Overview to the provider handbooks for adult social care
For consultation
The Care Quality Commission is the independent regulator of health and adult social care in England

Our purpose:
We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role:
We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Our principles:
- We put people who use services at the centre of our work
- We are independent, rigorous, fair and consistent
- We have an open and accessible culture
- We work in partnership across the health and social care system
- We are committed to being a high performing organisation and apply the same standards of continuous improvement to ourselves that we expect of others
- We promote equality, diversity and human rights

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Overview to the provider handbooks for adult social care – For consultation
Foreword – Andrea Sutcliffe

Last October when I took up my post as Chief Inspector of Adult Social Care at CQC I wrote about the Mum’s test. For me this captured the essence of our ‘fresh start for the regulation and inspection of adult social care.’ For every adult social care we inspect I want us to ask ourselves, ‘is this good enough for my mum?’ If it is that’s great. If it’s not we need to do something about it.

Of course it doesn’t have to be your Mum, it could be your brother, your daughter or a friend. It’s anyone you love and care for who you would want to have safe, caring, high quality care if they needed it.

Since October we have been working hard to turn our initial ideas into practical proposals to make the Mum’s test real.

Of course it’s not only us in CQC who have been working hard to make it real. A lot of other people have been helping us co-produce our new approach. Thanks to everyone’s hard work we are now in a position to have a proper consultation.

A Fresh Start for the Regulation and Inspection of Adult Social Care

In A Fresh Start for the Regulation and Inspection of Adult Social Care I set out my initial five priorities for changing the way we do things, those priorities were:

1) Developing the new regulatory approach
2) Developing the ratings system
3) Developing the approach to monitoring the finances of some providers
4) Supporting our staff to deliver
5) Building confidence (amongst providers, people who use services and commissioners).

That was six months ago and believe me it’s been a busy six months! We have been working with a huge range of people including providers, commissioners, people who use services, carers and our own staff to develop our plans. It has been a frantic but fantastic time. We have made much progress and I’m really pleased to be setting out our fresh approach (for implementation from October 2014) in the provider handbooks we are publishing for consultation.
I want to make sure that our regulatory approach is really focused on personalisation and quality. I have spoken to many of our inspectors who tell me they have inspected services that are compliant but not good enough for their Mum. We say others are compliant but they are so much more than that. Our new approach will help us to clearly set out that difference and really help people make informed choices about the services they use.

This consultation

This consultation in one way or another picks up on 4 of the 5 priorities I set out in *A Fresh Start*. We still have plenty to do, particularly on market oversight but that will come a bit later (phew)! The Department of Health have just consulted on a new set of regulations to replace the existing registration requirements which will come into force on the 1 October 2014. In the summer we will consult on our provider guidance that will underpin the new regulations, ready for implementation in October 2014. Our inspectors will turn to the provider guidance where they think services are in breach of the regulations. I do hope you take the time to respond to that consultation too.

As we have developed our new approach we have been really focused on people and making sure they are at the heart of everything we do. We will ask five key questions about a service, is it:

- Safe
- Effective
- Caring
- Responsive
- Well-led

To make sure we ask those questions in the right way, with people’s views and experiences at the heart of our approach we have developed:

- Key lines of enquiry (KLOEs)
- Things to consider within each KLOE
- Characteristics of ratings that describe different levels of quality for each of the five key questions.

We are consulting on this framework in the provider handbooks we have published with this document.

Human rights have underpinned our development work all the way through. We know this is fundamental to everyone’s lives, and even more so for people who use social care services. We are also consulting on our human rights approach.

Testing the new approach

At the same time as this consultation we are running our wave 1 inspections to test our new methodology. These 250 inspections take place until the middle of May. This is great as it means we are gathering in feedback and learning from two places at the same time, this consultation and the wave 1 testing.

For this consultation, we have updated the KLOEs that we are currently testing in wave 1. This is to ensure that we while we retain consistency across our wave 1 inspections, we are presenting our very latest thinking in the provider handbooks.

