

Wolverhampton City Council

OPEN DECISION ITEM

Health Scrutiny Panel

Date **18.7.13**

Originating Service Group(s) **Care Quality Commission**

Contact Officer(s)/
Telephone Number(s) **Lisa Thacker/Payal Patel**

Title **Care Quality Commission/ Briefing on the roles and responsibilities of
the Care Quality Commission**

RECOMMENDATION

That the Health Scrutiny Panel considers and comments on the information about the role and responsibilities of the Care Quality Commission

1. **PURPOSE**

- 1.1 The Care Quality Commission is the independent regulator of all health and adult social care in England.
- 1.2 The Panel were invited to comment on the presentation and the attached documents

2. **BACKGROUND**

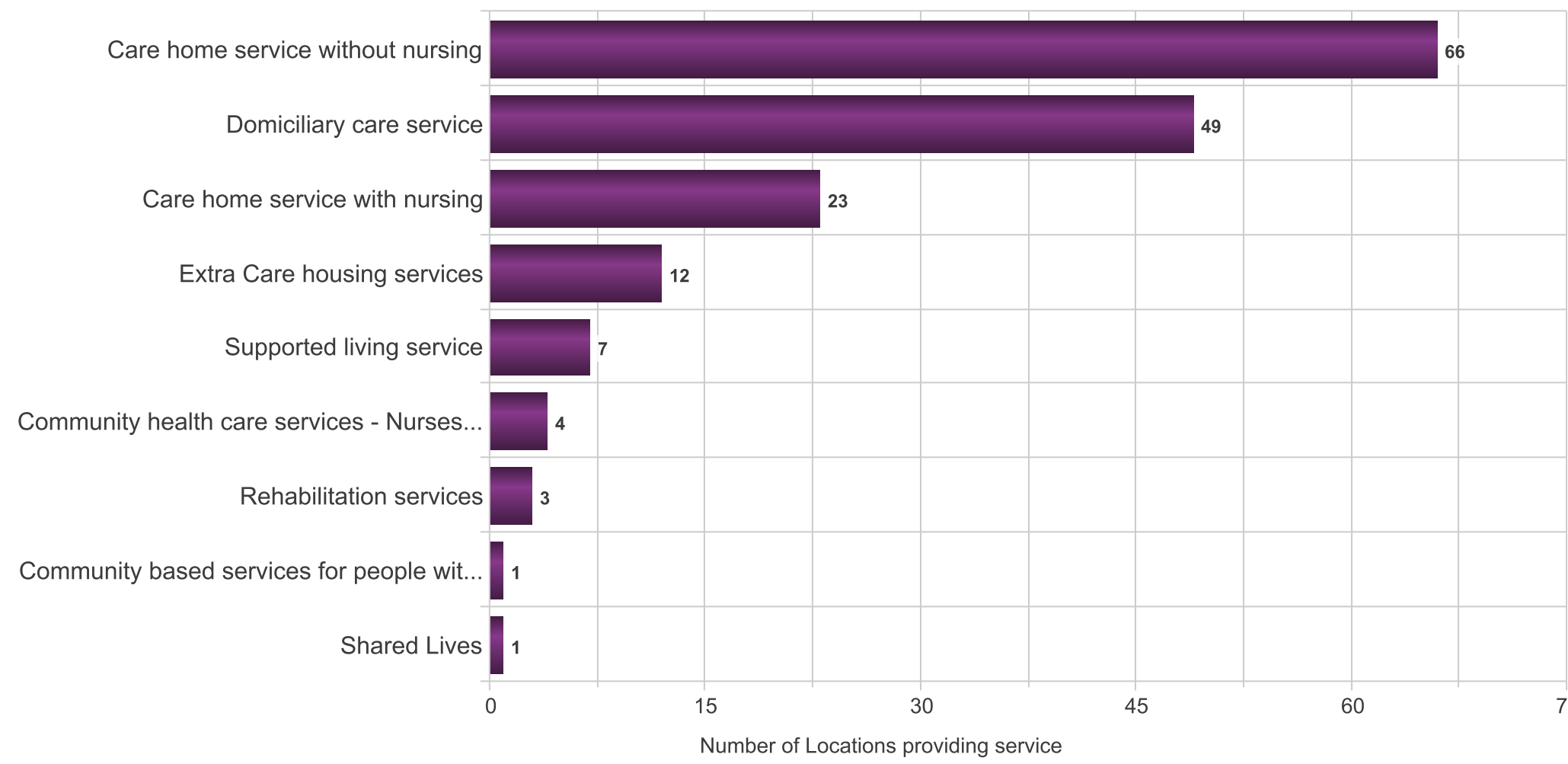
- 2.1 A key part of the work of the Care Quality Commission (CQC) is building relationships with local health scrutiny panels and also explaining their role in helping to monitor compliance with minimum national care and quality standards.

3. **SCHEDULE OF BACKGROUND PAPERS**

- A guide for overview and scrutiny committees for health and social care
- Scrutiny and regulation working together - presentation
- Care Quality Commission Bulletin – Update for Overview and Scrutiny Committees June 2013
- CQC – how we check you meet the standards
- Local Area Profile Wolverhampton

Active Locations in Wolverhampton providing the following services

NB: Locations can provide more than one type of service
Date run: 20/06/2013



Number of Locations
142

Care Homes with Nursing in Wolverhampton

Date run: 20/06/2013

Number of Locations
23

Total number of beds
1,080

Care Homes without Nursing in Wolverhampton

NB: Care Homes can register both with and without nursing. Those have been classified only as a Care home with Nursing in this section of the report

Number of Locations
66

Total number of beds
1,450

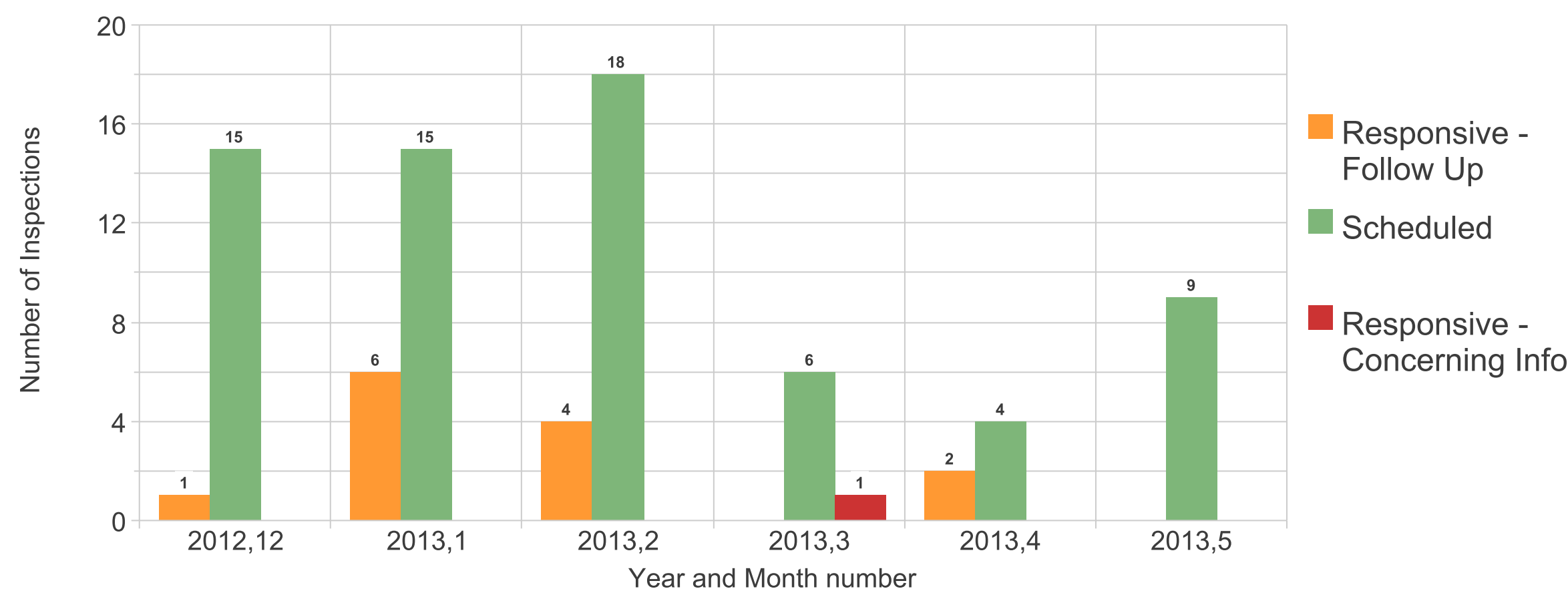
Inactive Social Care Org Services in Wolverhampton

