

CQC Hospitals, Adult Social Care and Primary Medical Services.

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Our purpose and role



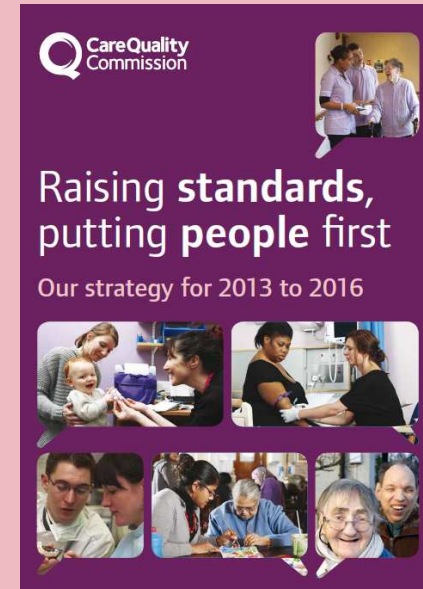
Our purpose

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

We will be a strong, independent, expert inspectorate that is always on the side of people who use services



The new CQC inspection programme



Larger inspection teams including **specialist inspectors, clinical experts, and experts by experience**

We will use **intelligent monitoring** to decide when, where and what to inspect.

Inspections will focus on our **five key questions** about services

KLOEs (key lines of enquiry) as the overall framework for a consistent and comprehensive approach

Strong focus on talking and listening to **staff and patients**

Ratings to help compare services and highlight where care is outstanding, good, requires improvement and inadequate

Quality summit is held with the provider and stakeholders to launch **quality improvement** process for hospitals

Risk summits are also held in PMS

Our key questions



Our focus is on five key questions that ask whether a provider is:

- **Safe?** – people are protected from abuse and avoidable harm
 - **Effective?** – people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence
 - **Caring?** – staff involve and treat people with compassion, kindness, dignity and respect.
 - **Responsive?** – services are organised so that they meet people’s needs
 - **Well-led?** – the leadership, management and governance of the organisation assure the delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.
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8 Core Services



- In acute hospitals the following 8 core services are always inspected:
 1. Urgent and emergency services
 2. Medical care (including older people's care)
 3. Surgery
 4. Critical care
 5. Maternity and gynaecology
 6. Services for children and young people
 7. End of life care
 8. Outpatients and diagnostic imaging
 - We will also assess other services if there are concerns (e.g. from complaints or from focus groups)
 - The inspection team splits into subgroups to review individual areas, but whole team corroboration sessions are vital
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In PMS the following population groups are always inspected.

1. Older people
2. People with long term conditions
3. Families, children and young people
4. Working aged people(including those recently retired and students)
5. People whose Circumstances may make them vulnerable
6. People experiencing poor mental health (including people with dementia)
7. To be noted some practices only cater for specific patients for example - Homeless

- Chair – Senior clinician or manager
- Team Leader
- Doctors (senior and junior)
- Nurses (senior and junior)
- AHPs/Managers
- Experts by experience (patients and carers)
- CQC Inspectors
- Analysts

Around 30 people for a DGH more for a multi-site trust or a combined acute/community trust

- Lead Inspector – always present
- GP specialist – always present for comprehensive inspections but not always required for focused inspections
- Practice Nurse Specialist – dependant upon the inspectors judgment
- Practice Manager Specialist - dependant upon the inspectors judgment
- Expert by experience - dependant upon the inspectors judgment
- Pharmacist inspector – provides advice on the data pack prior to inspection and may inspect too if risk is high. Can inspect independently if needed for example a focused inspection.
- Inspection managers – to carry out supervision as part of the ongoing performance management process for the inspectors.

Adult Social care inspection.



Lead Inspector – Always

Specialist inspector – Always

Expert by experience

Pharmacy inspector – where required.

Rating four point scale



Judgement & publication	High level characteristics of each rating level
Outstanding	Innovative, creative, constantly striving to improve, open and transparent
Good	Consistent level of service people have a right to expect, robust arrangements in place for when things do go wrong
Requires Improvement	May have elements of good practice but inconsistent, potential or actual risk, inconsistent responses when things go wrong
Inadequate	Significant harm has or is likely to occur, shortfalls in practice, ineffective or no action taken to put things right or improve

How we rate



- Ratings take account of all sources of information:
 - ▶ Intelligent monitoring tool
 - ▶ Information provided by trust
 - ▶ Other data sources
 - ▶ Findings from site visits:
 - Direct observations
 - Staff focus groups
 - Patient and public listening events
 - Interviews with key people
 - Bottom up approach: each of the 8 core services and population groups are rated on each of the five key questions (safe, effective, caring, responsive, well led).
 - Where trusts and practices have more than one location and provide services on different sites we rate these separately.
 - We then rate the trust as a whole on the five key questions, with an overall assessment of well-led at trust level.
 - We then derive a final overall rating.
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NHS acute hospitals Primary Medical Services and Adult Social Care handbooks



- Hospital inspections mental health and general and independent health care
- Primary Medical Services
 - Dental inspections
 - General Practice inspections
 - Health services provided to prisons
 - Youth and Justice inspections
 - Children's safeguarding inspections
 - Thematic inspections
 - Integrated Services inspections
- Adult Social Care
 - Care homes with and without nursing
 - Domiciliary care agencies
- Further information is available at www.cqc.org.uk