Our work has been moving so fast that the KLOEs we are testing in wave 1 are slightly different to the ones set out in this consultation, but I hope that will all help us get to the right answer in the end! The evidence and input from both the consultation and wave 1 inspections will help us to refine our approach for wave 2 which will start in July and our full implementation from the 1st of October 2014.
Finally...

The handbooks set out the fresh approach in detail. Please do take the time to respond to the consultation, this is so important and we need your help to get it right. Many people have helped us to get this far, and I’m really grateful to them. I hope you will help us make the Mum’s test real for the many people who use adult social care services. They deserve nothing less.

Andrea Sutcliffe
Chief Inspector of Social Care
April 2014
What services fall under the Chief Inspector of Adult Social Care?

We have three Chief Inspectors at CQC who work closely with one another, but each of them takes overall responsibility for some types of services.

For adult social care the services are:
- Care homes with nursing care
- Care homes without nursing care
- Specialist college services
- Domiciliary care services
- Extra Care Housing services
- Shared Lives
- Supported living services
- Hospice services
- Hospice care provided at home.

What are we consulting on?

We have published three handbooks for services that fall under the Chief Inspector of Adult Social Care as part of this consultation they are:
- Residential social care settings
- Community based social care
- Hospices.

Alongside these documents we have also published:
- Our approach to human rights
- An equalities impact assessment
- A regulatory impact assessment.

We know that within hospice services there are strong elements of healthcare as well as social care needs. When we inspect hospices we will make sure that the knowledge and skills of our teams are able to recognise and assess the diversity of people’s needs and how they are met by the service.
The Adult Social Care Directorate was established on 1 April 2014. The Chief Inspector is supported by four Deputy Chief Inspectors each covering one of the four regions of the North, Central, London and the South. The DCI for the South is also responsible for the Registration team covering all sectors and the DCI for London will take the lead on Market Oversight and manage the Corporate Providers Team.

The Inspectors each will have a portfolio of provider locations and will be managed in teams of 8 to 10 inspectors, supported by dedicated managers. The Inspector teams will be grouped geographically to relate to local authorities and the Inspector Managers will have a lead liaison role with local authorities to share information and work collaboratively on safeguarding. The teams will be experts in adult social care and their training and development will be supported by the CQC Academy (our internal training function) to ensure that they are capable and confident in their role.

Registration inspectors will be managed in teams of 8 to 10 inspectors, supported by dedicated managers. They will be grouped geographically to relate to inspection teams with some registration inspectors taking a lead on specific types of specialist services. The teams will be experts across health and adult social care and like the inspection teams their training and development will be supported by the CQC Academy to ensure that they are capable and confident in their role.

Our approach to co-production

In ‘A Fresh Start’ we described the way we would work with people to develop the new approach, which has guided all our work since then. We have used a model of ‘co-production’ which has meant lots of people have shaped our thinking every step of the way. They have offered practical suggestions and constructive challenge. They have been a critical but supportive friend, without their help and challenge we would not have got so far so quickly.

We have an external and internal co-production group.
Our external co-production groups has around 45 members (a full list of members is included in appendix 1). The membership includes providers, organisations that represent providers, people who use services, family carers, local Healthwatch groups, members of the Associations of Adult Social Services (ADASS) and national organisations.

Our internal group is mainly made up of inspectors and managers. But it also includes people from other parts of the organisation such as Legal and Intelligence.

We have met with each group every 6 – 8 weeks and have covered the same agenda items with them. The groups will continue to run until the end of the year and will help us to agree our response to the consultation comments and the evaluation of our wave 1 and wave 2 inspections. To date the groups have worked with us on a number of things including:

- The key lines of enquiry
- The characteristics for each level of rating
- Ratings principles
- Provider Information Return
- How best to use experts by experience in our inspection teams.

