of the right quality. At the point of registration providers make a legal declaration that they will be able to meet all the standards once their service opens. We will:

- Make sure providers have the right values and motivations for providing care, as well as the right skills and experience.
- Make sure the registration process is flexible and does not stifle innovation or discourage good providers of care services.
- Ensure providers understand the commitment they are making and the consequences of not meeting registration requirements.

Inspection

In our consultation, there was strong support for the introduction of expert inspection teams led by Chief Inspectors. Inspection will continue to be at the heart of our regulatory approach. We will continue to carry out unannounced inspections, inspections in response to concerns, inspections about particular aspects of care, and we may carry out a number of random inspections of good and outstanding services. We will continue to put equality, diversity and human rights at the heart of our inspection work.

> **"Inspection will continue to be at the heart of our regulatory approach."**

We will:

- Base the frequency of our inspections mainly on the rating of the service, rather than inspecting everywhere each year, using our surveillance model to inform any changes.
- Make sure our inspections are carried out by expert inspectors.
- Consider whether in some cases we should give short notice of an inspection, or of our intention to return after the initial inspection. This is so we can meet family members, carers or other people who may not have been available during the original inspection.
- Talk to more staff on an inspection.
- Check and report on the elements of care that matter to people, such as kindness, ethos of the service, and overall atmosphere, as we know these things are important to people when they choose services.
- Consider how to use insight gained from various sources to target where, when and what we inspect, for example trigger factors ('indicators') such as a change in ownership.
- Support our inspectors to make informed professional judgements about the quality of care, by recognising that good care may look different to different individuals depending on their personal choices.

- Have a much stronger focus on leadership, governance and culture to help us answer the question of whether or not a service is well-led, recognising that this will differ according to the size of a provider and distinguish between organisational and practical leadership. We will work with others to do this. For example, the Leadership Qualities Framework developed by the National Skills Academy could guide our assessment of whether services are well-led.
- Ensure we consider how well services work with their local health partners in helping people avoid the need for healthcare services, for example by preventing avoidable emergency admissions.
- Be clearer about our role in complaints and whistleblowing so that people know: what to expect from us; how this information helps us to decide when, where and what to inspect; and who may be able to help them settle their individual complaint.

Listening to people's views and experiences of care

- We will maintain and improve our focus on the views and experiences of people who use services in our inspections and throughout our work. We will:
  - Use more people with experience of care – Experts by Experience – in our inspection teams.
  - Explore whether there are more observational tools we can use to help us understand the experiences of those who are less able to give us their views, for example people with dementia or complex learning disabilities.
  - Explore making better use of technology to capture the views of people who use domiciliary care.
  - Explore better mechanisms for getting information from local groups, Healthwatch and community healthcare staff such as district nurses and GPs.
- We are clear that we want people to tell us about their views and experiences of care at any time. Whether it is a concern, an observation, a positive report about a service or an issue people have raised as a formal complaint, the information is extremely valuable to us as people who use a service are best placed to know whether they are receiving safe, compassionate, high-quality care.
- The information may lead us to make further enquiries, including contacting the provider of the service if people say we can. We may use the information to help us decide what to look at when we next inspect, or to bring forward an inspection. We may also look in detail at specific cases and use them to inform the judgements we will make about care services. Wherever possible we let people know what action we have taken as a result and we report publicly on all the information we have received from people and what we have done in response.
- However, it's important to say that we are not able to settle formal complaints on behalf of individuals. We do not have the power to do this. It is the duty of the provider to do this and, where necessary, the relevant ombudsman or professional regulator. The only exceptions to this are formal complaints made by people whose rights are restricted under the Mental Health Act (or their representatives) about the way staff have used their powers under the Act.
- Where people want to make a formal complaint to a provider or to the ombudsman, we will support them by providing information that helps them to understand how to do this.

Insight

There was strong support in our consultation for making better use of information and evidence in deciding when, where and what to inspect. We will improve how we monitor information about the quality of services to help us do this.

We will:

- Work in partnership with providers, commissioners and other bodies in the sector to design and develop information sources about the quality of care.
- Work with key national partners where information sharing at a national level on important areas will support this improvement – such as the Health and Social Care Information Centre.
- Work to develop an information sharing portal with councils.