The number of Social Care Org services that have become Inactive, by year. NB: A location often offers more than one service so the Grand Total will often be lower than the total number of services provided

Location Service Type Description	2011	2012	2013	# Locations ceasing to provide service
Care home service with nursing	2			2
Care home service without nursing	2	5	1	8
Community health care services - Nurses Agency only			1	1
Domiciliary care service	6	11	5	22
Rehabilitation services	1			1
Supported living service	1	1		2
Grand Total	10	16	6	32

Number of published inspections over the last six months, by inspection type and inspection month

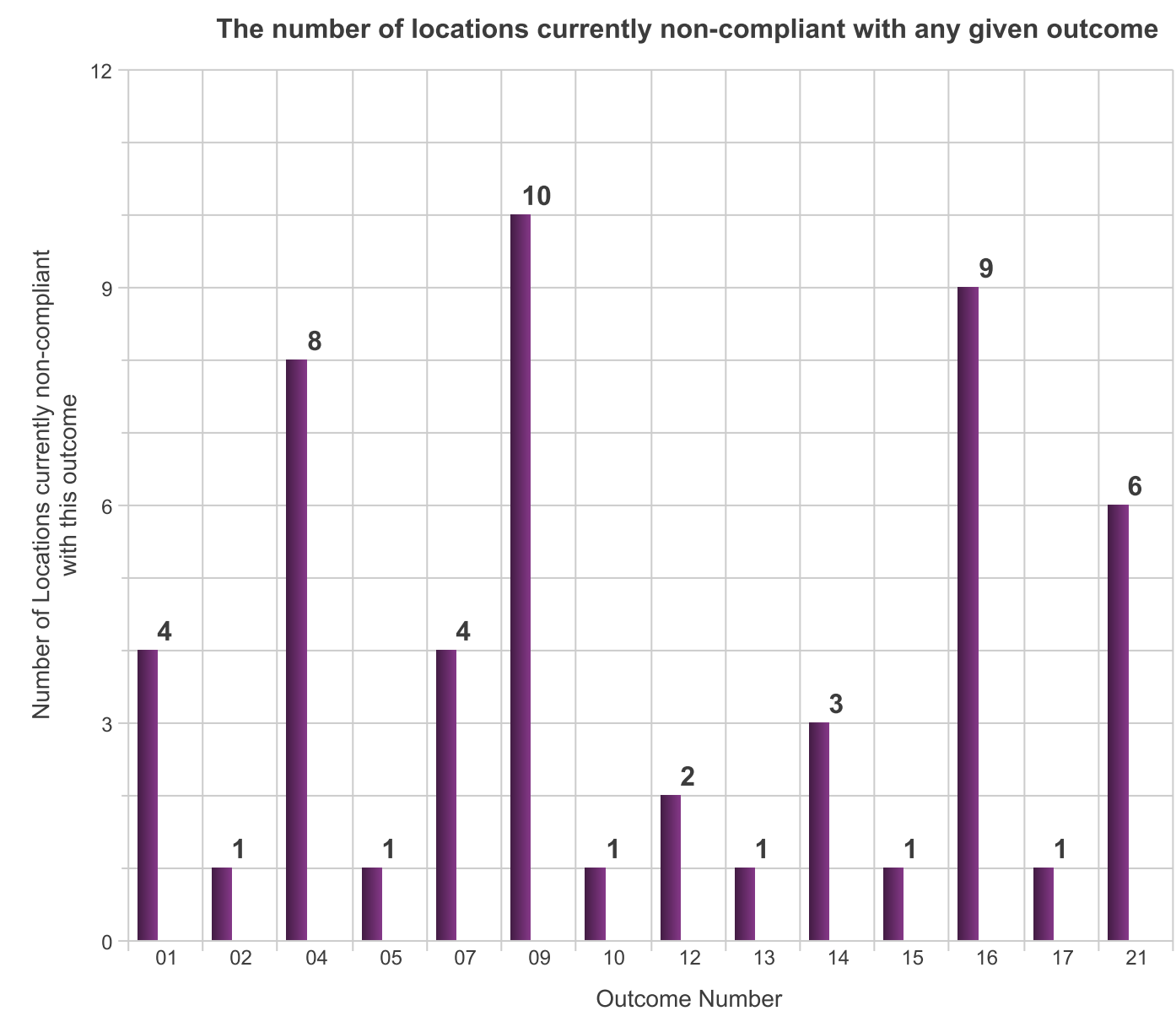
NB: there is a timelag of a number of weeks between an inspection and the report being published so previous months' figures may not yet be complete



All current Social Care Org non-compliance, by outcome, in Wolverhampton

NB. Some outcomes are routinely inspected more often than others, according to sector and risk

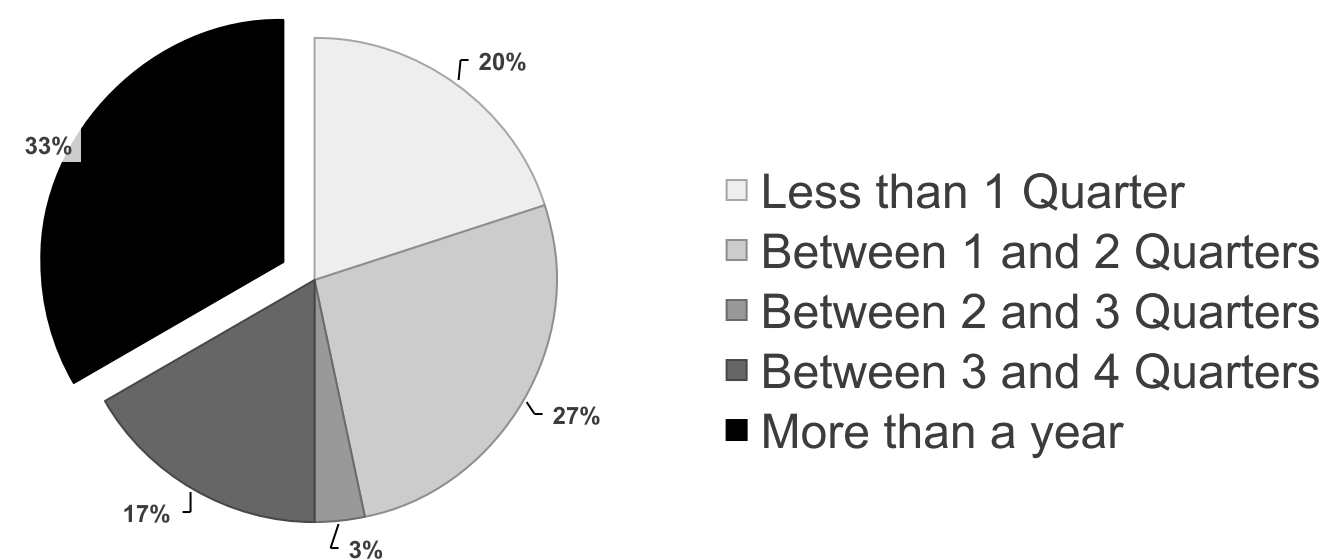
Outcome Number	Outcome Name	Number of Locations
01	Respecting and involving people who use services	4
02	Consent to care and treatment	1
04	Care and welfare of people who use services	8
05	Meeting nutritional needs	1
07	Safeguarding people who use services from abuse	4
09	Management of medicines	10
10	Safety and suitability of premises	1
12	Requirements relating to workers	2
13	Staffing	1
14	Supporting workers	3
15	Statement of purpose	1
16	Assessing and monitoring the quality of service provision	9
17	Complaints	1
21	Records	6