As well as the co-production meetings we have engaged in other ways throughout the development period. We have spoken at events and held individual meetings with a wide range of stakeholders. We held a round table to discuss how we might make use of accreditation schemes in adult social care and have other round tables planned to take place during the consultation period. They include sessions on:

- How we focus on the key questions, is the service:
  - Caring and responsive
  - Safe and effective
  - Well-led
- Covert surveillance - this will help us consider the issues to take into account when considering covert surveillance.

We are enormously grateful to everyone who has taken the time out of busy schedules to be involved in our work and give us their views. We have had some really challenging issues to think about and find resolutions to during this development phase. The work with the co-production groups and other stakeholders has really helped us get to a view on some tricky things. And whilst we might not yet have the right answer we have at least got a view (informed by their contributions) to consult on.

The evidence base

The views of our external and internal co-production groups have been instrumental in shaping the practical detail of our proposals. But we have also been clear that our judgements need to be informed by the evidence base too. You can see in Appendix 2 a list of all the sources of evidence we have used. These have helped us to particularly identify what good and outstanding care for each of our key questions will look like.

What are the key changes we are making?

As we set out in A Fresh Start we have a single operating model for regulation across all our sectors, what is different is how we apply that model to reflect differences in health and social care. So some of the common elements of our approach include:

- Registration
- A focus on the five questions, is this service:
  - Safe
  - Effective
  - Caring
  - Responsive
  - Well-led
- Intelligent monitoring (information we will gather and analyse to inform our regulatory work)
- Ratings
We describe our approach to all these things and more in the three handbooks we are consulting on.

**Other policy issues from A Fresh Start**

In *A Fresh Start* we set out a number of issues we wanted to take forward. We have made good progress with many of the things we set out. Below is a summary of work to date and work still to do for each of the key areas:

**More systematic use of people’s experience and views, including complaints**

For community based adult social care services we are accessing a wider range of views before our inspection to inform our key lines of enquiry. In our intelligent monitoring work we are considering what more we can do to make better use of people’s voice and experience and will continue to build on our relationships with local groups.

On ratings we are proposing that a service can’t be outstanding unless many of the people using the service agree it is.

We are currently carrying out a review of our approach to concerns, whistleblowing and complaints. This review will look at how we respond to our own staff as well as how we respond to those people in services who raise their concerns, blow the whistle or complain. We will be clearer about our role in complaints and concerns so that people know what to expect from us; how this information helps us to decide when, where and what to inspect, and, where appropriate, who may be able to help resolve individual complaints.

As we develop and refine our regulatory approach, we are considering the approach CQC should take to complaints and concerns to effectively assess and regulate quality, improve people’s experience/outcomes with CQC, and encourage improvement in the wider system.

We have made clear in our KLOEs and characteristics of ratings the importance and value we expect providers to place on staff who raise concerns, including whistleblowers.

**Inspections by expert inspectors with more experts by experience and specialist advisors**

From the 1st of April 2014 our inspectors moved into the new Inspection Directorates. Our Academy is up and running and we have trained our inspectors undertaking wave 1 inspections in the new approach. Many of our adult social care inspections (much more than now) will involve an expert by experience, and we will utilise specialist advisors where we need them, for example this might include dementia specialists, palliative care experts, pharmacists or tissue viability nurses.

Our inspectors will be expert in adult social care. When we inspect hospices we will have a team that understands end of life care and other relevant issues.

**Tougher action in response to breaches of regulations, particularly when services are without a registered manager for too long.**

We will consult on our enforcement policy in the summer but we have had a programme of work in place this year to take action against services that have not had a registered manager (where this is a condition of registration) for over 6 months without good reason. We have issued Fixed Penalty Notices to respond to these breaches, as we know that good leadership of social care services has a direct correlation to high quality care. We intend to continue this policy as a lever for improvement and a means of ensuring registered managers are in place where it is required by law.
Checking providers who apply to be registered have the right values and motives as well as ability and experience

We have a whole programme of work in place this year which will improve our approach to registration, building on the work we have done around registration of learning disability services. The Department of Health has consulted on a new set of regulations which will replace the current registration requirements and the intention is they will come into force from October 2014. Of crucial importance in the new regulations is the fit and proper person’s test. The intention is that the fit and proper person test will be applied by providers and made a requirement of CQC registration. The test will place a clear duty on health and social care providers to make sure directors and board members appointed meet the criteria set out in the test.

