

# CQC's model for assessing quality in health and adult social care services

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# Outline



**A bit about CQC**



**How our regulatory model has changed over time**



**Our new model and single assessment framework**



**Use of data and insight in our new model**



**Questions**

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# Our role and purpose

The Care Quality Commission is the independent regulator of health and adult social care in England.

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



# What do we do?



- We **register** care providers.
- We **monitor, inspect** and **rate** services.
- We **take action** to protect people who use services.
- We speak with our **independent voice**, publishing our views on major quality issues in health and social care.

# We ask 5 questions\* of every health and adult social care organisation

Are they Safe?	<b>Safe:</b> you are protected from abuse and avoidable harm.
Are they Effective?	<b>Effective:</b> your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.
Are they Caring?	<b>Caring:</b> staff involve and treat you with compassion, kindness, dignity and respect.
Are they responsive to people's needs?	<b>Responsive:</b> services are organised so that they meet your needs.
Are they well led?	<b>Well-led:</b> the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

\*CQC introduced the **five Key Questions from 2013** as its framework for quality

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# How our regulatory model has changed since 2009

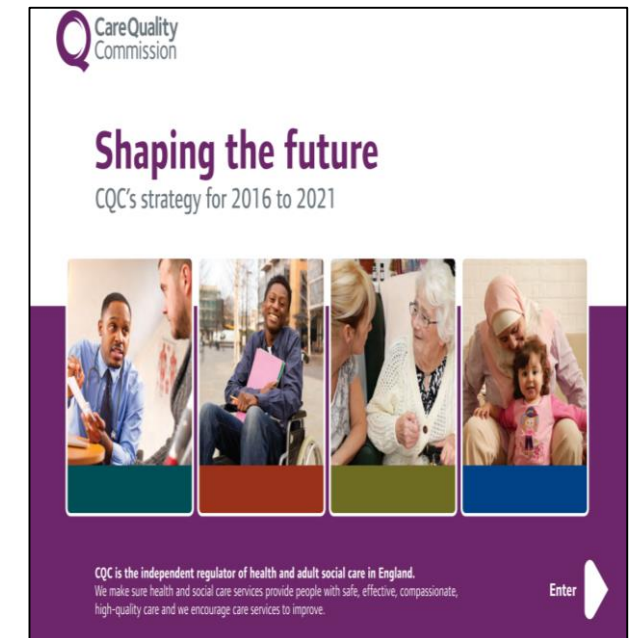
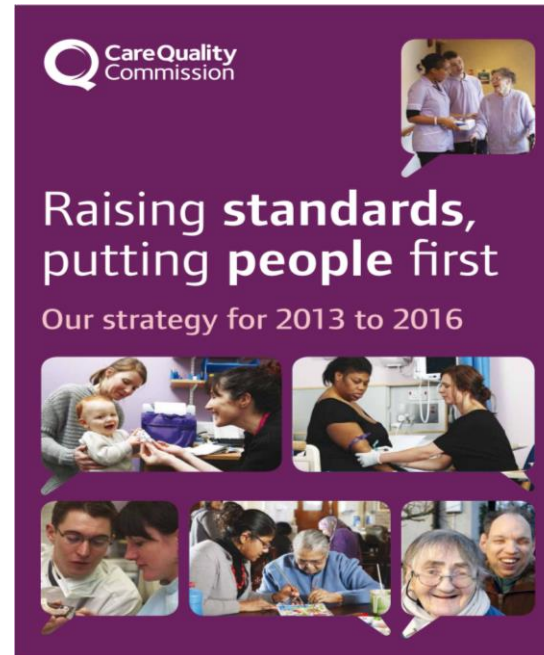
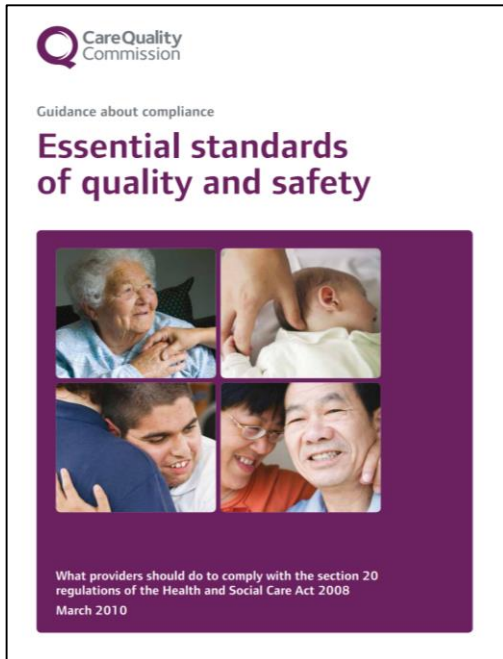
2009-2013 Compliance monitoring



