



# Preparing for inspection and the possible implications of the new CQC framework.

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Care Business Manager





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Care Business Manager

## Agenda

- 50 CQC reports 2023
- What do they tell us?
- Implications of the new CQC Single Framework
- Getting inspection ready in 2024!





# 50 CQC Reports 2021

## September 2021 - December 2021

- 11 Residential Care
- 14 Domiciliary Care Agencies
- 4 Supported Living Services
- 10 Nursing Homes
- 9 Residential Care (LD)
- 2 Extra Care Services.

## Top 10 areas

- 1. Quality assurance**
- 2. Risk assessments**
3. Medication management
4. Care plans
5. Insufficient staff
6. Records
7. Infection control
8. Recruitment
9. Environment
10. Fire safety - PEEPs.



# 50 CQC Reports 2022

## September 2022 - December 2022

- 25 Residential Care
- 13 Domiciliary Care Agencies
- 5 Supported Living Services
- 4 Residential Care (LD)
- 3 Extra Care Services.

## Top 10 areas

- 1. Risk assessments**
2. Medication management
- 3. Quality assurance**
4. Care plans
5. Recruitment
6. Staff training
7. MCA
8. Safeguarding
9. Auditing
10. Environment.





# 50 CQC Reports 2023

## August 2023 - September 2023

- 33 Residential/Nursing Care
- 11 Domiciliary Care Agencies
- 6 Supported Living Services
- 3 Residential Care (LD)

## Top 10 areas

1. **Quality Assurance (WL)**
1. **Risk assessments (S)**
2. Medication management **(S)**
3. MCA **(E)**
4. Care plans **(S+R)**
5. Recruitment **(S)**
6. Staffing levels **(S)**
7. Incident recording **(S)**
8. Environment **(S)**
9. Safeguarding **(S)**

*CQC Reports -  
June 2023 - October 2023*

**8 out of 10 areas relate directly with SAFE key question**



# 50 CQC Reports

## Breaches 2023

### Top 10 breaches

1. **Reg 17** Quality Assurance (36)
2. **Reg 12** Risk Assessments (18)
3. **Reg 12** Medication (5)
4. **Reg 19** Recruitment (5)
5. **Reg 9** Person Centred (4)
6. **Reg 18** Staffing levels (4)
7. **Reg 11** Consent (4)
8. **Reg 15** Premises (4)
9. **Reg 13** Safeguarding (3)
10. **Reg 18** CQC Notes ( 2)

### Top 10 areas

1. Quality Assurance (**WL**)
1. Risk assessments (**S**)
2. Medication management (**S**)
3. MCA (**E**)
4. Care plans (**S+R**)
5. Recruitment (**S**)
6. Staffing levels (**S**)
7. Incident recording (**S**)
8. Environment (**S**)
9. Safeguarding (**S**)

**Over 70% of reports had a Regulation 17 breach**



# Environment (Outside Top Ten)

- **None of the windows on the first floor of the building, including people's bedrooms, had suitable window restrictors fitted.**
- **The environment was not kept clean and there was a risk of the spread of infection.**
- Two occupied bedrooms were damp and areas of green mould had built up on the walls and ceilings. Prolonged exposure to high levels of indoor dampness can reduce lung function and cause chronic health problems.
- **The environment required redecoration and refurbishment.** For example, paint was peeling from the edges of the walls in 1 bathroom.
- **We found 3 door threshold strips were loose creating a trip hazard.** These had not been identified by the registered managers checks.
- However, the registered manager could not demonstrate there was robust monitoring of the risks of legionella.



# Incident/Accident reporting (Outside Top Ten)

- Individual incidents were reviewed by the quality team and comments and suggestions were fed back to the service. **However, there was no evidence of a detailed analysis over time to capture wider themes and trends.**
- Some safeguarding incidents had not been reported to CQC or the local authority as required.
- **Accidents and incidents were not being consistently and routinely reviewed** with the result actions to minimise the prevention of future re-occurrence of accidents could not be achieved.
- Following any incidents, it was not always clear what action took place with staff to discuss how and why the incident happened, how well the measures in place worked, and to identify any learning to prevent reoccurrence.
- **Incidents were not always logged and analysed which did not always allow for lessons to be learned when things went wrong.**
- Systems had failed to evaluate and improve the service and the care people received.
- Incident reports had been poorly completed and there was a lack of analysis to identify trends.