> **“We will improve how we monitor information about the quality of services to help us decide when, where and what to expect.”**

- Identify a small set of indicators that define the most important things to monitor in relation to each of the five questions we will ask about services. Information from people who use services, their families and carers will be key to this.
- Collect more information directly from providers to inform our activity and provide assurance in between inspections.
- Encourage providers to be open and transparent and share their data with us. We know many providers collect and analyse significant amounts of data and we want to make better use of this information. We want all providers to follow the example set by some of the large corporate providers and start publishing their performance against the Transparency and Quality Compact Measures as soon as possible.

Guidance and standards

There was a lot of comment about the fundamentals of care in the responses to our consultation and some confusion about whether or not there is a difference between fundamentals and expected standards, and the link between these, the five key questions, and ratings. We know we need to do more work on this, in discussion with all of our stakeholders.

However, we are clear that we will recognise good and outstanding care.

We will develop guidance on how we will rate care services. This will include clear examples about what we expect to see when services provide good or outstanding care. We will also develop guidance on how we will rate services that require improvement or are inadequate/poor and the action we will take in response. We will use the feedback we received in our consultation to develop our guidance and work with the public, people who use services, providers and stakeholders to do this. The guidance will be tailored for each sector and for some services within each sector.

The action that we take in response to care that requires improvement or is inadequate/poor will be underpinned by the regulations that give CQC our legal powers.

The Department of Health is using the feedback we have received to inform their thinking on how the fundamentals of care should be written into the regulations (registration requirements). The regulations will set fundamental standards that providers must not breach. The Department will consult on the regulations in Autumn 2013.

We will also:

- Work with all of our stakeholders to develop a common understanding of what different levels of quality look like in adult social care services.
- Look at what guidance and standards are already available and how we can build on them.

- Develop guidance and standards that reflect the different types of adult social care services and people's different needs.
- Consider how we could use accreditation and kite marking schemes and what assurance we might take from them.
- Consider whether we should be much more specific in our guidance about the induction and training qualifications we expect care professionals to have.

The action we take

The Department of Health recently consulted on proposals to enable CQC to hold named directors or leaders of organisations to account for failures in the quality of care. Their proposals included a new fitness test for all providers registered with CQC that would enable CQC to insist on the removal of directors that failed it. A condition of registration would make clear that the individual could not be employed by the organisation in that role. If the organisation did not comply they would be in breach of their registration. Where providers fail to provide safe, effective care the Department of Health proposed that CQC would be able to consider the role of the Board and individual directors in that failure, and to prosecute them in cases of serious failure.

The Department of Health also intends to change the regulations so that, where necessary, CQC can prosecute providers and individuals for serious failures in care without needing to issue a warning notice first.

All of these changes are subject to the passage of legislation through Parliament but if approved they will strengthen our ability to take robust action when care fails people.

We will:

- Take tougher action in response to some breaches to the quality of care. For example, some services are without a registered manager for long periods at a time, despite this being required by their registration with CQC.
- Take tougher action when services do not notify us of everything they should.

And we will consider serving a fixed penalty notice in these two circumstances unless there is very good reason not to do so.

Supported living

Supported living is a policy that has enabled many people to achieve greater independence in their lives and has very positive outcomes for them. However, we know that people who use those schemes do not have the same safeguards as people living in residential care. We will work with the Department of Health and others to identify a way of regulating these services that enables people to maintain their independence but offers appropriate safeguards.

What will happen next?

- The Department of Health will consult on the legislation that sets the framework for these changes – the registration requirements – in the autumn of this year. As part of the consultation we will include examples of what our guidance might look like to show how everything might fit together.
- We will work with people to develop the guidance that will underpin the fundamentals of care and the expected standards for different service types and we will consult on those in Spring 2014.
- We will pilot various aspects of the model during Spring 2014. We will always explain in advance what we plan to do and why. We intend to hold a number of round table events and workshops to further inform our thinking on a number of issues:
  - What the five questions mean for adult social care, particularly effectiveness and responsiveness.
  - How we inspect adult social care services, including frequency of inspections.