The length of time (in calendar quarters) that Social Care Org location(s) have been non-compliant in the Wolverhampton area

A location is only compliant when every outcome that has ever been inspected under the HSCA is currently judged to be compliant (no Regulatory Action has been identified)

Time Non-Compliant	# Locations	% Locations
Less than 1 Quarter	6	20.0%
Between 1 and 2 Quarters	8	26.7%
Between 2 and 3 Quarters	1	3.3%
Between 3 and 4 Quarters	5	16.7%
More than a year	10	33.3%
Grand Total	30	100.0%



Social Care Org Locations in Wolverhampton that have returned to Compliance in the last three months

This means that, at the date of printing, they are compliant with all outcomes that have been inspected

Date run: 20/06/2013

Location City	Provider Name	Location Name	Location Postal Code	Date Location returned to Compliance
Bilston	Agincare UK Limited	Agincare UK Wolverhampton	WV14 0BA	20 June 2013
Wolverhampton	Care Avenues Limited	Care Avenues Limited - 26 Waterloo Road	WV1 4BL	14 June 2013
Wolverhampton	First Care Services Limited	Orchard House Nursing Home	WV3 7DS	28 May 2013
Wolverhampton	Mrs Gail Fraser	Harper House - Wolverhampton	WV11 3HB	06 June 2013
Wolverhampton	Pathways Care Group Limited	Henley House	WV3 7LZ	30 May 2013
Wolverhampton	Select Lifestyles Limited	Select Lifestyles Limited - 153 St Marks Road	WV3 0QN	15 May 2013
Wolverhampton	Sunrise Operations Tettenhall Limited	Sunrise Operations Tettenhall Limited	WV6 9BN	14 May 2013
Wolverhampton	Sunrise Operations Tettenhall Limited	Sunrise Operations Tettenhall Limited Reminiscence Neighbourhood	WV6 9BN	09 May 2013
Wolverhampton	Wolverhampton City Council	Nelson Mandela House	WV9 5NJ	08 April 2013
Wolverhampton	Wolverhampton City Council	Swan Bank	WV4 5QE	14 May 2013
Wolverhampton	Woodfields Residential Carehome	Woodfields Residential Home	WV6 8QB	04 May 2013

Currently non-compliant Social Care Org locations in Wolverhampton and their Inspection history

This list displays any Active locations who are not currently fully compliant with all outcomes for which they have been inspected. It also lists a history of their inspections, marking with an 'X' which outcomes were inspected.

Date run: 20/06/2013

Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	Outcomes Inspected																	
					01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	21	28
1st Hand Care Limited	1st Hand Care Limited - West Midlands	24-November-2012	Responsive - Follow Up	Compliant			X												X			
		14-August-2012	Responsive - Follow Up	Non Compliant							X			X					X			
		26-April-2012	Responsive - Concerning Info	Non Compliant			X		X	X									X			
Anchor Trust	Langley Court	27-February-2013	Scheduled	Non Compliant	X	X					X			X	X							
Angel Care Homes Limited	The Leylands - Residential Care Home	25-May-2013	Scheduled	Compliant	X	X					X		X					X				
		14-August-2012	Scheduled	Non Compliant	X	X			X					X				X				
		26-October-2011	Scheduled	Compliant	X	X			X					X		X						
Aplin Care Homes Limited	Fallings Park Lodge	16-March-2013	Scheduled	Compliant						X				X								
				Non Compliant		X	X					X				X						

Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	Outcomes Inspected																							
					01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	21	28						
Millenia House Limited	Millenia House	01-June-2013	Scheduled	Non Compliant								X		X					X									
		02-November-2012	Responsive - Follow Up	Compliant	X		X			X									X	X	X							
		15-June-2012	Scheduled	Non Compliant	X		X			X									X	X	X							
Newlyn Court Limited	Newlyn Court	19-December-2012	Scheduled	Compliant			X			X								X	X									
		11-July-2011	Scheduled	Non Compliant	X						X		X								X							
Osei Minkah Care Limited	Oak Cottage	09-April-2013	Scheduled	Compliant	X		X			X										X								
		10-May-2012	Scheduled	Non Compliant			X														X							
Priory Elderly Care Limited	Bentley Court Care Home	28-December-2012	Scheduled	Compliant	X					X				X							X							
		03-February-2012	Responsive - Follow Up	Compliant	X		X	X		X	X								X	X								
		14-December-2011	Responsive - Follow Up	Non Compliant	X		X	X		X	X								X	X								
		29-June-2011	Responsive - Concerning Info	Non Compliant			X			X									X	X								
Quality Homes (Midland) Limited	Bethrey House	14-May-2013	Scheduled	Compliant		X	X			X																		
		16-May-2012	Scheduled	Non Compliant	X		X				X								X	X								
	Oaks Court House	12-March-2013	Scheduled	Compliant	X		X											X										
		27-March-2012	Scheduled	Compliant			X														X							
		27-March-2012	Scheduled	Non Compliant			X				X								X	X								
Rosecare Limited	Richmond Court Care Home	11-June-2013	Scheduled	Non Compliant			X	X					X						X	X								
		01-December-2012	Scheduled	Compliant	X		X			X								X	X									
		01-September-2011	Responsive - Follow Up	Compliant		X	X				X								X			X						
		06-May-2011	Scheduled	Non Compliant	X			X	X	X	X		X	X	X	X			X	X								
S C L Care Limited	Meadowcroft Residential Care Home	08-January-2013	Themed	Compliant						X								X			X							
		23-August-2011	Scheduled	Non Compliant	X			X													X							
Thomas Pocklington Trust	Thomas Pocklington Trust Homecare (Wolverhampton)	29-March-2013	Scheduled	Compliant	X					X				X						X	X							
		02-March-2012	Responsive - Follow Up	Non Compliant			X				X										X							
Vijay Odedra and Partners	Stockwell Grange Care Home	30-October-2012	Responsive - Follow Up	Compliant			X								X													
		24-May-2012	Responsive - Follow Up	Non Compliant	X					X									X	X								
		22-July-2011	Scheduled	Compliant						X											X							
West Midlands Residential Care Homes Limited	Avenue House - Wolverhampton	18-June-2013	Scheduled	Compliant			X				X		X	X	X							X						
		03-January-2013	Scheduled	Non Compliant	X		X						X								X							
		24-October-2011	Responsive - Follow Up	Compliant		X		X		X	X																	
	Min-Y-Don	12-July-2011	Responsive - Concerning Info	Compliant			X			X						X												
		26-April-2013	Responsive - Follow Up	Non Compliant	X		X			X						X						X						
		04-December-2012	Scheduled	Compliant										X														
Wolverhampton City Council	Merryhill House	22-February-2013	Responsive - Follow Up	Compliant	X					X								X										

Scrutiny and regulation working together



“CQC should expand its work with overview and scrutiny committees and foundation trust governors as a valuable information source” (47)

These slides give an overview of:

- CQC's new strategy
- Who we are in your region
- How we want to work with your Overview and Scrutiny Committee
- How you can share information with us
- The information we can share with your committee
- Further information

What does the CQC do?



