

CQC Regulatory Inspection

Fulcrum Care

Introduction

- **Unified Approach:**
Consolidating previous frameworks into one, focusing on five key questions and a well-established ratings system.
- **Phased Implementation:**
Official rollout began on 18 July 2022, with a structured approach to bring all stakeholders up to speed.

Objectives

- **Simplification:**
Streamlining processes to concentrate on core aspects of care that matter most.
- **Reflective of Modern Care:**
Ensuring the framework accurately mirrors the diverse ways care is delivered today.
- **Integration:**
Linking registration activities directly with quality assessments for a cohesive approach.

CQC: Single Assessment Framework

- The CQC is transitioning to a continual assessment model for care services, providing dynamic updates to both providers and the public on quality and risk.
- There's an enhanced emphasis on leveraging data and intelligence to inform assessments. In-person inspections will persist, with a focus now being more heavily weighted on risk factors.
- Evidence gathered will be systematically scored across predefined categories. The goal is to refresh service ratings with greater frequency, allowing for changes that stem from both on-site and remote evaluations.

CQC: Single Framework Details

- **Transition from Multiple Frameworks to Single Framework:**
Merging three frameworks into one for clarity and quality definition.
- **Focus on Safety and Improvement Cultures:**
Emphasis on learning and improving care delivery systems.

CQC: Commitments

- The CQC will utilise a range of data to assess providers with increased flexibility and regularity, not relying solely on scheduled dates or past ratings.
- Evidence will be continuously gathered, enabling the CQC to amend ratings as necessary, providing a nimble response to evolving risk profiles.
- Assessments will be customised to the specific characteristics of diverse provider types and services.

CQC: Commitments

- The introduction of scoring for evidence aims to bring about more structured and uniform judgements.
- Physical inspections remain crucial for in-depth quality assessment, particularly in high-risk scenarios.
- The selection of services for site visits will be informed by data and insights. During visits, the CQC will conduct observations and engage with both staff and service users.
- Reports will be more concise and straightforward, reflecting the most recent assessments of service quality.

What is staying the same?

- **Regulatory Backbone:**
Adherence to The Health and Social Care Act 2008 and Fundamental Standards remains steadfast.
- **Core Elements:**
The CQC's five key questions and the four-point rating scale continue to underpin evaluations.

What has Changed?

- Replacement of KLOEs with 'quality statements' to reduce duplication and enhance focus on specific areas of quality.
- The introduction of 'we statements' from a provider's viewpoint to clearly convey expectations.

Dynamic re-rating

- A significant update from the CQC highlights that although on-site inspections continue to be crucial for gathering evidence and evaluating care quality, evidence collection will now be continuous. This introduces a more adaptable and regular assessment process, not confined to specific dates or influenced by previous ratings.
- Furthermore, the CQC has announced that under the revised framework, ratings can be revised at any time. This adjustment aims to ensure that ratings more accurately reflect real-time changes in risk and offer a current perspective on quality.

Dynamic re-rating

- Overall, the CQC's new approach to inspections is a positive one offering providers more clarity on how inspectors have reached their ratings and the steps needed to improve.
- Dynamic re-rating will be welcome news to those providers making real improvements.
- This new inspection approach aims to provide clearer insights into rating determinations and required improvements. Its success will depend on effective implementation.

Turnaround Time

- Finally, the turnaround time is the next change you should expect to their regulatory model.
- The CQC has recognised that providers have to wait a long time to find out their inspection results, so have aimed to streamline and speed up their reporting processes to improve turnaround times.
- Future reports will be concise, offering a current perspective on your service's quality and safety.
- These reports will include a variety of details, like your evidence scores and national comparisons with like services.

Scoring for Quality Statements

- Quality statement scores will now be updated periodically, ensuring a more immediate reflection of service quality.
- Initially, only the ratings will be published, with plans to release the scores in the future. The CQC believes this new scoring approach will enhance the consistency and clarity of their evaluations across services, from Newcastle to Newquay.
- Moving away from the previous one-time inspection model, ongoing assessments will be shorter and more frequent, focusing on varying elements of service quality and safety.