2013-2016 Comprehensive inspection and ratings



2016-2021 Monitoring, inspection and rating



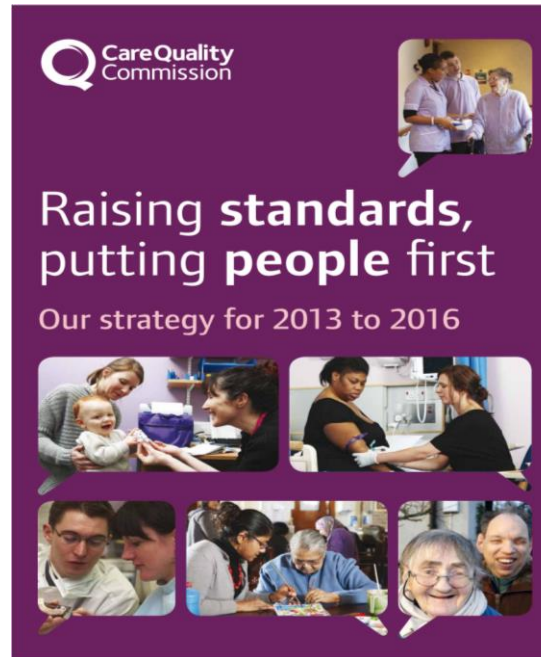


# How our regulatory model has changed since 2009

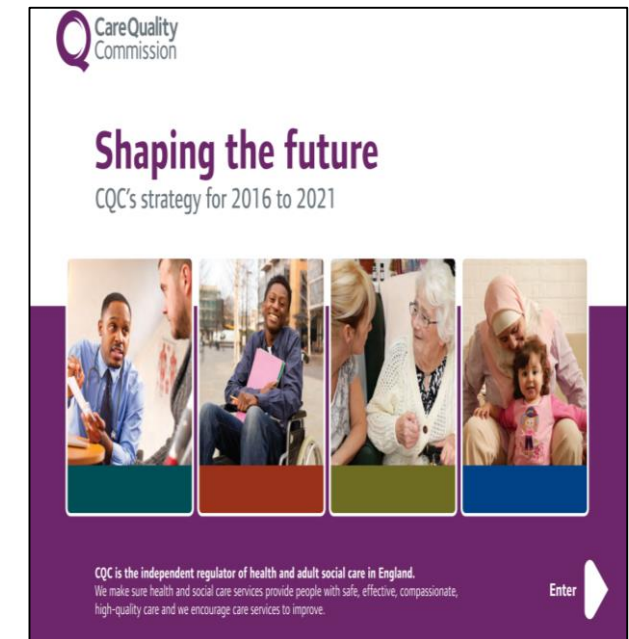
2009-2013 Compliance monitoring

- Essential Standards – met/not met
- Quality risk profiles – with a focus on **risk scores** developed for 16 essential standards for all locations (big or small)
- Introduced mortality and maternity outcome monitoring (**outliers**)