Organisations registered with CQC remain responsible for appointing directors and board members. However, CQC will be able to intervene where it considers an individual is not a fit and proper person and place a condition on a provider to remove the individual if there is evidence that they have previously been involved in failures to deliver good quality, safe care.

Ratings to support people’s choice of service and drive improvement

This is covered in the consultation handbooks and the testing of the approach has begun. Our ratings will be awarded on a four point scale; outstanding, good, requires improvement and inadequate. They will be clearly published in our reports and on our website and help to inform people’s choice about which care service to use as well as driving improvement.

Frequency of inspection to be based on ratings rather than annually

This is set out in our handbook but – poorer services will be inspected more frequently and good and outstanding services less often. If a service is inadequate we will be back within 6 months (often less). If a service is outstanding we will be back within 2 years. We will continue to carry out inspections in response to issues and concerns, thematic inspections and a number of random inspections to good and outstanding services.

Better data and analysis to target our efforts

‘Intelligent monitoring’ is how we gather and analyse information about the risk to services. Together with local insight and other factors, this information helps us to decide when, where and what to inspect. By gathering and using the right information we can make better use of our resources by targeting activity where it is most needed. We have always used the important information in statutory notifications in this way, alongside other information about safeguarding alerts and information provided by others such as people who use services, staff and the public.

We look at information against the key questions we ask of all services – are they safe, effective, caring, responsive and well-led? The range of information we consider includes people’s experiences of care, staff experience and analysis of statutory returns to CQC (e.g. notifications of serious incidents). The data and analysis raises questions about the quality and safety of care, informs the questions we ask on inspection and in turn informs the ratings - it is not used on its own to make a final judgements.

We are currently developing the information that we will use for adult social care services. We will be undertaking additional testing and engagement to determine the most useful information.
New standards and guidance to underpin the five key questions we ask of services

The handbooks set this out in detail. We have developed Key Lines of Enquiry for each of the five questions, is this service safe, effective, caring, responsive and well-led. We have also developed the characteristics of each rating level (outstanding, good, requires improvement and inadequate) for each of the five questions.

The Mental Capacity Act and Deprivation of Liberty Safeguards

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS can apply to care homes, hospices and hospitals. Our inspectors will report on whether care homes are meeting the requirements of the safeguards.

As well as our legal duty in relation to DoLS we will also inspect and report on how well the service is meeting the approach required by the Code of Practice to the Mental Capacity Act. The code applies when staff are assessing whether people have the mental capacity to take particular decisions, and when they take decisions on people’s behalf.

Both the code of practice and the DoLS are important safeguards for people’s human rights. We believe they are so important that in our consultation we are asking how we might encourage improvement in providers conforming with them.

Avoiding duplicating activity with local authorities

As we set out in A Fresh Start we believe one of the main ways we will achieve this is for local authorities to have confidence in our rating system and regulatory approach. Members of the Association of Directors of Adult Social Services are part of our co-production group which is advising us on the new regulatory approach. As our response to the Focus on Enforcement Review carried out by the Department for Business, Innovation and Skills will set out (when published) we are reviewing how we liaise with local authorities on our inspection programme and how we share information and data.

Focus on leadership, governance and culture with a different approach for larger and smaller providers

We will begin to assess how well-led services are through our Key Lines of Enquiry and are testing this now in our wave 1 inspections. As a longer term aim we want to explore how we might assess well-led in a large corporate provider (or local authorities that provide a significant number of services in an area), including how they understand the quality of their services. We will begin this work in Autumn 2014 and test it to make sure it works before we roll it out more widely.