# Records (Outside Top Ten)

- As mentioned throughout the report **record keeping was poor and not robust. Records seen often contained conflicting information** and showed large gaps of non-recording of important information.
- **Records were not always kept up to date or with the required level of information.** We found omissions in records relating to medicines and recruitment records were disorganised.
- Care records had been transferred from paper to electronic records since the last inspection. However, we found not all staff were updating records and not all staff were recording in the same place. This meant it was hard to find information such as what action had been taken when someone had a fall or incident.
- **Some people's records contained conflicting and incorrect information.** For example, 2 people had their falls risk assessment scores calculated incorrectly. One was recorded as high instead of low and the other as high instead of medium.
- However, systems to monitor people's health and wellbeing required more day-to-day scrutiny. **We saw important records were not always detailed enough** to demonstrate people received the right levels of care and safe practices were followed.



# Digital Care Systems (Outside Top Ten)

- A person's risk assessment was not in their care plan we looked at. The registered manager told us this **risk assessment had been misfiled whilst transferring records to an electronic system**. They told us they would address these issues.
- **The eMARs viewed did not always record how and when to take medication, including frequency of medicines**. For example, for 1 person's eye drops the eMAR failed to record how many drops and frequency. This meant the person may not receive their prescribed treatment due to the way the eMAR was recorded.
- **IT issues across the service meant staff could not always view, review or update care plans and risk assessments**. Staff told us this issue had been ongoing and intermittent and to address this, staff made notes to put on the system later.
- **Issues with the provider's IT systems meant up to date information about risks to people was not always recorded** in one place and accessible to all staff.
- An electronic care management system was in place. **However, records did not fully demonstrate how all areas of care and support were assessed** in relation to the preadmission process, the assessment of risk, the environment and how staff supported people's social needs.



## 5. Recruitment **SAFE**

- However, **processes were not consistently applied and did not always meet legal requirements.**
- **Gaps in employment** had not been explored or explained. The provider's recruitment policy noted, 'Check work history, note and investigate all periods of no work and reason for leaving the position'. This policy had not been followed.
- **Monitoring of staff recruitment processes had also remained inconsistent and did not always meet legal requirements.**
- Some improvements were needed to recruitment processes. This was because some staff did not have full employment histories or recent staff photos on file.
- Staff had not been recruited safely and this put people at risk of receiving care and support from unsuitable staff.
- We found numerous discrepancies in the staff files we reviewed. **Staff had no previous employment references on their employment record.**



## 4. Care Plans **SAFE & RESPONSIVE**

- Some **care plans did not always contain the most up to date information about people's needs.** For example, people who had health conditions such as diabetes did not always have clear and effective plans in place.
- Some information contained in people's care plans was not always followed by staff which posed a risk to people's health and safety.
- The care plans for 2 people indicated that staff helped them go out into the community and assisted them to go shopping. Risk management plans had not been developed to provide staff members with guidance on how to ensure the person was safe when they were providing support outside the person's home.
- Each person had a care plan, but this did not always provide staff with person centred information about how the person wanted their care provided and their wishes in relation to their care.
- **People's care plans included details of health conditions they had. However, it was not always detailed how these health conditions affected the person.**



### 3. Mental Capacity Act **EFFECTIVE**

- We found **the service was not working within the principles of the MCA** and appropriate legal authorisations were not in place to deprive some people of their liberty. For example, appropriate referrals for DoLS had not been made for some people who needed these.
- The provider's systems for obtaining consent from people was not effective. Restrictions were imposed in the service. Staff were not always knowledgeable about the rationale for these and if this was in the person's best interest.
- There was no evidence that relatives signing consent to care were holding power of attorney for people so we could not be sure they had the legal right to make decisions on behalf of people.
- **The provider had not completed capacity assessments for people whose capacity to consent was in doubt.** It was unclear how many people lacked capacity as the paperwork we reviewed for people was not consistently been followed.
- The provider had considered people's capacity to consent. However, the completed capacity assessments were generalised and lacked detail about the specific decision being made.





## 2. Medication Management **SAFE**

- The provider had systems in place to manage people's medicines. However, we found people who were prescribed **'as required' medicines [for example, medicines to relieve pain] did not always have clear protocols in place** to explain why these may be required and what dosage should be administered.
- People's medicines were not always managed safely. Boxed and liquid medicines, including 'as and when required' medicines, were not always labelled with the date they were opened. This placed people at risk of harm from the administration of medicines that had been opened longer than recommended.
- There were **no Medication Administration Records (MAR) in place for topical medications**, nor were there body maps in place to direct staff where to apply people's topical medications.
- Medicine records were not always completed accurately. We counted a random sample of medicines and found that quantities from the previous medicines cycle had not been included so quantities recorded were inaccurate.
- The provider kept a 'grab bag' with essential information and items for use in an emergency. We identified out of date medicines, some dating back to 2014, and used gloves in the bag.



