



Wiltshire Care Partnership

Members' Briefing No. 1

The New CQC Inspection Process

1. Introduction

This Members' Briefing has been written to inform Wiltshire Care Partnership (WCP) members of the main elements of the new CQC inspection process, and as a handout for a members' workshop being held by WCP on 31st July 2014. The workshop will provide an opportunity for care providers to hear from the CQC about their new inspection framework, and to consider and discuss its implications.

The CQC's proposed framework for the inspection of care homes is set out in their draft provider handbook for residential adult social care providers, which was out for consultation between April and June 2014¹. It will be updated in September and is expected to be finalised for implementation from October 2014. This Briefing draws mainly on the CQC consultation material and its contents may therefore be subject to further change.

2. Overview of the new approach

- Under the new framework inspections will usually be unannounced and will be conducted by a single inspector or small team, all of whom will be Adult Social Care specialists, although not necessarily nurses.
- The team will also include 'experts by experience' – people who have either used services themselves or cared for people using services. The team may also bring in specialists for particular services, e.g. in dementia.
- From October 2014 the frequency of inspection will be linked to the ratings awarded, so that homes rated 'inadequate' will be re-inspected within 6 months, while those rated 'outstanding' will be re-inspected within 24 months. However, CQC will also inspect a random 10% sample of 'good' and 'outstanding' homes every year, and other reactive and themed inspections will continue as at present.
- Inspections will focus on five key questions that will be asked of all services - are they safe, effective, caring, responsive and well-led? Inspection teams will use a standard set of key lines of enquiry (KLOEs) that directly relate to these five questions.
- Within the standard set of KLOEs there are a number of mandatory KLOEs which inspectors must use on every inspection. In addition to these, inspectors will select a minimum of four additional key lines of enquiry overall, based on the information available to them before the inspection and on their professional judgement. The mandatory and additional KLOEs are all set out in the Appendices to the CQC provider handbook and it is suggested members should familiarise themselves with these and begin to consider what evidence is available from a range of sources to support them.²

¹ CQC (2014) *Provider Handbook – Consultation – Residential adult social care services*. Online: http://www.cqc.org.uk/sites/default/files/20140409_900079_asc_provider_handbook_consultation_residential- final_for_web.pdf [last accessed 27.06.2014]

² CQC (2014) *Appendices to provider handbook – Consultation – Residential adult social care services*. Online: http://www.cqc.org.uk/sites/default/files/20140408_900079_asc_provider_handbook_consultation_residential- appendices_final_for_web.pdf [Last accessed 27.06.2014]

3. The pre-inspection process

- Pre-inspection, the CQC will draw together information about the care home using its 'Intelligent Monitoring' tool. This is built on a set of indicators that relate to the five key questions they will ask of all services, i.e. are they safe, effective, caring, responsive and well-led? It draws on a range of information including residents' and relatives' direct experiences of care, staff experience, other stakeholders' comments and feedback, and analysis of statutory returns to CQC (for example, notifications of serious incidents).
- This monitoring intelligence will be considered alongside the Provider Information Return (PIR), which providers will be asked to complete online. The PIR asks providers to evidence what they do to ensure that the service is safe, effective, caring, responsive, and well-led; any improvements they have identified are needed; and how they plan to make those improvements. Some sections ask for additional information about the key questions.
- The PIR and guidance on its completion are already available online and WCP would advise all members to view these and begin to collate information for the PIR's completion, given that it is a complex form and that CQC will ask the care home to return it within just four weeks of receiving the request.³ CQC emphasise that the PIR request or return date will not determine the actual date of inspection, although it will undoubtedly indicate that a visit is imminent.
- Drawing on these sources the CQC will prepare an information pack for use by the inspectors, identifying which additional KLOEs to test during their site visit.

