



# CQC Inspections and the Outstanding Rating

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HealthInvestor  
Awards 2018 

Finalist

# What is outstanding?

Oxford Dictionary: *exceptionally good*

Cambridge Dictionary: *clearly very much better than what is usual*



# State of Care 2018

- 3% adult social care rated Outstanding (605 services)
- 79% Good
- 17% Requires Improvement
- 1% Inadequate
- Safety is biggest concern
- Most positive ratings are Caring
- Lowest positive ratings are Safe and Well-led
- Good leadership and management is closely linked with ratings and improvement of ratings

# Key ingredients

- ➔ Good Manager
- ➔ Staff!
- ➔ Right provider ethos
- ➔ Commitment
- ➔ Culture



# Be Outstanding!

- ① KLOEs and rating characteristics
- ① Outcomes are key
- ① Personalised care planning that focuses on the whole person, their history, preferences and wishes
- ① Varied and flexible activities, tailored to suit people's wishes, interests and aspirations
- ① Continually engaging with family, carers and the wider community to improve the service
- ① Continuity with hospices and other service providers
- ① Maintaining community engagement

# Be Outstanding!

- ➔ Social/emotional/spiritual needs, not just care needs
- ➔ Promote choice and independence
- ➔ Make the home a home!
- ➔ Involve and empower residents - it's their home (eg recruitment)
- ➔ Going the extra mile
- ➔ Equality and human rights
- ➔ The "me" test

**OUTSTANDING**

# Be Outstanding!

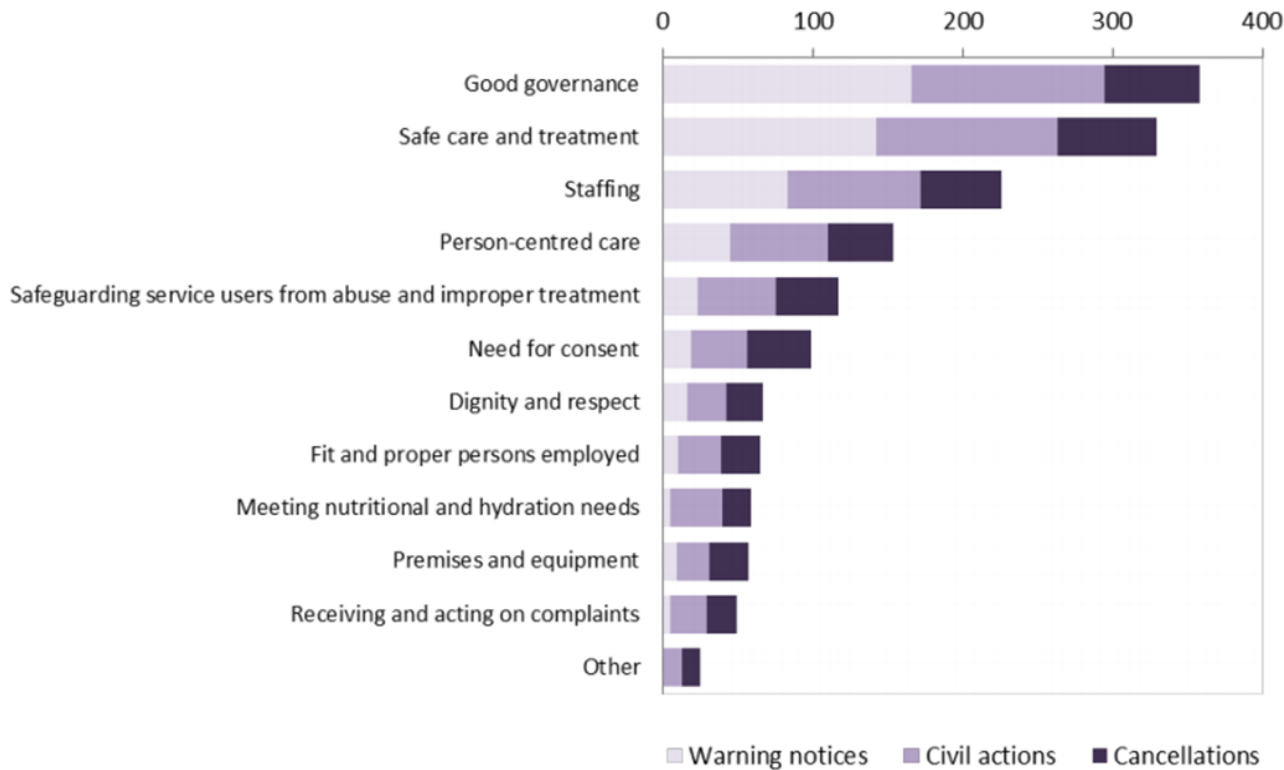
- ➔ Evidence:
  - ➔ record and share service user achievements
  - ➔ record activities
  - ➔ record/evidence outcomes
- ➔ Listen and learn:
  - ➔ service user/relative/professional feedback
  - ➔ keep records of what they said and what you did
- ➔ Promote staff training and staff inclusion:
  - ➔ open door policy (or shared office)
  - ➔ think outside the task – ideas for further improvement?
- ➔ Valuing people

