The new CQC star rating system for Care Homes

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Transition from Star Ratings – CQC website

- CQC stopped awarding quality ratings (‘star ratings’) under the Care Standards Act 2000 on 30 June 2010, and did not scheduled any key inspections that would result in awarding a quality rating since that date.

- CQC directory pages now refer people to a provider’s registration status for the most up-to-date picture of performance.

- CQC are now designing a new scheme to recognise excellence in adult social care. CQC have been and will continue to work with providers, commissioners, the Association of Directors of Adult Social Services and people who use services and their carers.
Why not continue with the Star Rating?

- Star Rating awarded at Key Inspection
- Routine Inspection (e.g. two per year) has been replaced with Planned Reviews and Responsive Reviews
- CQC do not employ enough Inspectors to undertake routine inspections
- CQC role moved to ensuring safety
- Argument is that the basic standards – keeping people alive, and well looked after, are identified in ESQS
What is proposed

- 28\textsuperscript{th} February 2010 CQC announced plans to develop a new scheme to recognise excellence in adult social care.
- The scheme – set to be launched in April 2012 – will be CQC owned, but delivered by other organisations under licence.
- A consultation on how to define excellence in adult social care was launched in May, building on work carried out for CQC by the Social Care Institute for Excellence (SCIE)
What is proposed (2)

- The scheme will be voluntary (social care providers can choose to apply for the award) and will involve a proportionate charge.
- CQC sought expressions of interest to deliver the scheme in the spring, and (their publicity said) they will welcome bids from across the private and voluntary sector.
- The award will be delivered by third party organisations licensed by CQC.
- CQC wants there to be a number of schemes available nationwide so that care providers can choose a scheme which is most suitable and affordable to them.
The Tender Invitation (1)

• Successful applicants will need a track record of delivering audit or inspection programmes as well as knowledge of the social care sector.
• CQC is keen to encourage partnerships across the private and voluntary sectors and is happy to hear from bodies with experience in one of these areas who may be interested in submitting a collaborative tender.
• Interest from voluntary sector organisations is actively encouraged
The Tender Invitation (2)

• Bodies who successfully apply to deliver the scheme will need to be accredited by the United Kingdom Accreditation Service (UKAS).

• CQC hopes to be able to offer licences to successful assessment bodies in the summer.

• Assessment schemes will need to be designed and tested to achieve UKAS accreditation by April 2012.
United Kingdom Accreditation Service (UKAS)

- The United Kingdom Accreditation Service is the sole national accreditation body recognised by government to assess, against internationally agreed standards, organisations that provide certification, testing, inspection and calibration services.
- Accreditation by UKAS demonstrates the competence, impartiality and performance capability of these evaluators.
- UKAS is independent of Government but is appointed as the national accreditation body by the Accreditation Regulations 2009 (SI No 3155/2009) and operates under a Memorandum of Understanding with the Government through the Secretary of State for Business, Innovation and Skills.
The Consultation

• Alongside this procurement process, a consultation was launched in May to ask people’s views on
  – the design principles for the scheme,
  – the definition of excellence (developed for CQC by the Social Care Institute for Excellence), and
  – to seek views on aspects of the assessment process.

• Feedback from the consultation will help to shape the agreements and performance targets for assessment schemes
The sign of a better nursing home

Bunhill Care Home

Lovely Road, Goodplace, AB12 3DE  |  0845 9876543

Overall (Last check: 41 days ago):
This care home is meeting all essential standards.

Are people involved and told what's happening at every stage of their care?

Previously  Now

- People are consulted about their care  ✔
- Consent to treatment always sought  ✔

Do people get care, treatment and support which meets their needs?

Previously  Now

- Safe and appropriate care is provided  ✔
- Appropriate food and drink is provided  ✔
- Good, co-ordinated care is provided  ✔
The Excellence Scheme
Purpose

• To develop a scheme to recognise excellence in adult social care which:
  – “Supports informed choice on the part of users, carers and their families
  – Assists commissioners in judging the overall quality of the local care market
  – Key incentive for providers to improve quality
  – Closely linked to the broader strategy on quality and outcomes”

• Transparency in outcomes: a framework for adult social care
  Department of Health
CQC Business Model

CQC
- Strategic oversight
- Market entry & QA arrangements
- Make information available

UKAS
- Accredit agencies
- QA processes

Assessment agencies
- Receive applications
- Undertake assessments
- Complaints/representations

ASC services
- Voluntary application

People who use services

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Current CQC Compliance Statements

• Monitoring of compliance – 4 statements:
  – Service compliant with essential standards
  – Compliant service – improvements suggested
  – Not compliant service – improvements necessary
  – Not compliant service – requirements or enforcement action