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 continue to protect the interests of vulnerable people, including those whose rights are restricted under the Mental Health Act.

Underpinning our approach



Our judgements will be independent of the health and social care system

We will always be on the side of people who use services.

This is why our relationships with overview and scrutiny committees are an important part of how we work.

CQC in the region



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Internet: <http://www.cqc.org.uk/public/sharing-your-experience/working-local-groups>

'Raising Standards; Putting People First 2013-2016'



- Better information for the public including ratings
- Improved assessments of services and Chief Inspectors
- Stronger national and local partnerships – eg. health and wellbeing boards, Healthwatch, OSCs
- A more rigorous test for organisations applying for registration with CQC
- Changing our approach to the NHS acute trusts and mental health -New fundamental standards
- Improve our assessments of how services work together – for example dementia care



Five areas of quality and safety in our new approach to inspections



Our new inspections of NHS trusts this year will cover the following:

Are services safe?

Are they effective?

Are they caring?

Are they well-led?

Are they responsive to what people tell them?

We want to use any information available from OSCs to support these inspections – especially feedback from local people

What we will continue to do



- A programme of unannounced inspections and reporting across the sectors we regulate.
- This includes independent healthcare, adult social care services including home care agencies, and NHS services including ambulance services, mental health and community based services and GP practices
- Inspections at any time in response to concerns
- Reviews on particular areas of care – including in 2013 a review of dementia care and a review of services for children/young adults with a physical disability
- Regulatory and enforcement action

Common care concerns for both CQC and scrutiny – some examples



- The safety of people in most vulnerable circumstances – such as residential services for people with a learning disability
- Quality of staffing
- Cooperation between providers – as people move between hospital and social care, including discharge
- Care for people with complex health and care needs – such as dementia
- Dignity and respect for people – eg, at mealtimes
- Medicines management

We want Overview and Scrutiny Committees to:



- Know who we are and what we do
- Have contact with local Care Quality Commission staff to share information
- Know what we have done with any information you give us
- Know about our inspections and where we have concerns about services
- Work with us more closely as we monitor services

Top tips for scrutiny committees



- Build a dialogue with CQC – with regular informal contact and chairs able to ‘pick up the phone’
 - Let CQC know your committee’s plans and progress of work
 - Meet with CQC – as a partner not as a ‘witness’
 - Use our information – the registered services in your area, our inspection activity and our findings
 - Share information with CQC about people’s experiences of the local health and care system and of individual services
 - Information from scrutiny reviews, public meetings, issues from councillors can all be useful to CQC
 - Share your findings and recommendations from reviews
 - Expect feedback from CQC on how we use your information
-

In return, your local CQC contact will:



- Aim for a 'no surprises' relationship – regular structured contact
 - Meet with OSCs – but as a partner, not an interviewee
 - Explain how CQC fits into the local health and care system
 - Provide feedback on how we use information from scrutiny
 - Explain how services do/don't meet the fundamental standards and what CQC expects of providers
 - Have confidential conversations with the chair/lead officer where agreed
 - Hold joint meetings where needed with you and the local Healthwatch
 - Help councillors understand the inspection process
-

- Scrutiny committees should receive local press releases and updates on our national reports. There are also existing guides for OSCs and councillors
- From June a new two monthly ebulletin for all OSCs from CQC – setting out our latest news and ways you can get involved in our work
- A new report on how CQC and district councillors can work together (due June/July 2013)
- An updated briefing for OSCs about working with CQC (due July 2013)
- A briefing for councillors about our role in monitoring the Mental Health Act (summer 2013)

Read the new CQC strategy on our website at

[Care Quality Commission www.cqc.org.uk](http://www.cqc.org.uk)

Telephone 03000 616161 if you want to speak to someone at CQC

Email enquiries@cqc.org.uk to send us information from your scrutiny reviews and other work from your programme

Please email involvement.edhr@cqc.org.uk if you want to get involved in national CQC developments. This will take you directly to the involvement team

More information



Guide for local councillors on working with CQC

http://www.cqc.org.uk/sites/default/files/media/documents/a_guide_for_councillors.pdf

Guide for overview and scrutiny committees on working with CQC

http://www.cqc.org.uk/sites/default/files/media/documents/a_guide_for_oscs_0.pdf

Information about the government standards we check on

<http://www.cqc.org.uk/public/government-standards>

This is an example of a public guide - about the standards you can expect in hospital.

http://www.cqc.org.uk/sites/default/files/media/documents/6436_cqc_hospitals.pdf

There are also guides about what you can expect from your care in care homes, care at home and dentists



Our Responsibility and Commitment to Safeguarding

- **Safeguarding in CQC**
- **Why we revised our protocol**
- **CQC's response to safeguarding**
- **CQC's role in local safeguarding procedures**

- Safeguarding adults and children is a key priority for CQC
- Safeguarding refers to an organisations responsibility to protect people whose circumstances make them vulnerable to abuse, harm or neglect
- Effective safeguarding depends on a multi-agency partnership within which CQC may contribute

Why we revised our protocol



- Lessons learnt from high profile cases
- Responding to national policy
- Review of CQC safeguarding systems and processes
- External consultation with partners
- Consultation with CQC staff

- ▶ As a regulator CQC's main responsibility is to ensure that providers of care have adequate systems in place and that these are effectively implemented
- ▶ CQC may contribute to multi agency partnership working
- ▶ When CQC receives information that may have safeguarding implications then we have a responsibility to pass this information on and assess its impact on provider compliance
- ▶ Primary responsibility to make a safeguarding referral lies with the provider

- ▶ CQC will make a direct referral to the local authority or police where;
 - we are the first recipient of the information
 - the provider or manager is implicated in the safeguarding incident
 - the provider or manager has failed to make a referral
 - we have little confidence that the provider will respond to the incident appropriately
- ▶ Referral to ISA/other professional regulators as required

- Inform the provider/ manager of the service unless they are directly implicated
- Ensure immediate action is taken to protect the individual/s from harm, if safe to do so
- Ensure a timely safeguarding referral is made to Local Authority and/or police within 24 hours of the incident

CQC's role in local safeguarding procedures



- Information Sharing
- Safeguarding Strategy meetings
- Local Safeguarding Boards
- Serious Case Reviews

- Successful regulation is dependent on effective and timely information sharing between partner agencies
- CQC is committed to openness and accountability
- Fair, proportionate and within legal requirements
- Promote improvements in health and social care

- CQC should be made aware of safeguarding concerns in regulated services
- It is **not** routinely necessary for CQC to attend all meetings
- If CQC does or does not attend strategy meetings relevant information will be shared
- CQC should attend strategy meetings when;
 - Registered persons are directly implicated
 - Urgent or complex regulatory action is indicated
 - Enforcement action has started

