everything CQC

KLOE 2018

Executive Brief

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EXCECUTIVE SUMMARY

CONFIRMED CHANGES FOR 2018 - QUICK SUMMARY

Any organisation working as a group/community will be treated as one single Accountable Care Organisation.

This affects NHS Trusts, Corporate Groups, Franchise Operations, Federations, and Out of Hours Services, in fact any organisation connected via common contract bids or as an integrated organisation, or under the umbrella of a branded service.

CONTROL OF CARE

You have to register if any of the following apply to your Group or Federation:-

- You exercise any form of control over care
- You are involved in quality assurance of your members
- You direct common policies and rules
- You are involved in employment decisions in delivery of care or who is allowed to run the service

GROUPS, OOH & FEDERATIONS

- Independent providers to be inspected on same basis as NHS providers
- Urgent care will be in focus, CQC looking for local variations in performance
- Federations: New models to be introduced, not yet fully formulated

ELECTRONIC ANNUAL DECLARATIONS (EDEC)

An annual online reporting to be introduced, this Provider Information Collection (PIC) will replace the current pre-inspection Provider Information Request (PIR)

This will allow CQC to compare performance of group members against each other and target poor performing Groups and Federations.

ADULT CARE

Every service will have a comprehensive inspection as standard
Organisations repeatedly rated as Requires Improvement MUST provide Action Plan of how and when they will get to Good rating

CQC will target Head Office management if:-

1. 50% of services are rated as requires improvement or inadequate
2. If there is significant concern with some members.

DETAILED BRIEF

The majority of respondents supported the changes proposed by CQC to register all Complex Providers and hold officers to account for non-performance of their membership.

PROVIDER LEVEL REGISTRATION TO BEGIN IN 2018/2019

This applies to “new models of care and complex providers”, in simple terms, anyone who provides multiple services or works in a group must register. This encompasses NHS Trusts, Corporate Groups, Franchise Operations, Federations, and Out of Hours Services whether connected via common contract bids or as an integrated organisation, or under the umbrella of a branded service.

Essentially, the Officers and Directors at Head Office will now be held accountable for service performance of all branches and divisions.

WHO NEEDS TO REGISTER

Every organisation that meets this new criteria will have to register under CQC.

The core criteria for organisations eligible to register is where there is “Direction of Control of care”

Financial control and the right to make employment decision will be taken into account but if you don’t exercise control, there may be no need to register.
The ultimate economic owners will be disclosed but not necessarily fall under scrutiny or responsibility.

DEFINITION OF CONTROL OF CARE

The definition of control of care is subject to further definition/clarification, but in broad terms, if you fall under any of these headings, you will likely have to register

- You manage and deliver assurance and auditing systems or processes that assess, monitor and drive improvement in the quality and safety of the delivery of regulated activity, and to which entities delivering that activity are accountable.
- You directly develop and enforce common policies on matters such as staffing levels, clinical policy, governance, health and safety, pay levels and procuring supplies that must be followed by entities providing regulated activity.
- You have the right to make employment decisions concerning:
    - people who work, or who are seeking to work, in support of the delivery of regulated activity
    - people who run, or who seek to run, individual care settings that deliver regulated activity.

This covers not just people you employ but also people you may place with others as an employment agency and also the appointment of managers, directors and franchisees who you vet before allowing them to run any provider service.

Agencies, Corporate groups and Franchise operations will have to register.

WHO ESCAPES CQC AUDITS AND SCRUTINY

The new accountability regime will not be enforced on officers of entities that are able to:-

- Register or move the Group holding company and/or centre of control to an overseas territory.
- Exercise the right to appoint, hire and fire Directors, or have full financial control BUT don't get involved in or seen to have "Direction of Control" in the operation and quality of care.

Concerns were raised in the consultation about this significant loophole in the regulatory framework, more easily exploited by multinationals or private organisations and venture capital orientated entities, allowing senior management to avoid being held to account.
The final CQC position is "We will not register overseas providers as we do not have jurisdiction outside England"

NEW FOCUS FOR INSPECTORS

There is a major focus on Well-Led and senior management

- Well-Led criteria will always be examined across ALL services during every inspection.
- Improvement in Quality will also examine how well providers work with others to share information and coordinate care.
- There will be a focus on accountability and leadership at provider level

Two types of inspections are defined

- Comprehensive: Full inspections as before
- Focused: Narrower inspections on specific areas

PRIMARY MEDICAL SERVICES

The insight model has now become part of an inspection.

An annual online reporting to be introduced, this Provider Information Collection (PIC) will replace the current pre-inspection Provider Information Request (PIR)

NEW ACHIEVEMENT BASED INSPECTION INTERVALS

- Good to Outstanding: Inspection interval of 5 years, with random or focused site visits to be carried out regardless.
- Inadequate: 6 Monthly comprehensive inspection.
- Requires improvement: 12 monthly comprehensive inspection

Population Groups will no longer be rated for Safe, Caring or Well-Led, now only to be rated for Effective and Responsive criteria.

GROUPS, OOH & FEDERATIONS

- Independent providers to be inspected on same basis as NHS providers
- Urgent care will be in focus, CQC looking for local variations in performance
- Federations: New models to be introduced, not yet fully formulated

This strategy gives the CQC better targeting of poor performers and more time to focus on patterns such as entire group performance.

Any organisation with members or branches, even those working as a communal group, will be reviewed as if part of one single Accountable Care Organisation. A provider may therefore be targeted from multiple angles if they are part of a Group but also work closely with other organisations such as Federations, OOHs, or integrated care organisation.

Conversely one failing member can potentially affect several Groups or organisations at the same time.

ADULT CARE

- Every service will have a comprehensive inspection as standard
- Additional focused inspections where there are areas of concern
- Well-Led will ALWAYS be reviewed
- Ratings can be revised at any time not just at inspections (up or down)

NEW ACHIEVEMENT BASED INSPECTION INTERVALS

- Good/Outstanding: 30 months interval
- Even if organisations achieve outstanding, any longer interval will require consultation with stakeholders before extending.

ORGANISATIONS REPEATEDLY RATED AS REQUIRES IMPROVEMENT

1. MUST provide Action Plan of how and when they will get to Good rating
2. CQC will engage with Provider leadership if
    a. Over 50% of your services rated as requires improvement or inadequate
    b. Significant concern in a smaller proportion (i.e. even if this is less than 50%)

It is safe to read the phrase “engage with Provider leadership” as a euphemism for “you will be interviewed to determine if you are competent”.

NEW ANNUAL DECLARATION:

- Online data collection will commence this year, where providers will have to make an annual statement of quality and demonstrate continuous improvement.
- Providers will report annually but can update the report at any time, e.g. when improvements have been made.
- This will become a “Core Dataset” to allow cross comparison of performance standards, including of providers with more than one location as well as corporate providers.
- Where there is poor quality service, CQC will “engage with providers” across entire portfolio.

HOME CARE

In addition to the overall Adult Care changes, there will be a particular focus on safeguarding at home

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