  - How we can best assess leadership, governance and culture in providers of all types and sizes.
  - The potential use of hidden surveillance.
- We will bring in some changes from April 2014, including inspection reports with a narrative that focuses on the five questions, and a stronger focus on leadership, governance and culture. We will carry out some testing with a small number of services as part of this.
- During Summer 2014 we will test our new way of regulating and inspecting adult social care services much more broadly with a large number of services.
- All the changes, including ratings, will be in place from October 2014.

Priority 2: Developing a ratings system

There is support from the adult social care sector for the introduction of a ratings system for adult social care. Ratings are intrinsically part of our new regulatory approach, but they are so key and important to both the sector and people who use services, their families and carers that they warrant being a priority in their own right.

We will need to make a judgement about the level of quality for each of the five key questions we will ask of services. We also think that one overall rating for a service will be easier to understand, so we will develop rules for inspectors to use which would enable them to make this judgement. The rules will make sure that we are fair, transparent and consistent in how we reach our decisions, but they will be flexible enough to allow our inspectors to use their professional judgement and take account of individual circumstances.

The rules will need to cover a range of situations, for example:

- What we need to inspect to reach a judgement about a rating.
- What limits a service from being good or outstanding.

We are clear that our ratings will always be based on our inspectors' professional judgement.

The ratings scale

In *A new start* we proposed a four-point rating scale for ratings. We suggested they would be described as:

- Outstanding
- Good
- Requires improvement
- Inadequate

> “We want regulation to drive improvement so that providers aspire to be the best they can be.”

We believe this four-point scale is right, but we will carry out further work with people to determine whether these descriptions are right. For example, we need to decide whether or not inadequate should be changed to 'poor'. The descriptions that we use will be consistent across all of the services we regulate.

We want regulation to drive improvement so that providers aspire to be the best they can be. We think that for a service to be rated outstanding, it should feel outstanding to most of the people using the service, their families and carers. Other characteristics of 'outstanding' might include:

- People benefit from the service's involvement in the local community.
- People are admitted to hospital less frequently because providers work with local health partners to support integration and continuity of care.
- People are supported in their choice of where to die, for example supporting people to stay at home rather than being admitted to hospital.
- Information about the quality and safety of the service is shared openly and transparently with people who use the service, including through online quality profiles on NHS Choices and other websites.
- Care is truly person centred and supports personalisation.

We will also need to decide on some of the issues that will always prevent a service from being rated as good or outstanding. They might include services that are:

- Without a registered manager for an extended period of time.
- Failing to notify CQC of everything they should.
- Unable to demonstrate they actively seek and act on people's views.
- Causing concern about failing to protect people's safety (safeguarding).

We also want to consider how we can make sure that our regulatory judgements reflect how well providers have responded to any poor care that may have happened before our inspection and the steps they have taken to put it right. The provider's response may have an impact on our judgement about whether the service is safe and well-led. For example, the service may be given a lower rating on safety and a higher rating on well-led in recognition of the provider's efforts to resolve the problem.

We will also expect providers to be open and transparent about the regulation and inspection of their services. This will include sharing information publicly about the judgements we make, the standards of care the public can expect, the ratings assessment, and how people who use services and their families can raise concerns either locally or with CQC directly.

Keeping our ratings up to date

Many of our inspections will lead to a rating. The frequency of inspections will in the main depend on the rating awarded to the service, but we will continue to carry out inspections triggered by concerns, including information from people who use services. We may also carry out random inspections of a number of good or outstanding services, as well as including some of these services in our programme of thematic work. Not all inspections will change a rating.

Some providers may want an opportunity to receive a new rating sooner than our inspection schedule allows. We are considering whether to offer providers the opportunity to pay for an additional inspection in some circumstances if they believe the quality of their service has improved. We believe that this could:

- Enable providers to have any improvement publically recognised sooner.
- Incentivise providers to strive to improve their services.
- Allow us to be more responsive when providers believe their service has made those improvements.

If we decide to pursue these ideas further, we will consult on them.

We are also currently considering options for an appeals system, including the grounds for appeals and how an appeals system might work. We will work with people to further develop our thinking on this.

We expect that the things we look for will develop over time as people's needs and providers' aspirations change.

What will happen next?

