

**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
16 SEPTEMBER 2014**

**CHANGES TO REGULATION AND INSPECTION OF ADULT SOCIAL CARE APRIL 2015
Director of Adult Social Care, Health and Housing**

1 PURPOSE OF REPORT

- 1.1 To inform members of the Overview and Scrutiny Panel of the changes to Regulation and Inspection of Adult Social Care Registered Services. The new standard regulations – the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – will come into force for all providers on **1 April 2015**, subject to Parliamentary process and approval.

2 RECOMMENDATION

- 2.1 **That Members note the changes.**

3 REASONS FOR RECOMMENDATION

- 3.1 The Care Quality Commission (CQC) set out a new vision and direction in their strategy for 2013-2016, *Raising standards, putting people first*, and in their consultation, *A new start*, which proposed radical changes to the way they monitor, inspect and regulate health and social care services.
- 3.2 The inspection will be moving away from outcome based assessment to focussing on quality of care for individuals and through greater emphasis on leadership driving effective performance and quality.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None

5 SUPPORTING INFORMATION

- 5.1 The proposals reflect the findings and recommendations of a number of reviews and reports that followed a range of care scandals, including, the report into failings at Winterbourne View, the Francis Inquiry in to Mid Staffordshire NHS Trust, the Cavendish report in the non-professional workforce, the Berwick review of safety in the NHS and the review of NHS complaints procedures.

- 5.2 Regulated Activities are as follows:

- Personal Care
- Accommodation for person who require nursing or personal care
- Accommodation for persons who require treatment for substance misuse
- Accommodation and nursing or personal care in the further education sector
- Treatment of Disease, disorder or injury

Unrestricted

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Surgical procedures
- Diagnostic and screening procedures
- Management of supply of blood and blood derived products
- Transport services, triage and medical advice provided remotely
- Maternity and midwifery services
- Termination of pregnancies
- Services in slimming clinics
- Nursing care
- Family Planning services

5.3 Bracknell Forest Council registered services include:

- The Bridgewell Centre
- Heathlands Residential Home
- Waymead short term care
- Community Intermediate Care

5.4 There are 11 new regulations that set out the fundamental standards of quality and safety. These replace the current 16 regulations.

Current Regulations	New Regulations
Care and welfare of services	Person-centred care
Assessing and monitoring the quality of service provision	Dignity and respect
Safeguarding service users from abuse	Need for consent
Cleanliness and infection control	Safe Care and treatment
Management of medicines	Safeguarding service users from abuse
Meeting nutritional needs	Meeting nutritional needs
Safety suitability of premises	Cleanliness, safety and suitability of premises and equipment
Respecting and involving service users	Receiving and acting on complaints
Consent to care and treatment	Good governance
Complaints	Staffing
Records	Fit and proper persons employed
Requirements relating to workers	
Staffing	
Supporting workers	
Cooperating with other providers	

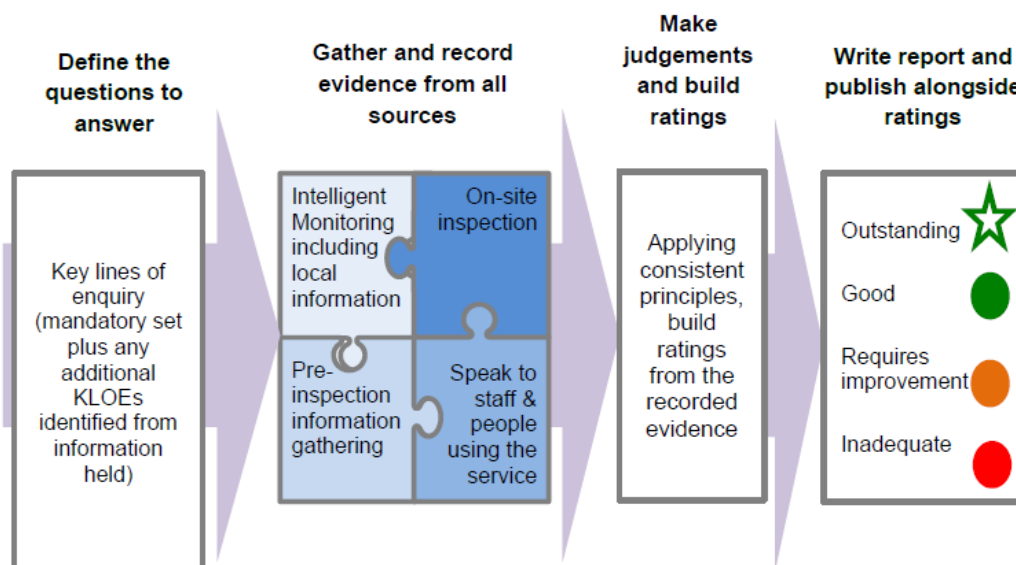
5.5 There are also two brand new regulations which come into force **October 2014: a duty of candour**, and a **fit and proper person requirement for directors**.