Better use of technology to capture people’s views and experiences

In wave 1 our questionnaires for community based services are available on line as well as in paper formats. We hope this will encourage many more people (particularly staff who work in services and health and social care professionals to complete them). We plan to test using text messaging for questionnaires in wave 2 with a view to making this part of our longer term approach from October 2014.
Specific guidance on our expectations for the learning and development of staff who work in adult social care services

Later this year we will consult on our provider guidance which will underpin the regulations. We intend to be more specific than we have been to date on our expectations of workforce requirements. For example we may include more specific detail on the process of induction (this includes the Common Induction Standards and in the future the Care Certificate) and the variety of ways in which people can learn and be developed in order to be able to demonstrate they are competent. By competent we mean that people are both able to do the work required of them and understand the purpose and importance of that work.

How we might encourage services to be more open and better integrated with local communities creating an open culture that helps demonstrate a service is well-led

We have made sure we have reflected the importance of this in our Key Lines of Enquiry and the things to consider underneath them. It is also a key feature of what we would expect to see in an outstanding service so we have described it there too.

Allowing providers to pay for additional inspections if they believe the quality of their service has improved

We are exploring this issue and how it might apply to other sectors, as well as the circumstances in which it might apply. There are a lot of aspects we need to think about, including the fairness of such an approach and what the costs might be (clearly we would need to base it on actual costs to make sure it is fair). As this is an issue that affects all our sectors we will consult on this as part of our next fees consultation.

Finding a better way of regulating supported living schemes

This is a piece of work we are just beginning. We have a number of people who want to engage with us on this. We recognise the many benefits that supported living schemes can bring to people in terms of greater independence and choice. Equally we need to make sure that the care provided for people using these services is of the right quality and we are planning to test some new ways of gathering people’s views as part of our inspections. In our wave 2 inspections in the summer we will test out our new approach.

Potential use of mystery shoppers and hidden cameras to monitor care

This is a very sensitive and complex issue and generated more responses to A Fresh Start than any of the other ideas we set out. These responses ranged from people who strongly supported the idea of covert surveillance to those who felt it was an entirely unacceptable idea to even consider in the context of people’s dignity and human rights.

We think there is a legitimate discussion to have about the use of hidden cameras both in terms of whether families with concerns about their loved ones should install them and whether CQC should consider using them. We know from previous high profile cases, such as Ash Court that some abusers have been brought to justice because of the use of hidden cameras installed by families. This summer we intend to work with others to help that debate progress.
To inform the view on whether CQC should make use of covert surveillance we are holding a round table as part of this consultation to discuss in more detail the potential advantages and disadvantages of the use of covert surveillance. We have attempted to set out here some of the issues we need to consider. If we did decide to use covert surveillance in our work proportionality and consistency would need to be at the centre of our approach.

Under the Regulation of Investigatory Powers Act (2000) (RIPA), CQC has the potential to carry out a range of covert surveillance activities. Examples of these are the use of mystery shoppers to assess the quality of services, using a camera concealed about the person (e.g. a CQC inspector) and installing hidden cameras or audio recording devices in care homes. CCTV, on the other hand, is classed as ‘overt surveillance’ and so is not covered by this legislation.

If CQC wants to carry out any form of covert surveillance, RIPA requires that appropriate governance and authorisation protocols are in place. The same principles would apply if CQC wanted to direct or encourage the use of such techniques by anyone else such as providers, people using services, their families or other loved ones.

The level of authorisation these activities require needs to reflect the degree to which there is an impact on the rights of other people. For example, the use of mystery shoppers would require CQC to effectively mislead a provider in order to gain access to residential care premises and so the impact on the rights of the provider would need to be considered. Once in the home, the mystery shopper may see things which impinge on the privacy and dignity of other people and so this must also be considered. Installing cameras in bedrooms is a very intrusive intervention. Such an act is more likely to involve a significant breach of a person’s rights to privacy and dignity.