# 1. Risk Assessments **SAFE**

- However, **some of these risk assessments needed more detail** about how to specifically support people to help guide staff.
- Where people required moving and handling equipment, risk assessments did not detail person specific information such as sling size, type or positioning to ensure staff were aware of how to move people safely.
- People were at risk from known health conditions. One person had no information regarding their epilepsy, any risks associated with epilepsy and what signs and symptoms staff should be aware of to support the person safely.
- **People's risk assessments were not always clear or coordinated** with the information stated in the care plans.
- Records were not always up to date and contained conflicting information.
- **Risk assessments in relation to people who sometimes experienced distressed behaviour lacked guidance for staff on how to reduce people's distress before resorting to the use of medicines.**



# 1. Quality Assurance **WELL LED**

- The manager and **provider audits of the service were not detailed and did not provide effective management oversight of the service.**
- Systems and processes were ineffective in identifying when records were not kept up to date.
- **Checks and audits were not consistently robust.**
- The registered manager confirmed they did not carry out formalised quality assurance checks in relation to care plans, the administration of medicines, staff training and the records of care being provided.
- Not all quality audit and monitoring processes were effective in identifying and enabling improvements.
- Despite undertaking audits of the environment, infection prevention and control and medicines management, the staff and managers had not always identified where risks were present.
- The provider's systems for monitoring the quality and safety of the service were not always effective and had failed to promptly identify and address the concerns found during our inspection.



# CQC Single Framework (considerations)

## **QS -CARING-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.

## **QS -WELL-LED- 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. and research.

## **QS -WELL-LED- 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.



# QS -WELL-LED- 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.

## **Feedback from staff and leaders**

*Evidence that can demonstrate the following:*

Staff understand the environmental impact of their work and are empowered to make changes to reduce it.

Staff are supported by their leaders to travel and work in a sustainable way. Planning for calls in homecare considers staff traveling.

Staff are aware of and have access to sustainability initiatives in place such as cycle to work support. Staff can provide ideas on sustainability, and these are listened to.

Leaders are committed to environmental sustainability and take action to reduce the service's environmental impact.

Leaders monitor the progress of the service's environmental sustainability initiatives and make changes as needed.





# QS -WELL-LED- 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.

## **Processes**

*Evidence that can demonstrate the following:*

The service has an environmental sustainability policy that outlines its commitment to reducing its environmental impact.

The policy includes a process for identifying and reducing the service's environmental impact. This is shared with people, their relatives, carers and staff.

The service has plans and is investing in renewable energy sources, carbon reduction and sustainable materials where possible.

The service has developed several initiatives to reduce its environmental impact, such as reducing food waste, recycling and supporting staff to use public transportation, cycle, or walk to work.

The service has funding arrangements and initiatives in place to assist staff this may include salary offset schemes as an example.

The service provides staff with training in environmental sustainability.



# Definition - Quality Assurance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17

The intention of this regulation is to make sure that providers have systems and processes that ensure that they are able to meet other requirements in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulations 4 to 20A).

To meet this regulation; **providers must have effective governance**, including **assurance and auditing systems or processes**. These must **assess, monitor and drive improvement** in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others. **Providers must continually evaluate and seek to improve their governance and auditing practice.**

In addition, **providers must securely maintain accurate, complete and detailed records** in respect of each person using the service and records relating the employment of staff and the overall management of the regulated activity.

As part of their governance, **providers must seek and act on feedback from people using the service**, those acting on their behalf, staff and other stakeholders, so that they can continually evaluate the service and drive improvement.



# Starting Position - RI or Inadequate Overall

*“Every service is different, of course, and so the amount of work required to confirm or change a rating will vary depending on the starting position. **When carrying out an assessment of a service that is either inadequate or requires improvement all quality statements under the key question that are rated inadequate or requires improvement will be reviewed.** It has always been true that a provider with many key questions rated as requires improvement will require significantly more work to re-rate as good than one key question rated as requires improvement. That does not change in the new approach, though the amount of work per key question rating is reduced. Our new approach gives us the opportunity to do that work in smaller packages of work over shorter time frames, working on and off site, which providers will find less disruptive.”*