4. The site visit

- At the start of the visit, the inspector will explain to the senior person on duty which KLOEs they will be inspecting, whether there is any follow up of a previous issue, and the proposed length of the inspection. They will also outline the roles of the different inspection team members, who they plan to speak to, which documents they wish to review and how they will feed back their findings.
- The views of the home's residents, and any visiting friends or relatives, will be central to the inspection. Views will also be gathered from staff. Other evidence will be gleaned from: observing care (but not intimate care); using the Short Observational Framework for Inspection where people are unable to talk about the care they receive; tracking individual care pathways; talking to volunteers and visiting professionals; looking at the environment; and reviewing records.
- On occasion, inspectors may visit the service at different times of the day and at weekends, to get a full picture of care or in response to a particular concern.
- At the end of the visit, the inspector will hold a feedback meeting with the senior person on duty, outlining in broad terms what has been found during the visit and any concerns identified. They will say when their report can be expected, how any factual inaccuracies can be challenged and what the publishing arrangements will be. The ratings for the service will not be given at this stage.

5. Ratings

- Drawing on all the evidence gathered, the inspectors will firstly give a rating on each of the five key questions (inadequate; requires improvement; good; outstanding), and then use these to derive an overall rating for the home.

³ CQC (2014) *Provider information return: Residential care services (wave 2)*. Online: <http://www.cqc.org.uk/content/provider-information-return-residential-care-services-wave-two> [Last accessed 27.06.14]

- To determine each key question rating, the team will first ask if the evidence demonstrates that it can be described as 'good'. If so, does it exceed that standard and qualify as 'outstanding'? If not, does it 'require improvement' or is it 'inadequate'?
- To derive an overall rating, the team will then follow a standard set of principles:
 - If two or more key questions are rated as 'inadequate', then the overall rating will normally be 'inadequate'.
 - If one key question is rated as 'inadequate', then the overall rating will normally be 'requires improvement'.
 - If two or more key questions are rated as 'requires improvement', then the overall rating will normally be 'requires improvement'.
 - At least two key questions would normally need to be rated as 'outstanding' for the overall rating to be 'outstanding'.
- There are certain circumstances under which a key question can never be rated better than 'requires improvement', for example in relation to the 'well-led' rating if the home is required to have a registered manager and satisfactory steps have not been taken to recruit within a 'reasonable timescale'. These are fully described in the CQC handbook.
- Sometimes the inspection team will not be able to award a rating, and in those cases they will use the term 'Not Sufficient Evidence to Rate' (NSE) or 'Not Applicable' (NA).

6. Reports, publication and challenges

- The inspection report will include an 'easy read' summary and will prominently display the overall rating. It will present findings for each of the five questions, describing good practice and any concerns identified. Any evidence of breaches of regulations will be set out in the 'detailed findings' section, and any action required will be set out at the back of the report. Breaches will also be referred to in the summary, and the provider will be sent an 'actions report' form to record how and by when the regulation(s) will be met.
- The provider will be sent the report for checking of factual accuracy and will have 10 days to challenge the accuracy and completeness of the evidence on which the ratings are based. Any factual accuracy comments that are upheld may result in a change to one or more rating(s). Once factual accuracy has been checked, the report and summary will be sent to the provider to share with residents, relatives and staff. The report and rating will also be published on the CQC website.
- If the CQC issues a warning notice in relation to a breach identified in the report, the provider will have an opportunity to make representations about the matters in the notice. As this evidence may have contributed to decisions about ratings, any representations that are upheld may result in the rating(s) also being amended.
- Unresolved issues in relation to factual accuracy checks or warning notice representations can be escalated to managers in CQC who were not involved in the inspection. Providers can also ask for a review of both individual key question ratings and the overall rating by a Rating Review Panel, chaired by an independent reviewer, and the outcome will be notified to the provider. Any changes to ratings as a result of the review will then be reflected in updated reports and on the CQC website.

7. Enforcement

- The CQC is consulting over the summer on its new enforcement policy, which will be implemented from 1st October 2014. This will include the ability to prosecute for breach of regulations if, as is planned, the necessary amendments to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 become law by that date.

Lesley Frazer, Chief Executive Officer