• Some similarity in principle to that carried forward from CSCI
Definition of excellence – key outcome areas

• An excellent adult social care service enables people using its services to have
  – voice, choice & control
  – good relationships – with partners/ family/ friends/ community and staff
  – the chance to spend time purposefully and meaningfully

• Organisational factors that sustain the achievement of the three ‘excellent’ outcomes
SCIE Brief

• Help individuals and commissioners make choices and decisions about services
• Motivate providers to improve quality of care and to give people using services the best possible outcomes and experiences
• Encourage sustainability and improvement across the whole spectrum of quality – from essential standards to excellence
• SCIE Organised a series of consultation events around the country
Design Principles

The excellence award scheme must be:

• focused on outcomes for people using services
• based on evidence from people who use services
• supported by the sector and aligned with other improvement drivers
• fair - for all regulated ASC services
• robust and consistently applied
• stable i.e. not requiring changes every time there is a change in the policy context
• linked to compliance – ‘excellent’ services should have a strong record of compliance
Outcomes people say they want - social care related quality of life

- Accommodation cleanliness and comfort
- Food and nutrition
- Dignity
- Safety
- Personal cleanliness and comfort
- Control over daily life
- Occupation
- Social participation and involvement

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Voice, Choice and Control

• Excellent service - choice and control over significant life decisions, day to day choices & say in how things run.
• Where choice constrained
  – listens to people’s concerns
  – explains the reasons
  – explores alternatives
• maximises areas where control & choice can be exercised

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Good Relationships

• Partners, family friends & others
• Maintain meaningful relationships
• Meet family & friends when choose
• Relationships with staff
• Treat with dignity & respect at all times – warmth, empathy & kindness, needs, wishes & control over own life
• Staff support them with sensitivity to their wishes & emotions
• Staff treat carers, families, friends with respect
Spending time purposefully & meaningfully

• Enables people to engage in activities, pastimes and roles which bring pleasure & meaning and enhance quality of life;

• Includes taking part in activities that promote physical, mental, emotional health & well-being;

• Spending time with family, taking part in community life or practising their faith; may be quiet contemplation alone;

• Communication is key

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Sustaining ‘excellent’ outcomes - organisational/service factors

• How well organisation runs and quality of service it delivers:
  – **Culture** – leadership, values, policies, people, systems, quality assurance
  – **Continuous improvement** & uses resources well to sustain

• An excellent service is
  – **Enabling** – service users, staff, use of local resources, ‘passion’
  – **Responsive** – finding new ways, rigorous, transparent, reassuring
  – **Developing** – skills, knowledge, learning, evidence
Factors affecting achievement

• What kinds of information might assessors use as evidence of achieving excellence?

• Fit with other quality frameworks – e.g. My Home Life; Gold Standards Framework; Customer Excellence; Quality Standards

• Achieving excellence in a tough financial climate?
Achieving excellence – interplay between outcomes and organisational factors

Voice, choice and control over day-to-day and significant life decisions

Maintaining good relationships with family, partners, friends, staff and others

Spending time purposefully and enjoyably doing things that bring pleasure and meaning

Organisational and service factors that enable these outcomes to be achieved and sustained

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Some examples offered by SCIE

• Choice & Control
  – Existing residents of a service are involved in choosing a new tenant, so they can be confident they will enjoy sharing their home.
  – A good service will give people a menu of options at meal times. In an excellent service, everyone who wishes to can choose what goes on the menu, and is involved in cooking the food. People then decide when they have their meals.
Some examples offered by SCIE

• Good Relationships
  – Residents have online access if and when they wish. They can develop and maintain relationships, for example by using webcams, Skype, or social networking.
  – An excellent service uses everyday activities such as preparing meals or setting the table as opportunities for people to be more engaged.
Some examples offered by SCIE

• An excellent service makes links with local volunteers to ensure people can take part in activities that they enjoy.
• An excellent service involves people who use the service in research and evaluation. It also uses external knowledge such as the link between activity and mental wellbeing, or the role of service design in outcomes for people with autism or dementia.

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Some Logistics

• 28,000 providers
  – Circa 18,000 care homes & 10,000 dom care
• No suggestion that assessment will start before April 2012
• Say, 25% of care homes apply – 4,500
• Say, 20 licensed organisations
• Say, 1 day to assess
• Each licensed organisation has an average of 225 assessments
• How long to undertake? When will it start?

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Conclusion

• CQC see their role as ensuring compliance with ESCS
• Excellence scheme is to be additional to meeting the ESCS standards
• Is to be voluntary (BUT expect Commissioners to look for it) and at the expense of the care home
• More ‘touchy / feely’ will be harder to evidence.
• Will we see KLORA II?
• Consultation started in May – get involved
Discussion

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