

# RID OUTS

## **CQC's New Regulatory Regime, What it Means for Providers and How it Could Impact Your Business**

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# WHERE IT ALL BEGAN

## CQC Strategy

- Published May 2021
- Four themes:
  - People and communities
  - Smarter regulation
  - Safety through learning
  - Accelerating improvement



# WHAT IS CHANGING?

## Provider Portal

- All your interactions with the CQC
- Comment on concerns in real-time
- August 2023 pilot
- September 2023 to March 2024 all Providers invited



# WHAT IS CHANGING?

## Provider Portal

How will this work?

“You will always know what we know about you”

“We will both be able to see what other organisations have provided on the portal”

CQC hasn't always shared, especially detail. Will information be redacted?

How will you be able to challenge/comment on documents/views?

How will this be taken into account?

Will this lead to a constant back and forth/protracted discussions?

How will this affect ratings?

Will the portal contents be shared with commissioners?

Will there be limits to how much info Providers can upload e.g. RI services



# WHAT IS CHANGING?

## CQC Organisation

- One operations group combining ASC, Hospitals, PMS
- Four geographic networks – London, East of England, Midlands, North and South
- Teams led by operations manager – including Assessors, Inspectors, Regulatory Co-ordinators, Regulatory Officers, Specialist Advisors



# WHAT IS CHANGING?

## Single Assessment Framework

- SAF will replace 4 existing frameworks
- Inspection visit will only be one of the tool's used – ratings can change anytime
- Start in November 2023 in South of England
- All providers by March 2024



# WHAT IS CHANGING?

## Single Assessment Framework

- Scheduling of assessments:
  - ‘Planned’ = a set of ‘Priority Quality Statements’ assessed within a time period for each sector
  - ‘Responsive’ = Information of Concern, Whistleblowing, Notifications, National Data



# WHAT IS CHANGING?

## CQC's Single Assessment Framework

Our framework will assess providers, local authorities and integrated care systems with a consistent set of key questions, 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, LAs and ICSs 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





# WHAT IS CHANGING?

## Quality Statements

- <https://www.cqc.org.uk/about-us/how-we-will-regulate/five-key-questions-and-quality-statements>
  - Replace KLOES, prompts and rating characteristics
  - ‘We statements’ fall under each key question
  - Link to Regulations
    - The Health and Social care Act 2008 (Regulated Activities) Regulations 2014
    - Care Quality Commission (Registration) Regulations 2009
- 

# WHAT IS CHANGING?

## Quality Statements Example:

- **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
- **Assessing needs**
  - Regulation 9: Person-centred care
  - Regulation 12: Safe care and Treatment



# WHAT IS CHANGING?

**Evidence Categories** - under each Quality Statement:

1. People's experience of health and care services
2. Feedback from staff and leaders
3. Feedback from partners (stakeholders)
4. Observation
5. Processes
6. Outcomes



# WHAT IS CHANGING?

## Evidence Categories

- All evidence categories and quality statements are weighted equally – BUT NOTE HOW MANY OF THE 6 ARE BASED ON FEEDBACK!
- Which evidence type goes with which quality statement depends on the service type and CQC have mapped this out in more detail on its [website](#).
- CQC has said:
  - *The Assessment Framework places people's experience at the heart of CQC's judgements*

*If CQC receives feedback of poor care, it will review and gather more evidence even if other evidence sources have not identified any issue*

*CQC will collect and review evidence of some categories more often than others: e.g. people's feedback rather than processes*



# WHAT IS CHANGING?

## Evidence Categories

- CQC may only look at one Quality Statement
- CQC can update scores for different Evidence Categories at different times
- Will this be proportionate/result in fair outcomes?
- E.g. Safe has 8 Quality Statements
- If you look at one, can that downgrade the overall Key Question Rating despite it being 1/8th of what makes a service Safe?
- Updating one Evidence Category score can update Quality Score
- But what if something has changed in another category CQC hasn't looked at?



