CQC Update

Annual Conference of LDCs
June 2022

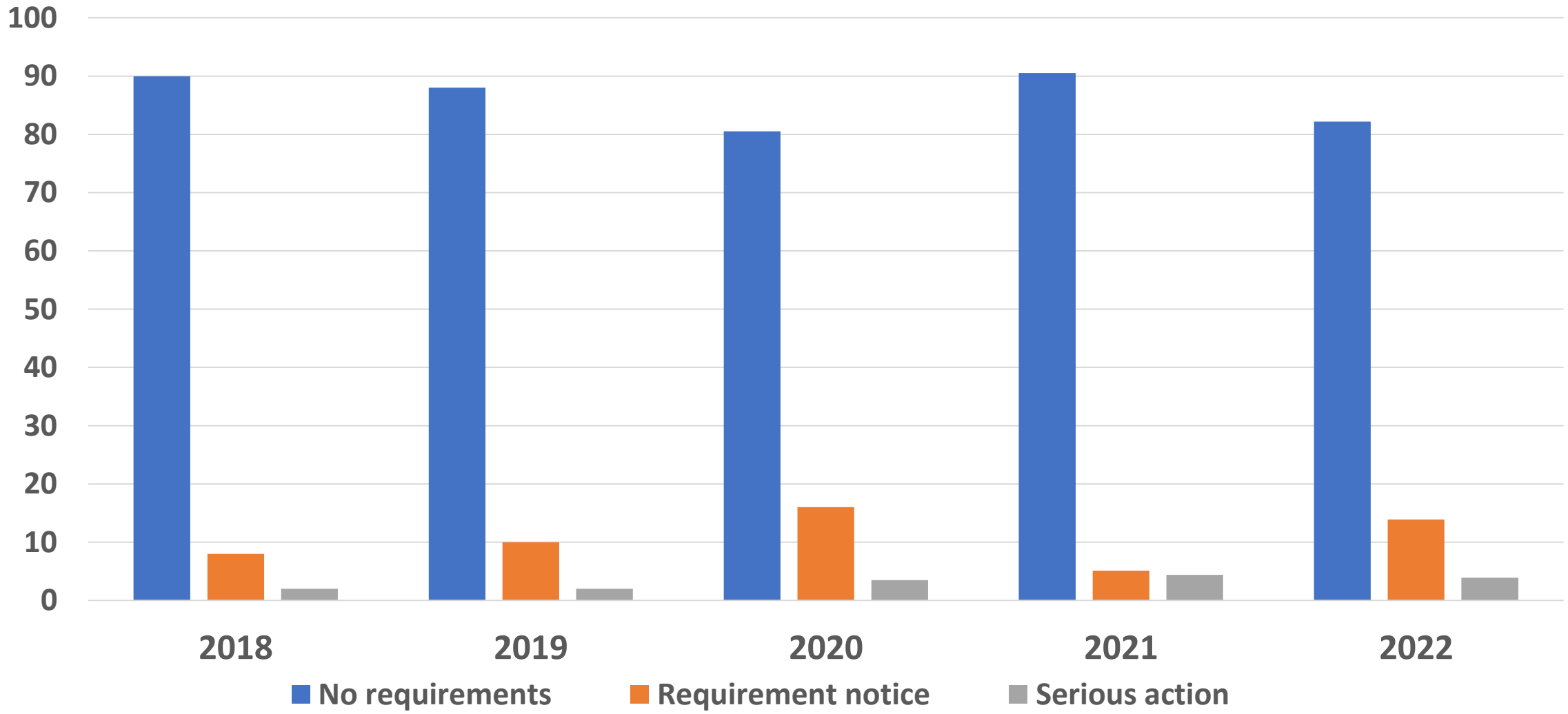
John Milne
National Dental Advisor

What we will cover today

- CQC in the future
- Good is still good
- Less than good
- One or two tips for the future.
- CQC and the ICS


I've heard that the old boy is retiring
He may not look much, but he treats me on the NHS!
Dentist

Trends


100
90
80
70
60
50
40
30
20
10
0
2018
2019
2020
2021
2022
No requirements
Requirement notice
Serious action

Our model now and in the future

Model: Now

Assessment frameworks (multiple)	Ongoing monitoring but **inspections schedule based on previous rating**	Inspection: gather evidence using KLOEs **(Single point in time)**	Develop judgements **(offline)** Line-up judgements against ratings characteristics	Publish **narrative** inspection report

Process

Single assessment framework	**Ongoing assessment** of quality and risk	Not just inspection - variety of options **(multiple points in time) – more time spent in higher risk services**	Team **assigns score** based on evidence found	Ratings updated, **short statement** published

Model: Future

A 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

Aligned with “I” statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

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

Underpinned by best practice standards and guidance

I and we statements

‘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.

