

An update from CQC



Lorna Knowles - Inspection Manager
Bradford Council Health and Social Care Overview and
Scrutiny Committee meeting
23 March 2021

- Throughout the pandemic, our regulatory role did not change - core purpose remained keeping people safe
- Routine inspection programme paused
- Emergency Support Framework (ESF)
- Infection Prevention and Control (IPC) thematic reviews and risk inspections
- Designated setting inspections
- IPC outbreak inspections
- Thematic work, e.g. Reviewing the use of do not resuscitate decisions (DNACPR/DNAR) during COVID-19

Where are we now?

- As the risks relating to the delivery of health and care during the COVID-19 pandemic change; we are evolving our approach
- Existing methodologies + COVID-19 learning = transitional regulatory approach
- Aspects of our transitional approach will provide learning on how we want to regulate in the future
- Exploring our emerging strategic themes in more depth through our strategy consultation which closed this month



Our COVID-19 response priorities



Setting out our priorities during the current period of the COVID-19 pandemic

Proactively

We are focusing on work which either helps create capacity or responds to significant risk of harm to the public.

Reactively

We will continue to respond to information from the public, whistle-blowers and other groups, as we know that sharing information about risks has proved to be very important in ensuring that we can take proportionate regulatory response.

Supportively

Working together with DHSC and other stakeholders to offer our expertise in supporting the vaccination programme and COVID response. With our strategy currently out to consultation, we are talking and listening more than ever to support people now and in the future.

Developing our monitoring approach



- Building on our learning from ESF and based on existing Key Lines of Enquiry (KLOEs)
- Focus on safety, access and leadership – increasingly looking at other areas like infection prevention and control (IPC)
- We'll review information from all available sources, including piloting new ways of gathering from people who use services and Provider Collaboration Reviews (PCRs)
- Strong relationships with providers remain part of our approach – including through regular calls
- Risk model is there to help us make better decisions, but professional judgement will remain part of how we monitor risk



Copyright: Centre for aging better

Responding to risk

- With the risks relating to COVID-19 still present, we won't just be returning to business as usual
- The pandemic means that we cannot return to our fixed timetable or frequency rules on inspecting
- We need to strike a balance between making sure we hear people's experiences and minimising risk of spreading infection
- On-site inspections are a valuable tool, and we'll continue to focus on services where we have concerns about the quality of care



Copyright: Centre for aging better

Rating providers and reporting on our findings



- Ratings and information about our assessments remain vital in giving a view of quality
- Where our monitoring activity leads us to inspecting a service, we'll follow our existing inspection methodologies, adapted for the current environment
- Although we can look at any or all the KLOEs on inspection, our activity will be more targeted and focused around areas of risk – meaning our inspections may not always result in a change of rating
- Ability to re-rate is limited by the pandemic and our published methodologies

Adult Social Care

Bradford – 204 services

- Outstanding - 7 Outstanding
- Good - 141
- Requires Improvement - 29
- Inadequate – 6
- Not yet rated - 21

Piloting new ways of working



- Carrying out pilots in adult social care and general practice to explore new ways of gathering evidence
- In general practice, we will test how developments in digital technologies can help us gather information, including directly accessing evidence such as clinical records
- In adult social care, we will look at how we engage with providers, people who use services and staff without visiting location offices. Our immediate focus will be on whether the service is safe and well-led
- This part of our transitional approach will help us test new ways of working that will inform our future strategy and approach



Piloting new ways of working



- Carrying out pilots in adult social care and general practice to explore new ways of gathering evidence
- In general practice, we will look to test how developments in digital technologies can help us gather information, including directly accessing evidence such as clinical records
- In adult social care, we will look at how we can engage with providers, people who use services and staff without visiting location offices. Our immediate focus will be on whether the service is safe and well-led
- This part of our transitional approach will help us test new ways of working that will inform our future strategy and approach



Learning lessons: future of adult social care



People focus

Inequalities in the system reflected in the outcomes for people receiving care

Partnership

Local systems have an impact beyond providers of care, and into the public health and commissioning response

Pathways

Changing access and boundaries directly impacts on care



What this means for how we will work in the future



- We are constrained by how far we can go due to the need to consult on aspects of how we regulate
- Some aspects of our transitional approach will provide invaluable learning for the future
- This learning will also provide insight for areas we want to explore through our consultation, which closed this month and the publication of our strategy is due in May 2021
- We will continue to iterate our transitional regulatory approach in response to feedback from the public, providers and our partners



Copyright: Centre for aging better



STATE OF CARE

State of Care is our statutory report to Parliament that describes the quality of care delivered in the health and adult social care services we regulate. This year's report draws together our analysis and conclusions from the past 12 months. This year we will also include reviews of local collaborations between services during the Coronavirus (COVID-19) pandemic.

Publishing 16 October 2020



Thank you and questions



www.cqc.org.uk

enquiries@cqc.org.uk

 [@CQCProf](https://twitter.com/CQCProf)

 youtube.com/user/cqcdigitalcomms

 facebook.com/CareQualityCommission