Evidencing CQC Quality Statements, Increasing Profitability, and Where to Find Help When Thing's Go South.

Learning Outcomes

- Understanding the key components of CQC Quality Statements and how to demonstrate compliance
- Exploring methods to optimise occupancy (private and local authority) and resource allocation to increase profitability.
- Senior leadership support - where to find immediate support to care quality and compliance problems as they arise

The CQC and their transformation

Pre-pandemic, the CQC identified the need for a comprehensive assessment of care quality across health and care systems, aiming for less complexity and greater efficiency in regulation. But what has changed and what has remained the same?...

No changes to:

- **HSC Act registration regulations 2008 & HSC regulations 2014**
- **Enforcement powers and activity**
- **The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 have remained the same, other than the addition of Regulation 9A. This regulation aims to make sure: people staying in a care home, hospital or hospice can receive visits from people they want to see and are not discouraged from taking visits outside the home.**
- **The principles of registration and the need for ongoing monitoring of services**
- **The 5 Key Questions – Safe, Effective, Caring, Responsive and Well-led**
- **Ratings**
- **The Provider Information Return (PIR)**
- **Notifications… although the new portal is not yet working**

Amendments…

Adopting new methodologies, the CQC team structure has also changed. They now consist of analysts, inspectors and operational managers.

Each of the **5 Key Questions have remained the same (SCREW),** however, the old **Key Lines of Enquiry prompts have been replaced by 34 Quality Statements**.

Through technological advancements, such as the new online portal and regulatory platform, they strive for more efficient data collection and decision-making processes.

- A shift from the prompts to Single Assessment Quality Statements The ‘Quality Statements’ have been pitched at a level of ‘Good’ and linked to the regulations that will help the CQC to make judgement about the quality of care.
- I and we statements have been introduced - I statements were created in collaboration with Think Local Act New scoring system (however the ratings will remain the same)
- Integrated systems (new portal)
- Greater focus on person-centred care and outcomes for people
- Evidence categories to make evidence capturing more consistent

How does the CQC capture evidence?

This will include both onsite and off site inspection activity. The CQC will use **6 methods** to capture evidence which are:

- People's experience of health and care services
- Feedback from staff and leaders
- Feedback from partners
- Observation
- Processes
- Outcomes

Evidence categories are being prioritized as the CQC roles out their SAF and different core services or inspectors will be focusing on different strategic outcomes. Evidence categories for sector groups.

In summary, the CQC's pursuit of smarter regulation underscores their commitment to adaptability, transparency, and continuous improvement in ensuring high-quality care provision.

New Scoring System

A new CQC scoring system has been introduced to give the commission the ability to provide greater transparency in the ratings they assign to health and care providers. The scores are given against each of the Quality Statements inspected, where each Quality Statement will be given a score depending on how well the provider has done. These are as follows:

1) **Significant shortfalls**
2) **Some shortfalls**
3) **Good standard**
4) **Exceptional standard**

The total score is for each Key Question (Safe example) is then converted into a percentage and is given the ratings as follows:

- **Inadequate: 25 to 38%**
- **Requires improvement: 39 to 62%**
- **Good: 63 to 87%**
- **Outstanding: over 87%**

Score	Category	Percentage	Rating
1	Significant Shortfalls	25% - 38%	Inadequate
2	Some Shortfalls	39% - 62%	Requires Improvement
3	Good Standards	63% - 87%	Good
4	Exceptional Standards	87% +	Outstanding

Live Example - Scoring

Safe: Score Range 1 – 4. Maximum Score 32								Total score
Learning Culture **2**	Safe Systems, Pathways and Transitions **3**	Safeguarding **2**	Involving People to Manage Risks 3	Safe Environments 2	Safe and Effective Staffing 2	Infection Prevention and Control 3	Medicines Optimisation 1	18/32 56%
Effective: Score Range 1 – 4. Maximum Score 24								
Assessing Need 2	Delivering Evidence Based Care and Treatment 3	How Staff Teams and Services Work Together **2**	Supporting People to Live Healthier Lives **3**	Monitoring and Improving Outcomes **2**	Consent to Care and Treatment **2**			14/24 58%
Caring: Score Range 1 – 4. Maximum Score 20								
Kindness Compassion and Dignity 4	Treating People as Individuals **4**	Independence Choice and Control **3**	Responding to Peoples Immediate Needs 2	Workforce Wellbeing and Enablement 2				15/20 75%
Responsive: Score Range 1 – 4. Maximum Score 28								
Person Centred Care **2**	Care Provision Integration and Continuity **3**	Providing Information **3**	Listening to and Involving People **3**	Equity in Access **3**	Equity in Experience and Outcomes **3**	Planning for the future 3		20/28 79%
Well Led: Score Range 1 – 4. Maximum Score 28								
Shared Direction and Culture 2	Capable Compassionate and Inclusive Leaders 3	Freedom to Speak Up 3	Workforce Equality Diversity and Inclusion 3	Governance Management and Sustainability 3	Partnership and Communities 3	Learning Improvement and Innovation 3	Environmental Sustainability/ Sustainable Development	20/28 71%