CQC Scoring

Quality statement	Score
Learning culture	2
Safe systems, pathways and transitions	3
Safeguarding	2
Involving people to manage risks	2
Safe environments	3
Infection prevention control	3
Safe and effective staffing	2
Medicines optimisation	2
Total score for the safe key question	19
Maximum possible score for the safe key question (8x4)	32
Percentage score for safe (19/32)	59%

25-38% = inadequate
39-62% = requires improvement
63-87% = good
>87% = outstanding

These are the quality statements for the 'Safe' key question.

- 1 = Inadequate
- 2 = Requires Improvement
- 3 = Good
- 4 = Outstanding

Scoring for Quality Statements

The CQC will:

- Assess evidence types for each quality statement across the necessary evidence categories.
- Assign scores to these evidence categories.
- Aggregate these scores to determine the overall quality statement score.
- Collate these scores to calculate a comprehensive score for each key question.
- This overall score will then establish the rating for each key question.
- These ratings are then combined to formulate the total service rating

Quality Statements

- Quality statements represent commitments that providers, commissioners, and system leaders are expected to uphold. Framed as 'we statements', they outline the essentials for delivering high-quality, person-centred care.
- These statements illustrate the collaborative efforts required by services and providers to ensure the delivery of exceptional care, directly linking to specified regulations.
- When referring to 'people', this encompasses users of the services, their relatives, friends, and voluntary caregivers.

I and We Statements

- A new addition to this initial step of assessment is the “I” statements. These are designed to bring the Key Questions to life with regards to what quality, person-centred care looks like, and they are at the heart of the CQC’s approach.
- Under this in the pyramid, representing the next stage in assessment, are the new “Quality Statements” by which providers are held to account. These will be expressed as “We statements”.

Lorna Warriner RMN

Independent Mental Health Nurse

- *"When you're working with someone, don't just describe their needs, their risks, or their behaviours but focus more on the why and what lies beneath those things. That's where we will find the solutions with the person!"*
- *Remember people understand their needs better than you do, and if you get to know their human story first before jumping in with how you can help them, you'll have a greater chance of success."*

CQC Evidence Categories

CQC now collects evidence in six distinct categories:

1. People's experiences
2. Staff and leadership feedback
3. Care observations
4. Partner feedback
5. Operational processes
6. Outcomes of care

Quality Statements: 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."

Quality Statements: Well-led Inspection report example one published April and May 2024

Shared direction and culture

Score: 3

The registered manager and staff displayed a committed attitude to people. All of the staff told us the home was a nice place to work and had a family feel to it. Staff said, "I have worked here a long time, I feel respected and very well supported. My job is very rewarding, and I have good relationships with staff and the people who live here." Staff and the registered manager told us there was an open and transparent culture. Staff were relaxed in the company of the registered manager. All staff we spoke with told us the registered manager led by example, was kind and committed and expected the same for all staff working at Parker House.

Requires improvement 

Processes in place meant there was an open culture. The registered manager had an open-door policy and was present in the home. This meant any staff who did not display the culture of Parker House could be monitored. Where staff did not work in line with the culture and policies of the home action was taken to address this. We observed an incident where a person's safety was compromised due to staff's practice. The registered manager took immediate action to protect the person from harm. The registered manager had an on-call system to ensure staff and people felt supported when they were not present at the home. An equality and diversity policy was in place which included all protected characteristics.

Quality Statements: Well-led Inspection report example two published April and May 2024

Shared direction and culture

Score: 4

We did not look at Shared direction and culture during this assessment. The score for this quality statement is based on the previous rating for Well-led.

Outstanding



Quality Statements: Well-Led

- 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."