- Subject to Royal Assent in 2014, the Care Bill will allow for regulations to be laid for rating providers.
- Assuming the Care Bill receives Royal Assent those regulations will be laid in 2014 to enable ratings to begin.
- We will hold a round table event to consider the issue of providers being able to pay for additional inspections to inform our consultation proposals in spring 2014.
- We will work with stakeholders to develop the ratings system so that we have a set of proposals we can formally consult upon in Spring 2014.
- We will widely test the ratings approach and evaluate our findings in spring 2014.
- If the consultation and evaluation demonstrates that the methodology is sound, we will begin to award shadow ratings in Summer 2014.
- We anticipate all adult social care services will be rated by March 2016.

Priority 3: Developing our approach to monitoring the finances of some providers

From April 2015, CQC expects to monitor the finances of some providers. Recent events, including the failure of Southern Cross, led the Government to review whether current mechanisms to oversee the financial stability of some adult social care providers are sufficient to protect the safety and quality of people's care.

> **From April 2015, CQC expects to monitor the finances of some providers.**

Following a public consultation on the issue, the Care Bill currently being considered by Parliament will address this. It will firstly clarify the duties on local authorities to ensure continuity of care for those receiving care in their area if their care provider fails. Secondly, it will establish CQC as the financial regulator for the sector, overseeing the finances of an estimated 50 to 60 care providers that would be difficult to replace were they to go out of business.

The Government's intention is that local authorities will continue to have a duty to ensure continuity of care when a care provider in their area goes out of business. Local authorities currently successfully manage the failure of about 40, mostly small, care providers each year. However, in some cases the size and scale of a provider or the type of service provided make it difficult for an individual local authority to ensure people continue to receive safe, effective, compassionate care if that organisation goes out of business.

Subject to the Care Bill receiving Royal Assent, from April 2015 CQC will:

- 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.

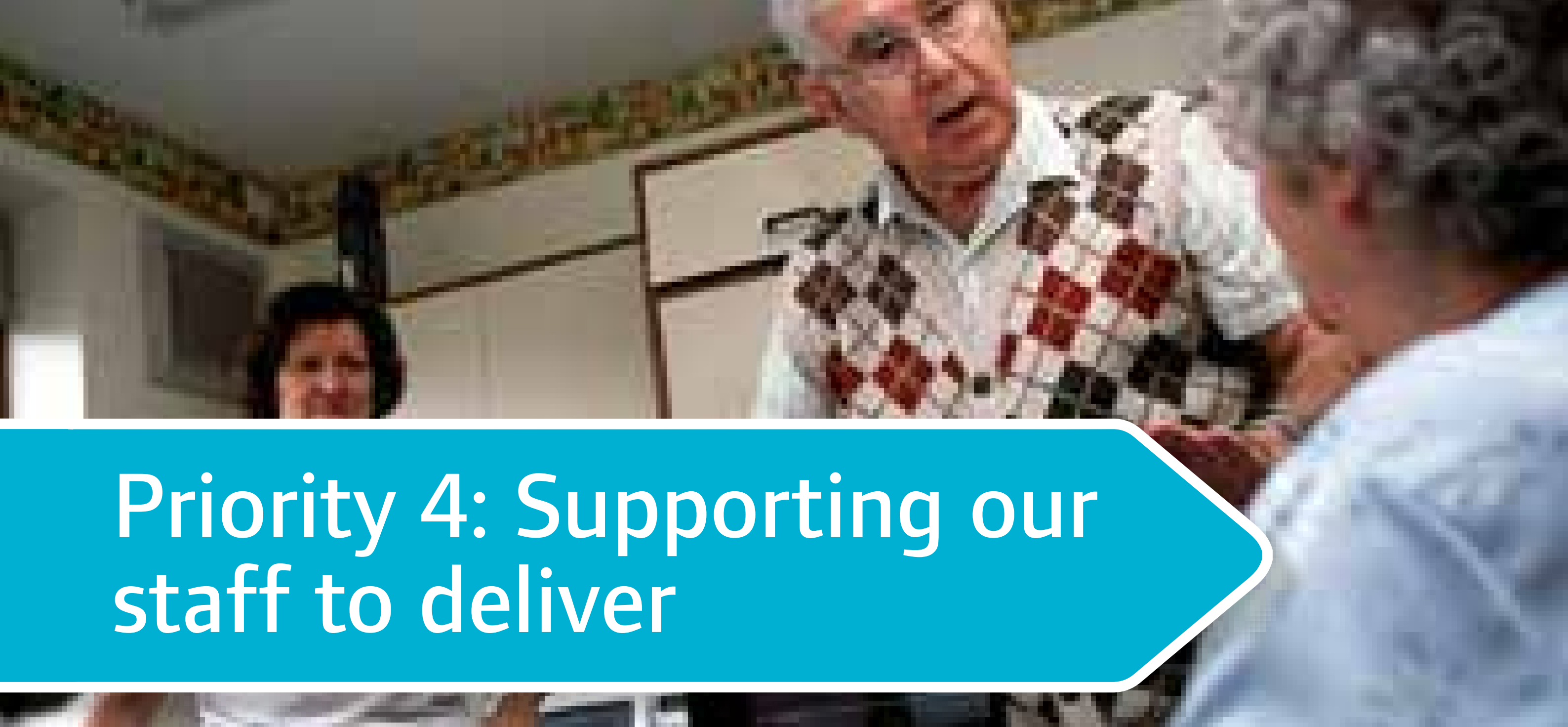
Taken alongside the other changes outlined in this document, this will strengthen our ability to help make sure that concerns about people's care are identified and acted upon as early as possible.