2013-2016 Comprehensive inspection and ratings



2016-2021 Monitoring, inspection and rating



# How our regulatory model has changed since 2009

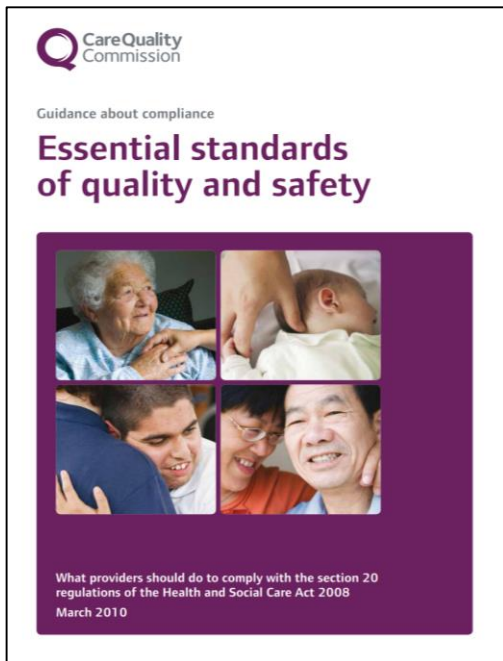
2009-2013  
Compliance monitoring



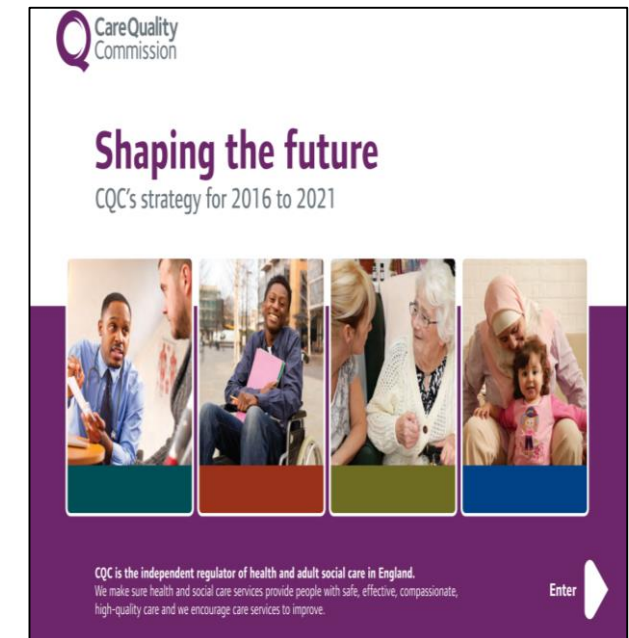
2013-2016  
Comprehensive  
inspection and ratings



2016-2021  
Monitoring, inspection  
and rating



- **5 Key Questions** and service focused assessment frameworks
- **Specialist** (service specialist) inspectors introduced
- **Risk stratification** of providers – using smaller set of indicators. Published.
- **Embedded data and analysis** in assessments contributed to judgements
- Large **data collections** requested from providers



# How our regulatory model has changed since 2009

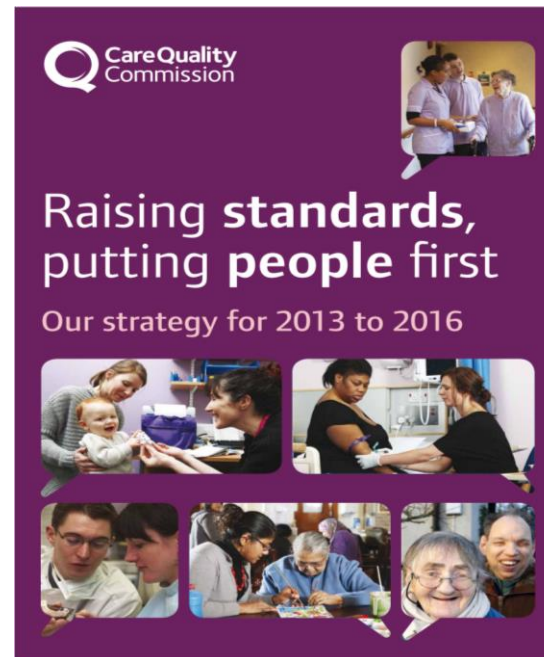
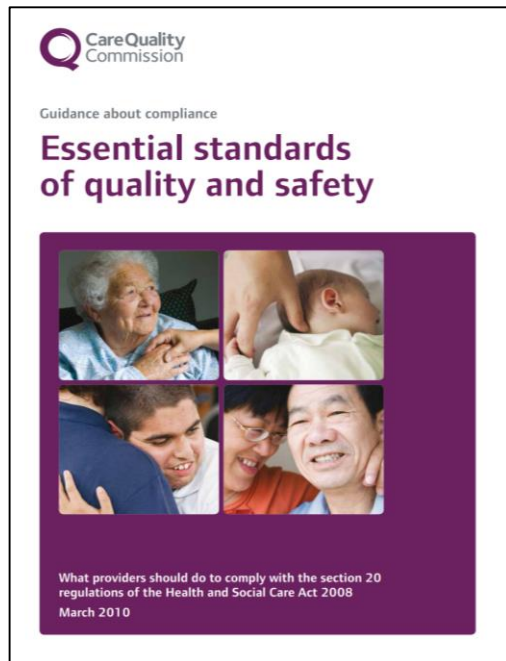
2009-2013  
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2016-2021  
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- CQC Insight profile for each provider to support **monitoring** of quality
- Inspections scheduled based on **risk** and **age of rating**
- **National Clinical Audits** outliers introduced
- **Closed culture** indicators developed
- **COVID-19** – new **risk models** and focus on monitoring, **risk based inspection** only