Quality Statements: Well-led Inspection report example one published May and June 2024



Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not have an effective management structure. The provider did not monitor the quality of care provided in order to drive improvements.
- Audits and checks undertaken at the home were functional and frequently tick box, with little or no actions identified to improve the quality of care.
- Audits were undertaken on care plans, but these had failed to identify risks and did not reflect those areas highlighted by professional review documents. Reviews of care plans had also failed to identify that restrictive actions were not in line with the Mental Capacity Act.
- Care plan audits had failed to identify that people's fluid intake was not in line with the required daily intake level and MUST reviews were not detailed.
- Accident and falls were not effectively reviewed and there were limited actions to mitigate this risk.
- Medicine audits had failed to note pharmacy advice on creams and liquids
- Supervision and appraisals were of limited value and objectives were ei

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service well-led?	Inadequate ●

Quality Statements: Well-led Inspection report example two published May and June 2024

Governance was well-embedded into the running of the service. There was a robust framework of accountability to monitor performance and risk across all the schemes. The quality team had grown since the last inspection, in line with the work they were carrying out across the organisation. They were responsible for a number of tasks including monitoring incidents and complaints across all services, satisfaction surveys, service audits and other reports related to performance and quality.

Outstanding 

Quality Statements: 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."

Quality Statements: Responsive Inspection report example one published December 2019 November 2023 April 2024

Care plans were not person centred and did not reflect people's needs. Risk assessments had failed to fully identify or mitigate risk. This meant that staff did not have the required information to support people in a safe manner nor in line with their wishes. Where risks had been identified, such as pressure care, there was no evidence to show people received support in line with the recommendations which meant that people were at increased risk of ongoing harm.

Inadequate ●

Quality Statements: Responsive Inspection report example two published December 2019 November 2023 April 2024

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and where appropriate, their relatives, had been involved in creating and updating their care plans. One relative said, "We are involved, [person] is too – he is listened to."
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and life history. One member of staff told us, "It's very person centred here - I know everyone says that but we really are, we work out what makes people tick, and that reflects in their outcome."

Good 

Quality Statements: Responsive Inspection report example three published December 2019 November 2023 April 2024

Person-centred Care

Score: 3

We did not look at Person-centred Care during this assessment. The score for this quality statement is based on the previous rating for Responsive.

Outstanding 

Quality Statements: Effective

- 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."

Quality Statements: Effective Inspection report example published June 2024

Delivering evidence-based care and treatment

Score: 2

The registered manager and staff had a lack of understanding of the guidance around Right Care, Right Support, Right Culture. They were unable to tell us how people's diagnosis and health conditions may impact on how they presented their anxiety.

People did not always receive support that was in line with good practice standards to ensure compassionate and therapeutic care and support. The provider's policy and procedure for positive behaviour support referred to out of date approaches and terms to describe people's distress. It encouraged staff to 'reward' 'good' behaviour, and show 'disapproval' of 'poor' and 'challenging' behaviour and referred to 'consequences' to 'modify behaviour'. It also said it was important people recognised the consequences of their behaviour to prevent them from doing it again. Furthermore, that people should be supported to behave positively to achieve 'positive feelings' from others. The document showed a fundamental misinterpretation of positive behaviour support and 'consequences' as punishment, rather than a way to understand the function of behaviour to prevent people's distress. It failed to consider that some people would not have the capability or mental capacity to understand cause and effect. The policy adopted a coercive approach, which failed to value people or uphold their rights. An example of this is, 1 person was routinely told when they behaved in a positive way, they were able to participate in an activity.

People were not always supported appropriately in relation to their needs. One person told us that life would be better for them if their behaviour was better. They had not considered that their health condition related to how they might cope with anxiety.

Other focuses:

- Practice hosting an inspection
- Review how you share digital records
- Familiarise yourself with the quality statements
- Know the legislation and best practice - MCA
- Environmental impact
- Employee well-being
- Listen
- Action plan

Conclusion

- Fulcrum Care is dedicated to ensuring that our clients seamlessly adapt to the changes introduced by the CQC's new single assessment framework.
- This guidance aims to clarify the modifications, underline what remains constant, and assist our clients in preparing for the transition.
- For any further enquiries or need for clarification, please do not hesitate to contact us at info@fulcrum.care
- We look forward to assisting you in maintaining and elevating the standards of care quality within your services.