CQC's New Strategy Guidance

What does the new strategy mean
for CQC registered care services?

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Contents

Overview

CQC latest strategy reveals the regulator's ambitions through the following four themes:

- **people and communities**
- **smarter regulation**
- **safety through learning**
- **accelerating improvement**

Through each theme runs two core ambitions: assessing local systems and tackling inequalities in health and social care.

The approach to regulation will also be moving to a single assessment framework and introducing 34 Quality Statements that a care provider has to prove in order to deliver 'good' care.

There are 6 new categories for providing evidence:

- **people's experience of health and care services**
- **feedback from staff and leaders**
- **feedback from partners**
- **observation**
- **processes**
- **outcomes**

What's Changing?

Eventually, CQC will also be introducing an online provider portal which will allow the easy exchange of information with CQC and the care service. This information will be used to review draft judgements.

Care providers will be able to submit evidence to support ongoing conversations with the CQC about service performance. This will allow CQC to be able to reassess providers more frequently.

FROM	TO
Multiple Assessment Frameworks	Single Assessment Frameworks
Ongoing monitoring with inspections scheduled according to previous rating	Ongoing assessment of quality and risk
Evidence gathered at one point in time during an on-site inspection	Evidence gathered at multiple points in time during inspections, receiving feedback from people supported, local authorities, health professionals and information shared by the service themselves
Rating decisions made using rating characteristics	Each evidence category is assigned a score from 1-4
Long style inspection reports	Ratings updated at any point and short style inspection reports for the benefit of the public
KLOEs	34 Quality Statements under 5 Key Questions

Key Questions & Quality Statements

The four ratings (Inadequate, Requires Improvement, Good, Outstanding) are remaining the same while the Key Lines of Enquiry are being rebranded to Key Questions.

- **Is it safe?**
- **Is it effective?**
- **Is it caring?**
- **Is it responsive?**
- **Is it well led?**

Under the Key Questions sits 34 Quality Statements and care providers will have to evidence all 34 in order to prove they are providing 'good' care.

Key Question: Is it safe?

Learning Culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Safeguarding

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Involving people to manage risks

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

Safe environments

We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

Safe and effective staffing

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.

Infection prevention and control

We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.

Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

Key Question: Is it effective?

Assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Delivering evidence-based care and treatment

We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

How staff, teams and services work together

We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

**Supporting people to live healthier lives**

We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support.

Monitoring and improving outcomes

We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.

Consent to care and treatment

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.
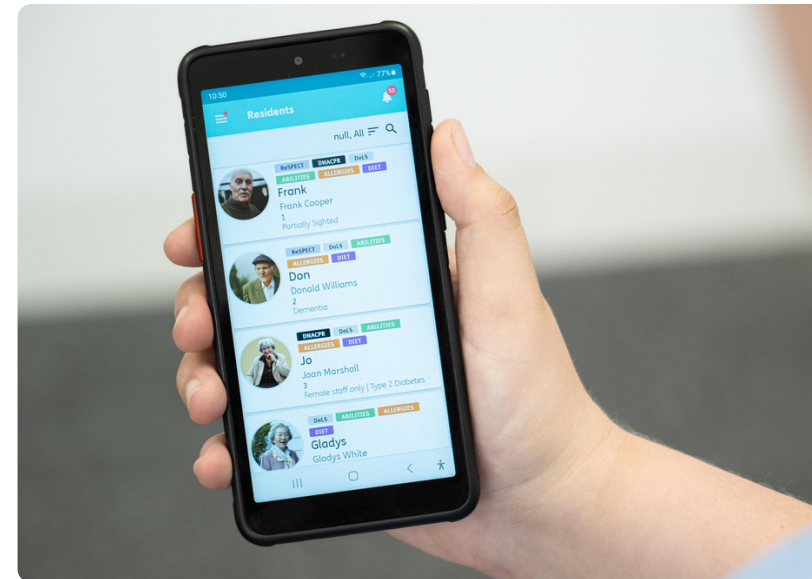
Key Question: Is it caring?

Kindness, compassion and dignity

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and wellbeing.

Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

Workforce wellbeing and enablement

We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care.

Key Question: Is it responsive?

Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

Care provision, integration, and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Providing information

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

Listening to and involving people

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

Equity in access

We make sure that everyone can access the care, support and treatment they need when they need it.

Equity in experiences and outcomes

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Planning for the future

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.

Key Question: Is it well led?

Shared direction and culture

We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.

Capable, compassionate and inclusive leaders

We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.

Freedom to speak up

We foster a positive culture where people feel that they can speak up and that their voice will be heard.

Workforce equality, diversity and inclusion

We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.

Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Partnership and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Environmental sustainability – sustainable development

We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.

Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

Evidence Categories

There will be six new evidence categories for care providers to be assessed on, drawing from the experience of those supported and those involved in their circle of care.

People's experience of health and care services

A person's needs, expectations, lived experience and satisfaction with their care, support and treatment. This includes access to and transfers between services.

The best person to ask about the experience in a care service is the person receiving care along with their families, friends and advocates. CQC will be looking at how feedback from people receiving care is acted upon and how those with communication barriers are enabled to provide feedback.

Feedback from staff and leaders

This is evidence from people who work in a service, and staff groups who provide care to people. It also includes evidence from leaders of services.

This feedback could come from:
- staff surveys
- interviews with staff
- evidence from self-assessments
- feedback raised directly with CQC

Feedback from partners

Evidence from people representing organisations that interact with the service that is being assessed.

This could include:
- commissioners
- other local providers
- professional regulators
- accreditation bodies

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Observation

We can observe the quality of care either off-site, on-site, or a combination of both. We continue to call onsite visits to gather evidence inspections.

OFF-SITE	ON-SITE
CQC are able to collect evidence off-site by:	CQC are able to collect evidence on-site by:
- interviews with staff and professionals who work in the service - telephone and video calls with people using services, families and carers - engaging with communities whose voices are seldom heard	- observing care - observing the care environment, including equipment and premises - speaking to people using services and staff - understanding the culture and how staff interact with each other

Processes

Processes are the series of steps, or activities that are carried out to deliver care that is safe and meets people's needs.

The CQC's assessment focuses on how effective policies and procedures are. It will look at information from the provider and data sources that measure processes.

For example, the CQC may consider:
- data from national clinical audits
- indicators from patient level data sets
- waiting times
- infection prevention control
- reported incidents / notifications
- reviews of care records

Outcomes

Outcomes are focused on the impact of care processes on individuals. They cover how care has affected people's physical, functional or psychological status.

The CQC considers outcomes measures in context of the service and the specifics of the measure.

Examples of outcome measures are:
- mortality rates
- readmission rates
- emergency admission rates
- infection control rates
- quality of life assessments

Transparency

Enabling CQC to see care records

For CQC to accurately inspect care services, they need to be able to have access to the care records. Care services need to ensure they adhere to their own data governance and avoid data changes or loss. Read only access to records will allow for this. Your digital platform should allow you to set up a read only access to care records for CQC inspectors.

How can Nourish help?

When implementing Nourish, 78% of Requires Improvement care services get an updated rating of Good or Outstanding 12 months later.

The Nourish platform gives you complete oversight over your care service from one central location, enabling you to become more proactive in your care approach. Reporting and dashboards make it easy to view information and read only access enables you to share necessary information with CQC.

We work closely with care and clinical professionals, who have a deep understanding of the sector and needs of the population to help shape our platform. Many of our team have a health and social care background, including our Clinical Lead and Safety Officer.

Want to know more about Nourish? Book a personalised demonstration with our team.

Book a demo