- CQC will **not** routinely attend LSGB, we will attend by invitation at least once a year, or where we have been invited by the chair to;
 - ▶ Promote the role of CQC in safeguarding
 - ▶ Share information
 - ▶ Discuss regional or local safeguarding issues
- CQC has no decision making authority on LSGB

- CQC has a role to play in SCR's and the lessons learnt
- CQC will attend SCR Panel meetings
- CQC have no decision making authority within this process
- Agreement with ADASS to notify CQC on initiation of SCR

Website: www.CQC.org.uk

http://www.cqc.org.uk/search/apachesolr_search/safeguarding



A guide for overview and scrutiny committees for health and social care

How your committee can work with the
Care Quality Commission

Contents

1. Introduction	3
2. About the Care Quality Commission	4
Which services do we check?	4
What standards do we check on?	4
How we carry out our checks	6
What we do if a service doesn't meet the essential standards	7
3. What your scrutiny committee can expect from CQC?	8
Regular contact with CQC staff	8
How we work with your committee during a review of a service	8
How we work with your committee when we take enforcement action	9
How we give feedback to your committee	9
Our approach to sharing information that is not yet public or is confidential	9
4. Sharing information with CQC about local services	10
How to share your information with CQC	10
What we do with your information?	11
What to do if you are concerned about someone's safety?	12
5. Where to go for more information	12
6. Examples of working together	13

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1. Introduction

This is a guide for locally elected councillors and local authority officers involved in the scrutiny of health and social care who want to know more about how their scrutiny committee can work with the Care Quality Commission (CQC). We are the independent regulator of health and adult social care services in England. This guide tells you more about CQC and what we do. It explains what your scrutiny committee can expect from us as we work together locally to improve care. It explains what information you can share with us to help us check on services, and how you can use the information we hold to help your scrutiny committee.

The guide has been written by CQC with support from the Centre for Public Scrutiny, and some local authority officers and councillors working together. We would like to thank those involved for their effort and enthusiasm. Examples from their work have been used in the guide.

We will carry on working with all scrutiny committees in England during 2011/2012, building stronger working relationships with more committees and exploring how to work with elected councillors under new scrutiny arrangements that may develop.

We would like to hear from more scrutiny committees and to use more of the information councillors hold about people's views and experiences of their care. We are especially interested to hear about people's experiences of social care services as well as health care. We hope the examples in this guide encourage all scrutiny committees to share information with CQC to help us work together to improve care.

For more information about our work with scrutiny committees, please go to www.cqc.org.uk/localvoices. For information about HealthWatch go to: www.cqc.org.uk/aboutcqc/whatwedo/improvinghealthandsocialcare/healthwatch.cfm

You can also read *A guide for local councillors: Working with the Care Quality Commission* available at www.cqc.org.uk/localvoices

2. About the Care Quality Commission

We are the Care Quality Commission, the independent regulator of healthcare and adult social care services in England. We check whether care services meet essential standards of quality and safety, and we also protect the interests of vulnerable people, including those whose rights are restricted under the Mental Health Act.

Find out more about us at www.cqc.org.uk

Which services do we check?

We check on these types of services:

- Providers of medical treatment to people of all ages, including treatment provided in hospitals, by ambulance services and by mental health services.
- Providers of care homes for people over 18 who need help to maintain their independence and wellbeing. This includes nursing homes. Care homes can provide residential care for the following:
 - People with long- or short-term health conditions
 - Disabled people and people with learning disabilities
 - Older people
 - People with drug or alcohol problems.
- Agencies that provide care, treatment and support to people living in their own homes to help them maintain their independence and wellbeing.
- Providers of services for people whose rights are restricted under the Mental Health Act.
- We started to register and check on dental services (in the community) and independent ambulance services from April 2011. We will register GP out-of-hours services from April 2012. Subject to Parliament, we will now register primary medical services including walk-in centres and GP services from April 2013.

What standards do we check on?

The Health and Social Care Act 2008 requires providers of all regulated care services to meet government standards of quality and safety – the standards the government says anyone should expect whenever or wherever they receive care. These standards cover things like cleanliness, dignity, safety and staffing.

We register providers if they meet the standards, we check whether or not they continue to do so and we take action if standards aren't being met. Our assessments are based on people's experiences of care and the impact it has on their health and wellbeing, as well as on whether or not the right systems and processes are in place.

We put the views, experiences, health and wellbeing of people who use services at the centre of our work.

You can read our guidance about the essential standards and full details of the outcomes we look for at www.cqcguidanceaboutcompliance.org.uk and at www.cqc.org.uk/_db/_documents/Quick_guide_to_the_essential_standards.doc

We have also produced guides for the public explaining what you can expect from your care which can be found at:

www.cqc.org.uk/usingcareservices/essentialstandardsqualityandsafety.cfm

You can expect any of the health or social care services we check on to meet the following essential standards:

You can expect to be involved and told what's happening at every stage of your care

- You will always be involved in discussions about your care and treatment, and your privacy and dignity will be respected by all staff.
- You will be given opportunities, encouragement and support to help you live as independently as possible.
- Before you receive any examination, care treatment or support you will be asked whether or not you agree to it.

You can expect care, treatment and support that meets your needs

- Your personal needs will be assessed to make sure you get safe and appropriate care that supports your rights.
- You get the treatment that you and your health or care professional agree will make a difference to your health and wellbeing.
- You will get the food and drink you need to meet your dietary needs.
- If you have more than one care provider, or if you are moved between services, you will get coordinated care.

You can also expect your needs to be met in relation to:

- Your cultural background and the language you speak
- Your sex (gender)
- Your disability
- Your age
- Your sexual orientation (whether you are a lesbian, gay, bisexual or heterosexual person)
- Your religion or belief
- Your gender identity, if you are a transsexual person
- Your needs if you are pregnant or have recently had a baby.

You can expect to be safe

- You will be protected from abuse or the risk of abuse, and staff will respect your human rights.

- You will get the medicines you need, when you need them, and in a safe way.
- You will be cared for in a safe and accessible place.
- You will not be harmed by unsafe or unsuitable equipment.
- You will be cared for in a clean environment where you are protected from infection.

You can expect to be cared for by qualified staff with the right skills to do their jobs properly

- Your health and welfare needs are met by staff who have the knowledge, skills and experience needed.
- There will always be enough members of staff available to keep you safe and meet your needs.
- You will be looked after by staff who are well managed and have the chance to develop and improve their skills.

You can expect your care provider to routinely check the quality of its services

- Your care provider will monitor the quality of its services to make sure you are safe.
- Your personal records, including medical records, will be accurate and kept safe and confidential.
- You, or someone acting on your behalf, can complain and will be listened to. Your complaint will be acted upon properly.

How we carry out our checks

Under new proposals, we will inspect all adult social care, independent healthcare services, and most NHS hospitals at least once a year. (By NHS hospitals we mean all NHS acute hospitals and all NHS ambulance trusts. We inspect at least one type of service in all other trusts). We will inspect dental services at least once every two years. We check on services more frequently where there are concerns that people may be getting poor care. We identify these concerns by sharing information with a wide variety of organisations, by listening to the public, local groups, care staff and whistleblowers, and by monitoring data. We build a profile of each service that is updated whenever new information arrives. This helps our inspectors to decide where there is a risk that people could be experiencing poor care. The information comes from different sources, including:

- People who use services, families and carers
- LINKs (local involvement networks)
- Overview and scrutiny committees for health and/or social care
- Foundation trust councils of governors
- Other voluntary and community groups
- Other regulatory organisations and the NHS Information Centre

- Other organisations such as commissioners of care (like councils) and the health and local government ombudsman
- Staff and other professionals
- CQC inspectors.