Evidence Categories

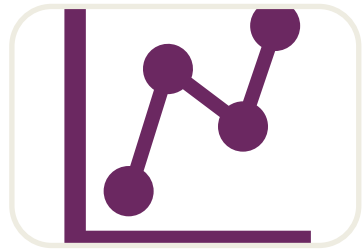
- Six evidence categories and key pieces of evidence required to make a judgement for each quality statement
- The required evidence will differ according service type or level of assessment
- Tailored evidence requirements, updated over time to reflect standards and guidance
- All information easily accessible for both our inspection teams as well as providers

People's Experiences

Feedback from staff and leaders

Feedback from partners

Observation



Outcomes

Processes

Example

Topic: Infection, prevention and control	
Quality statement: We assess and manage the risk of infection, detect and control the risk of it spreading and share any concerns with appropriate agencies promptly	
Required evidence in black text	**Specific evidence (gathered across multiple points in time)**
• **People's experience** • **Feedback from staff and leaders** • **Feedback from partners** • **Observation** • **Processes** • **Outcomes**	**People's experience** Exactly how we will collect this will vary on the provider but could include onsite conversations, telephone or video calls with patients, family or advocates, feedback collected or surveys run by the provider, engagement with and feedback from local community groups (e.g. LHW/PPGs/Vol orgs/Advocacy) or Give feedback on care **Feedback from staff and leaders** • Conversations or interviews with staff • Interviews with leaders / managers • Whistleblowing **Observation** • Observation of the environment • Observation of equipment that impacts on IPC • Observation of staff practice **Processes** • Provider led audits of processes • IPC Policy • Written protocols / standard operating procedures for – decontamination processes, hand hygiene, cleaning schedules (both surgery and environment) • Staff training

What good might look like

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

Good is still good, and bad is still bad!

Some common things… (not an exhaustive list.)

- No knowledge of safeguarding
- Emergency drugs out of date or missing or the wrong type
- No monitoring of sterilisation process
- Floors and surfaces visibly dirty
- No fire risk assessment
- Poor clinical notes or care
- Poor complaint handling
- No IRMER training or radiographic audits
- No assurance of vaccinations
- Poor ventilation
- Poor employment records
- Routine lone working in surgery
- No reversal agent for sedation
- Unregistered staff
- Poor understanding of HTM01-05

Thankfully, we often see……..

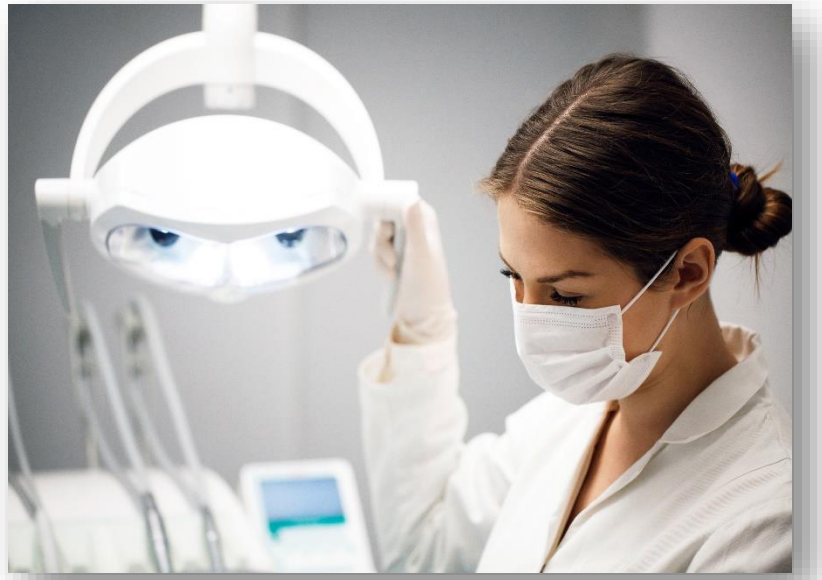
- Dedicated staff
- Empowered practice managers
- Great staff training
- Fantastic patient care
- Good organisation
- Reflective learning
- Dynamic leadership
- Happy patients

- Supportive management in corporate structures
- Staff development opportunities
- Innovation
- Use of skill mix
- Additional services

- AND LOADS MORE!

Priorities for Dental inspections 2022-23

- Practices that have not been visited since before 2015
- Practices providing services using conscious sedation
- Continued evolution of “smarter working” to reduce burden on providers whilst still assuring the public of good care
- Continued focus on the DMA as an assessment / monitoring tool
- Promote the use of Intelligence to aid our monitor function
- Giving priority to “Safe” “Effective” and “Well Led”
- Continuing to have regard for access issues in dentistry
- Following up on “smiling matters”- joint working with ASC and system wide
- Build on the outcome of our pilot inspection work with the Acute sector



What’s next?

