

The role of CQC and our new approach to inspecting Mental Health services

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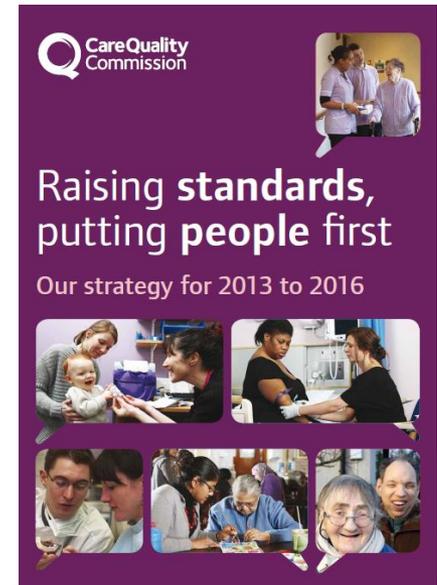
Our purpose

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

We will be a strong, independent and expert inspectorate that is always on the side of people who use services



Asking the right questions about quality and safety



- Safe?
- Effective?
- Caring?
- Well-led?
- Responsive to people's needs?



Our approach



- Deputy Chief Inspector leading mental health
- Expert inspection teams
- Longer inspections, more time talking to people
- Intelligence used to decide when, where and what to inspect
- Inspectors using professional judgement
- Rolling programme of additional Mental Health Act Commissioner Visits



- Fewer in number and more concise than current 16 Quality and Safety regulations; plus additional regulations (Fit and Proper Person Test & Duty of Candour)
- Set out the high level 'outcome' that providers must deliver in order to meet the regulation
- Setting the fundamental standards in legislation
- In place for April 2015; except DoC and FPPR implementing earlier for NHS bodies

Ratings to help people choose between services and to encourage improvement

**Judgement &
publication**

Outstanding

Good

**Requires
Improvement**

Inadequate

What will be different



FROM

- Focus on YES/NO compliance
- A low and unclear bar

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- 28 regulations, 16 outcomes

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- CQC as part of the system with responsibility for improvement

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- Generalist inspectors
 - Generic inspections
 - MH and MHA Separate

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- Corporate body registered manager held to account for the quality of care

TO

- Professional, intelligence-based judgements
- Ratings: Clear reports that talk about safe, effective, caring, responsive and well-led care

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- Five key questions

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- On the side of people who use services
 - Providers and commissioners clearly responsible for improvement

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- Specialist teams of experts
 - Longer, thorough and people-focused inspections
 - MH & MHA aligned

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- Individuals at Board level also held to account for the quality of care

The approach for mental health inspections

The principles we apply to our work:

- 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

Our framework for assessing quality



5 domains

- Are services **safe**?
- Are services **effective**?
- Are services **caring**?
- Are services **responsive**?
- Are services **well-led**?

4-5 **KLOEs** per domain

Discretionary **prompts**

The aims and objectives of our inspections



- To answer the five key questions
- To do this in a way that is thorough, consistent and evidence based
- To ensure we can come to a judgement and then a rating
- To ensure our regulatory responses are proportionate, risk based, professionally informed and based on what matters to people receiving services.
- We will publish a report at the end of the inspection process to include this information, using the five questions and providing specific location based information

Safety:

By safe, we mean that people are protected from abuse* and avoidable harm.

*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

- What is the **track record** on safety?
- Are **lessons learned and improvements made** when things go wrong?
- Are there **reliable systems, processes and practices** in place to keep people safe and safeguarded from abuse?
- How are **risks to people who use services** assessed, and their safety monitored and maintained?
- How well are potential risks to the service **anticipated and planned** for in advance?

Effective:

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Are people's needs assessed and care and treatment delivered in line with legislation, standards and **evidence-based guidance**?
- How are people's care and treatment **outcomes monitored** and how do they **compare** with other services?
- Do **staff** have the **skills, knowledge and experience** to deliver effective care and treatment?
- How well do **staff, teams and services work together** to deliver effective care and treatment?
- Do staff have all the **information they need** to deliver effective care and treatment to people who use services?
- Is people's **consent** to care and treatment always sought in line with legislation and guidance?
- Are **people subject to the Mental Health Act 1983 (MHA) assessed, cared for and treated** in line with the **MHA and Code of Practice**?

Caring

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

- Are people treated with kindness, **dignity, respect** and **compassion** while they receive care and treatment?
- Are people who use services and those close to them **involved as partners** in their care?
- Do people who use services and those close to them receive the support they need to **cope emotionally** with their care, treatment or condition?

Responsive

By responsive, we mean that services are organised so that they meet people's needs.

Are **services planned** and delivered to meet the needs of people?

Do services take account of the **needs of different people**, including those in vulnerable circumstances?

Can people access care and treatment in a **timely** way?

How are people's **concerns and complaints** listened and responded to and used to improve the quality of care?

Well led

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Is there a clear **vision** and a credible **strategy** to deliver good quality?
- Does the **governance** framework ensure that **responsibilities** are clear and that **quality, performance and risks** are understood and managed?
- How does the **leadership** and **culture** reflect the vision and values, encourage openness and transparency and promote good quality care?
- How are **people** who use the service, the **public** and **staff engaged** and **involved**?
- How are services **continuously improved** and **sustainability** ensured?

- **Learning from our pilot inspections Wave 1 & 2**
- **What did we learn?**
- **What will we do differently**
- **Intelligence**
- **Working together**