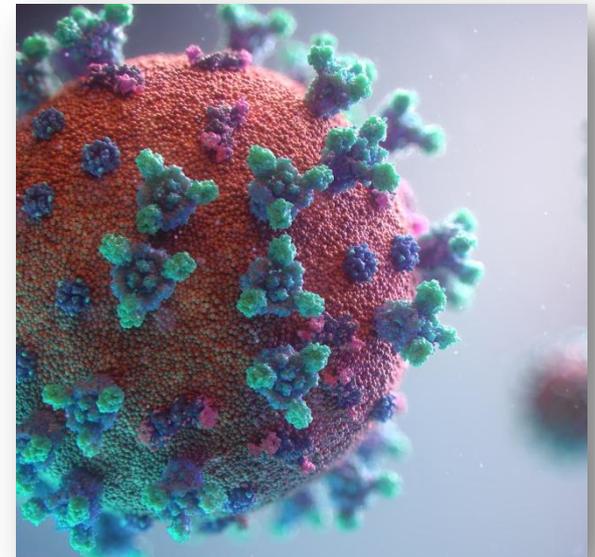


An update from CQC



*Katy Aprofirei
ASC Inspector Cambridge & Peterborough
17 November 2020*

- Forced us to **adapt how we work** so we could support providers, allowing them to **focus on the emergency**
- While routine inspections were paused, **we never stopped regulating**
- Deliver our purpose by:
 - Gathering and analysing information
 - Working with providers and partners
 - Acting on what we know
 - Developing new monitoring tools
 - Sharing learning



- **What's important?**
 - Voice of people
 - Voice of care providers
 - Information sharing
- **Local systems** – peoples outcomes are significantly impacted by the way health and social join up



GP, Dr Rachel Buckley carried out a virtual ward round to two care homes by video call. She saw every patient in the homes registered on the practice list. She then telephoned the next of kin for each patient to again reassure them that their loved ones were being supported.

www.cqc.org.uk/coronavirus-provider-examples

How we will regulate during the next phase of the pandemic



The key components are:

- A strengthened approach to monitoring, with clear areas of focus based on existing Key Lines of Enquiry (KLOEs), to enable us to continually monitor risk in a service
- Use of technology and our local relationships to have better direct contact with people who are using services, their families and staff in services
- Inspection activity that is more targeted and focused on where we have concerns, without returning to a routine programme of planned inspections.
- We will continue to adapt our transitional regulatory approach, and remain responsive as the situation changes. We'll also be considering longer-term changes to how we regulate, which we'll explore through engagement on our future strategy.

Infection Prevention and Control (IPC)



Our plan to monitor infection prevention and control (IPC) this winter

We'll continue to regulate care and hospital locations over the coming months to support you to prepare for winter.

Kate Terroni, Chief Inspector of Adult Social Care has said, ***“Care home providers should only admit a resident when they are confident they can meet their care needs, so where they are confident they’ve got good infection prevention control, they’ve got the right PPE, they’ve got the right workforce.*”**

“We will absolutely support a provider to say they cannot admit someone if those ingredients aren’t in place.” We’ve already completed over 400 IPC inspections in adult social care both to capture good practice and to follow up in places where we believe there may be risks to residents. We’ll also be conducting IPC checks on all care home inspections in future and will do another 500 care home IPC inspections by the end of November.

- We can and **will take regulatory action** where we have concerns over a small number of services not tackling IPC correctly
- We have seen some great practice in early inspections
- It is **vital that all providers get this right** owing to rising infections

What does a good digital records system look like?



A good records system delivers good outcomes from the point of view of people who use services.

Good outcomes for people using services are captured by the following “I statements”. These are worded from the perspective of someone using services, and are not just for providers and managers, but for all of us.

I have records that:

are **person-centred**. They describe what is important to me, including my needs, preferences and choices

are **accessible**. I can see the information that is important to me, in a way that I choose, and I can understand

are **legible**. Information about me is recorded clearly and can be easily read by the people who support me

are **accurate**. Information about me is correct and does not contain errors

are **complete**. There is no relevant or essential information about me that is missing

are **up to date**. They contain the latest relevant and essential information about me

are **always available** to the people who need to see them when they need them

are **secure**. My privacy and confidentiality are protected.