5.6 The **duty of candour** says what services must do to make sure they are open and honest with people when something goes wrong with their care and treatment.

5.7 The **fit and proper person requirement for directors** makes it clear that directors and people in 'equivalent' positions of authority are personally responsible for the overall quality and safety of care.

- 5.8 In their new approach inspectors will use their professional judgement supported by objective measures and evidence to assess if services are:
- **Safe** - People are protected from physical, psychological or emotional harm.
 - **Effective** - People’s needs are met and their care is in line with national guidelines and relevant standards. The CQC’s approach to effectiveness will be informed by the work of the National Institute for Health Care Excellence (NICE) and the Social Care Institute for Excellence (SCIE).
 - **Caring** - People are treated with compassion, respect and dignity with care fitting their needs. The CQC approach to caring will be developed to reflect the Compassion in Practice Strategy for nursing, midwifery and care staff
 - **Responsive to people’s needs** - People get the treatment and care at the right time and listened to in a way that reflects their needs and concerns. The CQC’s approach to responsiveness will be informed by work with bodies that speak on behalf of people who use services, such as Healthwatch.
 - **Well led** - Services are effectively and transparently led and governed, both clinically and corporately, at all levels of an organisation. A significant focus will be on quality, complaints procedures and effective governance.
- 5.9 CQC have introduced a standard of key lines of enquiries (KLOEs) that directly relate to the above questions. A number of these are mandatory and must be used in every inspection.
- 5.10 It is essential for registered managers to familiarise themselves with the KLOEs as they will underpin inspections and offer prompts and the sources of evidence that will support the inspection process.
- 5.11 To assist Bracknell Forest Council registered managers prepare for the new inspection regime, Denise Debieux lead inspector at CQC for Bracknell was invited to, and attended, a registered manager meeting.

Figure 2: How KLOEs and evidence build towards ratings



5.12 The KLOEs give guidance to providers on how to meet the following regulations:

- Regulation 5: Fit and proper person: directors
- Regulation 8: General
- Regulation 9: Person-centred care
- Regulation 10: Dignity and Respect
- Regulation 11: Need for consent
- Regulation 12: Safe Care and Treatment
- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 14: Meeting nutritional and hydration needs
- Regulation 15: premises and equipment
- Regulation 16: Receiving and action on complaints
- Regulation 17: Good governance
- Regulation 18: Staffing
- Regulation 19: Fit and proper person employed
- Regulation 20: Duty of candour

5.13 There will be three phases to the new inspection model:

Preparing for an inspection

- Registered managers will be required to complete a Pre Inspection Return (PIR)
- Heathlands Residential Home has already received and returned a PIR
- Produce any statutory notification
- Registration applications
- Action plans and updates provided after requirements have been made
- Any other information received

Inspecting the services – at the start of the inspection process the inspector will explain:

- Which key lines of enquiry (KLOEs) they will be inspecting.
- Whether they are following up on any previous issues.
- The proposed length of inspection.
- The roles of the inspection team members.
- Who they plan to speak with.
- Documents they want to review.
- How they will feedback about what was found during the inspection.