Although there are clearly very important issues to consider around the impact on the rights of individuals, there are also benefits. For instance, footage of mistreatment taken from a hidden camera can provide powerful evidence of abuse.

This kind of evidence might be the only way that people in particularly vulnerable circumstances or their families, friends or carers can prove such abuse is happening. This way of gathering evidence may be even more vital when there is a suspicion that people who may lack the capacity to speak up for themselves are being treated badly.

What matters is that people using services receive safe, high quality care and that their privacy and dignity is respected and safeguarded. We are therefore consulting widely on the use of covert surveillance, and until we have listened to the wide range of views and the consultation is complete we will not be taking a view one way or the other.

We therefore want to ask through this consultation some very specific questions. We hope the responses you provide will help us reach a sensible decision on this important but controversial issue.

Consultation questions

1) Is it the role of CQC to undertake such activity?

2) If so under what circumstances do you think CQC would be justified in using covert surveillance techniques?

3) Would the use of mystery shoppers improve CQC’s ability to assess the quality of care?
Conclusion

Since we published A Fresh Start in October 2013 we have been working hard to develop the new regulatory approach and take forward the ideas we set out.

We know there is much more to do and if there is anything we are certain of it is that the approach will change as a result of the findings of this consultation and our wave 1 inspections.

We are enormously grateful for the help and support people have given us in co-producing the new approach, we couldn’t have got this far without that help. As we said in A Fresh Start we know we can’t get this right on our own.

Whether you’ve helped us get this far or not we are interested in hearing everyone’s views. Please do take the time to respond and help us make the Mum’s test real for everyone who uses adult social care services.

What would we like you to do now?

We have set out the detail of our fresh start for the regulation and inspection of adult social care in the three handbooks. We would like you to:

1) Look at the various documents we have published for consultation and give us your feedback by June 4th.

2) Tell other people about our consultation and encourage them to respond too.

3) Look out for, and respond to our consultation on the provider guidance to underpin the regulations which we will publish in the summer.

What happens next?

1) The consultation runs until June 4th.

2) Wave 1 inspections will take place until the middle of May.

3) In summer we will update our tools and methods following the feedback from this consultation and findings of the wave 1 inspections.
4) In the summer we will also consult on the provider guidance to underpin the regulations and our enforcement policy.

5) In July and the first part of August we will carry out our wave 2 inspections.

6) In September we will publish the final handbooks.

7) On the 1st of October we will roll out the new approach in full.

8) By the 31st of March 2016 we will have rated every adult social care service.

How to respond to this consultation

You can respond to our consultation in the following ways. Please send us your views and comments by **Wednesday 4 June 2014**.

**Online**
Use our online form at: www.cqc.org.uk/InspectionsConsultation

**By email**
Email your response to: CQCchanges.tellus@cqc.org.uk

**By post**
Write to us at:
CQC consultation:
How we inspect, regulate and rate
CQC National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA
Appendices

Appendix 1: Co-production membership list

Colin Angel, Policy and Campaigns Director, UK Homecare Association
Leela Barham, Policy Advisor, Royal College of Nursing
Graham Bennett, Compliance Manager, MacIntrye
Dr Sam Bennett, Programme Director, Think Local Act Personal
Sharon Blackburn, Policy and Communications Director, National Care Forum
Sue Bott CBE, Director of Policy and Development, Disability Rights UK
Beth Britton, freelance campaigner, consultant, writer and blogger
Donna Campbell, Assistant Ombudsman, Local Government Ombudsman
Dr Sarah Carr, independent mental health and social care knowledge consultant
Lizzie Chambers, Development Director, Together for Short Lives and Executive Director of the UK Transition Taskforce