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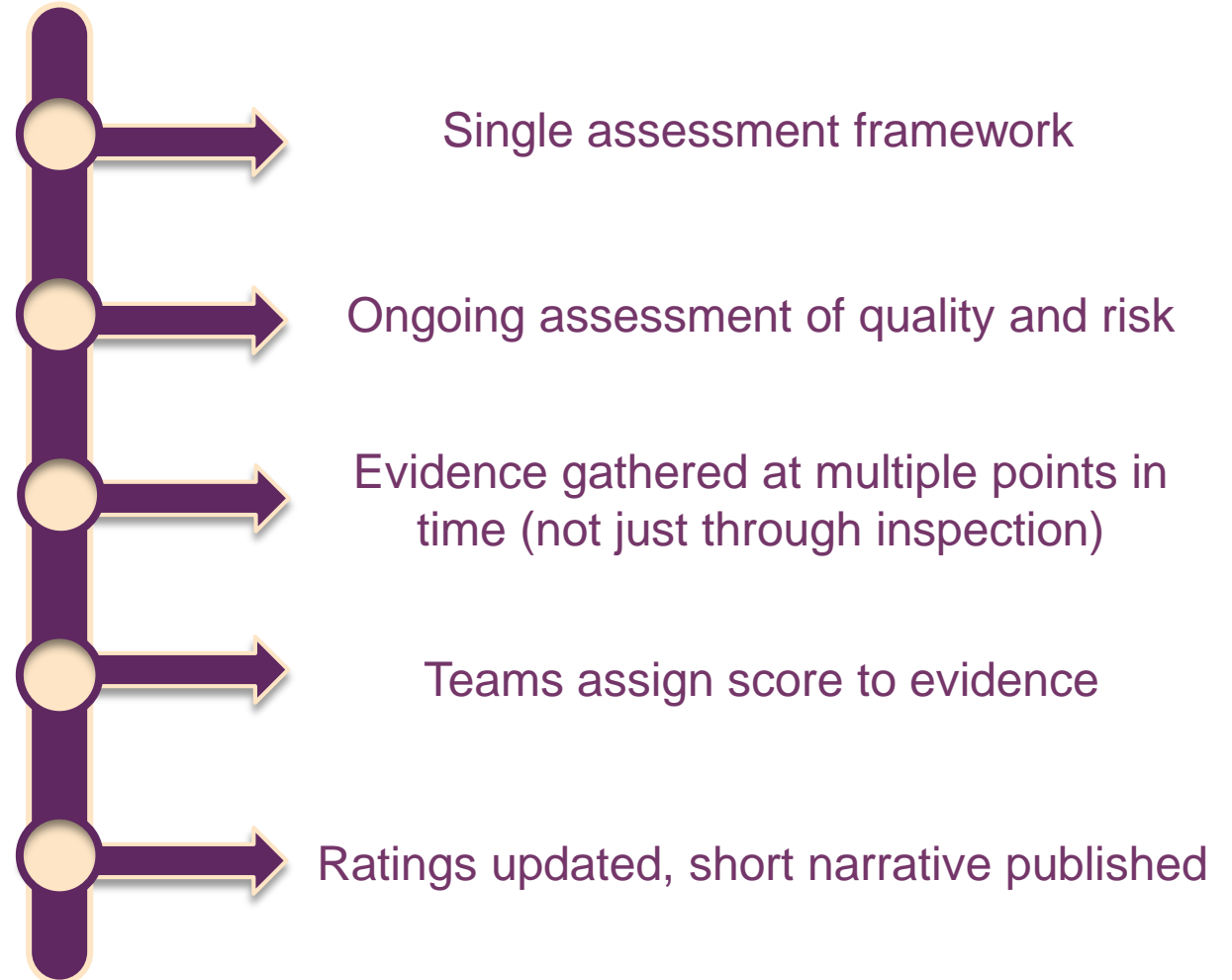


Use of data and insight in our new model



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# Our strategy from 2021 – new regulatory approach



# Our new single assessment framework

Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

Remaining at the core of our approach

Expressed as “We” statements; the standards against which we hold providers, Local Authorities and Integrated Care Systems to account

People’s experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group





**‘I’ statement:** When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.



**‘We/quality’ statement:** We work in partnership with others to establish and maintain safe systems of care in which people's safety is managed, monitored and assured, especially when they move between different services.