How CQC regulates providers supporting autistic people and people with a learning disability

We've revised our "Registering the right support" guidance to make it clearer for providers who support autistic people and/or people with a learning disability.

Now called **Right support, right care right culture**, this updated guidance has a stronger focus on outcomes for people.

Right support - The model of care and setting should maximise people's choice, control and independence

Right care - Care should be person-centred and promote people's dignity, privacy and human rights

Right culture - The ethos, values, attitudes and behaviours of leaders and care staff should ensure people using services lead confident, inclusive and empowered lives

The Department of Health and Social Care has asked the Care Quality Commission to review how Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were used during the coronavirus pandemic, building on concerns that CQC reported earlier in the year.

The scope and methodology of this work are being developed at pace but it is expected to look at people's experiences in care homes, primary care and hospitals.

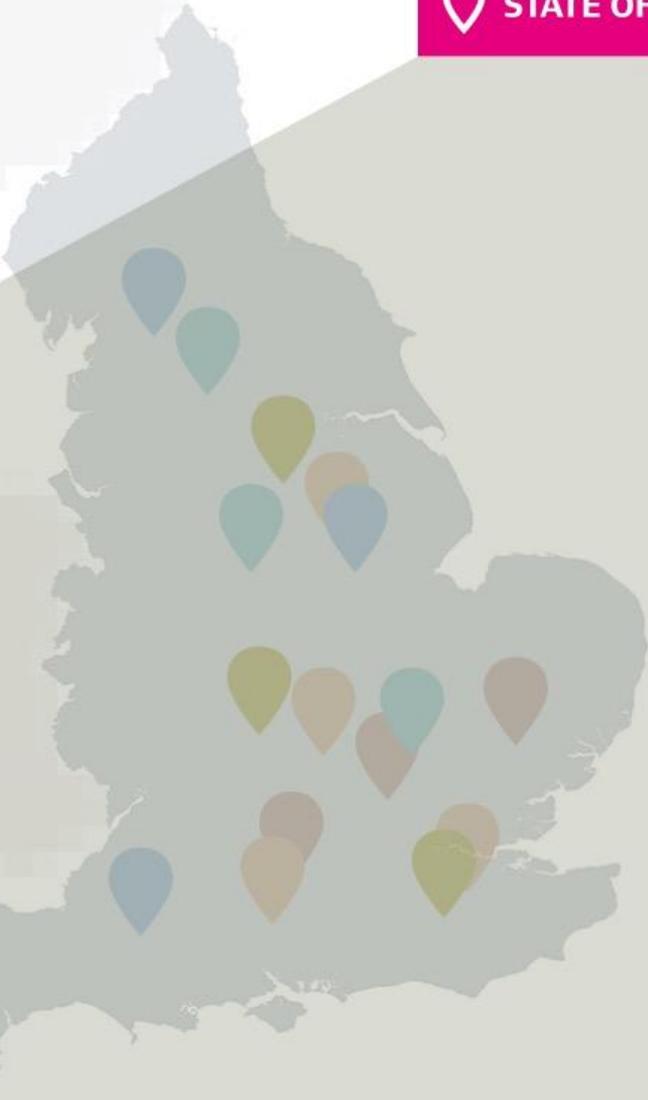
Earlier in the year concerns were widely reported that elderly and vulnerable people may be being subjected to DNACPR decisions without their consent or with little information to allow them to make an informed decision.

In April, we published a [joint statement](#) with the British Medical Association (BMA) Care Provider Alliance (CPA) and Royal College of General Practitioners (RCGP), reminding all providers that it is unacceptable for advance care plans, with or without DNAR form completion to be applied to groups of people of any description.

Interim findings are expected to be reported later this year with a final report in early 2021.



STATE OF CARE



State of Care is our statutory report to Parliament that describes the quality of care delivered in the health and adult social care services we regulate. This year's report draws together our analysis and conclusions from the past 12 months. This year we also include reviews of local collaborations between services during the Coronavirus (COVID-19) pandemic.

Publishing 16 October 2020