Jacqui Ciotkowski, Kissing It Better
James Cooper, Public Affairs and Policy Officer, Together for Short Lives
Tom Cray, Strategic Director, Neighbourhoods and Adult Services, Rotherham MBC, ADASS
Rosalind Davison, Expert by Experience, Choice Support
Carolyn Denne, Head of Dissemination and Adoption, Social Care Institute for Excellence
John Dickinson, Head of Shared Lives, Shared Lives Plus
Judy Downey, Chair, Relatives & Residents Association
Clenton Farquharson, Director of Community Navigator Services CIC
Dr Moira Fraser, Director of Policy and Research, Carers Trust
Helen Hart, Intelligence and Insight Coordinator, Healthwatch Derbyshire
Emily Holzhausen, Director of Policy and Public Affairs, Carers UK
Appendices

Lisa Hovey, Service Improvement Manager, Alzheimer’s Society
Ann Mackay MBE, Director of Policy, Care England
Robert Melnitschuk, Policy and Advocacy Manager, Help the Hospices
Oliver Mills, Associate Director – Community Wellbeing Team, Local Government Association
Jill Parker, Policy Advisor, Voluntary Organisations Disability Group
Vijay Patel, Professional Standards Lead, College of Social Work
Dr Richard Preece, Medical Director, Allied Healthcare
Kathy Roberts, Chief Executive, Mental Health Provider Forum
Susan Robinson, Development Manager, Healthwatch England
Sheila Scott OBE, Chief Executive, National Care Association
Thea Seville, Director of Strategic Workforce Intelligence, Skills for Care
Jane Silvester, Associate Director - Social Care Guidance and Quality Standards, Health and Social Care Quality Programme, National Institute for Health and Care Excellence
Debbie Sorkin, Chief Executive, National Skills Academy
Julie Thorpe, Experts by Experience, Challenging Behaviour Foundation
Frank Ursell, Chief Executive Officer, Registered Nursing Homes Association
Peter West, Quality Lead, Healthwatch Wandsworth
Emma Williams, Helpline Team Worker, Relatives & Residents Association
Miranda Wixon, Chair, Ceretas
Chloe Wright, Senior Policy and Public Affairs Officer, Carers UK

Appendix 2: Adult Social care research material which informed KLOEs and characteristics

Think Local, Act Personal
- Driving up quality code
- Making it real statements

Joseph Rowntree Foundation – My Home Life Review (My Home Life)

Skills for care – Social care commitment

Preventing Abuse and Neglect in Institutional Care for Older Adults (PANICOA) Studies
- How can I tell you what is going on here
- Promoting excellence in all care homes
- Exploring training needs for care staff in care settings
- Organisation dynamics of respect in elder care
- Dignity, respect in residential care, issues for black and minority ethnic groups
- Abuse, neglect and mistreatment of older people in care homes and hospitals. Data analysis. King College London. 2011
- Abuse neglect loss of dignity in the institutional care of older people.
- Abuse and neglect of elder people in general population. Kings College London

European union cross border care collaboration – Evaluating care across borders

How older people and their families and carers use information to choose a care home in England the Netherlands and Spain. London School of Economics July 2013.

Social Care Institute for Excellence (SCIE)
- A definition of excellence for regulated adult social care services in England
Co-production in social care: What it is and how to do it

Personalisation briefings.

Department of Health – Personalisation archive

Equality Act 2010

Age UK Older people and Human Rights

British Institute For Human Rights

Human Rights Charter

National Institute for Care and Excellence (NICE)

- Quality Standard 1-Quality standard for Dementia (2010)
- Quality Standard 30- Quality Standard for supporting people to live well with dementia (2013)

NICE-SCIE Guideline: supporting people with dementia and their carers in health and social care

Healthcare quality improvement partnership (HQIP): Dementia care audit tools

Dementiaaction.org.uk

- Dementia Action Alliance Action Plan
- Care home Guidance note

ECCA, Equip4Change, Crystal -The dementia pledge

Dementia Pledge Care for VIPs assessment tools

Department of Health 2009: End of life strategy – Quality Markers for end of life care

Learning disabilities observatory/National development team for inclusion: Health charter for social care providers improving health and lives (learning disability)

British Institute for Learning Disabilities (BILD)

- Involve Me, Giving us Voice
- Hearing from the Seldom Heard

The foundation for people with learning disabilities

- Loneliness and cruelty
- An ordinary life.

