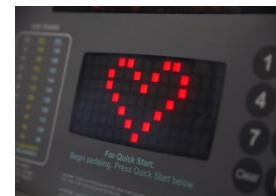
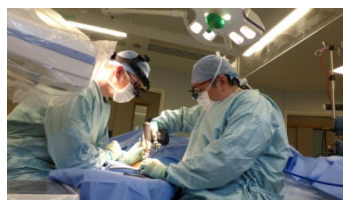


Changes to the Care Quality Commission (CQC) Inspection Regime

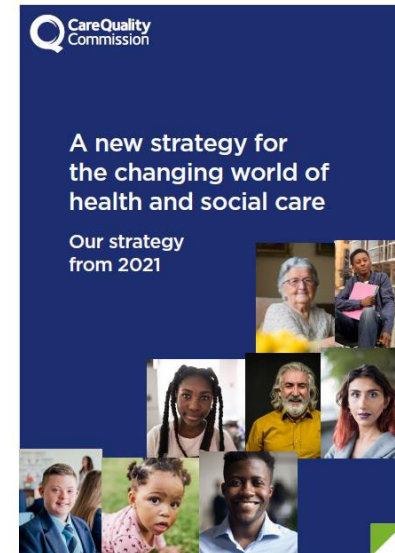
Karen Dawber
Chief Nurse

Council of Governors' meeting



CQC Strategy

- New strategic direction as the health and care environment continues to evolve.
- The CQC's purpose and role as a regulator won't change – but how they work will be different.



Strategic Themes and Core Ambitions

People and communities

Regulation that's driven by people's needs and experiences, focusing on what's important to people and communities when they access, use and move between services.

Smarter Regulation

Smarter, more dynamic and flexible regulation that provides up-to-date and high-quality information and ratings, easier ways of working with us and a more proportionate response.

Assessing local systems: Providing independent assurance to the public of the quality of care in their area.

Tackling inequalities in health and care: Pushing for equality of access, experiences and outcomes from health and social care services.