- Continued engagement to develop the new regulatory model further
- Start to 'scenario test' the model with small numbers of providers

We'll continue to share opportunities to get involved with shaping this work and we'll look to share more detail on when the new regulatory model will be rolled out soon.

Our early thinking on systems

- Single assessment framework applied flexibly to meet different requirements
- Areas of focus for Integrated Care Systems:
  - Leadership
  - Integration
  - Quality and safety
- Areas of focus for Local Authority assessments:
  - Working with people
  - Providing support
  - Ensuring safety
  - Leadership

Health and Care Act – impact on CQC

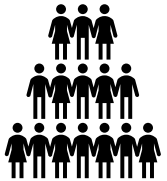
- CQC to have a role reviewing and assessing:
  - Integrated Care Systems
  - How local authorities are meeting their social care duties under part 1 of the Care Act

What we've heard so far

Partnership working – how we work with other regulatory bodies is key to avoiding duplication

Skills and capability – CQC needs to ensure it has the skills, capability and capacity to do this well

Understanding systems – We should look at a system in its widest sense. It will be important for CQC to recognise the context in which systems and providers are operating



Addressing inequalities – Assessments should focus on addressing inequalities and how a system delivers/enables good outcomes at a population level

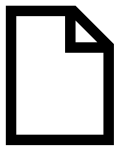
Ratings – Consensus that it is too early in the ICS development for ratings, although some feel they could be a key lever to drive improvement

What we've heard so far (2)

Data – using the data sources that currently exist where they are robust – CQC should only source different data sets/hold data where it doesn't exist

Coproduction – CQC can play a key role in assessing how well ICS's and Local Authorities engage their populations and develop services in partnership to meet their needs

Leadership difficult to measure – some concerns about ability to measure leadership across ICS's. There were some suggestions to consider peer review of leaders in other geographical areas.



Proportionate regulation and interaction with provider ratings – concerns about how both LA and ICS assurance could impact providers if LA and ICS's request information for their assurance processes. A view that provider ratings should be separate and only considered in an ICS assessment to determine how well the ICS has responded to ratings.

Proposed quality statement themes: Integrated Care Systems

Leadership

- Shared direction and culture
- Capable, compassionate and inclusive leaders
- Governance and assurance
- Partnerships and communities
- Learning, improvement and innovation
- Environmental sustainability
- Workforce Equality, Diversity & Inclusion

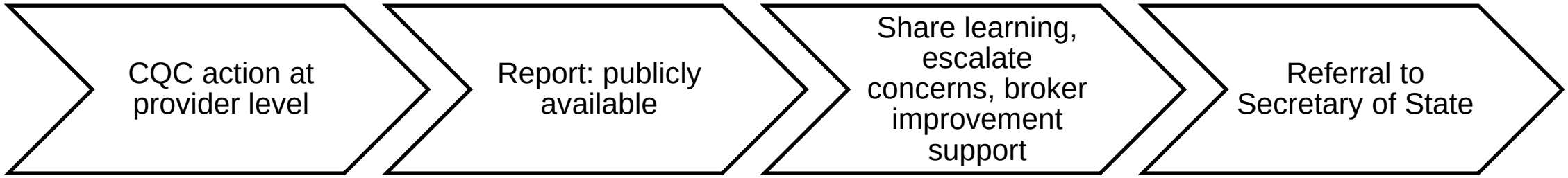
Integration

- Safe systems, pathways and transitions
- Care provision, integration & continuity
- How staff, teams and services work together

Quality and Safety

- Learning culture
- Supporting people to live healthier lives
- Safe and effective staffing
- Safeguarding
- Equity in access
- Equity in experiences and outcomes

Possible follow-up to reviews



High level indicative timeline

- Throughout 2022:
  - Develop, test and iterate our approach
  - Ongoing coproduction and engagement
- Start reviews from April 2023

How was it for you?

- Our staff are human!
- We are guests in your practice
- We do have a job to do…..
- Respect, knowledge and proportional
- I am happy to receive feedback- formal or informally john.milne@cqc.org.uk

Worst experience ever- intimidating, demoralising!

Really helpful, professional and positive!

Provider Bulletin

https://www.cqc.org.uk/news/newsletters-alerts/email-newsletters-cqc or Search: CQC bulletin

Social

@CQCProf @CQCProf

youtube.com/user/cqcdigitalcomms

facebook.com/CareQualityCommission

Digital platform

https://cqc.citizenlab.co/en-GB/

or Search: Citizenlab CQC

Podcasts

Wherever you listen to podcasts

Search: CQC Connect

Blogs

https://medium.com/@CareQualityComm

or Search: Medium CQC

Publications

https://www.cqc.org.uk/publications