Reporting findings – end of the inspection visit will hold a feed back meeting and will:

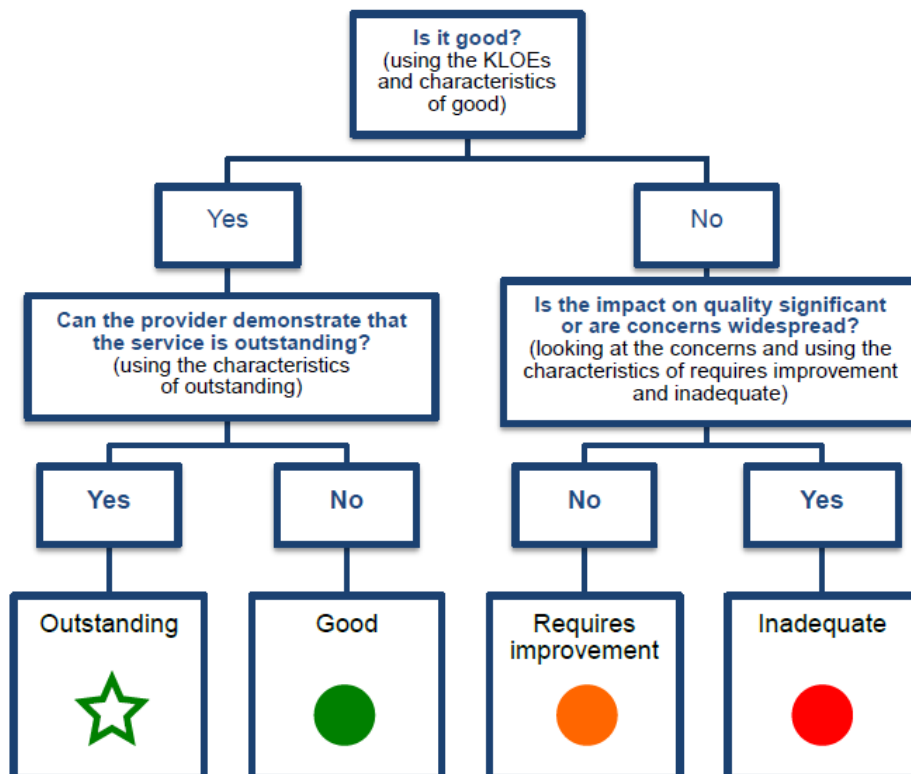
- Explain what has been found during the visit
- Highlight any issues that may have emerged
- Explain that this is preliminary feedback and that judgement cannot be made until all evidence has been considered.
- Say when the report can be expected, how any factual inaccuracies can be challenged and what the publishing arrangements are.
- Answer any questions from the registered manger, nominated individual and receive their feedback on the inspection process.
- Say what the next steps will be.

Ratings - the services will be rated as follows:

Overall rating	Level of meeting regulations	High level characteristics of each rating level
Inadequate	Not meeting	Significant harm has occurred or is likely to occur, shortfalls in practice, ineffective or no action taken to put things right or improve
Requires improvement	Not meeting or meeting	May have elements of good practice, but inconsistent, potential or actual risk, inconsistent responses when things go wrong
Good	Meeting + (i.e. may be more than the letter of the regulation)	Consistent level of service that people have a right to expect, robust arrangements in place for when things do go wrong.
Outstanding	Meeting ++	Innovative, creative, consistently striving to improve, open and transparent

Frequency of inspections will be linked to the ratings e.g. “requires improvement” within 12 months of initial inspection, “inadequate” within 6 months

Figure 4: How we decide on a rating



5.14 Purpose and Principles of enforcement:

To protect people who use regulated services using enforcement powers

- CQC may **require** improvement where the quality or safety of a service is below the required standards but the risk of harm is not immediate, and we expect the provider can improve it on their own, or
- CQC may **force** improvement, where the quality or safety of a service has fallen to unacceptable levels and the risk of harm means that CQC are prepared to intervene directly (for example to restrict a service) or rigger other interventions

To hold providers and individuals to account for failures in how the service is provided

- **CQC** now have regulations that enable them to pursue criminal sanctions significantly more effectively than before, when there has been a failure in the provision of the service. This is because the regulations are clearer on the fundamental standards of quality and safety, which must not be breached, and they are no longer required to issue warning notices before moving to prosecution. CQC will now be the primary prosecution authority at a national level for health and Social Care.

Contact for further information

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