In carrying out this role we will:

- Carry out financial checks on a small number of providers (based on their size, local or regional concentration and specialisation of services which makes them difficult to replace).
- Monitor risks to financial sustainability and, depending on the level of risk, ensure these providers have effective 'sustainability plans' in place to satisfy us that it can manage the risk. We will need to be sure that the provider is taking sufficient steps to address a threat to their business sustainability. We will be able to commission an independent business review to help the provider become financially sustainable.
- Require information from providers in order to facilitate an orderly closure of a provider's business, should that become necessary, and ensure the continuity of care for people who use the service.
- Oversee and coordinate the process when a provider fails across all involved local authorities, and communicating nationally on progress to provide reassurance and information.

What will happen next?

- The Government will consult on a number of regulations relating to this new role in spring and summer 2014. The financial oversight regime will, subject to the will of Parliament, be established from April 2015.
- Alongside the Department of Health consultation and stakeholder engagement on the changes in legislation, we will also be working with stakeholders and providers during Spring and Summer 2014 to develop our plans for taking on this role in 2015. This may include consultation on some aspects of the market oversight role, depending upon what is set in regulations.
- We will also be considering how we can best resource this function in terms of the specialist knowledge and expertise it requires.



Priority 4: Supporting our staff to deliver

We know that the public, people who use services, commissioners and providers want a strong independent regulator. They want a regulator whose judgements they can have confidence in and whose findings they can rely upon.

This means that we must be able to rely on our inspectors to deliver consistent, robust and reliable judgements. This is why some of our workforce will specialise in the regulation of adult social care services. There is overwhelming support for this in the responses to our consultation *A New Start*.

We will:

- Make sure that our inspectors have access to continuing professional development so that they recognise good and outstanding care, and are empowered to act with confidence when care is inadequate or requires improvement. We will offer our staff the right support and development opportunities, for example training in enforcement to achieve this.
- Help our inspectors to understand the evidence base for what good or outstanding care looks like so they can be confident and consistent in their judgements. This will involve us working with organisations like SCIE and NICE to exploit the existing evidence base and training materials.
- Support our inspectors to be consistent in their judgements by providing the right level of guidance that supports them to make the right decisions, but does not stifle their professional judgement and ability to take into account the specific circumstances.
- Offer mentoring and shadowing opportunities and will support both internal and external secondments. We will continue to support our staff with regular supervision sessions and personal development plans.
- Use both experts by experience and specialist advisors to support some of our inspections. This has the benefit of both bringing expertise directly into our inspections and enabling our inspectors to learn from others. We will also use some experts by experience to directly train and support the development of our staff, for example in how to communicate with people with a learning disability.
- Make sure our inspectors undertake more in depth training on dementia, the Mental Capacity Act and Safeguarding. Given the rising numbers of people with dementia it is crucial that our staff understand what good dementia care looks like and how to understand people's views and experiences.