# The 5 key questions and topics

## Safe

- Learning culture
- Safe systems, pathways and transitions
- Safeguarding
- Involving people to manage risks
- Safe environments
- Safe and effective staffing
- Infection prevention and control
- Medicines optimisation

## Effective

- Assessing needs
- Delivering evidence-based care and treatment
- How staff, teams and services work together
- Supporting people to live healthier lives
- Monitoring and improving outcomes
- Consent to care and treatment

## Caring

- Kindness, compassion and dignity
- Treating people as individuals
- Independence, choice and control
- Responding to people's immediate needs
- Workforce wellbeing and enablement

## Responsive

- Person-centred care
- Care provision, Integration, and continuity
- Providing information
- Listening to and involving people
- Equity in access
- Equity in experiences and outcomes
- Planning for the future

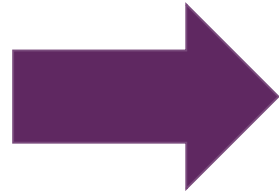
## Well-led

- Shared direction and culture
- Capable, compassionate and inclusive leaders
- Freedom to speak up
- Governance and assurance
- Partnerships and communities
- Learning, improvement and innovation
- Environmental sustainability
- Workforce equality, diversity and inclusion

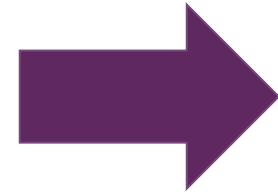


# Up-to-date judgements

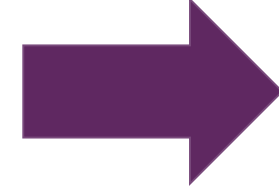
**Set  
timetable**



**Collect  
evidence**



**Review and  
score**

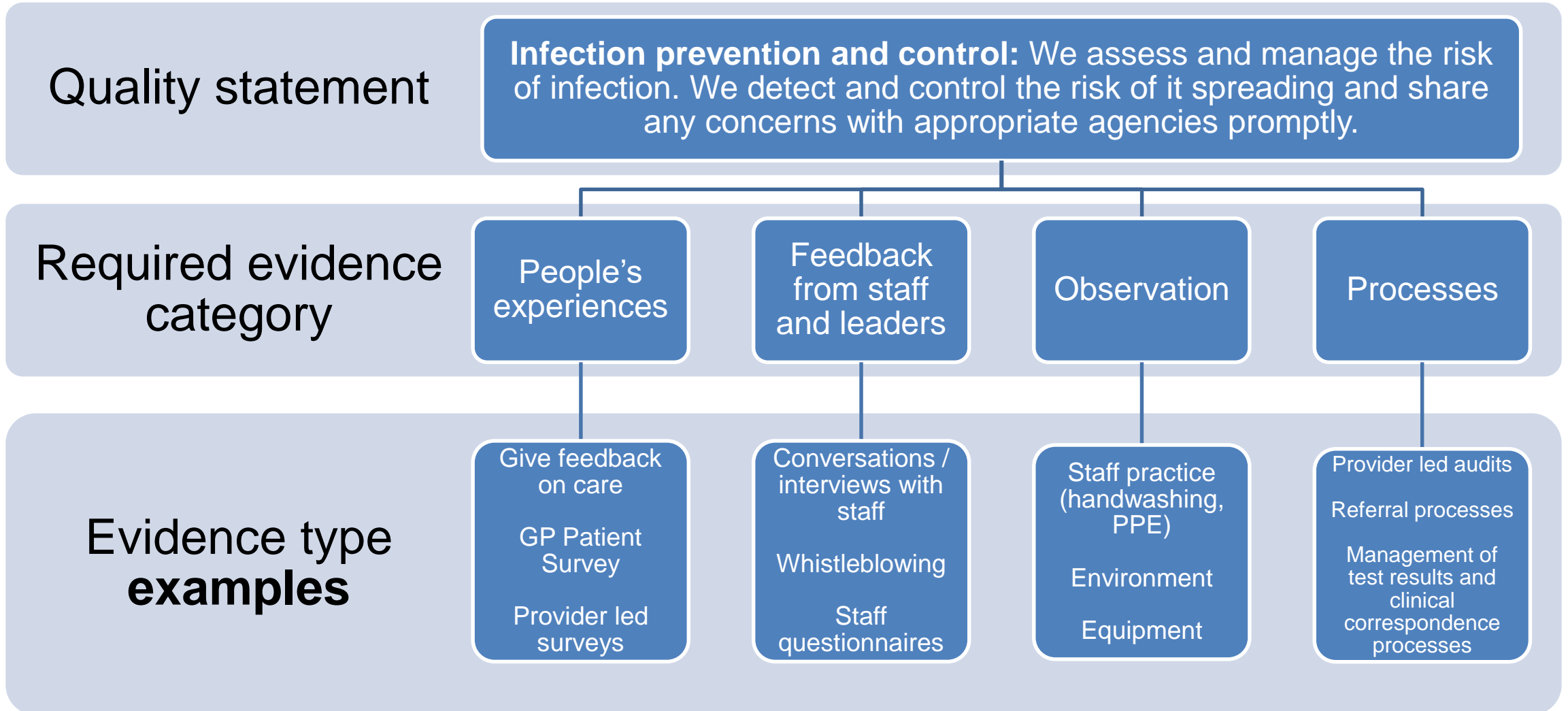


**Publish**





# How we reach a rating - example



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# How Data and Insight will support CQC's new model

	<b>Setting context</b>	Population characteristics Activity levels – e.g. emergency admissions, A&E attendances, referrals to secondary healthcare, outpatient numbers
	<b>Risk analysis – informing priorities</b>	Risk models – summary output to support scheduling decisions Individual indicators for review – e.g. change of registered manager, mortality indicators, safeguarding concerns, staff concerns and whistleblowing
	<b>Judgement-informing our findings</b>	Not automated decisions – all through professional judgement Specific evidence and quality indicators (SAF) Examples: National Clinical audit results – reflecting agreed national standards; National Patient Survey findings,