# WHAT IS CHANGING?

## Ratings



# WHAT IS CHANGING?

## Ratings

### Evidence Score

- 4 - Exceptional Standard
- 3 - Good Standard
- 2 - Some Shortfalls
- 1 - Significant Shortfalls

### Quality Score

- Combine Evidence Scores to reach a total Quality Statement Score


### Key Question Score

- 25-38% = 1 :Inadequate
- 39-62% = 2 :Requires Improvement
- 63-87% = 3 :Good
- 87%+ = 4 :Outstanding



# WHAT IS CHANGING?

## Ratings

- Scores will indicate upper and lower threshold of rating
  - Percentage scores used as benchmarking
  - CQC can update evidence and quality statement scores at any time
  - CQC can update ratings at any time
  - No mention of Rating Review process
- 



# WHAT IS CHANGING?

## Rating Limiters

- Old rating limiters related to Well-Led and also overall to RI if there was a breach of regulations in any domain.
- New [Guidance](#) states:  
*“If the key question score is within the:  
**Good range**, but there is a score of 1 for one or more quality statement scores, the rating is limited to **requires improvement**;  
**Outstanding range**, but there is a score of 1 or 2 for one or more quality statement scores, the rating is limited to **Good.**”*
- In addition, CQC Inspectors will continue to apply their professional judgment if a quality statement score produced does not reflect the quality for any specific topic. The CQC states that by using the rules, it can make sure and areas of poor quality are not hidden.
- [www.ridout-law.com/ratings-limiters-under-the-cqcs-new-methodology/](http://www.ridout-law.com/ratings-limiters-under-the-cqcs-new-methodology/)



# WHAT IS CHANGING?

## Reports

- Shorter inspection reports
- Collection of summaries
- Include benchmarking information
- Standard template text remains
- Written for the public, not the Provider



# WHAT WE REMAIN UNSURE ABOUT

## Provider Information Returns

Planned and Responsive assessment (inspection?) activity

How is this On-going?

What happens between these activities?

CQC: There will be opportunity for regular ongoing dialogue about your service with assessors and inspectors

What form?

What is done with this information?

Is it through the portal?



# WHAT WE REMAIN UNSURE ABOUT

## Factual Accuracy Comments

- CQC has said:  
*“Providers will be able to review our draft inspection judgements through an improved process for checking the factual accuracy of draft reports”*
- Shorter, more succinct reports
- But is the on-going Assessment an Inspection?
- Legislation says the CQC “may” carry out an inspection
- But if CQC does carry out an inspection it HAS to produce an inspection report



# TIMELINES

## 2023 into 2024

- August 2023 – Provider Portal Pilot
- September 2023 – Provider Portal roll-out
- November 2023 – SAF roll-out
- March 2024 – new regime in place



# INDICATIVE TIMELINES

## Key Dates subject to review

- **21 November 2023** – Early Adopters (14 Services) in South Region
- **5 December 2023** – The South Region (Not London)
- **Also 5 December 2023** – Using the new assessment approach with Providers across the Bedfordshire, Luton and Milton Keynes ICS area
- **9 January 2024** – London & East Region
- **6 February 2024** – North & Midlands region and NHS Trust Well-Led Assessments



# PREPARING FOR CHANGE

## Guidance and toolkits

- **CQC** guidance '[Our New Approach to Assessment](#)' cover quality statements and evidence categories
- **Skills for Care** toolkits '[Good and Outstanding \(GO\) online inspection toolkit](#)' cover the current CQC Assessment Framework and new SAF
- Helpful for providers if they want to prepare for CQC's new monitoring & inspection regime.



# SUMMARY

Current regime	New regime
<ul style="list-style-type: none"><li>• 4 assessment frameworks for different services</li></ul>	<ul style="list-style-type: none"><li>• Single assessment framework for all</li></ul>
<ul style="list-style-type: none"><li>• Risk-based monthly monitoring</li></ul>	<ul style="list-style-type: none"><li>• Ongoing assessments not tied to set dates or previous rating/ update ratings at any time</li></ul>
<ul style="list-style-type: none"><li>• ‘Point in time’ inspections</li><li>• Inspectors gather evidence using the KLOEs</li></ul>	<ul style="list-style-type: none"><li>• ‘Multi-point’ inspections</li><li>• New Quality Statements / focus on specific “topic areas” under each key question</li><li>• 6 evidence categories</li></ul>
<ul style="list-style-type: none"><li>• Ratings based on ratings characteristics.</li></ul>	<ul style="list-style-type: none"><li>• Scoring system</li></ul>
<ul style="list-style-type: none"><li>• Longer form inspection report published.</li></ul>	<ul style="list-style-type: none"><li>• Short reports containing summaries and benchmarking information</li></ul>



# CONCLUSION

- Still many unanswered questions
- “Seismic Change – anxiety Inducing for everyone”
- “CQC will work with you”
- New for CQC and Providers
- Legislative Framework has not changed!
- Ridouts continues to support providers



# QUESTIONS?



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