Mencap website with related materials.

Learning disabilities observatory/National development team for inclusion: health charter for social care providers improving health and lives (learning disability)

The National Care Homes Research and Development Forum (2007)

Quality of life in care homes A review of the literature – Prepared for Help the Aged

CQC - Essential standards of quality and safety, guidance about compliance

CQC - A Fresh Start for the regulation and inspection of adult social care

The Mid Staffordshire NHS Foundation Trust public enquiry (Francis Report).

Transforming care: a national response to Winterbourne View hospital
Appendix 3 – Consultation questions

Provider handbook

1. Do you feel confident that the key lines of enquiry and the prompts will help our inspectors to judge how safe, effective, caring, responsive and well-led care services are? Is there anything we are missing?

2. Do you think that inspecting against the mandatory key lines of enquiry, plus additional ones, selected on the basis of what our intelligence tells us, will enable us to make credible and comparable judgements about services?

3. We have described characteristics of good, outstanding, requires improvement and inadequate for each key question. Do you agree that these characteristics are what you would expect to see in:
   - A good care service? If not, what are your suggestions for improvement?
   - An outstanding care service? If not, what are your suggestions for improvement?
   - A care service that requires improvement? If not, what are your suggestions for improvement?
   - An inadequate care service? If not, what are your suggestions for improvement?

4. How best do you think we can ensure that providers improve the way they conform with both the wider Mental Capacity Act and the Deprivation of Liberty Safeguards?
   - Make sure we give sufficient weighting to this in our characteristics of good?
   - If providers do not meet the requirements of the MCA and the Deprivation of Liberty Safeguards, apply limiters (meaning a service could not be better than requires improvement) in a proportionate way to ratings at key question level?
   - In other ways?

5. Do you think that this approach is likely to be effective in supporting our work?

6. What other ways could we gather the views of all the people we need to hear from including seldom heard groups?

7. Do you think the best time to request information from providers is:
   - In the weeks before the inspection?
   - Annually
   - Annually but with the opportunity for providers to update at any time?

8. Do you agree that the five questions are equally important and should be equally rated when reaching our overall rating for the service?

9. Do you agree with the principles, guidelines and limiters above for arriving at an overall rating? Is there anything else we should include?

10. Do you agree the test of ‘severity of harm’ is the right test for our inspectors to apply when determining whether the key question should be rated requires improvement or inadequate?

11. Are there ways in which we could promote learning between providers and services, particularly where we have identified outstanding care?

12. Do you agree with the grounds on which providers can challenge their inspection reports and ask for a review of their ratings? Do you feel confident that the proposed reviews process is sufficiently clear and robust?

We have described the key people and organisations we will work with and how we will do this.
Equality and Human Rights

13. We want to know whether you agree with our approach to human rights. Please see our separate human rights approach document, in which we are asking a number of questions.

14. We would also like your comments on our equality and human rights duties impact analysis.

Potential use of mystery shoppers and hidden cameras

15. Is it the role of CQC to undertake such activity?

16. If so under what circumstances do you think CQC would be justified in using covert surveillance techniques?

17. Would the use of mystery shoppers improve CQC’s ability to assess the quality of care?
How to contact us

Call us on: **03000 616161**
Email us at: **enquiries@cqc.org.uk**
Look at our website: **www.cqc.org.uk**
Write to us at: **Care Quality Commission**
**Citygate**
**Gallowgate**
**Newcastle upon Tyne**
**NE1 4PA**

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