# Current external data sources – Providers\*

**Acute secondary health services (NHS)**

- National Patient Surveys inpatient, A&E, maternity, Children
- Friends and Family test
- NHS Staff Surveys, Equalities datasets
- Electronic Staff Record
- Hospital Episode statistics
- National Clinical Audits
- Patient Reported Outcome Measures
- Infection rates
- Mortality rates
- Incident reporting datasets (NHSE)
- Access times
- SITREP measures (e.g. ambulance turnaround)
- Environmental Assessment (PLACE)
- Bed occupancy
- GMC trainees survey

**Primary Medical Services**

- Cancer screening
- Cancer detection
- Childhood immunisations
- GP patient survey
- Prescribing data
- QOF prevalence
- IMD of practice population
- Ethnicity of practice population
- Practice list size
- A&E attendances
- GP workforce

**Mental health services NHS**

- National Patient Survey – Community MH
- NHS Staff Surveys, equalities data sets
- Electronic Staff Record\
- Mental health services dataset (MHSDS)
- Mental Health Act information – notifications and visits
- National Statistics about drug and alcohol Misuse
- SOADS
- Environmental Assessment (PLACE)
- Bed occupancy
- GMC trainees survey

**Adult Social Care Services**

- Skills for Care (staffing datasets)
- Capacity Tracker
- Food Standards Agency
- Provider Information Collection (CQC)

**CQC sources – directly collected:**  
 Contacts: feedback from the public, workers, and partners  
 Statutory notifications: deaths, injuries, allegations of abuse

**Independent health services**

Acute:

- Hospital Episode Statistics (HES) for NHS funded care - NHS Digital
- Private Healthcare Information Network – selected indicators - PHIN calculated indicators
- Complaints received by Insurers (Axa, Aviva and Bupa)

Mental Health Services:

- Mental health services dataset (MHSDS)
- Mental Health Act information – notifications and visits
- National Statistics about drug and alcohol Misuse
- SOADS

**Community and Ambulance NHS**

Community:

- Community Services Dataset (data quality indicators)

Ambulance NHS services

- Ambulance quality indicator set

Trust level datasets also apply to these services – e.g. NHS staff survey, workforce equalities datasets

\* Not all service types are listed – only where there are external datasets available.

# Vielen Danke fürs Zuhören

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