Feedback from people who use services is very important to us. We treat it as seriously as we do other forms of information.

When we decide that there is a risk of poor care, we assess whether or not the service is failing to meet one or more of the essential standards. We review the information we hold and we ask the people running the service to prove that it is meeting the standards. We may conduct further visits to the service to observe how care is delivered, talk to the people who use the service and to staff, and to check the provider's records if necessary.

If we judge that services are not meeting essential standards we use our powers to require improvements. We follow up to make sure the improvements are made and we hold services to account if they don't do so. If we judge that people's health, wellbeing and safety are at risk we take swift action to protect them.

Once we have reviewed a service we publish our findings as quickly as possible. Our information can help people choose a service or tell them about standards of care at a local service. We update our website when there are changes to report about checks, improvements or concerns.

What we do if a service doesn't meet the essential standards

If standards aren't being met, we require improvements within a set timescale. The service must then send us an action plan telling us how it will make these improvements.

If the service does not improve, or we have serious concerns about the health and safety of people who use it, we have a range of enforcement powers we can use including fines, warnings, restrictions to the way the service is provided, suspension or cancellation of its licence to operate, and prosecution of those providing the service.

When we propose to use our enforcement powers, the service has 28 days to challenge us before we can make our decision public. However, if we believe there is a serious, immediate threat to people's health and safety, we can act immediately to restrict, suspend or stop the service from being provided and we can make our decision public as soon as we do so.

3. What your scrutiny committee can expect from CQC?

This section sets out how our staff aim to work with all scrutiny committees for health and social care across the country. If the relationship between CQC and your scrutiny committee is still developing, we will gradually introduce the steps set out below.

Regular contact with CQC staff

Your scrutiny committee chair and lead officer (if you have one) can expect to be given a named local CQC contact person and to be informed if this person changes. You will have contact with your local CQC manager or inspector every three months either by phone, email or a meeting. We may have more frequent contact than this if you have shared information with us about local services and we need to discuss this with your committee. When we make contact with your committee, CQC staff can:

- Explain how we check on services and promote the essential standards of quality and safety to your committee.
- Share with your chair, our confidential programme of reviews over the coming six months (without dates), and any current improvement or enforcement actions we are taking that can be made public. **If your chair or committee prefers, we will only share information that is already in the public domain.**
- Find out about your committee's latest work programme and any responses you are making to NHS consultations.
- Hear from your committee about the issues/concerns local people are raising about the health and social care services in the area. These may come from your scrutiny reviews, public meetings, feedback from your members and so on.
- Give you feedback about how we have used any of the information your committee has already shared with us.

How we work with your committee during a review of a service

At the start of a CQC service review we check our records to see whether your committee has recently submitted information to us about the service at any of its locations. We may then contact the committee chair and lead officer (if there is one) by phone or email to let you know about the review and the timescale. We will usually do this where:

- Your committee has raised concerns about the service provider, or
- The service provider is included in your work programme, or
- There are gaps in our knowledge about people's views and experiences of the service provider, that your committee may help us fill.

We will invite your committee to give us any new information about the service. We may encourage you to make contact with neighbouring scrutiny committees if you need to coordinate providing information for CQC.

At each contact/meeting with your committee, we will identify with you any actions you intend to take as a result of our reviews. For example, further evidence-gathering

about particular service providers or requests for information. This will help us coordinate our activities better.

How we work with your committee when we take enforcement action

We will aim to let your scrutiny committee know about an enforcement action we have taken as soon as it is made public. This is when the representations and appeals process that service providers can use is also ended. For example, we will aim to share press releases with you as soon as we can. We understand that this is particularly important where your committee has also been seeking local improvements to services from the provider concerned.

We will be interested to know whether your committee plans to take action as a result of our enforcement action, and will work with you to coordinate this with further CQC activity.

How we give feedback to your committee

We will let you know we have received any information that your committee sends us between our regular contacts or meetings. If your committee sends information to us via the CQC webform, you will receive an automatic acknowledgement (see page 11). At our regular meetings/contact with you, we will aim to:

- Give you verbal feedback about how we have used any information you have shared with us.
- Highlight the findings and outcomes of relevant reviews of providers.
- Make sure your committee has a copy of the relevant compliance reports.

Our approach to sharing information that is not yet public or is confidential

We can tell your chair and lead officer (if you have one) about the programme of reviews of services we expect to carry out over the coming six months. We will not tell you the dates for these reviews or whether we will be visiting a service as part of the review. It is very important that we keep our programme of unannounced visits confidential. The public have told us that this is one of the most important things we do. We expect committee chairs and lead officers to respect this information and not to share it with service providers or other groups who may make it public. **If your chair or committee does not wish CQC to share this information with you, please discuss this with your local CQC contact.**

We are unable to share enforcement action we are taking while a service provider has the chance to appeal against this action. Once the appeal period is over, the enforcement action can be made public and shared with the committee.

CQC will not share confidential personal information with scrutiny committees. Similarly, we would not expect a committee to share information with us that identifies individuals or their families, unless this information comes from the individual themselves, someone has agreed that their information can be shared with CQC or someone has asked a committee to pass the information to CQC.

4. Sharing information with CQC about local services

We hope your scrutiny committee will share information with us about people's views and experiences of local services, and let us know what you are doing to improve care in your area. It will help us if you can:

- Keep in contact with our local CQC staff.
- Share any information with us if you think it helps us check on the essential standards.
- Share information with us about any of the services we check on – adult social care, health services, dentists and so on.
- Let us know if the committee chair or contact officer changes so that we contact the right person.

Your committee can provide information it already holds, such as:

- Formal reports/reviews of local health or social care services.
- Information gathered to inform a review.
- Your committee's workplan.
- Comments gathered at public events about local health or social care services.
- Contact from members of the public.
- Information on local concerns or emerging issues.
- Local surveys and so on.

You may also wish to gather additional information for one of our reviews of a service provider. For example:

- Inviting scrutiny members to contribute information directly to the committee chair to be shared with CQC.
- Holding a meeting or using an existing committee or public meeting to gather information about a service.

How to share your information with CQC

You can share information with CQC in three ways:

1. Through our website, where there is an online feedback form for scrutiny committees, LINKs and other groups at www.cqc.org.uk/localvoices. You can complete the form in your own words and you can also attach your reports to the form. It helps to highlight which sections of the report tell us about the quality or safety of care.
2. Through your local CQC contact. You can share information with them by email, phone or face-to-face when you meet them. It is helpful to copy information that you send through the webform to your local CQC contact so they know this information is available to them straight away.
3. Through our enquiries contact centre at 03000 616161 or enquiries@cqc.org.uk

Top tips about the information you share with CQC

1. If in doubt, share your information with us. We would rather have the chance to read about your concerns and decide what action to take, than not know about them. If you have concerns about the care provided, then it is likely that your information will help us check on services.
2. Try to name the health or adult social care service or services you are describing in all your comments or reports. This is especially important when you are giving us information about several different services.
3. Focus on giving us information that tells us about what you have found out or heard about a service providing care, rather than details of how your committee works.
4. Provide the evidence for your conclusions and comments and any dates whenever possible, and explain what sort of evidence you have (it may be a small number of concerning stories or evidence from a survey or meeting with many more people).
5. Try to match your information to our CQC essential standards of quality and safety. You can relate your information to as many standards as you like.
6. Please let us know whether you are giving us information that is positive or negative about how care is provided. Both positive and negative comments about a service are important in helping us judge whether a service continues to meet our standards.

What we do with your information?