Quality Statements – Total 34

Safe	Effective	Caring	Responsive	Well-led
Learning culture	Assessing needs	Kindness, compassion and dignity	Person- centred care	Shared direction and culture
Safe systems, pathways and transitions	Delivering evidence-based care and treatment	Treating people as individuals	Care provision, integration and continuity	Capable, compassionate and inclusive leaders
Involving people to manage risks	How staff teams and services work together	Independence, choice and control	Providing information	Freedom to speak up
Safe environments	Supporting people to live healthier lives	Responding to people's immediate needs	Listening to and involving people	Workforce equity, diversity and inclusion
Safe and effective staffing	Monitoring and improving lives	**Workforce wellbeing and enablement**	Equity in access	Governance, management and sustainability
Medicines optimisation	Consent to care and treatment		Equity in experiences and outcomes	Partnerships and communities
Infection prevention and control			Planning for the future	Learning, improvement and innovation
Safeguarding				Environmental sustainability - sustainable development
8	**6**	**5**	**7**	**8**

NB: Use of Quality Statements may vary. Focused inspections for example may only look at the quality statements under Safe and Well-led categories

Further examples:

Key Question - Safe					
Quality Statement	**We Statement**	**"I" Statement**	**What does this mean?**	**Regulation**	**Evidence**
Learning culture	"We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices".	I feel safe and am supported to understand and manage any risks. I can get information and advice about my health, care and support and how I can be as well as possible - physically, mentally and emotionally.	Safety is a top priority that involves everyone, including staff as well as people using the service. There is a culture of safety and learning. This is based on openness, transparency and learning from events that have either put people and staff at risk of harm, or that have caused them harm. Risks are not overlooked or ignored. They are dealt with willingly as an opportunity to put things right, learn and improve. People and staff are encouraged and supported to raise concerns, they feel confident that they will be treated with compassion and understanding, and won't be blamed, or treated negatively if they do so. Raising concerns helps to proactively identify and manage risks before safety events happen. Incidents and complaints are appropriately investigated and reported. Lessons are learned from safety incidents or complaints, resulting in changes that improve care for others.	Regulation 12: Safe care and treatment Regulation 16: Receiving and acting on complaints Regulation 17: Good governance Regulation 20: Duty of candour	Feedback from the resident / patient (I statement) through surveys, feedback, daily records. Incident Reporting Metrics – Data on the number of incidents and near misses. Near Miss Reports: Examples of near miss reports and how they are investigated and addressed to prevent similar incidence in the future. Training Records: Documentation of training sessions or workshops conducted to educate staff on incident reporting, non-punitive reporting culture and sharing lessons learned. Incident Review Processes: Description of the process for reviewing reported incidents and near misses. Staff feedback: Feedback from staff through surveys or focused groups. Improvement initiatives: Documentation of improvement initiatives implemented as a result of lessons learned from reported incidents and near misses. Quality Improvement Plans: Details of quality improvement plans that incorporate lessons learned from incident reporting and near miss analysis.

The main evidence categories the CQC are focusing on for social care services are:

Quality statement	Evidence category reviewed		Quality statement score
Learning culture	**People's experience** Feedback from people collected by CQC, the provider, local community groups and other stakeholders give feedback on care	**Feedback from partners** Commissioners and other system partners (supported living services) Health and care professionals working with the service (supported living services)	**12/16** **75%** **Good rating**
	3/4	3/4	
	Feedback from staff and leaders Feedback from staff collected by CQC and the provider Feedback from leaders Whistleblowing	**Processes** Duty of candour records Evidence of learning and improvement Incident, near misses and events records	
	3/4	3/4	

