

# Proposed changes to the way we inspect and regulate care services



March 2014  
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# Our purpose and role



## Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

## Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care



- A strong, independent, expert inspectorate, evidence-based judgements
- Always on the side of people who use services

# Asking the right questions about quality and safety



- Safe?
- Effective?
- Caring?
- Responsive to people's needs?
- Well-led?



# What will be different



## FROM

- Focus on Yes/No 'compliance'
- A low and unclear bar

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- 28 regulations, 16 outcomes

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- CQC as part of the system with responsibility for improvement

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- Generalist inspectors
- Generic inspections

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- Corporate body and registered manager held to account for the quality of care

## TO

- Professional, intelligence-based judgements
- Ratings: Clear reports that talk about safe, effective, caring, well-led and responsive care

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- Five key questions

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- On the side of people who use services
- Providers and commissioners clearly responsible for improvement

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- Specialist with teams of experts
- Longer, thorough and people-focused inspections

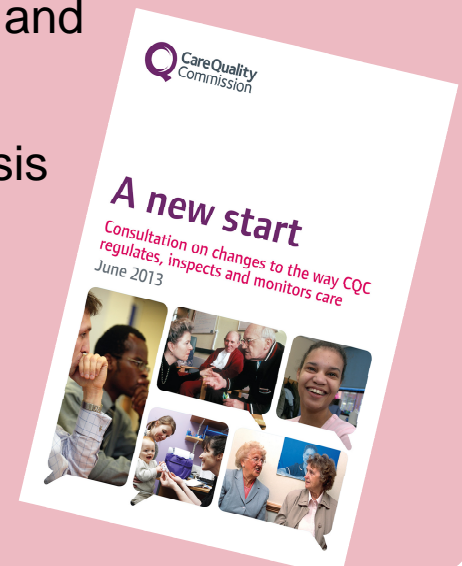
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- Individuals at Board level also held to account for the quality of care

# A New Start consultation - areas of strong support



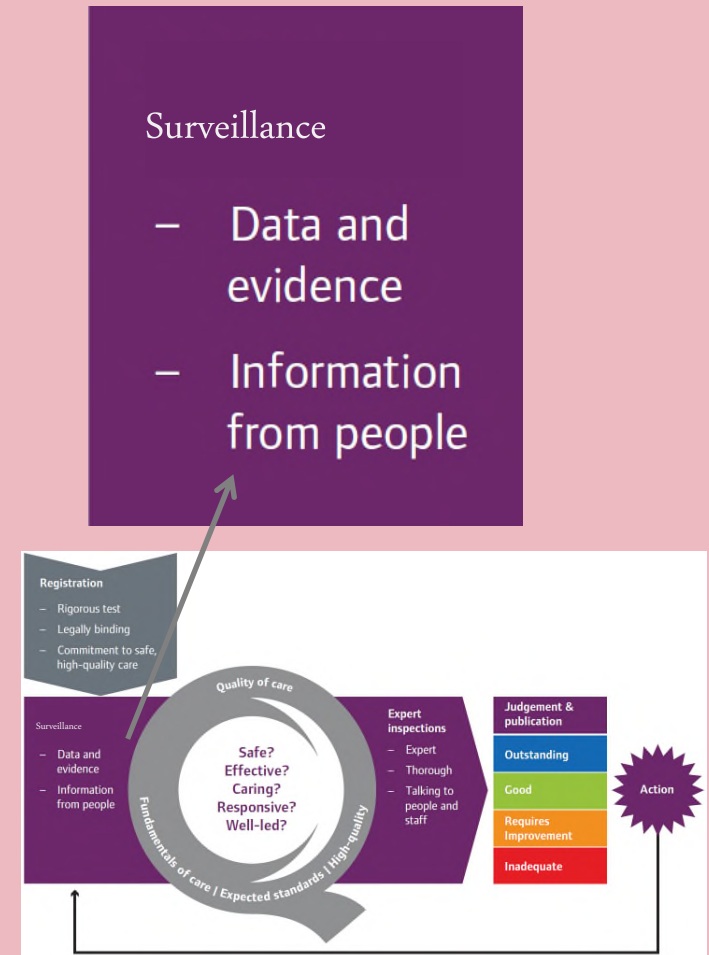
- A sector-based approach, specialist inspectors, larger, expert inspection teams, and use of experts by experience
- Duty of candour as a registration requirement, sufficiently clear so that a breach can trigger prosecution
- Proposals for inspecting NHS and independent acute services
- Surveillance – how to organise the indicators to inform and direct regulatory activity and sources for the first set
- Publishing the full surveillance methodology and analysis
- Ratings at service, hospital and trust level
- More rigorous approach to registration
- The five key questions



- A more rigorous test to deliver safe, effective, compassionate, high-quality care
- Legally binding
- Named leaders held accountable