Quote from ‘Reflecting on your feedback supports our ongoing improvement’ blog

CQC Chief Executive - Ian Trenholm

26<sup>th</sup> March 2024



# CQC Intention

*“By early summer we’ll be sharing our plans around the frequency of assessments – giving you a clearer idea of when you might reasonably expect a visit. **Our intention is to review all of the quality statements in a key question where it was previously rated as inadequate or requires improvement.** We’re keen to see improvements and enable people to move up to good and outstanding.”*

Quote from ‘CQC Update Bulletin’

Chief Inspector of Adult Social Care and Integrated Care – James Bullion

30<sup>th</sup> April 2024



# Create a Safety culture

*Safety culture is defined as the way in which safety is managed in a workplace.*

*We define a positive safety culture as one where the environment is collaboratively crafted, created, and nurtured so that everybody (individual staff, teams, patients, service users, families, and carers) can flourish to ensure brilliant, safe care.*

## **NHS England**

*Organisations need to go further and ensure that their leaders, managers, and staff have a fundamental understanding of how to think about safety risk, the role they play and be able and willing to make informed decisions, and not necessarily continue doing what they have always done.*

## **Institution of Occupational Safety and Health (IOSH)**

*Safety is important to how CQC regulate services. During inspections, CQC want to know how safe the care is that is being delivered. Culture is known to be key for safe care. Culture means the way that people work, the way that they think and the way that they act.*

*The topic of safety culture is complex. There are different ways to define it. Safety culture can look different in different places.*

**CQC July 2023** (<https://www.cqc.org.uk/about-us/transparency/external-reports-research/rapid-literature-review-safety-cultures>)





# Summary



**Quality Assurance**



**Risk Assessments**



**Environmental Sustainability**



**Safety culture**



# Questions



# Why Citation?



## HR & Employment Law

Financial protection & bespoke packages to suit your business

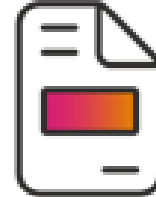
- The Citation Advice Guarantee
- Tailored contracts & handbooks
- Template policies
- Regular reviews & updates
- Consultant visits



## Health & Safety

Packages to suit various business sectors, size & needs

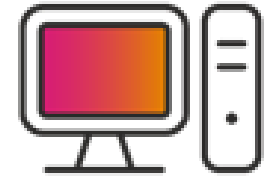
- Assistance obtaining certifications & accreditations
- Site audits and inspections
- On and off-site training days
- Over 1,600 template risk assessments and policies - general and sector specific



## Our partnership

Unlimited, 24/7 access to our advice line & crisis management services

- Daily support
- Employee Assistance Programme
- Informative webinars
- Legislation updates
- Referral scheme



## Technology

Full access to our bespoke management platform ATLAS

- Unlimited eLearning usage
- Up to date, interactive and sector specific courses
- Absence and holiday management
- Risk assessment & COSHH library and document centre.



# Our care-specific services



## Care mock inspections

These are the best indicator of your performance if assessed today and help you prepare for the real thing.

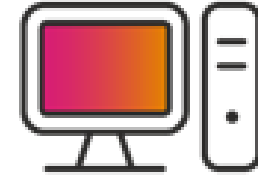
Our experts will identify key areas of pain and non-compliance, which if left until an official inspection, would have a negative impact on your service rating, business growth and overall performance.



## Care policies and procedures

We'll help you put clear processes in place to guide the management of your care service, by providing a complete set of policies and procedures - put together by our industry experts.

We'll also provide regulatory and legislative updates, keeping you and your policies up to date.



## CQC pro

This online tool keeps you prepared for whenever the CQC call.

From surveys to help you gain insights from the people who matter, to uploading evidence and creating action plans, this tool provides a showcase of the brilliant work you do and what you're doing to continually improve.



# Did you know?

Here's just a few reasons why you'll be better off with Citation...

- **You'll be 13x less** likely to be faced with a tribunal claim
- **7x less** likely to suffer a major injury in the workplace
- **75% less** likely to have a reportable accident at work
- **47x times** less likely to receive an enforcement notice versus UK/national average

85% of clients agreed by partnering with Citation they are building a safer, happier and more productive workplace.

*"Excellent customer service. Knowledgeable HR and Health & Safety consultants and very easy to navigate website. Compliance stuff at your fingertip."*

**Helen Babalola, Altimate Care Services UK Ltd**



# Speak to our experts

If you'd like to discuss how Citation can support your business come over to our stand or visit

[citation.co.uk/get-a-quote-partner/](https://citation.co.uk/get-a-quote-partner/)





# Thank you!

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Version 2 January 2024