Relevant information from your committee becomes part of our 'quality and risk profile', which we hold for every health and adult social care organisation. The information you share with us will:

- Help us spot problems or concerns in local services that we need to act upon.
- Help in our assessments and reviews of different types of organisations.
- Allow us to look at how well a service provider meets essential standards of quality and safety. This will help us decide if the service provider can continue to register with us and provide its services to local people.
- Help us decide if we need to ask a service provider to make improvements in some areas of its care, to show us that it will meet all these standards in future.

We match your information with our essential standards of quality and safety if we can, and decide whether it is positive or negative. Then we weigh up whether it is clear and whether it is about people's experience of care. For example, does it tell us something that has an impact on a person using the service and does it represent the views of someone using the service (or groups of people using the service)?

We will give your information a score. The higher the score, the more likely it will make a difference to our judgements about the care provided by a service. If your information does not relate to our essential standards we may use it as background information about that service, or we may not be able to use it at all.

Scrutiny committee review reports can be particularly useful in helping us decide which services to review or what to look for when we visit a service.

What to do if you are concerned about someone's safety?

We want people who use care services to be safe, especially if they are in vulnerable circumstances, and may find it difficult to speak for themselves. If you have urgent concerns about the wellbeing of a child or vulnerable adult, your committee should contact your local authority children's or adult social care department. This might be evidence of physical, sexual, psychological abuse, neglect and acts of omission including ignoring medical or physical care needs or discriminatory abuse.

CQC does not deal with these individual cases of safeguarding, but we work closely with local authority safeguarding staff and can use the information in our judgements about services. We can follow up a service where concerns have been raised, and this may lead us to take enforcement action against the service if we find it does not meet essential standards of quality and safety.

If you share information with your local safeguarding team, we hope you will also let your local CQC contact know – in case we also need to act swiftly. Please remember that you can share urgent concerns with us at any time.

5. Where to go for more information

For more information about CQC go to www.cqc.org.uk or ring 03000 616161

To talk to us about our work with scrutiny committees, email:
involvement.edhr@cqc.org.uk

For information about the development of HealthWatch England, please go to our website:
www.cqc.org.uk/aboutcqc/whatwedo/improvinghealthandsocialcare/healthwatch.cfm

You can get involved in HealthWatch England developments by sending an email to enquiries@nunwood.com

You may want to talk to some of the scrutiny committees involved in developing this guide. They are:

- Torbay Health Scrutiny Committee
- Joint Health Overview and Scrutiny Committee Pennine Acute NHS Trust
- Leicestershire County Council Joint Health Scrutiny Committee
- Nottingham City and Nottinghamshire County Joint Health Scrutiny Committee
- Cambridgeshire County Council Health and Adult Social Care Scrutiny Committee
- Isles of Scilly Health Overview and Scrutiny Committee
- Ealing Health Scrutiny Panel

6. Examples of working together

Information from scrutiny committees is already helping CQC check on a range of health and social care services. Scrutiny committee review reports and the findings from these have been particularly useful. In some areas, information from scrutiny committees has helped us focus on which aspects of a service to look at in one of our reviews, and which locations to visit.

In this section, we provide examples of how some scrutiny committees have been working with CQC and how information is being shared between us. Each committee works in a different way but these examples show what can be achieved by working together.

Ealing Health Scrutiny Panel

Ealing Scrutiny Committee has worked with CQC during its review of access and quality of care for Ealing patients after hospital or other clinical treatment. The review has identified the main care pathways and service providers involved in aftercare in Ealing, and examined access to and quality standards of aftercare, and the causes of any poor performance. It has examined the initiatives underway to address any concerns and lessons learnt from services elsewhere.

It has focused on hospital admission and discharge, transfers of care, specialist rehabilitation and end of life care.

Isles of Scilly Health Overview and Scrutiny Board

Isles of Scilly Health Overview and Scrutiny Committee has regular contact, by email and phone, with CQC through the Committee chair and the vice chair. The compliance manager addressed the committee, explaining CQC's role and its relationship with scrutiny committees. This has helped the Committee develop the questions for commissioners, providers, patients and carers as part of its review of stroke aftercare services. It has also made use of the CQC's national review of stroke services. The Committee is sharing the findings with CQC and discussing the implications of their final report. Commissioners and providers are aware of the committee's relationship with CQC.

"The role of health overview and scrutiny committees is evolving and up until recently some members didn't realise the importance of the relationship between CQC and health overview and scrutiny committees. I think we need to further develop our relationship with CQC as the scrutiny function of health overview and scrutiny committees will increase."

(Chair of the Isles of Scilly Health Overview and Scrutiny Committee)

Torbay Health Scrutiny Board

Torbay Health Scrutiny Board has been building its local relationship with CQC and held a workshop with elected members and CQC, which has been very positively received. The Committee communicates with CQC whenever necessary by phone and email and regular meetings are scheduled between CQC and the Scrutiny Committee chair. CQC is also attending Scrutiny Committee meetings as an observer in the public gallery.

The Committee aspires to the four principles set out by the Centre for Public Scrutiny:

“critical friend challenge to decision-makers; enable the voice and concerns of the public and its communities; be ‘independent minded governors’ who lead and own the scrutiny process and drive improvement in public services.”

The Committee has improved its understanding of CQC’s role. CQC has shared information about all the 153 service providers in Torbay and the details of the CQC inspectors responsible for these providers. CQC has also shared its confidential programme of reviews planned over the coming months in Torbay, and a list of the essential standards of quality and safety. The Committee receives email alerts and links to publications of any CQC review reports on local providers. As a result, a councillor has already raised an issue about a service provider to the Committee which is being followed up with the provider and the primary care trust (PCT) initially, and the Committee will then update CQC.

The Committee shares its work programme, the minutes of its meetings and forthcoming agendas with CQC. It has also raised a concern about the procedure for safeguarding at one provider which has been followed up.

In future, the Committee will be considering a more formal agreement or protocol between CQC and the Committee. Formal meetings are also scheduled between the scrutiny committee chair, CQC and the LINK/HealthWatch chair to exchange information and work programmes.

Leicestershire County Council Overview and Scrutiny Committee

The Committee has met with CQC locally and developed a working relationship. A meeting was held between the assistant director of strategy and commissioning and the scrutiny officer to discuss how the relationship with CQC might work locally. It was agreed to organise a briefing for all elected members in the county on CQC and its work. The assistant director, scrutiny officer and CQC’s local compliance manager met and planned the briefing workshop for councillors about CQC. The scrutiny officer is developing a local guide for CQC and overview and scrutiny committees working together.

Cambridgeshire County Council Health and Adult Social Care Scrutiny Committee

The Committee was invited to contribute to a CQC review of an out-of-hours GP service provided in part of the county in 2010. Through dialogue with CQC, the Committee was able to feed its views and concerns into the review, based on its experience of scrutinising local services, on the information it had picked up from the local community and concerns raised by individual councillors. As a result, it was able to use CQC's findings from the review to inform its response to the PCT's consultation on future provision of the out-of-hours services. The Committee found this very helpful.

The Committee has established an ongoing relationship with CQC, including holding a seminar for all councillors, not just those involved in health scrutiny. The seminar was an opportunity to discuss how individual councillors can contribute information to CQC, as well as the scrutiny committee. Fifteen councillors attended and all considered it was very useful in developing a relationship between the council and CQC.

Nottingham City and Nottinghamshire County Joint Health Scrutiny Committee

The Committee has established local contact with CQC and learnt more about CQC's role. It has shared information about its review of dementia care services.