- Continuous monitoring to identify failures and risk of failure
- “Smoke alarms” and tin openers
- Use local and national information sources
- Use qualitative information from people

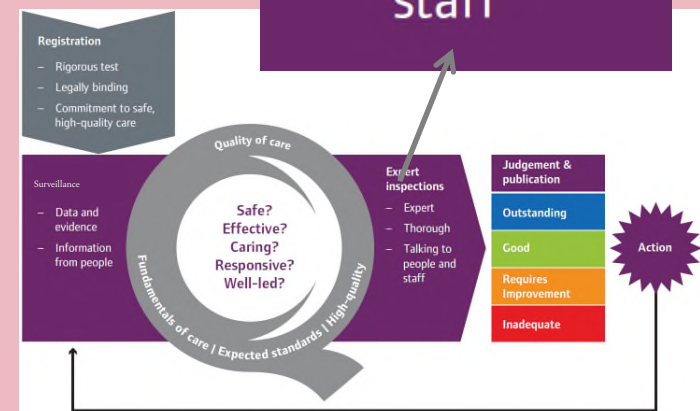




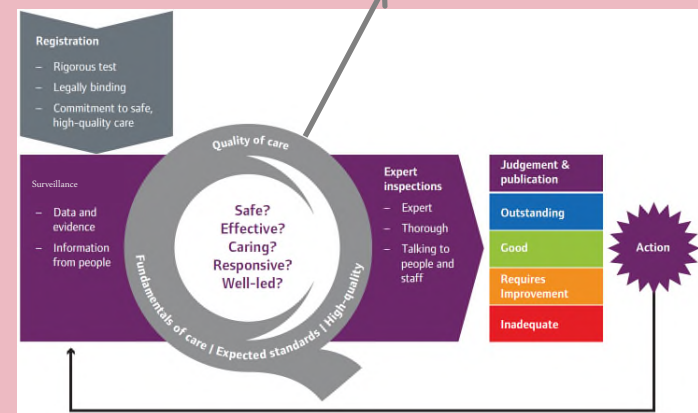
- Chief Inspectors of Hospitals, Social Care, and General Practice
- Expert inspection teams
- Longer inspections, more time talking to people
- Intelligence used to decide when, where and what to inspect
- Inspectors using professional judgement

## Expert inspections

- Expert
- Thorough
- Talking to people and staff



- Services must meet fundamental standards of care
- Regulations published by the DH in January 2014



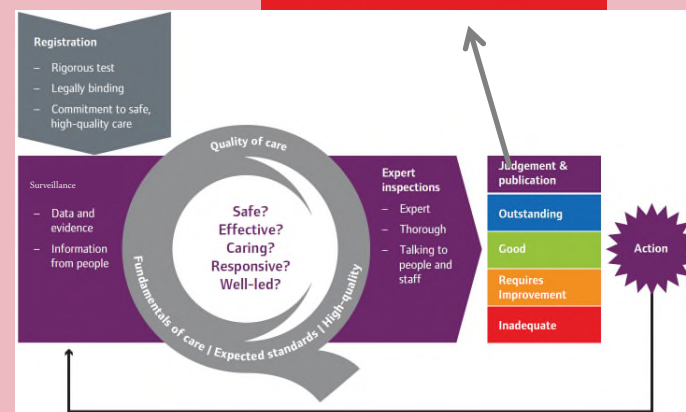
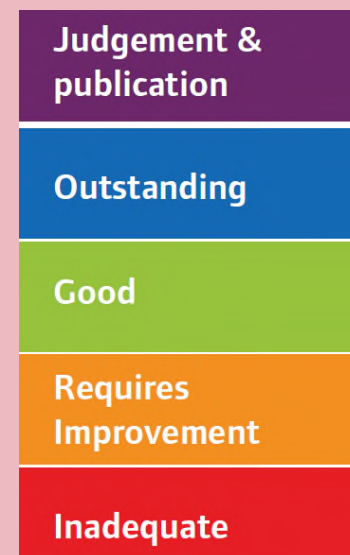
# The fundamentals of care –

- 11 standards set out in the DH proposals for consultation
- CQC guidance for providers will be sector specific when finalised



# Ratings

- Ratings for services as well as provider
- Ratings to help people choose between services and to encourage improvement.
- Ratings for each?
  - Safe
  - Effective
  - Caring
  - Responsive to people's needs
  - Well-led



# What does April 2014 look like?



- We will have a new organisational structure
- The new approach for Acute will be in place and the new approach for Mental Health, Adult Social Care and GPs will be under way
- Wave 1 and 2 Acute hospital inspections concluded
- Wave 2 Mental Health starts
- Wave 1 pilot on Adult Social Care starts
- Wave 1 Primary Care inspections start
- Phase 2 of CQC's training Academy will have launched

# Questions