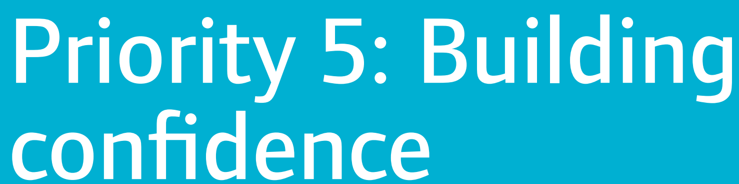
- Involve staff from across CQC in developing these changes. We know many of them are very knowledgeable about social care and very experienced regulators. We will listen to their views, make sure we build on what they tell us works about our current approach and ensure that the changes we make are effective and practical.

> **“The public, people who use services, commissioners and providers want a strong independent regulator.”**

We want to be an open organisation that welcomes feedback both good and bad to improve our practice. We introduced a new post inspection provider survey in June 2013 to seek feedback on providers’ experience of the inspection. We will continue to issue the survey on a monthly rolling basis and use the findings to improve our practice.

What will happen next?

- We will establish expert inspection teams to undertake our work in adult social care.
- A CQC Academy has been set up to help provide the support our staff need. The Academy will deliver a range of learning and organisational development, including training linked to changed models for inspection and improved support for individuals’ personal and professional development.
- We will consider how other organisations can help us develop our programme of training for our adult social care workforce, for example Skills for Care, the National Skills Academy for Social Care and SCIE.
- We would also like to work with some training providers to help us think more creatively and innovatively about what caring and responsiveness look like in a social care setting and how our staff can recognise good practice.
- We will work with the expert teams supporting the Chief Inspectors of Hospitals and General Practice to ensure we consider fully how adult social care contributes to integrated services.



Priority 5: Building confidence

We want to build confidence in CQC among:

- People using services, their families, carers and the general public.
- Commissioners.
- Providers – leaders of organisations, managers and staff at all levels.
- National partners, including Healthwatch, NICE and SCIE and a range of other bodies.

We are clear that, above all, we will always be on the side of people who use services, making sure that they are treated with respect and that their views and experiences of care are listened to and acted on.

We are also clear that the responsibility for delivering quality care lies with care professionals, providers, and those who arrange and fund local services. Our purpose is to make sure care services provide people with safe, effective, high quality care and to encourage services to improve.

We will acknowledge and highlight the many care services where people receive good or outstanding care, expose services providing mediocre and inadequate care and act swiftly where people are failed on the most fundamental aspects of care. We want all of our stakeholders to have confidence in us as a strong, independent expert regulator who is on the side of people who use services and the public.

We have set out our initial five priorities for adult social care and explained that we will engage widely with others. We cannot get this right on our own. We are certain that working collaboratively, with genuine co-production and two way dialogue, will get us to the right model for the sector. We also want to build sustainable strategic partnerships that will help us to continuously improve.

We believe that by delivering well our first four initial priorities – developing the new regulatory approach, the ratings system, the finance monitoring system for providers and supporting our staff to deliver – we will help to deliver this final priority, as people will have greater confidence in CQC based on our performance.

We know that some social care providers are concerned that CQC and local authorities sometimes duplicate each other's activities. It is important that we avoid duplication of work but it is also important to be mindful that local authorities have contracting responsibilities and particular issues they may want to take account of based upon local population need. We should not carry out the same activities but equally we must allow one another to fulfil our respective responsibilities. There will continue to be areas of mutual interest where we will need to cooperate. For example we will need to share information with one another, coordinate our activity, ensure

safeguarding concerns are appropriately picked up and managed, and work together to manage risk and improve care that is inadequate.

We will do this by developing a system that will enable local authorities and others to have confidence in our inspections and ratings, reducing the potential for our different organisations to duplicate activity. We want to continue to build on our relationships with key groups, for example other regulatory bodies such as the Health and Safety Executive and Monitor, representative groups such as the Local Government Association, Association of Directors of Adult Social Services (ADASS) and the Care Provider Alliance (CPA), and national organisations whose work on quality will inform our approach such as NICE, SCIE, Skills for Care and the National Skills Academy for Social Care.