At the end of every Health Scrutiny Committee meeting in Nottingham City, councillors consider the issues that they have discussed and whether there are any issues that should be referred to CQC, which they do using the CQC webform.

“We realised that the public nature of scrutiny means that overview and scrutiny committees can provide useful information to the CQC. The committee decided it is important to have a good relationship with our local CQC contacts and to provide CQC with ongoing information as a result of our scrutiny work.” (Scrutiny officer, Nottingham County Council)

Joint Health Overview and Scrutiny Committee Pennine Acute NHS Trust

The officer for the Joint Health Overview and Scrutiny Committee and the officer for the Joint Scrutiny Committee for the Pennine Acute NHS Trust now meet regularly with their CQC inspector. The Committee submitted its review of hospital nutrition to CQC, which then inspected nutrition within the Pennine Acute NHS Trust, as part of its national inspection. Recent CQC inspections, following a documentary about the Trust have been discussed with the Committee's officer. Future work by the Committee will focus on the patient experience, and will be shared with CQC.

How to contact us

Phone: 03000 616161
Email: enquiries@cqc.org.uk

Registered Office:
Care Quality Commission
Finsbury Tower
103–105 Bunhill Row
London EC1Y 8TG

We have also produced an easy read version of this guide, which can be found at www.cqc.org.uk. Please contact us if you would like a summary of this document in other formats or languages.



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Committed to clearer communication.

459



Welcome to Overview and Scrutiny committees

This is the first edition of the Care Quality Commission's bi monthly e-bulletin to all scrutiny officers and members working on health and social care in England.

CQC is the independent regulator for health and social care in England. This bulletin will include updates and findings from our work, including details of our new strategy, national reports and information about the ways you can work with us. We hope you find the bulletin helpful. Please send us any comments to involvement.edhr@cqc.org.uk.

CQC news

A new start

Consultation on changes to the way CQC regulates, inspects and monitors care
June 2013



Give us feedback on the way we should inspect services

We are carrying out a consultation to get your feedback on our plans to make sure people receive high-quality care. This consultation is the next step towards making the changes needed to deliver our purpose.

For further information you can [read more here](#), please also see the article below on how you can help us develop the new fundamentals of care.

CQC's new strategy for 2013 to 2016

We are making radical changes to the way we inspect and regulate health and social care services to make sure they provide people with safe, effective, compassionate and high-quality care, and to encourage them to make improvements. Our new strategy has been informed by views from many people who use services, as well as a wide range of stakeholders. The strategy states our commitment to work more closely with overview and scrutiny committees to better share our information and to use more evidence from scrutiny – across all the services we regulate. [Read more...](#)

New roles in CQC

We have appointed a new Chief Inspector of hospitals - Professor Sir Mike Richards. The Chief Inspector will be responsible for assessing and judging how well hospitals put the quality of care and the interests of patients at the heart of everything they do. He will provide the public with assurance that services are safe, effective, caring, well led and responsive to people's needs. He will oversee a national team of expert hospital inspectors that will carry out targeted inspections in response to quality concerns and regional teams of inspectors who will undertake routine inspections on a

This month:

Welcome

CQC news

CQC's strategy, new roles in CQC, themed inspections, experiences of inpatient services in NHS hospitals

Public information

Finding your GP practice online, Public leaflets about the standards people can expect

CQC and OSCs

Help us develop the fundamentals of care, OSC contact details, your local CQC contact, sharing people's experiences of care, getting our press releases

regular basis of all hospitals. He will also lead the development of a ratings system for NHS acute hospitals and mental health trusts.

We have also appointed 5 new members of the CQC board. [Read more...](#)

Themed inspections - dementia and children in transition

One of our key priorities for 2013/14 is to improve our understanding of how well different care services work together. To support this we are planning two themed inspection programmes. The first of these will look at the transition of children with complex health needs from children's to adult health services. The second programme will look at dementia care. We are currently identifying which aspects of dementia care would be most appropriate for us to look at and where we can best add value. We are considering five possible options/groups of options. These are:

- Timely diagnosis
- Admission to hospital from care homes
- Equipping staff to work with people with dementia
- Reviewing compliance with NICE standards on dementia
- Palliative care for people with dementia

If you have a particular interest or comment to make on the focus of either programme please contact us using the following email addresses.

[**CTASThemedInspection@cqc.org.uk**](mailto:CTASThemedInspection@cqc.org.uk) (this is for the children in transition review)
[**DementiaThemedInspection@cqc.org.uk**](mailto:DementiaThemedInspection@cqc.org.uk).

Experiences of inpatient services in NHS hospitals

We have published the results of a survey that looked at the experiences of over 64,500 patients who were admitted to an NHS hospital in 2012. Between September 2012 and January 2013, 850 inpatients at participating NHS trusts were sent a survey asking about the care they received. We have published the results showing how each trust performed in the survey. [Search for your NHS trust in the A-Z list.](#)

Public information

Find your GP service online

From 1 April, all GP services came into our system of regulation. You can now find details of all your local GP services on our [website](#).

You will now start to see our first inspection reports of GP practices.



Public leaflets

We've recently updated our public leaflets that explain our role, and the standards people can expect. The five separate leaflets are:

- **What standards you have a right to expect from the regulation of your hospital**
- **What standards you have a right to expect from the regulation of your care home**
- **What standards you have a right to expect from the regulation of agencies that provide care in your own home**
- **What standards you have a right to expect from the regulation of your dentist**
- **What standards you have a right to expect from the regulation of your GP practice**

We also produce leaflets about CQC – who we are and what we do – these are available to download in **standard** and **easy read**.

CQC and Overview and scrutiny committees

Help us develop the new fundamentals of care

Over the next few months we are developing fundamentals of care which we will use first in our new NHS inspections later this year. We want to answer five questions:



- Is a service safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

If your OSC is interested in helping us develop these standards please email involvement.edhr@cqc.org.uk. You can also take part in our national consultation which was launched this week. [Read more...](#)

OSC contact details

If you have any further names and contact details (email and phone numbers where possible) for anyone in your committee who you would like to receive information directly from CQC please let us know. Please email involvement.edhr@cqc.org.uk.

Your local CQC contact

You should have contact with your local CQC manager. If you don't know who they are please email involvement.edhr@cqc.org.uk or ring 03000 616161 and ask for the involvement team. We will send you the name and email of your local manager and send them your details. They will be in touch to meet with you, and to develop a local agreement about how you both share information and communicate with each other.

Over the coming months our local CQC manager will be able to share a package of information with you. This will include the services registered with us to provide care; the inspections we have been doing in your area and the findings from these inspections. We will let you know more about this in the next ebulletin and you can discuss it with your local CQC manager.

Share information about people's experiences of care

If you have evidence from scrutiny reports, or other work from your committee (including the views and experiences of local people about the quality or safety of health/social care), please discuss it with your local CQC manager and email it to enquiries@cqc.org.uk. These may be positive or negative about a service or groups of services or about an issue across local services. It is all useful to help us make a judgement about the quality and safety of care.

If you have immediate concerns about someone's safety please contact your local authority safeguarding team, as they have the primary responsibility to act on individual safeguarding concerns.

Getting our press releases

Scrutiny committees should be receiving press releases about national reports and about our findings for services in your area – where we issue a special press release. If you do not receive this information please email involvement.edhr@cqc.org.uk.

Feedback from local groups

You can send us views and experiences of any of the services we regulate, or tell us about how they work together in your area. We want to hear from Local Involvement Networks, Overview and Scrutiny Committees, Foundation Trust governing bodies and groups representing people who use health and adult social care services. [Read more...](#)



Your experience



Local groups



Home



Contact us