Quality statement	Evidence category reviewed		Quality Statement score
Safe Systems, pathways and transitions We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.	**People's experience** Assessments are completed prior to service commencement, and there is confirmation that you can meet the person's identified needs There is communication with other services to ensure that information is shared, and the best care and support is made available when it is needed Risk assessments not always up to date and promote the safety of people	**Feedback from Partners** Referrals to health and social care professionals are made when required CQC Notification are reflective and timely Surveys and action plans are evident Complaints and concerns are acted on	**9/16** **57%** **Requires Improvement rating**
	2/4	3/4	
	Feedback from staff and leaders Monitoring activity that is accurate, complete and identifies changes in need – 2 care plans reviewed evidenced no update even though significant change in need Surveys work in line with policy however capture evidence routinely, ad hock and appropriately- surveys hadn't been completed for 7 months, outside of policy.	**Processes** Multidisciplinary team meeting records- although records, actions were followed up People's care records or clinical records Records of referral, transfer or transition of care	
	2/4	2/4	

Optimising occupancy

Delphi's occupancy workshops give you helpful tips and advice on the best practice when looking to increase occupancy within your service. This involves how to approach commissioners, public sector tendering, marketing and PR and the importance of first impressions. These workshops aim to equip you with all the tools to help maintain maximum occupancy and in some cases generate a waiting list for future availability.

- Increased brand awareness with local authorities and Commissioners – Tips and advice on the best ways to become used by local authorities.
- Create a robust stream of service users - Maintain maximum occupancy meaning that your revenue is guaranteed all year round.
- Help with growth strategy – Our occupancy consultants can advise ways of expanding and growing your business and how to gain investment based on occupancy.

Marketing and occupancy

Marketing is something that can often get overlooked during the day to day running of any business but is essential for many reasons. Care homes need to attract new residents to ensure they have a steady stream of income to cover the running costs. We use a range of offline channels to market your service. We can optimise your social media presence as well as introduce various other digital marketing channels such as SEO and PPC to maximise your website's presence in search engines. Our comprehensive digital marketing review will identify opportunities and our suggestions of the best ways to maximise them.

- **Increased brand awareness:** Having a strong online presence not only helps generate inbound enquiries but also builds your brands reputation within the local area.
- **Generate enquiries:** In todays digital world, people use search engines to find information or services. Ranking higher in search engines like Google make visitors more likely to visit your website and therefore generate more enquiries.
- **Demonstrate Credibility**: Being easily found in search engines adds credibility to your brand as it shows that you have a presence that you are happy to share. Producing new content and updating your social pages with what's going on at your service will also help build credibility of the brand.

How to improve occupancy through marketing

- Have an online presence.
- Review your existing digital offering.
- Utilise social media channels.
- Regularly release content.
- Shout about what you do well.
- Get testimonials from staff and service users.
- Hold events and invite the local community.

What happens when things go South?

We have reviewed several social media groups to identify problematic areas for providers:

- *"I have a service user with MS and no OT involved, can anybody help with a risk assessment and guidance?"*
- *"Any tips on registered manager and NI interview?"*
- *'What is the most effective way of performing a staff meeting?'*
- *"How do I add a location to my registration?"*
- *"I have a LA compliance inspection due and my PIR- any tips?"*
- *"What questions do I need to consider for staff surveys?"*
- *"Can I challenge a bad rating successfully?"*
- *"We are Dom care, we have a client who doesn't have capacity, 3 friends which are POA, they are constantly battling against one another. What should I do?"*
- *"Still awaiting DOLS feedback, restrictions are still in place. What should I do to ensure I remain lawful?"*
- *"I have decided I am going to quit care; I just want to feel appreciated and respected in my role, I have turned a home around, even putting my own money in and received not even a thankyou from the directors"*

How can Delphi reduce some of these pressures?

Every team member is an expert in the care field – including former CQC inspectors and Registered Managers.

- As providers you are now able to buy tokens to access consultancy support 9am-5pm Monday- Friday:
- 1 Token gives you 30 minutes expert access
- As a care consultancy we love to share best practise, we have worked in several care services Dom Care- Residential- hospitals, we have seen first-hand what ‘ Good’ Care and support looks like and what provides the best outcomes.
- Confidential expert guidance and advice
- A ‘safe space’ – a non-judgemental platform
- Access a solution platform from individuals who have walked your shoes to avoid you feeling burnt out and reduce mistakes
- Troubleshooting
- Support to evidence best practise
- Reviewing action plans
- Guidance and an outlet for senior staff
- Advice on auditing and compliance tools
- Mentoring and support for senior staff
- Discussing feedback from surveys and how you can implement changes

Questions?

Peer Support & Free Support available
Registered Managers groups – https://www.facebook.com/groups/rmsupportgroup/
NHS Self Assessment Tool - Check my wellbeing – Self-assess your psychological and emotional wellbeing (leadershipacademy.nhs.uk)
24/7 Support from Samaritans for people working in health and care

Thank you.

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