CQC Inspection Update January 2015

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

New Approach to Hospitals Inspections

Background to changes

We recognise that the previous inspection approach had flaws – but it had good elements, in particular in relation to rigorous evidence gathering. We have built on the Keogh Reviews process for 14 acute hospitals with high mortality rates. We have brought together the best of different approaches. We aim to be robust, fair and helpful. Our reports do not seek to apportion blame. We intend to promote transparency and honesty about standards in healthcare as a driver for quality improvement.

What we are doing now

We use larger inspection teams including specialist inspectors, clinical experts, and experts by experience. We will use intelligent monitoring to decide when, where and what to inspect. Inspections focus on our five key questions about services or "domains." We use key lines of enquiry (KLOEs) as the overall framework for a consistent and comprehensive approach. There is a strong focus on talking and listening to staff and patients.

We determine and publish ratings to help compare services and highlight where care is outstanding, good, requires improvement and inadequate. A quality summit is held with the provider and stakeholders to launch the quality improvement process.

Our focus is on five key questions that ask whether a provider is:

- **Safe?** – people are protected from abuse and avoidable harm
- **Effective?** – people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence

- **Caring?** – staff involve and treat people with compassion, kindness, dignity and respect.
- **Responsive?** – services are organised so that they meet people's needs
- **Well-led?** – the leadership, management and governance of the organisation assure the delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

Core services

In acute hospitals the following 8 core services are always inspected:

- Urgent and emergency services
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Services for children and young people
- End of life care
- Outpatients and diagnostic imaging
- We will also assess other services if there are concerns (e.g. from complaints or from focus groups)

The inspection team splits into subgroups to review individual areas, but whole team corroboration sessions are vital

Inspection team

- ✓ Chair – Senior clinician or manager
- ✓ Team Leader
- ✓ Doctors (senior and junior)
- ✓ Nurses (senior and junior)
- ✓ AHPs/Managers
- ✓ Experts by experience (patients and carers)
- ✓ CQC Inspectors
- ✓ Analysts

Around 30 people for a medium sized hospital

High level characteristics of each rating level

Outstanding

Innovative, creative, constantly striving to improve, open and transparent

Good

Consistent level of service people have a right to expect, robust arrangements in place for when things do go wrong

Requires Improvement

May have elements of good practice but inconsistent, potential or actual risk, inconsistent responses when things go wrong

Inadequate

Significant harm has or is likely to occur, shortfalls in practice, ineffective or no action taken to put things right or improve

Ratings take account of all sources of information:

- Intelligent monitoring tool
- Information provided by trust
- Other data sources
- Findings from site visits:
    - ► Direct observations
    - ► Staff focus groups
    - ► Patient and public listening events
    - ► Interviews with key people
- Bottom up approach: each of the 8 core services is rated on each of the five key questions (safe, effective, caring, responsive, well led).
- Where trusts provide services on different sites we rate these separately.
- We then rate the trust as a whole on the five key questions, with an overall assessment of well-led at trust level.

- We then derive a final overall rating.

Early Findings

We inspected 68 acute trusts in the first year (42%).

There are many positives for staff and the public to be proud of:

- Compassionate care is alive and well
- Critical care services were delivering high quality, compassionate care
- Maternity services were generally providing good quality care, and were good at monitoring their effectiveness
- Many of the trusts were making a determined effort to improve care for patients with dementia
- We have been impressed by the willingness on front line staff to discuss their concerns.

But we also found marked variations in quality:

- Wide range of quality **between hospitals**
- In several hospitals, there were marked variations **between services**
- In some hospitals, there was variation **within a service**

General areas for concern:

- **A&E departments** are under the greatest strain
- **Staffing** is a major concern in many services
- Most services don't know whether they are **effective** or not
- Still unacceptable variation in the rigour of clinical risk management and **quality assurance**
- **Outpatient services** were badly managed in many cases

Early findings showed that:

- 13% of trusts were inadequate and 63% required improvement.
- Only 20% of hospitals were judged good for safety, none were outstanding.
- 60% of trusts needed to improve their leadership.

- Leadership at clinical team or directorate level was very variable and was often a critical factor in the quality and safety of a service.
- Formal and informal leadership was often in denial about the problems or blamed the system.
- Those services and hospitals that accepted their problems seemed to make more rapid quality improvements.