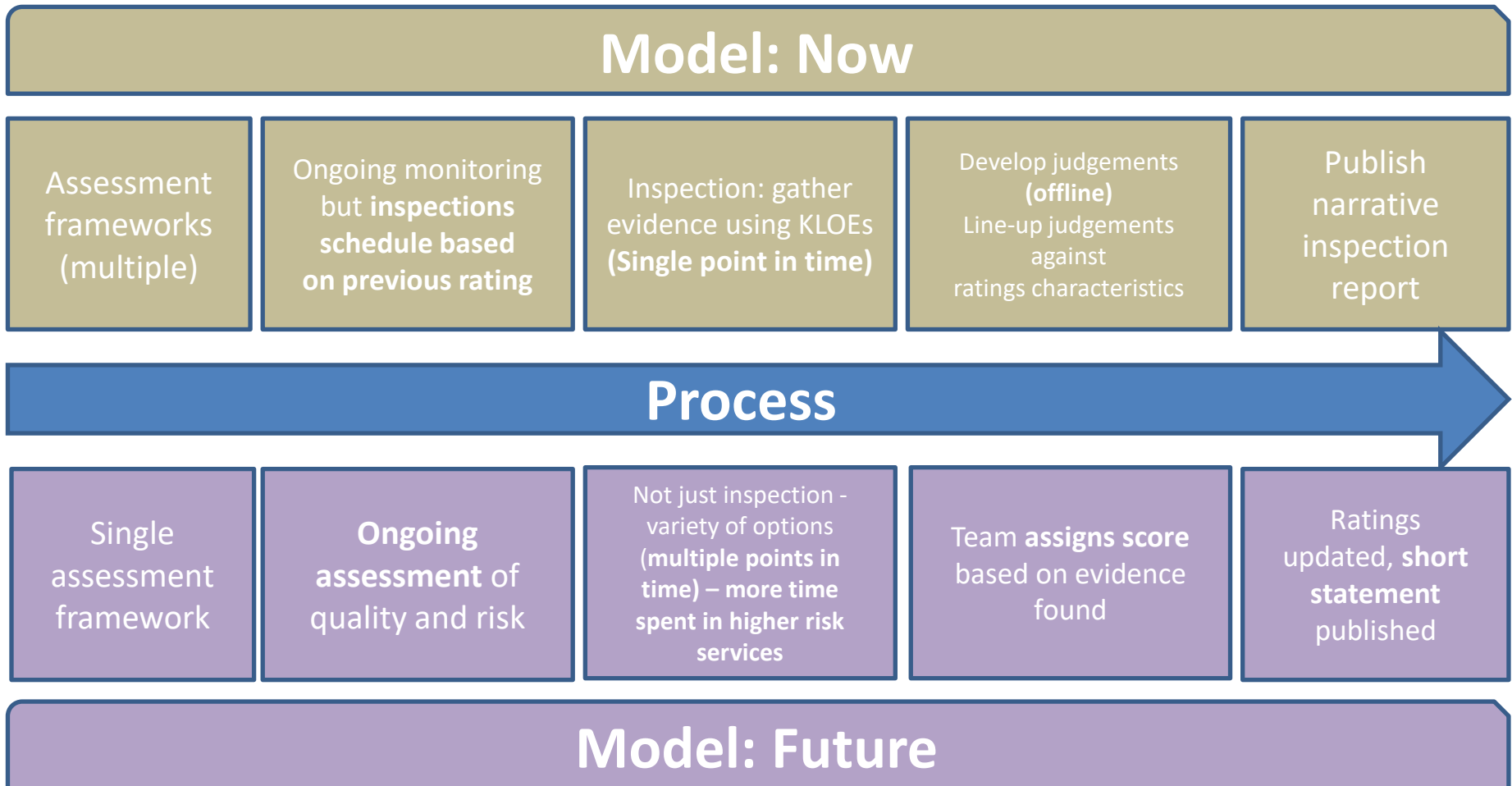
Safety through learning

Regulating for stronger safety cultures across health and care, prioritising learning and improvement and collaborating to value everyone's perspectives.

Accelerating improvement

Enabling health and care services and local systems to access support to help improve the quality of care where it's needed most.

CQC Model Now and in the future



Single assessment framework

- New single assessment framework will cover all service providers
- The Regulations are not changing
- The 5 Key Questions are not changing
- Shorter statements and reports
- Key Lines of Enquiry (KLOE) will be replaced by Quality Statements

Single Assessment Framework



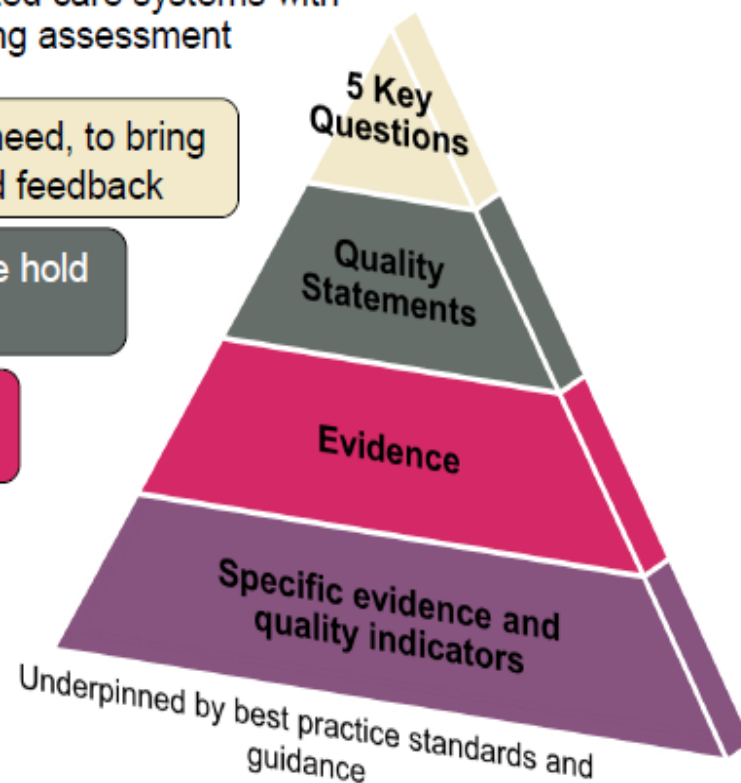
Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

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



Example quality statements the CQC will use to assess quality

- **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.
- **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.
- **Safeguarding:** We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.
- **Involving people to manage risks:** We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

Any questions

Thank you