> **"We will highlight the many care services where people receive good or outstanding care, expose services providing mediocre and inadequate care and act swiftly where people are failed on the most fundamental aspects of care."**

Our existing arrangements for meeting organisations like ADASS and the CPA will continue and CQC will have an active presence in the Towards Excellence in Adult Social Care group. We will also have a place on the board of the sector-led improvement partnership Think Local Act Personal.

We will be transparent and make sure that the guidance and tools our inspectors use are publicly available so that people are clear on our methods and how we reach our judgements.

We will have strong internal quality assurance mechanisms, including panels that consider rating judgements to check consistency. We will involve external stakeholders, including people who use services, their families and carers in these panels.

We will make sure our inspection reports are published in a timely manner, that they are clearly written in plain English and that our ratings are well publicised. Our reports will no longer simply comment on compliance and non-compliance but will set out our views on each of the five questions about a service in a narrative that helps people to really understand the quality of a service.

What will happen next?

We hope that delivering all the work we have described in this document will help build confidence in CQC. We want to work transparently and openly, in co-production with others.

We will improve information sharing and reducing duplication by:

- Building and sustaining strong relationships across the sector, so that we can work in meaningful partnership with others to achieve these objectives. Where appropriate these relationships will be underpinned by a jointly agreed Memorandum of Understanding.
- The development of an information sharing portal with ADASS which will enable us to share information more easily. We anticipate this portal will be up and running by the summer of 2014.
- Work with the Health and Social Care Information Centre (HSCIC) and others to investigate the feasibility of automating the extraction of data from council Adult Social Care Information Systems. This programme is led by the Department of Health and will report on feasibility in March 2014.

- Extending our liaison agreement with the Health and Safety Executive (HSE) (which ensures roles and responsibilities are clarified and information shared in a timely way) to cover local authority health and safety roles. We have already begun these conversations.

We will engage with people who use services, families and carers, the public, our staff, providers, provider representative groups, and commissioners. This engagement will help us develop the thinking and co-produce the content for the formal consultation we will carry out next year.

We will put in place some strong structures to support that engagement, for example:

- We have established an external advisory group to help us with our thinking. The membership of that group includes providers, commissioners, organisations that represent people who use services, families and carers, Experts by Experience and some of our key partners in adult social care.
- We will establish task and finish groups to help us to develop particular aspects of work: for example developing guidance, standards, tools and the ratings systems. These groups will include our own staff and external stakeholders.
- We will also hold joint events and workshops with organisations representing people who use services, with trade associations representing different types of adult social care services and other key stakeholders.
- We will hold events for providers, professionals, the public and our staff.
- We will also engage the public through focus groups, through Local Healthwatch, and through our network of groups representing people whose voices are seldom heard.
- We will also engage the public and providers through our online communities, surveys and social media.
- We will keep people updated on what the engagement is telling us.

Annex 1: Current proposed timeline for changes for the adult social care sector

We want to work with pace so that we can make the improvements we have identified quickly, but without compromising time available for co-production and quality. Our proposed timeline and activities are set out below:

October 2013 – March 2014:

- Wide engagement with internal and external stakeholders on the five priorities
- Department of Health consultation on the registration requirements
- Meetings with the external advisory group and other working groups
- Round table events on specific topics and issues

Spring 2014:

- First phase of changes introduced, for example inspection reports that provide a narrative against the five questions, a stronger focus on leadership, culture and governance
- Formal consultation on the standards, guidance and ratings system
- Wave 1 pilot inspections
- Development of the market oversight function begins

Summer 2014:

- Wave 2 pilot inspections
- Evaluation of the new approach
- Guidance and standards refined post consultation and published
- Initial ratings of some services

October 2014:

- New model rolled out to all providers
- Initial ratings confirmed and published post evaluation

April 2015:

- Market oversight function comes into force

March 2016

- Every adult social care service rated

Although this is not a consultation, we know that we have raised some issues in this document that people might want to give us their views on now. If you want to get in touch please contact us at **cqcinspectionchangesASC@cqc.org.uk**.

Care Quality Commission

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