# Preparing for Inspection

- ① Fresh eyes (signposting etc)
- ① Written evidence – “if it’s not written down it didn’t happen”
- ① Learning from incidents and inquests
- ① Evidencing assessments (eg MCA assessments)
- ① Avoid the common traps
- ① Portfolio of evidence
- ① Mock inspections – make sure staff are prepared
- ① Positive culture – embrace inspection



# CQC Inspection



- ➔ Top 4 reasons for enforcement action:
- ➔ Governance
  - ➔ Safe care
  - ➔ Staffing
  - ➔ Person-centred care

Source: CQC ratings and enforcement data, 5 May 2017. The numbers relate to regulations breached, not total numbers of locations (which will be fewer as a number of locations breach more than one regulation)

# Factual Accuracy

- Challenging accuracy and completeness of evidence
- 10 working days from receipt of draft report
- Typographical errors (Category A)
- Information the provider considers to be factually incorrect – provider should be able to produce further evidence in support of assertion of inaccuracy (Category B)
- Additional evidence regarding position at time of inspection (for “completeness”) – items not currently included in draft report but provider thinks they should be as should impact on rating – copies must be provided (Category C)

# Factual Accuracy - Guidance


- Provide evidence to support inaccuracies and omissions
- Evidence must be signposted in the form – CQC may otherwise disregard it
- Clearly identify the parts of the report that are incorrect and state precisely how the report should be amended
- Challenge ratings at this stage – before publication
- Opportunity to ensure completeness

# Case Study 1

- **Safe:** Three alleged breaches of the Regulations (12 – safe care and treatment, 18 - staffing and 19 – fit and proper persons employed).
- **Effective:** Two alleged breaches of the Regulations (11 - need for consent and 18 - staffing).
- **Caring:** 'The service was not always caring.' 'Care provided was task orientated'.
- **Responsive:** One alleged breach of the Regulations (Regulation 9 – person-centred care).
- **Well-led:** Alleged breach of Regulation 17 (good governance) and references to other alleged breaches as detailed throughout the other key questions.

# Case Study 1

## Ratings

Overall rating for this service	Inadequate 
Is the service safe?	<b>Inadequate</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Inadequate</b> 

# Case Study 1

## Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Good 

# Case Study 1

- **Safe:** no breach of the regulations. 'The service was providing safe care'.
- **Effective:** no breaches of the regulations. 'The service was effective'.
- **Caring:** 'the staff were caring, kind and compassionate towards people'.
- **Responsive:** no breaches of the regulations identified.
- **Well-led:** again, no mention of breach of regulations. 'The service was well-led'.

# Case Study 2

- **Safe:** Staff understand safeguarding role; consistent approach to mitigating risk.
- **Effective:** Staff supported to maintain and develop knowledge and promote well-being in person centred way.
- **Caring:** People treated as individuals; respect; privacy respected.
- **Responsive:** “The service was very responsive”; personalised care.
- **Well-led:** Clear leadership; people’s opinions sought on quality and commitment to continuous improvement.



# Case Study 2

## Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

# Case Study 2

## Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

# Case Study 2

- Comparison with ratings characteristics
- Additional evidence
- Highlighting positive practice



# Laura Guntrip | Partner

Laura advises health and social care providers on a range of matters. She regularly acts for providers in relation to disputes and enforcement action taken by CQC, including appeals to the Tribunal. She also advises and represents providers in safeguarding investigations, inquests and police investigations, including representing clients in police interviews. In addition, Laura undertakes regulatory due diligence on sales, acquisitions and refinancing of health and social care services, including many of the leading national providers.

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